Our Mission

Create solutions for a healthier community by preparing tomorrow’s patient-centered physicians and scientists and advancing the continuum of medical knowledge, discovery, and osteopathic medicine to provide comprehensive health care.

CORE PEDIATRICS

CLERKSHIP SYLLABUS

MEDE 8608

2014-2015

COURSE DIRECTOR

W. PAUL BOWMAN, MD
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Purpose of the Clinical Clerkship

The clinical clerkships affiliated with the Texas College of Osteopathic Medicine serve to provide supervised, high quality opportunities for third and fourth year medical students to apply and transform the declarative medical knowledge and basic clinical skills that they have acquired into procedural clinical competence, while also functioning as learning members of health care teams.

The clinical clerkships promote and support TCOM students in developing clinical competence with emphasis on the core competencies beyond medical knowledge alone. Clerkships are encouraged to seek opportunities for students to provide Health and Wellness counseling, develop improved interpersonal and communication skills, professionalism, as well as practice-based learning and improvement.

The purpose of the Pediatric clerkship is to provide the student doctor with an integrated program in which he/she may develop the knowledge and skills necessary to manage a multiplicity of pediatric health care problems. This will be effected through daily, direct patient contact under supervision of the faculty. The curriculum is designed to provide an environment for the acquisition of the pediatric skills and knowledge necessary for competent patient management for students entering internships, residencies, and general/family practice, while encouraging an interest in pediatrics. The rotation consists of six weeks in general and specialty pediatrics in the ambulatory care and inpatient settings.

The student must comply with all rules, regulations, and policies set forth in the latest editions of the UNTHSC Catalog, the UNTHSC Student Handbook, and the Pediatric Department syllabus.

Each student will be assigned to a faculty mentor. A student’s mentor is there to provide guidance and assistance, as needed. Each mentor welcomes the opportunity to assist with not only academic concerns, but other non-academic/personal issues as they may arise.

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Core Competencies

The goals of the Clerkship Curriculum are represented by the AACOM Osteopathic Core Competencies for Medical Students:

1. Osteopathic Principles and Practices
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-Based Learning and Improvement
7. Systems-Based Practice
8. Health Promotion/ Disease Prevention

The Pediatric Clerkship specific goals are to foster:

1. Acquisition of basic knowledge of growth and development (physical, physiologic and psychosocial) and of its clinical application from birth through adolescence.
2. Acquisition of the knowledge necessary for the diagnosis and initial management of common pediatric acute and chronic illnesses.
3. An understanding of the approach of pediatricians to the health care of children and adolescents.
4. An understanding of the influence of family, community and society on the child in health and disease.
5. Development of communication skills that will facilitate the clinical interaction with children, adolescents and their families and thus ensure that complete, accurate data are obtained.
7. Development of competency in the osteopathic structural examination of pediatric patients.
10. Development of the attitudes and professional behaviors appropriate for clinical practice.
Clerkship Learning Objectives

Students should be able to demonstrate newborn physical exam proficiency by performing an observed 5-minute complete exam on an infant patient at a routine health maintenance visit.

Students should demonstrate the ability to assess a neonate’s gestational age using the Ballard scale and identify key indications of gestational maturity.

Students should demonstrate the ability to measure and assess growth including height/length, weight, head circumference, and BMI, in patient encounters using standard growth charts.

Students should be able to identify failure to thrive and overweight/obesity in a child or adolescent using BMI and other growth measures.

Students should be able to identify variations in vital signs based on age of the patient, presence or absence of disease, and testing modalities (e.g. blood pressure cuff size).

Students should demonstrate an ability to provide age-appropriate anticipatory guidance about nutrition, behavior, immunizations, injury-prevention, pubertal development, sexuality, and substance use and abuse.

Students should be able to accurately identify and interpret major developmental milestones of the neonate, infant, toddler, school-aged child, and adolescent.

Students should demonstrate the ability to interpret the results of the M-CHAT autism screening tool.

Students should be able to list characteristics of the history and physical examination that should trigger concern for possible physical, sexual, and psychological abuse and neglect (e.g. inconsistency in the history, unexplained delays in seeking care, injuries with specific patterns or distributions on the body, or injuries incompatible with the child’s development).

Students should demonstrate professionalism, confidentiality, and empathy in obtaining an adolescent social history (HEADSS assessment).

Students should be able explain the differences in appearance of male and female genitalia at different ages and developmental (e.g. Tanner) stages.

Students should be able to perform a complete cardiac and pulmonary physical examination on a simulated patient in the “sim-lab”.

Students should demonstrate the ability to obtain the patient’s medical history in an age-appropriate and sensitive manner from a child and/or the accompanying adult.
Students should be able to perform a pediatric physical examination appropriate to the nature of the visit or complaint (complete vs. focused) and the age of the patient.

Students should be able to present a complete, well-organized verbal summary of the patient’s history and physical examination findings, including an assessment and plan, modifying the presentation to fit the time constraints and educational goals of the situation.

Students should be able to document the history, physical examination, and assessment and plan using a format appropriate to the clinical situation (e.g. inpatient admission, progress note, health maintenance visit, acute illness visit).

Students should be able to demonstrate the ability to generate an age-appropriate differential diagnosis and problem list based on the interview and physical exam.

Students should be able to interpret the results of diagnostic tests or procedures, recognizing the age-appropriate values for commonly used laboratory tests, such as the CBC, urinalysis, and serum electrolytes.

Students should be able to list the immunizations that are currently recommended from birth through adolescence and describe the rationale and general indications and contraindications of immunizations.

Students should be able to demonstrate the ability to search for relevant information using electronic (or other) databases and critically appraise the information obtained to make evidence-based decisions.

Our rotation objectives are based on those developed by the national organization of clerkship directors known as the Council on Medical Education in Pediatrics (COMSEP).

For a comprehensive list of clerkship objectives we ask that you visit the following website:

http://www.comsep.org/educationalresources/currobjectives.cfm
Clerkship Required Didactics and Study Assignments

Morning Report

Morning report occurs each week on Monday and Thursday mornings at 7:30am. Students based in Fort Worth are required to attend. Each student is required to present a case of their choosing at least one time during their six-week clerkship. The student must have seen the patient himself/herself at any of the approved clerkship sites. The case MUST be prepared and discussed with his/her assigned mentor PRIOR to the session using the provided STUDENT-PATIENT WORKSHEET. The presentation should be in an oral format. It is designed to simulate presentation of a patient on hospital rounds. Each student should strive to make his/her presentation as complete, organized, and concise as possible. Ann Drake will provide a sign-up sheet.

CLIPP (Computer-Assisted Learning in Pediatrics Program)

CLIPP is a virtual patient program for the Pediatric Clerkship, accessible through the following webpage: www.med-u.org.
CLIPP’s 32 interactive virtual patient cases are designed to encompass the learning objectives listed in the Pediatric Clerkship syllabus. Each student is required to complete, at minimum, 2 cases per week, but he/she is strongly encouraged to complete all 32 cases, as his/her participation in CLIPP will help the student to achieve the learning objectives of the clerkship. Furthermore, the student’s level of participation will factor into his/her Clerkship evaluation grade, as detailed in section 5 of the Pediatric Clerkship syllabus. The student’s clerkship mentor will be monitoring the student’s progress on Med-U on a regular basis.
Each Tuesday and Wednesday, at 1pm, students at the PCC will meet in room PCC173 with a faculty member to review the required cases for that week. Students are expected to arrive to the meeting already having completed the required cases and prepared for further discussion.
*** Failure to complete the requisite 12 cases in a timely manner may result in remediation of the Pediatric Clerkship.

The required cases are listed below:

**Week 1**
Tuesday: Case 8 (Newborn with jaundice)
Wednesday: Case 5 (16-year-old girl, health maintenance visit)

**Week 2**
Tuesday: Case 4 (8-year-old boy, well child check)
Wednesday: Case 22 (16-year-old girl with abdominal pain)
Week 3
Tuesday: Case 20 (7-year-old boy with headache)
Wednesday: Case 30 (2-year-old boy with Sickle Cell Disease)

Week 4
Tuesday: Case 10 (6-month-old girl with fever)
Wednesday: Case 23 (11-year-old girl with lethargy and fever)

Week 5
Tuesday: Case 13 (6-year-old girl with chronic cough)
Wednesday: Case 25 (2-month-old boy with apnea)

Week 6
Tuesday: Case 18 (2-week-old boy with poor feeding)
Wednesday: Case 11 (5-year-old boy with fever and adenopathy)
Evaluation and Grading

The student will be evaluated at the end of his/her rotation by each pediatric faculty member who has had adequate exposure to the student. There is one clinical evaluation instrument, which is enclosed: the "Clinical Clerkship Evaluation" (CCE). This will determine 75% of the student's numerical grade. 25% is determined by the NBOME subject (COMAT) exam. The student's numerical grade for the CCE will be determined by averaging the scores given by each evaluator. The student’s CLIPP involvement will directly contribute to the 2nd competency section of the CCE in the following manner: 1) If the student has fully reviewed only the 12 requisite CLIPP cases, the highest grade that he/she may receive is a “3” for that competency. 2) If the student has fully reviewed at least 24 cases (but not all 32 cases), the highest grade that he/she may receive is a “4” for that competency. 3) If the student has fully reviewed all 32 cases, the highest grade that he/she may receive is a “5” for that competency.

(1) Successful completion of the course is determined by completing the minimum 12 requisite CLIPP cases, achieving a passing grade on each of the 5 competency sections of the Clinical Clerkship Evaluation Form, and an average grade of 70 or higher from the combined weighted average of the CCE and subject exam

AND

(2) Maintaining appropriate professional conduct and appearance at all times.

AND

(3) Completing all work in a timely manner.

Remediation Policy: It is the recommendation of the Department of Pediatrics

a. If a student fails only the clinical portion of the rotation [as outlined above: (1), (2) and (3)], he/she will be required to repeat the entire rotation including the required CLIPP cases and the NBOME subject exam.

b. If a student passes the clinical portion of the rotation but fails the clinical clerkship rotation because of a failure in the written portion (i.e., a score of less than 70%), he/she will be required to repeat the NBOME subject exam.

c. If a student fails both the clinical and written portions of the rotation remediation will be as in (a) above.

d. If a student is required to remediate any portion of the rotation because of a failing grade and subsequently passes after remediation, a final score of 70 will be submitted to the registrar.

The following is a list of pediatric clinical skills that should be performed and evaluated during the rotation.
1. Otoscopic examination
2. Tympanogram
3. Visual Screen (over 5 yr. old)
4. Auditory Screen (over 5 yr. old)
5. Hip evaluation in patient under 1 year
6. Review growth charts and BMI
7. Evaluation & review 1 ADHD patient & medical record
8. Complete developmental milestone review and well child exam for ages 2, 4, 6 months, 1 yr. & 3-5 yr old; adolescent
**Clinical Clerkship Evaluation**

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Period/Dates</th>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor</td>
<td>Rotation</td>
<td>Core</td>
</tr>
</tbody>
</table>

**PLEASE EVALUATE THE STUDENT ON EACH OF THE SEVEN COMPETENCIES AS THEY PERTAIN TO YOUR PRACTICE**

1. **Osteopathic Principles**
   - **Applies** osteopathic principles of holistic patient care: .......... 1 2 3 4 5 NA*
   - **Employs** osteopathic manipulative treatment as indicated: .......... 1 2 3 4 5 NA*
   - **Performs** osteopathic structural AND sympathetic reflex examinations as necessary to support identification of problems .......... 1 2 3 4 5 NA*

2. **Medical Knowledge**
   - **Demonstrates** an adequate knowledge base for specialty and level: ........ 1 2 3 4 5 NA*
   - **Applies** knowledge base appropriately to clinical decision making: .......... 1 2 3 4 5 NA*
   - **Performs** skills appropriate to level of training: ......................... 1 2 3 4 5 NA*
   - **Identifies** potential etiologies For each patient problem,: (common/important diseases/disorders) ......................... 1 2 3 4 5 NA*
   - **Demonstrates** use of investigative and analytical thinking in clinical situations: ................................. 1 2 3 4 5 NA*

3. **Patient Care**
   - **Performs** a complete history and physical exam on assigned patients: ....... 1 2 3 4 5 NA*
   - **Prepares** and executes effective management plans: ................. 1 2 3 4 5 NA*
   - **Evaluates** assigned patients in a timely fashion: .................. 1 2 3 4 5 NA*
   - **Provides** wellness counseling to patients: .......................... 1 2 3 4 5 NA*
   - **Formulates** health promotion/disease prevention approach in selection of therapies 1 2 3 4 5 NA*

4. **Professionalism**
   - **Applies** ethical standards to patient care: ................................ 1 2 3 4 5 NA*
   - **Demonstrates** respect for cultural diversity: ............................. 1 2 3 4 5 NA*
   - **Advocates** for quality patient care: ..................................... 1 2 3 4 5 NA*
   - **Demonstrates** effective and convincing concern for others: ............ 1 2 3 4 5 NA*
   - **Demonstrates** dependable, conscientious and self-directed action: .... 1 2 3 4 5 NA*

5. **Interpersonal and Communication Skills**
   - **Communicates** effectively (listening and speaking) with patients and families: .... 1 2 3 4 5 NA*
   - **Communicates** effectively with preceptors, staff and peers: ............ 1 2 3 4 5 NA*
   - **Provides** complete, legible documentation in the medical record: .......... 1 2 3 4 5 NA*

6. **Practice-Based Learning and Improvement**
   - **Applies** current evidence to patient management: ...................... 1 2 3 4 5 NA*
   - **Uses** computer-based resources in daily patient care: .................... 1 2 3 4 5 NA*
   - **Provides** feedback as appropriate (to peers, interns, residents, preceptors): .... 1 2 3 4 5 NA*
7- Systems-Based Practice

Practices cost-effective patient care (appropriate labs, radiology, treatment, etc.):  

- 1  2  3  4  5  NA*  

Makes efficient use of community resources:  

- 1  2  3  4  5  NA*  

Participates appropriately in a team environment:  

- 1  2  3  4  5  NA*  

PLEASE PROVIDE COMMENTS AND SIGNATURES ON BACK OF FORM  

*NOT ASSESSED FOR THIS OBJECTIVE  

PLEASE COMPLETE FRONT OF FORM  

Strengths:
_____________________________________________________________________________________
_____________________________________________________________________________________
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Areas in need of Improvement:
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Additional Comments:
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_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Number of Days Absent:  

Preceptor  Date  Student  Date  

Clerkship Director  Associate Dean  

Mail:  
UNTHSC/TCOM  
Office of Clinical Education  
3500 Camp Bowie Blvd.  
Fort Worth, TX 76107  
817-735-2537  

Fax:  
UNTHSC/TCOM  
Office of Clinical Education  
817-735-2456  

Email:  
clinaleducaion@unthsc.edu
When all of these requirements are successfully met, the student's cumulative grade will be reported to the Registrar for recording on the student’s transcript. The student is also required to take the subject exam in pediatrics which will count as 25% of the clerkship grade. In the case of a failure, the grade submitted to the registrar upon successful remediation will be 70. NBOME subject exam equals 25% and Clinical Evaluations equals 75% of your grade.

If, at any time, during the rotation, the faculty believes that a student is in jeopardy of failing, notification will be given to the student at the earliest possible time. The student will be given a corrective interview by the clerkship director and/or the department chairman, at which time, reasons for the impending failure will be detailed and possible solutions offered.

**WARNING** Students are not permitted to reveal in any manner the content, questions, or other specific material contained in the NBOME Subject Examination. The penalty is severe with possible disallowance of the individual's test and possible elimination of the institution from future NBOME testing.

**Disclaimer:**

The provisions contained herein do not constitute a contract between the student and the College. These provisions may be changed at any time for any reason at the discretion of the Department of Pediatrics. When necessary, in the view of the College and the Department, appropriate notice of such change will be given to the student.

This clinical clerkship is operated in accordance with the policies and procedures of the academic programs of Texas College of Osteopathic Medicine as presented in your class Clerkship Protocol, Student Handbook, and College Catalog.
Rotation Sites

Patient Care Clinic
Department of Pediatrics
855 Montgomery St.
1st floor

STUDENT RESPONSIBILITIES

The pediatric clinical clerkship rotation offers an outstanding opportunity for the willing, eager, and interested student to grasp the concepts and learn the skills necessary to be competent in his/her future clinical experiences. It also affords the student exposure to directed self-study modalities, which will improve his/her performance on licensing examinations and aid in the establishment of a lifelong habit of continuous learning. In these areas, the student’s best efforts are expected.

A. General:
The student, now a member of a health care team, is responsible to the attending physicians, administrative officers, nursing personnel, ancillary personnel, and of the utmost importance - to patients and to their parents.

Professional behavior is expected at all times under all circumstances. Likewise, grooming and dress are expected to be commensurate with professional demeanor. Patient confidentiality is to be respected.

One hundred percent attendance is expected of all students during their rotation. Tardiness in meeting obligations will not be tolerated. Only under extenuating circumstances, such as illness or a death in the family will an excused absence or excused lateness be granted. The Pediatric Department requires that any excused absence must be documented, i.e., doctor’s statement, COMLEX exam, etc. If the student does not provide written documentation for the absence it will be considered an unexcused absence. If the student feels that such a situation exists, he/she must notify the clerkship director and/or the clerkship senior administrative assistant at the earliest possible time.

According to institution policy, excused absences are not automatic and must be approved by the Course Director or the Dean of Students. The Departmental Policy states that during the 6-week rotation, if the student misses three (3) days -- excused or unexcused --absences must be made up day for day. Missing seven (7) days or more requires repeating the rotation.

The Pediatric Department’s policy for unexcused absences is as follows: for each unexcused day absent, four points will be deducted from the student’s final grade. In addition to the point deduction the Department at the discretion of the course director, may require that all missed days be made up day for day.

The student should be available to the course faculty during those hours he/she is on the service, e.g., the student may be called upon to attend an impromptu lecture, observe an interesting case or procedure or attend clinic at any time.
The Department of Pediatrics believes that self-directed learning is an important aspect of the clinical educational process; therefore, students should read literature germane to their cases, and be prepared to discuss their findings with the attending physician the following day. Reference material may be found in the UNTHSC library, the UNTHSC library website, and in the offices at the Pediatric Clinic. The UNTHSC library also affords the opportunity to review current literature via computer searches. Students are encouraged to utilize this excellent resource with prior approval from departmental faculty after having reviewed the specialty and subspecialty textbooks. The Schwarz Health Sciences Library and staff at Cook Children’s Medical Center are available and eager to help students as well.

Other excellent sources for material and for board review are: Pediatrics: A Primary Care Approach by Berkowitz (4th Edition); Pediatrics: An Approach to Independent Learning by Daeschner and Richardson (3rd Edition); and The Harriet Lane Handbook (19th edition).

If difficulties should arise in interpersonal relations between the student and any health care personnel, including attending physicians, the student is expected to seek the advice and guidance of the clerkship director or department chairman. Failure to do so may conceivably jeopardize the successful completion of this rotation.

The students, as a group, will meet on the first Monday of the rotation at 1:00 p.m. in PCC room 173, with the senior administrative assistant to review schedules, complete paperwork for Cook Children’s Medical Center in-patient rotation and view Cook’s Code of Conduct video. The course director will complete the orientation. Please be on time.

B. On call duties:
   Call is scheduled by Cook Children’s Medical Center (CCMC) staff. Currently, students are not taking call on a regular basis, but this is subject to change. Attire for CCMC inpatient rotation is professional attire as is worn in the clinic setting. No scrubs are allowed.

C. Clinic:
   The student's exposure to pediatric patients in the clinic setting is felt to be an extremely important aspect of the educational process. The responsibility of the student in the clinical setting is to obtain an appropriate history and do an appropriate physical on each patient. From this data base, an assessment and plan for management are to be formulated. No patient shall be dismissed from the clinic without being evaluated by the attending physician.

   A problem-oriented progress note is to be documented in the EMR prior to seeing the next patient. Clinic records are to be treated in the same manner as legal documents, not to be altered, and they are not, in whole or in part, to leave the clinic premises.

   Procedures are to be done only under the approval and direct supervision of the attending physician. When the student enters the examining room, he/she should introduce himself/herself as Student Doctor __________, and explain that the attending physician will be in to examine the patient after he/she is finished. The student is not permitted to answer medical questions, nor respond with medical advice. These inquiries should be directed to the attending physician.

   The clinic opens at 8:00 a.m. and closes at approximately 8:00 p.m., Monday through Friday. Students should be in the clinic at 8:00 a.m. or their designated time and be present
in the conference room for morning report on Monday and Thursday at 7:30 a.m. Please be respectful of your faculty and fellow students and arrive on time.

**John Peter Smith Hospital**  
**1500 S Main St. Fort Worth, TX 76104**

**Student Responsibilities:**

Students will spend 1 week at the JPS Newborn Nursery and Labor and Delivery unit. Under the supervision of the attending physicians and family medicine residents, students will learn how to assess and manage the newborn. On Wednesday, at 2:15 p.m., students at JPS are to report to the UNTHSC Simulation Lab (MET building, 4th floor) for an interactive session on how to perform a pediatric cardiovascular and respiratory examination. Students are advised to bring their stethoscopes with them to this session.

**Cook Children’s Medical Center**  
**801 7th Ave, Fort Worth, TX 76104**

**Learning Activities:**

A. Lectures will be given several times a week at the discretion of your preceptor. Please make every effort to attend. Lectures scheduled by your preceptor would preclude any other scheduled events, including Distance Learning and Student Grand Rounds.

B. Attend Grand Rounds in Hochberger Auditorium each Tuesday at 8:00 AM (except for the first Tuesday of the month), unless otherwise directed by your preceptor.

C. Complete the case questions provided by your preceptor by the end of the week. Try to do them without consulting any references. You will be provided with the answers by the end of the week.

**Student Responsibilities:**

A. Clinical responsibilities- Use your best efforts, judgment and diligence in fulfilling the assigned duties and responsibilities in a professional and appropriate manner.

B. Keep a written record of assigned patients. Students’ notes may not be written in the patients’ charts. Students are still expected to have notes written on progress note paper in the professional/organized manner that would be expected from a note that should be in the chart (e.g. SOAP note, Admission note).

C. Dress code- To comply with the dress code set forth by Cook Children’s Medical Center. No shorts, jeans, open-toed shoes or scrubs. Students should wear clean white coats and badges at all times.
D. Demonstrate respect and professionalism toward patients, staff, residents and attending physicians. Examples of this include, but are not limited to:

1. Turn cell phones off or set them on silent.
2. Arrive on time and prepared with notes written.
3. Make every attempt to examine patients in a timely fashion. It is not acceptable to skip examining the patient, even if they are sleeping.
4. Avoid scheduling appointments or activities that will interfere with the clerkship. Be advised that we only have you for two weeks, so please make the most of it! If appointments must be scheduled, please schedule them for after 4pm.
5. Every effort should be made to participate in all assigned duties, unless in an emergency situation. Examples of unacceptable absences include, but are not limited to: pet illness, personal/spouse/child minor illness, doctor’s appointments, car troubles.
6. Address hospital nurses, patients, families, staff, attendings, and peers with respect. Remember, most nurses and other ancillary staff know more than you, and are valuable resources!
7. Students should avoid using the computers in the dictation rooms. Multiple providers/specialists need access to these computers and the space is limited. Please find computers in the front or back nurses’ stations.

E. Participate in and provide safe, effective and compassionate care under the supervision commensurate with your level of advancement and responsibility. This includes:

1. Create your own notes/presentations and include your own plan in a clear, organized manner. Each attending has his/her own writing style, so it is evident when a note is plagiarized. Please avoid doing this.
2. Report all exam findings/labs/vital signs/ ins-and-outs, and then report your interpretation. Reporting them as “normal” without elaborating on what they actually are is not acceptable. Vital signs should be reported as a range over the last 24 hours.
3. Read evidence-based literature about your patients’ diagnoses, preferably before rounds if possible.
4. Please look at plain films and report your interpretation. Use the radiologists’ interpretation as a resource only.

F. Comply with all applicable policies, bylaws, rules, and regulations of Cook Children’s Medical Center.

G. Promotes and uphold the mission of Cook Children’s Medical Center.
Faculty and Staff

W. Paul Bowman, M.D., Professor, Course Director, Chairman
Nusrath Habiba, M.D., Assistant Professor, Assistant Course Director
John K. Podgore, D.O., M.P.H., Professor
John A. Fling, M.D., Professor
Sarah Matches, D.O., Assistant Professor
Toyya Goodrich, D.O., Assistant Professor
Raheela Hafeez, D.O., Assistant Professor
Christina Robinson, M.D., Assistant Professor
David Lar, M.D., Assistant Professor
Richard Magie, DO, Associate Professor
Priya Bui, DO, Assistant Professor
Jillian Badger-Reyes, P.A., Assistant Professor

Linda Rider, Assistant to the Chair of Pediatrics
Dorothy “Ann” Drake, Senior Administrative Assistant

Contact Information

855 Montgomery St.
Fort Worth, TX 76107
Telephone: 817-735-2426

Zero Tolerance for Sexual Violence and Harassment
All students should be able to study in an atmosphere free of harassment, sexual violence and gender
discrimination. Title IX makes it clear that violence and harassment based on sex and gender is a Civil Rights
offense subject to the same kinds of accountability and the same kinds of support applied to offenses against
other protected categories such as race, national origin, etc. If you or someone you know has been harassed or
assaulted, you can find the appropriate resources on the UNT Health Science Center’s
website: http://web.unthsc.edu/info/200304/student_affairs/355/title_ix_reporting