

Pediatrics Clerkship

University of Texas Medical Branch, Galveston

Supplemental Manual

Austin Site

**Dell Children's Medical Center of Central Texas
Brackenridge Hospital**

Capital Area Health Education Center

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Welcome

The UTSW Austin Pediatrics Department and the Capital Area Health Education Center (AHEC) welcome you to the Pediatrics Clerkship. We look forward to providing you with an overview of pediatrics.

UTSW Austin—Pediatrics is the pediatric residency program at the Dell Children’s Medical Center of Central Texas (DCMCCT).

The Capital AHEC assists medical learning institutions with the placement of medical students and residents into outpatient settings. AHEC centers establish, maintain and advocate community-based training for health profession students. We accomplish this by recruiting preceptors, providing housing, providing orientation of the rotation sites, providing maps to housing and rotation sites and providing information about the city where the student is placed during their community-based rotation. If you would like more information about East Texas AHEC, please visit <http://capital.etxahec.org>.

Austin Clerkship Staff***Austin Clerkship Director*****Valli Annamalai, M.D.**

UT Southwestern Austin

Pediatrics

Assistant Professor, Pediatrics
Dell Children’s Medical Center of
Central Texas
Office (512) 324-0165 ext. 86778
Fax (512) 324-0786
vannamalai@seton.org

***UTMB-Austin Clerkship Coordinator*****Candice Russell, MS**

Student Clerkship Coordinator
ORME
1313 Red River, Se 120
Austin, TX 78701
Phone: 512- 324-7860
Fax: 512- 324- 7988
crtisdale@seton.org



Adriane Thompson

Student Services Coordinator
ORME
1313 Red River, Se 120
Austin, TX 78701
Phone: 512- 324-7860
Fax: 512- 324- 7988
acthompson@seton.org



Capital AHEC Senior Program Coordinator

Michelle Martin
Senior Program Coordinator
Capital Area Health Education Center
2520 S. IH-35, Suite 205
Austin, TX 78704
Office (512) 472-8921 ext. 302
mmartin@capitalahec.org



DCMC Site Coordinator

Elissa Ross
PCRS/ Pediatric Chief Residency
Department Assistant
UT Southwestern - Austin
Dell Children's Medical Center of
Central Texas
Office (512) 324-0165 ext. 86775
Fax (512) 324-0786



Galveston Clerkship Staff

Clerkship Director

Gayani Silva, M.D.

Professor, Department of Pediatrics
 University of Texas System Distinguished Teaching Professor
 Clerkship Director
 Co-Director, Pediatric Ambulatory Community Selective
 University of Texas Medical Branch Galveston, Texas.
gsilva@utmb.edu
 409 772 1444



Clerkship Coordinator

Tiffany Swain

Pediatric Office of Medical Education
 3.302A Children’s Hospital
 Office (409) 772-5286
 Fax (409) 747-8130
 trswain@utmb.edu



Introduction

This manual serves as a supplement to the UTMB Pediatric Clerkship Manual which can be accessed by the following link: http://www.utmb.edu/pedi/pdfs/student_syllabus.pdf. Please review that manual as you commence the rotation. We have included information specific to the Austin site.

Your pediatric clerkship consists of 4 weeks of inpatient pediatrics, 3 weeks of outpatient general pediatrics and 1 week of newborn nursery as follows:

<u>Inpatient Block</u>	<u>Outpatient Block</u>
<ul style="list-style-type: none"> • Four weeks: Inpatient pediatrics at DCMCCT 	<ul style="list-style-type: none"> • First or third week - newborn nursery at Brackenridge Hospital • Three weeks of outpatient pediatrics

Half of the group will start with the outpatient block and the other half will begin with the inpatient block. After 4 weeks, you will switch. You should be receiving your assignments by email prior to the rotation.

Your last day of the rotation will be the Wednesday of the eighth week. You will be excused from duty after 6 pm. Thursday is a study day and Friday is the shelf exam.

Please contact the clerkship director if you need to discuss any issues in private, especially absences from the clerkship. Please plan to check in with the clerkship coordinator prior to the rotation conclusion.

General Expectations and Recommendations

Clerkship Goals and Objectives are outlined in the Galveston syllabus pages 12-17. <http://www.utmb.edu/pedi/education> to get to the main page, then go to Medical Student Education, then Syllabus. The syllabus offers multiple resources for reference throughout your clerkship, in addition to study materials.

You have the privilege of caring for and learning from the children and families of our community. Your exemplary professional conduct is expected at ALL times.

We must be respectful of a patient's confidential medical information in the course of our work. This includes sensitivity to who has access to it and the potential of being overheard as we conduct our discussions in public spaces.

The hospital playrooms and the half-pint library are safe havens for children to relax and play. Do not conduct any medical evaluations or discussions in those areas.

Many families look to you as their children's primary care provider in the hospital and will inquire about their children's clinical progress and care plans. Take time to answer their questions and to explain the care plans. **Consistency in our patient care discussions with families is important for continuity of care.** Do not answer questions of which you are unsure, especially about potential discharge. Refer them to the attending physician or residents. If nurses are trying to get in contact with the resident physicians, they should page them directly rather than relay a message pertaining to patient care through you.

Be proactive in your endeavors. Search out opportunities to enhance your experience and expand your skills. Be inquisitive—the only wrong questions are the ones not asked. Convey to your teachers your expectations and goals. Be mindful of your goals throughout the rotation.

Seek opportunities for feedback. We welcome your feedback on improving the rotation experience for future students.

Absence Policy

You are allowed 3 excused absences during the 8 week rotation. **The absences must be excused by the Clerkship Director.** Any planned absence must be approved **at least 2 weeks in advance** by the Clerkship Director. Please complete the planned absence form available from the ORME office. If you are ill, please email the Clerkship Director and Candice Russell AND notify your senior resident and/or intern by paging them at 6 am (Dell), 7 am (nursery), or by notifying your outpatient preceptor when the office opens.

First Day of Rotation

First Day

You should proceed to Dell Children's Medical Center of Central Texas (DCMCCT) on the Monday of your first week at 10 a.m. for the orientation with the Clerkship Director. Your punctual attendance is expected. We will provide you with a folder with print materials. If you are Galveston-based, you will first report to Candice Russell, clerkship coordinator, at 8a.m. at the Brackenridge Hospital Professional Office Building (POB).

You will also need to have a hospital picture ID badge made in addition to a parking permit for the Brackenridge parking garage. Parking at the Dell visitors' lot is free.

Outpatient Block Students

Please arrive wearing surgical scrub attire if you are assigned to the newborn nursery on your first week. During your newborn nursery rotation, you should wear scrubs to work daily. You may leave your personal items in the OB Resident Study room located on the 2nd floor next to the Nursery, code 1-3-5. Each student is assigned to take 1 night of call. Call is not overnight, but until 10 p.m. If you have a schedule conflict, then it is your

responsibility to switch your call with another student later in the week and you must notify the Clerkship Director by email of the change. The Clerkship Director and/or coordinator can help facilitate this. The remaining outpatient block students should wear professional attire and the male students must be clean shaven for their ambulatory experience.

Inpatient Block Students

During your inpatient pediatric weeks, please dress in professional attire. You may wear scrubs with your white coat on the weekends or when on call, but not post call since you are not staying overnight. Please ensure that your hospital ID badge is properly displayed when you are in the hospital.

One of you may be assigned to take call on the first day, so be prepared for this. Call is until 10 p.m. If you are assigned call on the first day and have a schedule conflict, then it is your responsibility to switch this call with another student later in the week and you must notify the Clerkship Director by email of the change. The Clerkship Director and/or coordinator can help facilitate this. Each of you will also be assigned a weekend call either Saturday or Sunday until 10 p.m.

Newborn Nursery

Faculty and Residents

Dr. Lakshmy Vaidyanathan (Dr. V) is a board-certified pediatrician in the practice of newborn medicine. She is the principal faculty member overseeing your newborn nursery experience.

The newborn nursery will consist of one to two interns (pediatric and family practice) and one pediatric senior resident. They will provide you with an introduction to the newborn nursery rotation.

Teaching and Work Rounds

Dr. V will review this aspect of the rotation on your first day. You will also receive an orientation to scrub technique and to handling newborns at deliveries before you are able to attend deliveries. You should arrive by 7 a.m. each day unless told otherwise by your team.



Dr. Vaidyanathan

Call Schedule and Duties

Your call schedule will be provided to you at orientation. Each of you will be assigned one call night with the resident covering the newborn nursery and deliveries. Additionally, you will be expected to attend morning work rounds with the newborn nursery team on the Saturday or Sunday after your newborn nursery week but will not be taking call over the weekend.

Call duty concludes at approximately 10pm or sooner if you need to ride the last shuttle from the hospital to the off-site parking lot.

Clinical Duties and Evaluation

Please refer to your UTMB Pediatric Clerkship Manual. By the end of the week, you will be evaluated on performing a newborn exam. Please give your evaluation card (in the orientation packet) to the faculty observing you.

Paperwork and Orders

The nursery team will orient you to the paperwork used in their unit.

All of your progress notes and orders must be co-signed by a physician. Date and time your notes and orders at the time of entry. Sign and print your name clearly along with your title, e.g., MS3. Title your progress notes as “MS3 Note.” Use the SOAP note format.

When errors in documentation are made, strike them out with a single horizontal line; initial the errors; time and date them; and write “error.” You may amend your notes or add to them subsequently by writing addenda to your daily progress notes.

DO NOT ALTER OR REMOVE YOUR NOTES OR ANY OTHER ENTRIES INTO PATIENTS’ CHART AFTER THEY HAVE BEEN ENTERED INTO THE CHART.

Grading

Clinical evaluation: 7.5%

Observed newborn exam: 7.5%

Outpatient Pediatrics

Schedule

The outpatient block of your pediatric rotation consists of 1 week with the well newborn nursery and 3 weeks with a community preceptor. You will need to call your preceptor’s office during your nursery week to know when you are to arrive at your preceptor’s office on the following Monday. Addresses will also be distributed at orientation. When you meet your preceptors, please sit with them the first day and go over your schedule so both of you know what days you are expected to be in the office. You MAY have a half day off per week during the outpatient portion which you should arrange with your preceptors. This half day should coincide with your preceptor’s administrative time. This half day is at the discretion of your preceptor and is not mandatory, so you should not automatically expect this. You have no call or weekend duties during these 3 weeks.

Professionalism

Part of your evaluation is dependent on your professionalism. Please make sure to dress appropriately when arriving at your outpatient setting. Please be punctual. Please remember that the physicians also maintain a very busy office practice. ***Note – you MUST dress professionally and be clean-shaven or you may be sent home from the preceptor’s office.

Absences

If you need to be absent, please make sure to contact your preceptor and let them know that you will not arrive that day. Please refer to the UTMB Pediatric Clerkship Manual for guidelines regarding absences. If you are absent, you also need to contact the Austin Clerkship Coordinator and Director to get it excused.

Evaluations

Evaluation cards and envelopes will be handed to you at orientation so that you may deliver them to your preceptor on the first day of your rotation. Please review this evaluation card with your preceptor so both of you know what is expected during your community-based rotation. Midway through the rotation, give your preceptor the **midway feedback card** to complete and discuss with you. You will need this completed card back to submit to the clerkship coordinator.

Grading

Clinical evaluation: 22.5%

Inpatient Pediatrics***Inpatient Units*****Physical Units**

The pediatric units are divided into 4 separate wings: 3North and 3Central, 4North and 4Central based on patient diagnosis and specialized nursing.

Location	Phone	Rooms
3North	40300	301-324
3Central	40350	325-348
4North	40400	401-424
4Central	40450	425-448

For long distance calls, you will be prompted to enter an access code after dialing the phone number. The access codes are available from the unit clerks and nurses and are for business use only.

You will be assigned to a team of 2 interns and 1 senior resident.

Isolation Precautions

When patients are admitted with potential infectious risks, the doors to their rooms will have signs attached to denote the specific isolation precautions. Please review these precautions and observe the stated measures before entering the rooms. When you are uncertain of the proper isolation precautions for your patient admissions, please refer to the infection control guidelines (in a folder at the nursing station or on the intranet).

Universal precautions are always the rule. That includes diligent hand washing before and after patient contact. Please also wipe your equipment, especially stethoscopes, with antiseptic wipes (may be located on carts or at nursing stations) before and after patient contact.

Conference Schedule

A copy of the morning conference schedule will be provided to you with the clerkship materials or emailed to you. Attendance at morning conferences is mandatory. Be proactive and participate!

Morning conference takes place from 10:30-11 am everyday in conference room 3 on the 3rd floor (main floor near pediatric education office). Thursday is radiology conference in the radiology conference room. **The inpatient group of students will be expected to conduct a noon conference (as a team) at the end of the rotation, usually on the 4th Tuesday of the period.** You will decide as a group what your topic will be, but it must be related to inpatient pediatrics. You will be evaluated by the attendees (residents and faculty) in addition to your peers. This will comprise 5% of your grade.

Noon conference takes place in the Pediatric Conference Room 3 and 4 on the 3rd floor near the Pediatric Education Offices from 12:15pm to 1:15pm. Every 2nd and 3rd Friday, Pediatric Grand Rounds takes place 7:30 a.m. in the Auditorium. You may bring your lunch or breakfast to the lectures.

Call Schedule and Duties

A copy of your call schedule will be provided to you as part of the inpatient material. Call duty concludes at approximately 10pm for weekday calls and for the 1 weekend call.

You will be assigned to night call with the residents one weeknight per week (4) while on the inpatient service. If you are on inpatient during the second half of the rotation, then you will have a total of 3 weekday call nights (1 night per week except for the last shortened week). Each of you will also take an additional call on one Saturday or Sunday until 10 p.m. The call schedule may be changed at the discretion of the clerkship director or faculty to accommodate special circumstances. With the exception of your assigned weekend call day, you will have the remaining weekends off while on the inpatient service. Because you are on call until 10 pm, you are not considered “post call” the following day and therefore you are expected to work the entire day.

Teaching and Work Rounds

You are expected to be prepared for morning rounds daily. You are expected to follow 2-3 patients daily. Allow yourself ample time in the morning before morning conference to evaluate your patients, gather the relevant data, and organize your presentations. You are expected to arrive at 6 a.m. for morning sign out in the doctors’ dining room. All resident teams meet here daily (including weekends) to get sign out from the night float team. Teaching rounds begin around 8:30. Be prepared to present your patients during rounds. Make sure you have obtained your own history to present to the attending, rather than just reading the resident’s H&P form. **Please see emailed handout on how to verbally present a pediatric patient.**

Your team will break for morning conference at 10:30 a.m. and then reconvene at 11 am to either complete teaching rounds or work rounds. You should take primary responsibility of your patients’ care during work rounds. Maintain continual communication with your residents during the workday. Check in with your residents prior to the end of the workday. If you are assigned, you are expected to stay until evening sign out at 6 p.m. in the doctors’ dining room, where you will be signing out your patients and your fellow student’s (on same team) patients to the night float team. Take this opportunity to learn how to appropriately sign out patients to the on call team, which is an important skill to learn. **One student per team must stay until evening sign out at 6 pm. The other student may be excused at 4 pm after signing out their patients to their teammate. The pair of students are responsible for creating a schedule for the month for who leaves early and who stays for sign out, making the distribution equal. The 2 of you must be conscious of this schedule, since the residents will always expect there to be 1 student per team still present for late admissions and evening sign out.**

Medical Information Retrieval

Chart

Please familiarize yourself with the contents of the chart. Most of the information may be readily available on COMPASS.

COMPASS

This is an electronic medical record program that allows you to securely access patients’ medical information. You will have an introduction to this system as part of your general orientation.

You will receive a login designation and password from the Information Systems Department. Remember to log-out of the system when you have finished. The information to which you have access is confidential and must be treated with the same respect as the medical chart. Adriane or Candice will coordinate these requests for you.

Additionally, from the computer terminals, you have access to the internet via your Novell login designation and password (separate from ones used for COMPASS).

Synapse/PACS

This is the electronic archiving and retrieval program that allows you to access digitalized radiographic studies for review. There are high-resolution flat-screen monitors located on each unit for review of radiographs. To hear report, dial 43622, then 9999, then follow instructions prompted.

Dictated Reports and Consultations

You have access to dictated reports and consultations via the telephone dictation system. Access the system by dialing 43628. Your identification number is usually the last four digits of your social security number or you may use 9999. When prompted to enter a dictation type, type “#1” to listen to reports, then enter “1” to review by work type, then enter “13” as the work type, then enter patient’s account number to hear report. You will need the patient’s account number to access the files.

Paperwork and Orders

All of your progress notes and orders must be reviewed and co-signed by a physician. Date and time your notes at the time of entry. Sign and print your name clearly along with your title, e.g., MS3, and adding your pager number is also helpful.

When errors in documentation are made, line them out with a single line; initial the errors; time and date them; and write “error.” You may amend your notes or add to them subsequently by writing addenda to your daily progress notes, e.g., “MS3 Addendum Note.” **DO NOT ALTER OR REMOVE YOUR NOTES OR ANY OTHER ENTRIES INTO PATIENTS’ CHART AFTER THEY HAVE BEEN ENTERED INTO THE CHART.**

Documentation

The medical records of your patients are legal documents. Be mindful of the phrasing and contents of your written statements. Legibility and proper documentation format are important. If your note exceeds one page, please clearly designate the transitions; time, date, and title all pages; sign each page.

All notes **MUST** be dated and timed at the time of entry. Use the 24-hour time designation format. Post-dated notes are **NOT** acceptable.

Title your progress note entry according to its function, e.g., Progress Note, Addendum, On-Call Note, etc. You must sign all your notes and include your printed name. You may not sign another person’s progress note entries on his behalf.

History and Physical Form

You may use the DCMCCT H/P forms for your initial patient encounters. All new patient admissions require an official H/P to be completed by a physician. **Please do not leave your completed H/P in the medical chart.** Please turn them into your attending physician for review and critique. **The attendings expect you to submit 3 written H&Ps (one on week 1, one on week 2, and one on week 3) for feedback on written communication skills. Do not give these to your attendings during your 4th week or they may not be accepted. You are required to collect these back from your attending with their written feedback to bring to your shelf exam along with other paperwork.**

Progress Notes

Title your progress notes as “MS3 Note.” Use the SOAP note format.

Admission Orders

Admission orders are entered in COMPASS. The resident usually does this, but you should observe how orders are entered to familiarize yourself with the process.

Prescriptions

Prescriptions must include: 1. medication name and strength of tablets/caplets/chewables or liquid 2. sig: instructions on quantity and frequency 3. dispense: quantity to be dispensed 4. refills. When the calculated dose for a pediatric patient exceeds the adult dose, use the adult dose of the medication.

Double check all your medication orders or prescriptions with your resident, who will then sign your prescriptions.

Inpatient Clinical Evaluation Exercise***Observed Pediatric History and Physical Examination***

This exercise will be conducted in the second, third or fourth week of your inpatient block. Your attending will contact you after securing a patient for the exercise. Do not use the DCMCCT H/P forms for this exercise; however, you may or may not prepare your own written notes for use during this exercise – depending on your attending’s preference. The expectation is that you have a standard H&P format memorized, so do not assume you are allowed notes. It is always best to check in with your observer to see if this is allowed. There is a 45 minute time limit to complete the observed H&P. Immediately after, you will receive feedback from the attending. Then you will have at least 24 hours to prepare your verbal presentation. You do not need to turn into the facilitator any written paperwork. This is an Honors system, so we expect you to not look at the patient’s chart. When you present, we are evaluating your critical thinking skills and appropriate differential diagnosis and plan – this is more important than getting the diagnosis “right.” Failure of this exercise (1.5 or lower) will necessitate repeating this component to avoid receiving an Incomplete for the course.

Design-a-case

Please see Design-a-case instructions. These are 12 web-based modules that you must complete in order to pass the clerkship. If you are on track to receive an Honors or High Pass for the clerkship, these cases must be completed on time (6 required cases by end of week 4, 6 additional cases chosen by yourself from a library of cases, by end of week 8) to keep your Honors or else High Pass grade, or else the Honors or High Pass grade will be forfeited. There are additional cases offered that are not required, but recommended for your own studying and preparation for the shelf exam. In order to pass the clerkship, all 12 cases must be completed by end of week 8, otherwise incompleteness of the cases will result in failure of the clerkship.

Inpatient Grading

Clinical evaluation: 30%

Observed H&P: 7.5%

Student Team Presentation: 5%

Library and Computer Access

The Medical Library is located on the main floor (3rd floor) near the pediatric education offices. Darlene Ennis is the medical librarian and is a valuable resource to help find references.

You will need computer IDs and passwords to access the internet from the computer workstations. Do not share your access with others. You will be held accountable for actions conducted with your access codes. Seton Healthcare Network maintains strict guidelines for internet use and monitors internet traffic. Please familiarize yourself with those policies in our Intranet site.

At Brackenridge, there is also a medical library located in the Clinical Education Center (CEC). The librarian is Barbara Mercer.

Additional Requirements

Complete the **Clinical Encounter Card** throughout your 8 week rotation. This completed card will also need to be returned to the clerkship coordinator at the end of the rotation.

Shelf Exam

20% of overall grade; takes place on last Friday of the clerkship at the CEC (Clinical Education Center at Brackenridge Hospital) at 9 a.m. You will be notified of details by Candice Russell.

Clerkship grade breakdown

Inpatient evaluation: 30%; outpatient evaluation: 22.5%; nursery evaluation: 7.5%; newborn exam: 7.5%; observed history and physical exam: 7.5%; team presentation: 5%; shelf exam: 20% ; DAC cases required to pass or earn Honors in the clerkship.

Study Guide

“Core Concepts in Pediatrics” written by UTMB faculty.

http://www.utmb.edu/pedi_ed/Online/online.htm

Professionalism

UTMB takes professionalism very seriously. Any lapses in professionalism may generate an Early Concern Note by the Clerkship Director.

Feedback and Evaluations

Avail yourself to continual feedback as means of improving your clinical skills. Ask for feedback from your peers and teachers. Please share with the Clerkship Director your thoughts on improving the rotation and any concerns that may arise from your rotation experience.

The Clerkship Director can be available to meet with you individually during your rotation. You have the opportunity to discuss any concerns in confidence, review your clinical performance and written evaluations, and provide feedback on the rotation experience.

At the completion of your written examination, you will evaluate the rotation, the faculty, and your experience in confidence. Please provide honest feedback in those evaluations. Please provide evaluations for the following individuals:

- Dr. Annamalai, Austin Clerkship Director
- Dr. Vaidyanathan and/or other nursery attendings, Newborn Nursery
- Your inpatient preceptors
- Your newborn nursery and ward team residents
- Your outpatient preceptors

Feel free to contact UTMB if you have significant issues that require prompt attention.

Design-A-Case web cases

Design-A-Case is a web-authoring platform created by UTMB's Family Medicine Department; it is used at many institutions in this country and others. During the Pediatrics rotation, you are **required** to complete 12 web cases. There are quizzes on some of the cases on BlackBoard and as you work through the cases, you can self assess with these quizzes. Your answers to the prompts on the cases are recorded. These are not graded, but may be audited to ensure that you have properly accessed and worked through the case. (Note: inappropriate language, inadequate responses or typing nonsensical character strings is considered unprofessional behavior).

You are required to complete cases 1-6 by the end of week 4 as these cases provide content for some of the didactic activities during the clerkship. You can choose the remaining 6 cases from a large number of cases that are available in the Pediatric Case Library. All cases must be completed by the last day of the Clerkship. To qualify for honors or high pass, you are required to complete the 6 cases listed below by the end of week 4 and the remaining 6 cases by the last day of the Clerkship. Failure to complete all cases by the last day of the clerkship will result in a failure of this required component and failure of the clerkship.

Below are the instructions for accessing your web case assignment in Design A Case. If you have any problems logging in, please email support@designacase.org for help.

1. **Retrieve Your Password**

In a web browser, go to <http://www.designacase.org>

On the right hand side of the page, under the Logon button, click "Forgot password?"

Type your full school email address (username@utmb.edu) into the box and click Submit

Your password will be emailed to your school email address. Check your email account to retrieve the password. You will use this password to login to Design A Case from now on.

2. **Login to Design A Case and Begin Assignment**

In a web browser, go to <http://www.designacase.org>

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On the right hand side of the page, type in your full school email address (username@utmb.edu) and password

Check the box for "I agree to the Terms and Conditions" (check this every time you log in)

Click the "Logon" button.

Once logged in, click the course title you are enrolled in.

The list of web cases will be shown.

Click on the title of a case to start a case.

Within the case, click the Continue, Submit, and Faculty Response buttons to move forward.

All students must complete the following required cases by the end of week 4:

1. Child with a abnormal newborn screen
2. Neonatal Fever: Yesinia Rodriguez is a 16 day old baby with fever
3. [New born WCC with teen parent and father not involved with cradle cap and diaper rash](#)
4. Wheezing - Ian Cassidy is a 15 month old male with difficulty breathing for 12 hours.
5. Abdominal Pain - A 16-year-old female is brought to the Emergency Room by her mother complaining of fever, nausea, vomiting, and abdominal pain for 2 days.
6. Child Abuse - Randall Glen is a 3 month old male infant with the chief complaint of fussiness.

In addition to the above cases all students must complete 6 additional cases of your choice by the end of the Pediatric Clerkship. You are encouraged to complete all the cases in the Pediatric Library as it is a valuable learning tool.