PEDS 821: Pediatric Emergency Medicine

Course Director: Ian Kane, MD
Email: kanei@musc.edu

Course Coordinator: Emily McGinnis
Telephone #: 843-792-8362
Email: mcginnie@musc.edu

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Does this rotation accept visiting students? ☐ YES ☒ NO

COURSE DESCRIPTION:
Student will work in the acute setting of the Pediatric ED and attend morning reports/conferences/simulation center activities. In the context of clinical care, students will gain exposure to and experience in peripheral IV placement, splinting of fractured extremities, placement of sutures, lumbar puncture, and oxygen delivery. This course is intended for students entering the fields of Pediatrics, Emergency Medicine, or Family Medicine and requires pre-approval from the course director for enrollment in Blocks 2-8 if the student is NOT from one of these targeted disciplines.

LEARNING GOALS & OBJECTIVES: At the completion of this clinical rotation students should be able to do the following:
1. Identify a sick child and initiate diagnostics and therapy. (MK3, MK4, MK5, MK8, PC1, PC2, PC3, PC6, CS1, CS2, CS3, CS5, PR1, PR2, PR5, PL2, PL3)
2. Manage minor trauma and demonstrate an understanding of major trauma in the pediatric patient. (MK1, MK3, MK7, MK8, IP1, IP2, IP3, IP4)
3. Collect focused, developmentally appropriate patient histories and perform focused, developmentally appropriate physical exams. (MK, PC1, PC2, PC3, CS1, CS2, CS3, CS5, PR3)
4. Identify patients needing immediate attention by the supervising physician. (MK1, MK3, PC2, PC3, PC6, PL2, PL3, PL4)
5. Determine which patients can be discharged home and which need admission (and to which unit). (MK3, MK5, PC3, PC4, PC5, PC6, PL2, PL4, PD6)
6. Describe indications and familiarity with procedures commonly performed in Pediatric ED settings [splint placement, lumbar puncture, placement of sutures, peripheral intravenous catheter placement, procedural sedation] (MK5, PC7, PR5, PL2)

INSTRUCTIONAL METHODOLOGIES AND ROTATION ACTIVITIES: Students on this rotation will be expected to learn and achieve the educational goals and objectives through the following methodologies and activities:
1. Attendance at 2 lectures/conferences per week
2. Patient contact
3. 10-minute presentation at Pediatric Emergency Fellows conference

PATIENT ENCOUNTERS: Students will be expected to work-up patients with these specified conditions:
1. Trauma
2. Infection
3. Dehydration/shock
4. Chronic diseases with acute issues

EVALUATION / FEEDBACK METHODS: Students will be evaluated using the following methods:
1. E*Value Clinical Performance Evaluation.
2. Direct observation and in-person feedback by attending physicians and residents.
3. A mid-point evaluation form will be completed halfway through the rotation in order for the student to be assessed on their performance.

Will students be expected to participate in call? ☐ YES ☒ NO
Student will work a total of 13 shifts. One shift will be a procedure/nursing (8-hour) shift in which the student will not have responsibility for seeing patients and writing notes but will instead spend time gaining additional exposure to and experience in triage assessment, routine procedures such as IV placement, bladder catheterization, bedside/point-of-care ultrasound, commonly performed urgent/emergent radiology procedures, and respiratory therapy (nebulization administration, MDI instruction, O2 delivery).

PEDS 823: Pediatric Cardiology

Course Director: Varsha Bandisode, MD
Email: bandisvm@musc.edu

Course Coordinator: Emily McGinnis
Telephone #: 843-792-8362
Email: mcginnie@musc.edu

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Does this rotation accept visiting students? ☐ YES ☒ NO

COURSE DESCRIPTION:
During this elective, students will work directly with specialists in pediatric cardiology and cardiothoracic surgery and rotate through all areas of pediatric cardiology including:

- one week in the cardiology clinic for outpatient pediatric cardiac consultations for new patients and the outpatient established patient evaluation,
- one week in the inpatient ICU,
- one week in the step-down floor for evaluation of the pre-operative and post-operative inpatient, and
- one week in observation of trans-catheter corrective procedures **OR** a one week rotation as a member of the pediatric cardio-thoracic surgical team, depending on student preference.

LEARNING GOALS & OBJECTIVES: At the completion of this clinical rotation students should be able to do the following:
1. Demonstrate understanding of normal cardiac anatomy and physiology and describe the various common congenital cardiac alterations in anatomy and physiology. Acknowledge limitations in knowledge and correct those deficits. (MK4, MK1, MK8, PD2)
2. Demonstrate understanding of the diverse cardiac care team providing patient care in the outpatient and inpatient setting. Demonstrate ownership of the patient and responsibly provide continuity of care with each patient and the care team. (PC1, PC5, CS1, CS5, PR1, IP4)
3. Demonstrate understanding of the barriers and socio-economic challenges for the complex congenital pediatric and adult patient, their families, and of the necessary support structures integral to patient care. (PR3, PR1, SL4)
4. Assist in cardiac procedures with sterile preparation and management of a sterile environment in a cardiac procedural suite. Observe cardiac surgical procedures for an understanding of the complexity of congenital cardiac surgery. (PC6, MK5, PC7)

INSTRUCTIONAL METHODOLOGIES & ROTATION ACTIVITIES: Students on this rotation will be expected to learn and achieve the educational goals and objectives through the following methodologies and activities:
1. Participation as an integral member of the cardiac inpatient team.
2. Participation in the critical evaluation and assessment of the pediatric cardiac consult.
3. Evaluation and assessment of the preoperative pediatric cardiac patient, surgical procedures, and follow-up of the patient in the early post-operative period focusing on the altered cardiac physiology.
4. Attendance at cardiology clinics to improve pediatric cardiac exam skills and outpatient evaluation techniques.
5. Participation in specialized therapeutic modalities that aide in diagnosis and management of the complex pediatric cardiac patient. Students will observe echocardiography and cardiac catheterization available for delineating complex anatomy and interventional techniques for therapy.
6. Attend weekly care conferences: surgical and cath conferences – to understand the integration of medical and surgical care teams in the care of each congenital patient, and attend educational conferences for didactic teaching of congenital heart disease.

PATIENT ENCOUNTERS: Students will be expected to work-up patients with these specified conditions:
1. Patient with a congenital cardiac common diagnosis (i.e. VSD, ASD, and PDA, AV Canal defect, TOF, etc.)
2. Complex cardiac patient, including patients with Single ventricular physiology in varying stages of repair
3. Critically ill premature or full-term neonate patient with secondary pulmonary hypertension
4. Acquired heart disease, including cardiomyopathy, myocarditis, or Kawasaki's disease
5. Cyanotic neonatal or pediatric patient

EVALUATION / FEEDBACK METHODS: Students will be evaluated using the following methods:
1. E*Value Clinical Performance Evaluation.
2. Direct observation and in-person feedback by attending physicians and residents.

Will students be expected to participate in call? ☐ YES ☒ NO

PEDS 824: Pediatric Gastroenterology & Nutrition

Course Director: Candi Jump, MSEd, DO
Email: jump@musc.edu

Course Coordinator: Emily McGinnis
Telephone #: 843-792-8362
Email: mcginnie@musc.edu

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Does this rotation accept visiting students? ☐ YES ☒ NO

COURSE DESCRIPTION:
This rotation offers initial exposure to Pediatric Gastroenterology and Nutrition. Students will work directly with attending gastroenterologists in inpatient, outpatient, and procedural settings. Emphasis will be on common clinical concerns such as reflux, constipation, chronic diarrhea but with opportunity to tailor rotation to student's interest and career goals. The Pediatric Gastroenterology team at MUSC has a wide variety of clinical strengths including general outpatient gastroenterology, liver transplant, pediatric neurogastroenterology, advanced endoscopy, inflammatory bowel disease, and nutrition.

LEARNING GOALS & OBJECTIVES: At the completion of this clinical rotation students should be able to do the following:
1. Describe GI diseases in pediatrics, including their occurrence, care, outcome, and impact on child and family. (MK2-5, MK8, PC1-3, PC5-6)
2. Describe the outpatient and inpatient management of various GI diseases. (MK2-5, MK8, PC1-3, PC5-6)
3. Demonstrate an understanding of the importance of nutrition (both enteral and parenteral) for children with various GI diseases. (MK1-2, MK4, MK6-7, PC1, PC3, PC5, PL1)
4. Interpret growth patterns and PE findings of children with various GI diseases. (MK1-2, MK 4, MK6-7, PC1, PC3, PC5, PL1)
5. Describe how to perform common pediatric GI procedures and the indications for these procedures (EGD, colonoscopy, pH/impedance probes, ERCP, EUS and breath hydrogen testing). (MK1, MK5, PC1-3, MK5, MK7)

INSTRUCTIONAL METHODOLOGIES & ROTATION ACTIVITIES: Students on this rotation will be expected to learn and achieve the educational goals and objectives through the following methodologies and activities:
1. Participation as integral member of the pediatric GI team.
2. Observation of GI procedures, including endoscopy and ERCP.
3. Participation in GI clinics and consults, including evaluating patients, determining pertinent physical exam finding and developing care-plan with the attending physicians.

PATIENT ENCOUNTERS: Students will be expected to work-up patients with these specified conditions:
1. Neonatal liver disease
2. Inflammatory bowel disease
3. Acute GI issues including bleeding
4. Constipation/encopresis
5. Gastroesophageal reflux disease
6. Eosinophilic Disorders
7. Jaundice and Elevated Liver Enzymes
8. Abdominal pain
9. Diarrhea

EVALUATION / FEEDBACK METHODS: Students will be evaluated using the following methods:
1. E*Value Clinical Performance Evaluation.
2. Direct observation and in-person feedback by attending physicians and residents.

Will students be expected to participate in call? ☐ YES ☒ NO

PEDS 825: Pediatric Cardiac ICU

Course Director: Edward Kilb, MD
Email: kilbiii@musc.edu

Unit Director: Varsha Bandisode, MD
Email: bandisvm@musc.edu

Course Coordinator: Emily McGinnis
Telephone #: 843-792-8362
Email: mcginnie@musc.edu

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COURSE DESCRIPTION:
Fourth-year medical students will work as integral members of an interdisciplinary team on a busy pediatric cardiac critical care service. Working directly with specialists in pediatric cardiology and cardiothoracic surgery, the student will gain experience in assessing, stabilizing and developing care plans for critically ill pediatric patients with congenital or acquired heart disease. Students will become familiar with the cardiac anatomy and physiology of both pre-operative and post-operative congenital heart disease. Additionally, students will become familiar with the basics of mechanical ventilation, sedation and analgesia, resuscitation, shock and vasoactive medications, surgical emergencies, procedural indications and end-of-life care issues in the pediatric cardiac ICU. Students will observe and potentially participate in invasive procedures.

Students will participate in a mandatory orientation day to cover essential critical care subject matter. Participation is expected at all simulation-based procedural skills modules unless absence is excused. Students will be expected to work at least 20 shifts. Make-up dates for unexcused absences will take place the final weekend of the rotation and then at the discretion of the unit director. There is no expectation of night call, but it can be offered by the unit director as an integral learning experience or as make-up for unexcused absences. This rotation is recommended for students interested in pediatric specialties and cardiology.

LEARNING GOALS & OBJECTIVES: At the completion of this clinical rotation students should be able to do the following:
1. Assess a critically ill patient and develop a timely, prioritized, and evidence-based plan for initial stabilization. (PC1, PC3)
2. Demonstrate understanding of normal cardiac anatomy and physiology and describe the various common congenital cardiac alterations in anatomy and physiology. Acknowledge limitations in knowledge and correct those deficits. (MK4, MK1, MK8, PD2)
3. Participate as a member of the diverse cardiac care team providing patient care in the inpatient setting. Demonstrate ownership of the patient and responsibly provide continuity of care with each patient and the care team. (PC1, PC5, CS1, CS5, PR1, IP4)
4. Demonstrate understanding of the barriers and socio-economic challenges for the complex congenital pediatric and adult patient, their families, and of the necessary support structures integral to patient care. (PR3, PR1, SL4)
5. Participate in cardiac procedures with sterile preparation and management of a sterile environment in a cardiac procedural suite. Observe cardiac surgical procedures for an understanding of the complexity of congenital cardiac surgery. (PC6, MK5, PC7)
6. Be able to obtain Informed Consent for diagnostic and therapeutic tests and procedures including verbalization of risks, benefits and alternatives. (PC3, PC7, ICS1, SBP3)
7. Identify relevant information in the primary medical literature regarding their patients' disease states, and incorporate information from the literature into presentations and documentation. (PL3, CS5)
8. Demonstrate effective and professional interpersonal and communication skills, and model ethical behavior. (CS1, PR1, PR2)
9. Demonstrate empathy and discuss end of life issues with the patient and family including giving bad news. (PC1, PC3, CS1, CS2, CS3, PR3, PR1, PR2)
10. Work within a multidisciplinary team on daily rounds as an effective team member including mitigating patient risk and early identification of potential medical errors. (PR1, SL4, IP2, IP3, IP4)
11. Concisely summarize a patient's critical illness and hand off important clinical information efficiently to other team members and consultants. (CS1, CS5, IP1, IP2, IP3, PC6)
12. Write complete and succinct systems based medical plan with H&Ps and daily progress notes in EPIC. (MK3, MK4, MK5, PC2, PC3, PC6, CS1, CS5, PR1, PR4, PR5)

INSTRUCTIONAL METHODOLOGIES AND ROTATION ACTIVITIES: Students on this rotation will be expected to learn and achieve the educational goals and objectives through the following methodologies and activities:
1. Students will participate in all aspects of care including initial assessment, diagnosis, management and patient/family communication and decision making for critically ill patients.
2. Students will be expected to present their patients on rounds, and patient-centered clinical and educational topics will be discussed

3. The student will be given opportunities to observe echocardiography and cardiac catheterization available for delineating complex anatomy and interventional techniques for therapy.
4. Attend weekly specialty conferences: surgical and cath conferences – to understand the integration of medical and surgical care teams in the care of each congenital patient.
5. Students will attend and participate in didactic teaching session and simulation modules as part of the curriculum

PATIENT ENCOUNTERS: Students will be expected to work-up patients with conditions including:
1. Patient with a diagnosis of common cardiac lesions (i.e. VSD, ASD, and PDA, AV Canal defect, TOF, etc.)
2. Complex cardiac patient, including patients with single ventricular physiology in varying stages of repair
3. Critically ill premature or full-term neonate patient with secondary pulmonary hypertension
4. Acquired heart disease, including cardiomyopathy, myocarditis, or Kawasaki's disease
5. Cyanotic neonatal or pediatric patient

EVALUATION / FEEDBACK METHODS: Students will be evaluated using the following methods:
1. E*Value Clinical Performance Evaluation
2. Direct observation of patient care skills by the attending physician, fellows, and residents on service.
3. Attending physicians and fellows will provide students with a verbal evaluation at end of rotation.
4. Students will give their attending a mid-point evaluation form for performance assessment.

PEDS 840: Developmental-Behavioral Pediatrics

Course Director: Jennifer Poon, MD
Email: poon@musc.edu

Course Coordinator: Emily McGinnis
Telephone #: 843-792-8362
Email: mcginnie@musc.edu

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Does this rotation accept visiting students? ☒ YES ☐ NO

COURSE DESCRIPTION:
Students will attend outpatient developmental clinics and perform supervised developmental assessments/evaluations for the spectrum of developmental and behavioral problems (ADHD, disruptive behavior disorders, learning disabilities, autism spectrum disorder, developmental delay, intellectual disability, spina bifida, and NICU infant follow-up). Students who have previously taken the selective—Introduction to Developmental-Behavioral Pediatrics—may work with the course director to further tailor this elective to their needs and interests.

LEARNING GOALS & OBJECTIVES: At the completion of this clinical rotation students should be able to do the following:
1. Implement the basics of developmental and behavioral screening and assessment of children ages 0-3, preschool, and school age. (PC1, CS1)
2. Demonstrate knowledge of typical versus atypical development. (MK1, M4, MK6)
3. Evaluate and counsel patients as part of an interprofessional team in an interdisciplinary experience. (PC1, PC5, IP1, IP2, IP3, IP4)
4. Discuss public laws, advocacy, and case management as they pertain to developmental and behavioral disorders. (SL2, SL4)

INSTRUCTIONAL METHODOLOGIES AND ROTATION ACTIVITIES: Students on this rotation will be expected to learn and achieve the educational goals and objectives through the following methodologies and activities:
1. Taking a complete and relevant history and performing a pertinent physical exam on patients presenting with a potential developmental/behavioral problem.
2. Administer and/or interpret age-appropriate screening tools to identify clinically significant developmental and/or behavioral concerns.
3. Reading and discussion of current literature on topics outline in objectives as well as topics pertaining to specific patient encounters.
4. Clinical encounters.
5. Discussion

PATIENT ENCOUNTERS: Students will be expected to work-up patients with these specified conditions:
1. ADHD, ODD, and disruptive behavior disorders
2. Learning disability, developmental delay, intellectual disability
3. Autism spectrum disorder
4. Developmental delay
5. Specfic populations (e.g. NICU graduates, Down Syndrome, Cardiac Neurodevelopment, Spina Bifida, International Adoption)

EVALUATION / FEEDBACK METHODS: Students will be evaluated using the following methods:
1. E*Value Clinical Performance Evaluation.
2. Direct observation and in-person feedback by attending physicians and residents.
3. A mid-point evaluation form will be completed halfway through the rotation in order for the student to be assessed on their performance.

Will students be expected to participate in call? ☐ YES ☒ NO

PEDS 852: Pediatric Nephrology

Course Director: Katherine Twombley, MD
Email: twombley@musc.edu

Course Coordinator: Emily McGinnis
Telephone #: 843-792-8362
Email: mcginnie@musc.edu

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Does this rotation accept visiting students? ☒ YES ☐ NO

COURSE DESCRIPTION:
Students on this rotation will work alongside attendings and residents in the Pediatric Nephrology outpatient clinic and on inpatient consultations.

LEARNING GOALS & OBJECTIVES: At the completion of this clinical rotation students should be able to do the following:
1. Describe the presenting signs of common pediatric nephrology problems and be able to formulate a differential diagnosis for these presenting signs. (MK3, MK4, PC2)
2. Describe the management of common pediatric nephrology problems. (MK3, PC3, PC5)
3. Demonstrate an understanding of general pediatrics issues in children with renal transplants (i.e. indication, how children qualify, associated immune suppression, effects on family, and vaccines after transplant). (MK3, MK4, MK5, PC5, CS1, CS4)
4. Demonstrate an understanding of how a subspecialist communicates with primary care providers, hospitalists, intensivists, surgical services, and emergency department physicians, and appreciate the role of other professionals (e.g., nursing staff) in the care of children with complex renal disease. (PC4, CS4, SL1, IP1, IP2, IP3, IP4)
5. Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds and in a variety of difficult situations. (CS1, CS2, CS3)

INSTRUCTIONAL METHODOLOGIES AND ROTATION ACTIVITIES: Students on this rotation will be expected to learn and achieve the educational goals and objectives through the following methodologies and activities:
1. Lectures - student will give at least one talk on the rotation and will attend weekly small group lectures given by the nephrologist.
2. Rounds/discussions, including writing appropriate notes.
3. Reading the recommended articles.
4. Conferences: Renal/urology/radiology conference, transplant selection, CRRT dialysis QAPI (Quality Improvement), general pediatrics conferences.

PATIENT ENCOUNTERS: Students will be expected to work-up patients with these specified conditions:
1. Hematuria and proteinuria
2. Glomerular diseases (i.e. nephrotic syndromes, lupus nephritis, etc.)
3. Hypertension
4. Congenital Anomalies of the Kidneys and Urinary Tract
5. Nephrolithiasis
6. Renal Transplant

EVALUATION / FEEDBACK METHODS: Students will be evaluated using the following methods:
1. E*Value Clinical Performance Evaluation.
2. Direct observation and in-person feedback by attending physicians and residents.
3. A mid-point evaluation form will be completed halfway through the rotation in order for the student to be assessed on their performance.

Will students be expected to participate in call? ☐ YES ☒ NO

PEDS 855: Genomics in Medical Practice

Course Director: G. S. Pai, MD
Email: pais@musc.edu

Course Coordinator: Emily McGinnis
Telephone #: 843-792-8362
Email: mcginnie@musc.edu

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Does this rotation accept visiting students? ☐ YES ☒ NO

COURSE DESCRIPTION:
Students will learn the impact of Genomics in medical practice now and in the future. Students will work closely with the geneticist and genetic counselors to evaluate, diagnose, and counsel patients with genetic diseases. Students will also be guided in their learning through computer-based sources of genetic information.

LEARNING GOALS & OBJECTIVES: At the completion of this clinical rotation students should be able to do the following:
1. Access and analyze information from computer/internet-based sources of genetic information. (PL2, MK2)
2. Perform simple pedigree analysis and apply it to medical practice. (PL5, MK7, PC1)
3. Discuss the social/legal/ethical implications of predictive testing using genetic markers. (PL1, MK3, SL4, PR4)
4. Discuss the advantages and limitations of gene-based testing. (PL2, MK5)

INSTRUCTIONAL METHODOLOGIES AND ROTATION ACTIVITIES: Students on this rotation will be expected to learn and achieve the educational goals and objectives through the following methodologies and activities:
1. Patient contact through participation in daily half-day clinics Monday through Friday
2. Rounds/discussions
3. Self-directed learning guided by course director and other teachers including genetic counselors and residents
4. Lab – one half-day session to be spent in the Cytogenetics and Molecular Pathology laboratory. Students will be graded incomplete if missed.
5. Attend phlebotomy lab to learn blood-drawing skills under supervision.

PATIENT ENCOUNTERS: Students will be expected to work-up patients with these specified conditions:
1. Rare and common genetic diseases, including developmental delay, autism, seizure disorders, hearing loss, and chromosomal and single gene (Mendelian) syndromes.

EVALUATION / FEEDBACK METHODS: Students will be evaluated using the following methods:
1. E*Value Clinical Performance Evaluation.
2. Direct observation and in-person feedback by attending physicians and residents.
3. A mid-point evaluation form will be completed halfway through the rotation in order for the student to be assessed on their performance.

Will students be expected to participate in call? ☐ YES ☒ NO

PEDS 863: Pediatric Ward Externship

Course Director: Patricia McBurney, MD
Email: mcburnpg@musc.edu

Course Coordinator: Emily McGinnis
Telephone #: 843-792-8362
Email: mcginnie@musc.edu

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Does this rotation accept visiting students? ☒ YES ☐ NO

COURSE DESCRIPTION:
The student will be exposed to pediatric patients with acute and chronic diseases and will participate in the complete care of the patient as part of the general pediatric team. Clinical emphasis will include interviewing and physical examination skills, discussions of pathophysiology, and formulation of diagnostic and treatment plans.

LEARNING GOALS & OBJECTIVES: At the completion of this clinical rotation students should be able to do the following:
1. Demonstrate skills expected of interns including giving and receiving a handoff, writing inpatient orders for signature, preparing a discharge summary to share, calling a consult, and assisting in obtaining informed consent for a procedure or treatment. (PC4, PC5, PC7, CS1)
2. Demonstrate improving interviewing and examining skills. (PC1, CS1, PL4)
3. Contribute to pathophysiology discussions. (MK1, PR1, CS1)
4. Formulate diagnostic and treatment plans. (MK8, PC3)
5. Formulate appropriate orders and preparing prescriptions. (PC4, PC5)
6. Identify criteria for admission and discharge from hospital. (MK6, PC1, SL2)

INSTRUCTIONAL METHODOLOGIES AND ROTATION ACTIVITIES: Students on this rotation will be expected to learn and achieve the educational goals and objectives through the following methodologies and activities:
1. Complete an Externship Log documenting level of participation in key entrustable professional activities.
2. Patient contact
3. Rounds/discussions
4. Lectures

PATIENT ENCOUNTERS: Students will be expected to work-up patients with these specified conditions:
1. Acute event (e.g., BRUE/apnea/cyanosis)
2. Dehydration
3. Fever
4. Respiratory distress
5. Chronic disease with complication

EVALUATION / FEEDBACK METHODS: Students will be evaluated using the following methods:
1. E*Value Clinical Performance Evaluation.
2. Direct observation and in-person feedback by attending physicians and residents.
3. A mid-point evaluation form will be completed halfway through the rotation in order for the student to be assessed on their performance.

Will students be expected to participate in call? ☒ YES ☐ NO
Students will take overnight call (24 hours of continuous duty) up to every 4 nights. Students will present their patients from the call night on rounds the next morning. Generally, students will be dismissed from rounds at 10:30 a.m. on their post-call day.

PEDS 864: Pediatric Cardiology Externship

Course Director: Varsha Bandisode, MD
Email: bandisvm@musc.edu

Course Coordinator: Emily McGinnis
Telephone #: 843-792-8362
Email: mcginnie@musc.edu

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Does this rotation accept visiting students? ☒ YES ☐ NO

COURSE DESCRIPTION:
During this externship, students will work directly with specialists in pediatric cardiology and cardiothoracic surgery and serve as acting interns on the inpatient floor of the cardiac step-down unit. The student will take ownership of a group of patients, with all patient care activities to be performed and reported by the student. Students will be challenged to learn the skills necessary to care for the complex medical patient, to integrate and work closely with a complex and diverse medical team, and to learn the cardiac anatomy and physiology of the pre-operative and post-operative congenital cardiac patient.

LEARNING GOALS & OBJECTIVES: At the completion of this clinical rotation students should be able to do the following:
1.Demonstrate skills expected of interns including giving and receiving a handoff, writing inpatient orders for signature, preparing a discharge summary to share, calling a consult, and assisting in obtaining informed consent for a procedure or treatment. (PC4, PC5, PC7, CS1)
2. Demonstrate understanding of normal cardiac anatomy and physiology and describe the various common congenital cardiac alterations in anatomy and physiology. Acknowledge limitations in knowledge and correct those deficits. (MK4, MK1, MK8, PD2)
3. Participate as a member of the diverse cardiac care team providing patient care in the outpatient and inpatient setting. Demonstrate ownership of the patient and responsibly provide continuity of care with each patient and the care team. (PC1, PC5, CS1, CS5, PR1, IP4)
4. Demonstrate understanding of the barriers and socio-economic challenges for the complex congenital pediatric and adult patient, their families, and of the necessary support structures integral to patient care. (PR3, PR1, SL4)
5. Participate in cardiac procedures with sterile preparation and management of a sterile environment in a cardiac procedural suite. Observe cardiac surgical procedures for an understanding of the complexity of congenital cardiac surgery. (PC6, MK5, PC7)

INSTRUCTIONAL METHODOLOGIES & ROTATION ACTIVITIES: Students on this rotation will be expected to learn and achieve the educational goals and objectives through the following methodologies and activities:
1. Complete an Externship Log documenting level of participation in key entrustable professional activities.
2. Participation as an integral member of the cardiac inpatient team.
3. Participation in the critical evaluation and assessment of the pediatric cardiac consult.
4. Evaluation and assessment of the preoperative pediatric cardiac patient, surgical procedures, and follow-up of the patient in the early post-operative period focusing on the altered cardiac physiology.
5. The student will be given opportunities to observe echocardiography and cardiac catheterization available for delineating complex anatomy and interventional techniques for therapy.
6. Attend weekly care conferences: surgical and cath conferences – to understand the integration of medical and surgical care teams in the care of each congenital patient, and attend educational conferences for didactic teaching of congenital heart disease.

PATIENT ENCOUNTERS: Students will be expected to work-up patients with these specified conditions:
1. Patient with a common diagnosis (i.e. VSD, ASD, and PDA, AV Canal defect, TOF, etc.)
2. Complex cardiac patient, including patients with Single ventricular physiology in varying stages of repair
3. Critically ill premature or full-term neonate patient with secondary pulmonary hypertension
4. Acquired heart disease, including cardiomyopathy, myocarditis, or Kawasaki's disease
5. Cyanotic neonatal or pediatric patient

EVALUATION / FEEDBACK METHODS: Students will be evaluated using the following methods:
1. E*Value Clinical Performance Evaluation.
2. Direct observation and in-person feedback by attending physicians and residents.

Will students be expected to participate in call? ☒ YES ☐ NO
Overnight call is not required; however, rounding on the patients who have been followed by the student on the cardiac stepdown unit is required on one consecutive weekend during the externship - constitutes weekend call.

PEDS 868: Primary Care Pediatrics

Course Director: Kristina Gustafson, MD
Email: gustafs@musc.edu

Course Coordinator: Emily McGinnis
Telephone #: 843-792-8362
Email: mcginnie@musc.edu

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Does this rotation accept visiting students? ☒ YES ☐ NO

COURSE DESCRIPTION:
This rotation is in an ambulatory pediatric center and will allow the student to provide acute care and preventative health screenings to children ages 0-18 years of age. Depending on level of training and to assure exposure to all general pediatric issues, the students will alternate between seeing patients with acute care complaints one day and preventative appointments on the next (i.e. all 3rd year clerkship students will be assigned the same appointment type one day while the 4th year student will be assigned the opposite appointment type and then they will swap assignments on the next day). As an additional learning opportunity, 4th year students will have the opportunity, should they wish, to 1) accompany a general pediatric attending on Wednesdays to travel to a Georgetown outreach clinic to see patients with behavioral issues/ADHD, 2) see patients in Rutledge Tower in the co-located Foster Care Support Clinic, which is the medical home for all foster children in the tri-county Charleston area, and 3) work with our nursing staff for 0.5 - 1 day doing general pediatric clinic procedures, such as immunization delivery, hearing & vision screening, point of care testing, etc.

LEARNING GOALS & OBJECTIVES: At the completion of this clinical rotation students should be able to do the following:
1. Demonstrate a solid knowledge base in outpatient general pediatrics with a better understanding of the psychosocial factors that contribute to the health of pediatric patients. (MK1, MK2, MK7, PC5, CS2, PR2, IP1, IP3)
2. Collect both focused and comprehensive, developmentally appropriate histories. (PC1, PR2, PD2)
3. Synthesize information gathered about sick and well children and then formulate diagnosis and treatment plans. (MK3, MK4, MK5, MK6, PC2, PC3, CS1, PD6, SL2)
4. Examine children of many developmental ages. (PC1, MK1)
5. Discuss age-appropriate health supervision principles. (PC5, CS1)

INSTRUCTIONAL METHODOLOGIES AND ROTATION ACTIVITIES: Students on this rotation will be expected to learn and achieve the educational goals and objectives through the following methodologies and activities:
1. Patient contact
2. Lectures/conferences

PATIENT ENCOUNTERS: Students will be expected to work-up patients with these specified conditions:
1. Well child/sports and camp physicals
2. Infection
3. School/behavior issues
4. Gastrointestinal issues
5. Dermatological issues

EVALUATION / FEEDBACK METHODS: Students will be evaluated using the following methods:
1. E*Value Clinical Performance Evaluation.
2. Direct observation and in-person feedback by attending physicians and residents.
3. A mid-point evaluation form will be completed halfway through the rotation in order for the student to be assessed on their performance.

Will students be expected to participate in call? ☐ YES ☒ NO

PEDS 870: Pediatric Hematology/Oncology Externship

Course Director: Anca Dumitriu, MD
Email: dumitrius@musc.edu

Course Coordinator: Emily McGinnis
Telephone #: 843-792-8362
Email: mcginnie@musc.edu

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Does this rotation accept visiting students? ☒ YES ☐ NO

COURSE DESCRIPTION:
This is a hands-on rotation on the clinical hematology/oncology services. The student will be the acting intern for patients and will be involved in admissions, discharges, rounds, and daily care of the patients. The student will also have opportunities to participate in Tumor Board, consults, team teaching sessions, and procedures (i.e. bone marrow biopsies and pathology review).

LEARNING GOALS & OBJECTIVES: At the completion of this clinical rotation students should be able to do the following:
1. Demonstrate skills expected of interns including giving and receiving a handoff, writing inpatient orders for signature, preparing a discharge summary to share, calling a consult, and assisting in obtaining informed consent for a procedure or treatment. (PC4, PC5, PC7, CS1)
2. Describe pediatric oncology diseases and common hematological disorders. (MK1, MK2, MK4)
3. Present relevant clinical information in a concise manner. (MK5, MK6, MK7, MK8, CS1, CS4, CS5, PL3, PL4, PL5)
4. Interact appropriately with families of children suffering from chronic diseases. (PC1, PC5, CS2, CS3, PR1, PR2, PR3)
5. Manage time efficiently in clinical work. (PC6, PC7, PL1, PL2, SL1, SL2, IP1, IP2, IP3, IP4)
6. Demonstrate a patient and family-centered and humanistic approach to clinical work. (PC4, PC5, CS1, CS2, CS3, PR4, PR5, SL4, PL4, PL5)

INSTRUCTIONAL METHODOLOGIES AND ROTATION ACTIVITIES: Students on this rotation will be expected to learn and achieve the educational goals and objectives through the following methodologies and activities:
1. Complete an Externship Log documenting level of participation in key entrustable professional activities.
2. Lectures
3. Rounds/discussions
4. Patient contact

PATIENT ENCOUNTERS: Students will be expected to work-up patients with these specified conditions:
1. Anemia
2. Leukemia
3. Tumors, which will depend on the types of patients but likely include neuroblastomas, sarcomas, renal tumors, brain tumors, and lymphomas.

EVALUATION / FEEDBACK METHODS: Students will be evaluated using the following methods:
1. E*Value Clinical Performance Evaluation.
2. Direct observation and in-person feedback by attending physicians and residents.
3. A mid-point evaluation form will be completed halfway through the rotation in order for the student to be assessed on their performance.

Will students be expected to participate in call? ☐ YES ☒ NO
Students will follow the intern's 12-hour shift workdays (6:30 am-6:30 pm) with the appropriate number of days off per the COM Education Hour Policy.

PEDS 871: Clinical Genetics & Counseling

Course Director: G. S. Pai, MD
Email: pais@musc.edu

Course Coordinator: Emily McGinnis
Telephone #: 843-792-8362
Email: mcginnie@musc.edu

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Does this rotation accept visiting students? ☒ YES ☐ NO

COURSE DESCRIPTION:
This course allows the student to gain additional fundamental knowledge of common genetic disorders encountered in day-to-day practice and experience in analyzing the complex psychosocial and emotional aspects of genetic disorders and counseling. Students will attend clinics staffed by an attending physician, a genetic counselor, and a registered dietitian (as needed) at the Children's Hospital and outreach sites and will perform supervised patient assessments, prepare case summaries, and literature search assignments. Students are not expected to be scribes and may write summaries for learning purpose.

LEARNING GOALS & OBJECTIVES: At the completion of this clinical rotation students should be able to do the following:
1. Describe the basics of dysmorphology assessment. (MK1, PL2)
2. Demonstrate understanding of the principles and practice of genetic counseling. (MK6, PC5, SL4)
3. Demonstrate understanding of genetic testing in clinical practice. (MK8, PC1, SL3)
4. Discuss and consider the ethics of genetic medicine. (MK8, PC5, PR2)

INSTRUCTIONAL METHODOLOGIES AND ROTATION ACTIVITIES: Students on this rotation will be expected to learn and achieve the educational goals and objectives through the following methodologies and activities:
1. Self-directed learning with guidance from course director and other teachers including genetic counselors and residents
2. Rounds/discussions.
3. Patient contact through participation in daily half-day clinics Monday thru Friday.
4. Lab: All students are expected to spend at least one half-day session in the cytogenetic and molecular pathology lab to learn basics of cytogenetic and molecular genetic analytical techniques from laboratory technologist and/or laboratory director(s). Completion of this assignment is required for earning a Pass or Honors grade.
5. Attend phlebotomy lab to learn blood-drawing skills under supervision (optional).

PATIENT ENCOUNTERS: Students will be expected to work-up patients with these specified conditions:
1. Students will participate in assessments of patients with rare and common genetic disorders, the most common examples of which include developmental delay, autism, seizure disorders, hearing loss, congenital malformations, and chromosomal and single gene (Mendelian) syndromes.

EVALUATION / FEEDBACK METHODS: Students will be evaluated using the following methods:
1. E*Value Clinical Performance Evaluation.
2. Direct observation and in-person feedback by attending physicians and residents.
3. A mid-point evaluation form will be completed halfway through the rotation in order for the student to be assessed on their performance.

Will students be expected to participate in call? ☐ YES ☒ NO

PEDS 876: Pediatric ICU

Course Director: Edward Kilb, MD
Email: kilbiii@musc.edu

Unit Director: Alice Walz, MD
Email: walza@musc.edu

Course Coordinator: Emily McGinnis
Telephone #: 843-792-8362
Email: mcginnie@musc.edu

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COURSE DESCRIPTION:
Fourth-year medical students will work as integral members of an interdisciplinary team on a busy pediatric critical care service at the MUSC Children's Hospital to learn about evaluation and management of acute care illness. With supervision and guidance, students will gain experience in assessing, stabilizing, and developing care plans for critically ill pediatric patients. Students will become familiar with the basics of mechanical ventilation, sedation and analgesia, resuscitation, shock and vasoactive medications, surgical emergencies, procedural indications and end-of-life care issues in the pediatric ICU. Students will observe and potentially participate in invasive procedures.

Students will participate in a mandatory orientation day to cover essential critical care subject matter. Participation is expected at all simulation-based procedural skills modules unless absence is excused. Students will be expected to work at least 20 shifts. Make-up dates for unexcused absences will take place the final weekend of the rotation and then at the discretion of the unit director. There is no expectation of night call, but it can be offered by the unit director as an integral learning experience or as make-up for unexcused absences. This rotation is recommended for students interested in pediatric specialties and emergency medicine.

LEARNING GOALS & OBJECTIVES: At the completion of this clinical rotation students should be able to do the following:
1. Assess a critically ill patient and develop a timely, prioritized, and evidence-based plan for initial stabilization. (PC1, PC3)
2. Apply knowledge to develop evidence-based clinical plans for critically ill patients, including appropriate use of hemodynamic monitoring, application of ventilator modes and settings, and initiation and titration of vasomotor support. (MK4, MK5, PC3, PC6)
3. Be able to obtain Informed Consent for diagnostic and therapeutic tests and procedures including verbalization of risks, benefits and alternatives. (PC3, PC7, ICS1, SBP3)
4. Participate in and potentially perform procedures under direct supervision, including placement of arterial lines and central venous catheters while learning proper sterile technique. (MK8, PC7)
5. Identify relevant information in the primary medical literature regarding their patients' disease states, and incorporate information from the literature into presentations and documentation. (PL3, CS5)
6. Demonstrate effective and professional interpersonal and communication skills, and model ethical behavior. (CS1, PR1, PR2)
7. Demonstrate empathy and discuss end of life issues with the patient and family including giving bad news. (PC1, PC3, CS1, CS2, CS3, PR3, PR1, PR2)
8. Participate in a basic family meeting to discuss goals of care including discussing and obtaining code status. (PC1, PC4, CS1, CS2, CS3, CS4, PR1, PR2, PR3)
9. Work within a multidisciplinary team on daily rounds as an effective team member including mitigating patient risk and early identification of potential medical errors. (PR1, SL4, IP2, IP3, IP4)
10. Understand quality improvement metrics in the ICU and the team's role in reducing hospital acquired infections including VAE, CAUTI, CLASBI, etc. (MK7, PR4, PL4, PL5, PL6, SL3, IP4)
11. Concisely summarize a patient's critical illness and hand off important clinical information efficiently to other team members and consultants. (CS1, CS5, IP1, IP2, IP3, PC6)
12. Write complete and succinct systems based medical plan with H&Ps and daily progress notes in EPIC. (MK3, MK4, MK5, PC2, PC3, PC6, CS1, CS5, PR1, PR4, PR5)

INSTRUCTIONAL METHODOLOGIES AND ROTATION ACTIVITIES: Students on this rotation will be expected to learn and achieve the educational goals and objectives through the following methodologies and activities:
1. Students will participate in all aspects of care including initial assessment, diagnosis, management and patient/family communication and decision making for critically ill patients.
2. Students will be expected to present their patients on rounds, and patient-centered clinical and educational topics will be discussed
3. Students will receive instruction in ventilator management, central line use, and invasive and non-invasive hemodynamic monitoring.

3. Students will learn about pharmacotherapy in the ICU, including vasopressors, antibiotics, sedatives, and analgesic medications.
4. Students will have the opportunity to learn about and potentially perform a variety of procedures, including intubation, central venous catheter placement, arterial catheter placement, and lumbar puncture.
5. Students will attend and participate in didactic teaching session and simulation modules as part of the curriculum

PATIENT ENCOUNTERS: Students will be expected to work-up patients with conditions from all organ systems, including:
1. Organ failure (respiratory, cardiac, renal, hepatic, metabolic, hematologic)
2. Acute deterioration of chronic disease states
3. Post-surgical care
4. Sepsis
5. Trauma

EVALUATION / FEEDBACK METHODS: Students will be evaluated using the following methods:
1. E*Value Clinical Performance Evaluation
2. Direct observation of patient care skills by the attending physician and residents on service.
3. Attending physicians will provide students with a verbal evaluation at end of rotation.
4. Students will give their attending a mid-point evaluation form for performance assessment.

PEDS 877: Neonatal ICU

Unit Director: Edward Kilb, MD
Email: kilbiii@musc.edu

Unit Director: Shelly-Ann Williams, MD
Email: williasp@musc.edu

Course Coordinator: Emily McGinnis
Telephone #: 843-792-8362
Email: mcginnie@musc.edu

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COURSE DESCRIPTION:
Fourth-year medical students will work as integral members of an interdisciplinary critical care team on a busy neonatology service in academic and community facilities to learn about the evaluation and management of acute care illness in the perinatal period. With supervision and guidance, students will be directly involved in assessing, stabilizing, and developing care plans for critically ill neonates with a variety of complex diseases. Students will become familiar with the basics of delivery and resuscitation, mechanical ventilation, intravenous fluids, shock and vasoactive medications, surgical emergencies, procedural indications and end-of-life care issues in the neonatal ICU. Students will observe and potentially perform invasive procedures.

Students will participate in a mandatory orientation day to cover essential critical care subject matter. Participation is expected at all simulation-based procedural skills modules unless absence is excused. Students will be expected to work at least 20 shifts. Make-up dates for unexcused absences will take place the final weekend of the rotation and then at the discretion of the unit director. There is no expectation of night call, but it can be offered by the unit director as an integral learning experience or as make-up for unexcused absences. This rotation is recommended for students interested in Pediatrics.

LEARNING GOALS & OBJECTIVES: At the completion of this clinical rotation students should be able to do the following:
1.Describe the pathophysiology of common neonatal problems and develop timely, prioritized, evidence-based plans for the management of sick newborns. (MK3, MK4, MK5, PC1, PC2, PC3)
2. Participate in the delivery and resuscitation of high-risk neonates. (PC7, IP1, IP3)
3. Describe nutritional needs of the neonate and describe the unique aspects neonatal pharmacology (MK2, MK5)
4. Define the importance of reassessment of patients and demonstrate the ability to reassess patients. (PC3, PC6, CS1)
5. Demonstrate effective and professional interpersonal and communication skills, and model ethical behavior. (CS1, PR1, PR2)
6. Identify relevant information in the primary medical literature regarding their patients' disease state, and incorporate information from the literature into presentations and documentation. (PL3, CS5)
7. Concisely summarize a patient's critical illness and hand off important clinical information efficiently to other team members and consultants. (CS1, CS5, IP1, IP2, IP3, PC6)
8. Write complete and succinct systems based medical plan with H&Ps and daily progress notes in EPIC. (MK3, MK4, MK5, PC2, PC3, PC6, CS1, CS5, PR1, PR4, PR5)
9. Participate in the transition of care from inpatient to home. (PC4, PC5, SL1)

INSTRUCTIONAL METHODOLOGIES AND ROTATION ACTIVITIES: Students on this rotation will be expected to learn and achieve the educational goals and objectives through the following methodologies and activities:
1. Students will participate in all aspects of care including initial assessment, diagnosis, management and patient/family communication and decision making for critically ill neonates.
2. Students will be expected to present their patients on rounds, and patient-centered clinical and educational topics will be discussed
3. Students will be expected to attend and participate in high risk deliveries
4. Students will attend and participate in didactic teaching session and simulation modules as part of the curriculum

PATIENT ENCOUNTERS: Students will be expected to work-up patients with conditions from all organ systems, including:
1. Prematurity and associated myriad short-term and long-term morbidities
2. Congenital anomalies including congenital heart disease, congenital diaphragmatic hernia, airway anomalies as well as others
3. Difficulties in transition to extra-uterine life in term infant
4. Sepsis
5. Respiratory distress
6. Feeding issues

EVALUATION / FEEDBACK METHODS: Students will be evaluated using the following methods:

1. E*Value Clinical Performance Evaluation
2. Direct observation of patient care skills by the attending physician, fellows, and residents on service.
3. Attending physicians and fellows will provide students with a verbal evaluation at end of rotation.
4. Students will give their attending a mid-point evaluation form for performance assessment.

PEDS 879: Pediatric Infectious Diseases

Course Director: Terry Dixon, MD, PhD
Email: dixontc@musc.edu

Course Coordinator: Emily McGinnis
Telephone #: 843-792-8362
Email: mcginnie@musc.edu

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Does this rotation accept visiting students? ☒ YES ☐ NO

COURSE DESCRIPTION:
This elective is designed to provide an in-depth and intensive exposure to both common and unusual infectious diseases of children. The student will participate in outpatient clinical visits and inpatient consults to all the pediatric services (subspecialty, ICU, and hospitalists).

LEARNING GOALS & OBJECTIVES: At the completion of this clinical rotation students should be able to do the following:
1. Demonstrate an in-depth understanding of the epidemiology, pathogenesis, clinical manifestations, diagnosis and treatment of common pediatric infectious diseases. (MK3, MK8)
2. Explore subspecialty literature in pediatric infectious diseases and provide a basis for future independent learning. (MK5, PL3)
3. Demonstrate how to approach complicated patients with infectious diseases and how to evaluate serious or unusual infectious diseases. (PC3, PL4, PL5)
4. Display increasing skill in synthesizing clinical data to form a differential diagnosis list. (MK8, PC2)
5. Display increasing skill in writing organized, appropriately focused, and accurate patient notes. (PC1, CS5)

INSTRUCTIONAL METHODOLOGIES AND ROTATION ACTIVITIES: Students on this rotation will be expected to learn and achieve the educational goals and objectives through the following methodologies and activities:
1. Lectures
2. Rounds/discussions
3. Patient contact

PATIENT ENCOUNTERS: Students will be expected to work-up patients with these specified conditions:
1. Chronic and acute infections
2. Immunodeficiencies

EVALUATION / FEEDBACK METHODS: Students will be evaluated using the following methods:
1. E*Value Clinical Performance Evaluation.
2. Direct observation and in-person feedback by attending physicians and residents.
3. A mid-point evaluation form will be completed halfway through the rotation in order for the student to be assessed on their performance.

Will students be expected to participate in call? ☐ YES ☒ NO

PEDS 890: Child Abuse & Neglect

Course Director: Carrie Busch, MD
Email: buschc@musc.edu

Course Coordinator: Emily McGinnis
Telephone #: 843-792-8362
Email: mcginnie@musc.edu

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Does this rotation accept visiting students? ☐ YES ☒ NO

COURSE DESCRIPTION:
Course is available in 2- and 4-week blocks based on availablility. Students must request approval from the course director prior to enrolling in this course to ensure availability. Student will work with subspecialists in Child Abuse Pediatrics (CAP) and will see patients in both the MUSC CAP follow up clinic, the MUSC clinic at the Dee Norton Lowcountry Children's Center (King Street), and the MUSC clinic at the Dorchester Children's Center (Summerville). They will also participate in ER and inpatient consults as available.

LEARNING GOALS & OBJECTIVES: At the completion of this clinical rotation students should be able to do the following:
1. Demonstrate a logical and appropriate clinical approach to the care of suspected or confirmed victims of abuse or neglect. (MK3, MK5, PC1, PC2, PC3, CS1, CS3, PS3)
2. Access medical information efficiently, evaluate it critically, and apply it appropriately to the care of patients suspected of abuse or neglect. (MK8, PC3, PL3)
3. Communicate effectively with physicians, other health professionals, and community agencies. (CS4, PR1, PD6, IP3, IP4)
4. Access and comply with the laws that define a physician's responsibilities when abuse or neglect is suspected. (PR4, SL3)
5. Demonstrate understanding of how to practice high-quality healthcare and advocate for patients suspected of abuse or neglect. (MK5, PC6, SL2)

INSTRUCTIONAL METHODOLOGIES AND ROTATION ACTIVITIES: Students on this rotation will be expected to learn and achieve the educational goals and objectives through the following methodologies and activities:
1. Patient contact
2. Discussions
3. Conferences

PATIENT ENCOUNTERS: Students will be expected to work-up patients with these specified conditions:
1. Physical abuse
2. Sexual abuse
3. Emotional abuse
4. Neglect

EVALUATION / FEEDBACK METHODS: Students will be evaluated using the following methods:
1. E*Value Clinical Performance Evaluation.
2. Direct observation and in-person feedback by attending physicians, child abuse nurse practitioners and pediatric residents.
3. A mid-point evaluation form will be completed halfway through the rotation in order for the student to be assessed on their performance.

Will students be expected to participate in call? ☐ YES ☒ NO
Call is an optional experience. Call participation will not be reflected on the end of course evaluation.