

Best Practice Guidelines for Pediatric Clerkships

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As part of the Association of Medical School Pediatric Department Chairs (AMSPDC) Pediatrics Workforce Initiative, a guideline development group was convened to develop best-practice recommendations for pediatric clerkships. These guidelines were developed through a collaborative, iterative, and consensus-driven process by a multi-institutional group of experienced pediatric clerkship educators from ten institutions across the United States. Participating institutions represent a mix of settings ranging from large academic centers to smaller community-based hospitals, with variations in clerkship structure including both block pediatric clerkships and longitudinal integrated clerkships.

Because published evidence addressing many aspects of pediatric clerkship structure and practice was limited, development of these guidelines drew upon multiple sources of information and expertise. These included Council on Medical Student Education in Pediatrics (COMSEP) survey data from pediatric medical educators across the United States and Canada describing current clerkship structures and practices, expert perspectives from pediatric clerkship educators regarding essential clerkship components and barriers to implementation, and a review of the relevant medical education literature.

The guideline development group synthesized these sources to identify key themes and develop initial recommendations. The draft guidelines underwent multiple rounds of discussion, review, and refinement, with additional input from the broader COMSEP Core Clerkship Collaborative. They were subsequently presented to key stakeholder groups at the 2026 COMSEP and Pediatric Academic Societies (PAS) annual meetings for further feedback.

Medical students from participating institutions also reviewed the recommendations to ensure they were relevant, feasible, and responsive to the learner experience. The resulting guidelines represent a broad, consensus-based approach informed by the best available literature, educator expertise, stakeholder feedback, and student perspectives.

CLERKSHIP PURPOSE AND GOALS

01

Exposure

- ✓ Introduce students to the world of pediatrics (from newborn to young adulthood) in a variety of clinical settings (including inpatient, ambulatory care and pediatric subspecialty settings), recognizing that the majority of clinical exposures are primarily adult driven
- ✓ Emphasize the continuum of care from infancy through adolescence and the transition to adult care, demonstrating how high-quality pediatric care lays the foundation for lifelong health and wellness while influencing patient outcomes across every medical specialty
- ✓ Gain exposure to the unique pathologies, presentations, and skill sets necessary for effective pediatric care

02

Exploration

- ✓ Investigate the care of the infant, child, and adolescent beginning with the unique aspects of the history & physical examination
- ✓ Cultivate clinical reasoning skills that support the generation of age- and developmentally-appropriate differential diagnoses
- ✓ Engage in interprofessional collaboration with all the members of the pediatric care team, including those uniquely involved in the care of pediatric patients, such as child life specialists, lactation consultants, school and community partners, and early intervention and developmental therapists
- ✓ Explore the breadth of specialties available within the field of Pediatrics

03

Practice

- ✓ Foster strong interpersonal and communication skills with pediatric patients, family members and caregivers through inclusive, family-centered clinical encounters, enhancing relationships to improve patient care
- ✓ Practice complete yet succinct oral presentations and written documentation of pediatric patient encounters tailored to the patient's age and medical condition, and communicate using family and patient-centered language
- ✓ Interact with children to develop comfort, rapport, and confidence with pediatric patients

04

Discovery

- ✓ Apply scientific knowledge from pre-clinical medical education to pediatric patient care
- ✓ Develop a personal investment in self-regulated learning, driven by one's intellectual curiosity of experiences and questions raised during clinical encounters with pediatric patients
- ✓ Appraise contemporary literature to support evidence-based practice and recognize opportunities for scholarship in pediatrics

05

Integration

- ✓ Demonstrate appropriate knowledge of pediatric medicine, focusing on growth, development, nutrition, disease prevention, anticipatory guidance, age-specific diagnostic test interpretation, and acute and chronic diseases unique to children
- ✓ Recognize the ethical and legal issues in pediatrics, including confidentiality, informed consent/assent, and mandatory reporting
- ✓ Engage with faculty, fellows, residents, and staff in activities related to one's own development as a physician, including incorporation of positive and constructive feedback

06

Expansion

- ✓ Evolve professional qualities incumbent to becoming a physician, including integrity, compassion, accountability, timeliness, cultural humility, respect, humanism, and commitment
- ✓ Cultivate appreciation for the role and impact of pediatrics across medicine while inspiring exploration of future career pathways involving pediatric populations
- ✓ Employ strategies for integrating patient care responsibilities and personal well-being into one's daily routine, promoting a healthy lifestyle as a physician

07

Advocacy

- ✓ Recognize how family, social, and environmental factors, including social drivers of health (SDOHs) and adverse childhood experiences (ACEs), influence the health and well-being of children and families
- ✓ Promote the health and wellbeing of children through health maintenance, immunization, disease mitigation, injury prevention and trauma informed care
- ✓ Demonstrate an understanding of the importance of collaboration with schools and community partners in advocacy work to support the strength and resilience of children, families and communities
- ✓ Identify local and national programs, social policies, and initiatives to support the medical and emotional needs of children
- ✓ Acknowledge the importance of high value care and relevant financial constructs, including CHIP and Medicaid, necessary to provide care for pediatric patients

CLERKSHIP CURRICULUM, COMPOSITION & DURATION

Curriculum

We recommend that pediatric clerkships align with the [COMSEP Pediatric Clerkship Curriculum](#), a nationally recognized framework for undergraduate pediatric education. The curriculum outlines the essential knowledge, skills, and professional attitudes all medical students should acquire to safely care for children, regardless of their ultimate specialty choice.

Alignment with this framework promotes educational consistency, supports competency-based assessment, and ensures that students receive comprehensive exposure to the pediatric care continuum.

Composition

Pediatric clerkships should aim to include exposure to core clinical settings: inpatient pediatrics, newborn nursery, primary care, acute care/emergency settings, and subspecialty services. Exposure across these domains supports comprehensive understanding of the pediatric care continuum and workforce roles.

In settings where access to clinical sites or patient volume is limited, programs may need to consider experiential learning opportunities, such as role play, simulation, and emerging virtual modalities (e.g., AI- or VR-based modules). Experiential modalities can help address gaps in pediatric knowledge and clinical skills while promoting structured autonomy and meaningful team-based learning.

Duration

The pediatric clerkship should be of sufficient length to allow meaningful engagement, progressive responsibility, and exposure to the breadth of pediatric care. Because pediatrics is inherently developmental, students must care for children across ages, stages, and clinical settings to achieve core competencies.

We recommend a minimum duration of 6 weeks.

Adequate duration is essential to meet competency-based educational goals, allow for meaningful career exploration and prepare all medical students—regardless of specialty intention—for safe, effective care of children.

We recognize that a growing number of medical schools are employing Longitudinal Integrated Clerkships (LICs) which are designed to provide continuity experiences and distribute learning across the clerkship year, including pediatric care environments. Although LICs may present additional challenges in structuring clinical experiences, we still recommend a total of 6 weeks of accumulated engagement in pediatric care.

LEARNING ENVIRONMENT

Inclusion and integration in clinical teams

Promote clearly defined student roles within team structures that integrate students with trainees, faculty, and other educators, notifying supervisors of student names and role expectations. Encourage student inclusion into teams by using shared physical space, scheduling work hours that promote integration with team workflow, and providing development for supervisors on how to promote engagement and inclusion of medical students.

Actionable and supportive feedback

Provide time and development for students and educators to engage in frequent, specific, actionable, multi-directional team feedback and encourage a collaborative and psychologically safe culture that supports a growth mindset in all learners.

Continuity with teams and patients

Promote continuity between students and educators to allow supervisors to observe growth in response to feedback; design student clinical experiences to promote students' longitudinal goals and enhance continuity with specific patient populations to promote learning and mastery.

Meaningful trainee-teacher relationships

Prioritize departmental well-being to foster a culture in the clinical environment that supports positive relationships between team members. Recognize and incentivize educators who demonstrate genuine enthusiasm and acumen for teaching and patient care, while modeling professional behavior.

Authentic patient care role

Strive to maximize opportunities for students to take active, authentic, and impactful roles in patient care responsibilities and set expectations for student autonomy with their supervisors. Create opportunities for students to showcase their knowledge and skills.

Diverse and engaging learning experiences

Establish clinical experiences in learning environments that portray the breadth and depth of pediatrics in terms of patient population as well as career structure, allowing students to evaluate their interest in and fit for a career in pediatrics and pediatric subspecialties.

Preclinical Curriculum Preparation for Clerkship experience

Identify the pediatric topics that are integrated throughout the preclinical curriculum and tailor clerkship experiences to build on this foundation.

Comprehensive clerkship orientation

To set students up for success, create an orientation that effectively bridges students' preclinical pediatric experiences to their upcoming clerkship and provides students with clear roles and expectations for the clinical work.

Interactive Delivery of Pediatric Topics

Integrate core pediatric topics into the clerkship experience by utilizing various teaching methods to build a comprehensive pediatric knowledge base. Teaching can be provided by near peers, trainees, faculty, and other educators. These methods can include didactic sessions, flipped classrooms, simulations, workshops, case-based, problem-based, and self-directed learning. Leverage technology as a tool to enhance the learning experience and support student engagement when teaching these topics.

Educational Tools

Supplement formal teaching sessions with multimodal asynchronous resources that support self-directed learning. Examples may include podcasts, case based modules and videos.

Preparing for summative assessments

Provide a variety of experiences to help students prepare for the summative assessments at the end of the clerkship, including formal teaching sessions, clinical exposure, and practice questions. Assessment strategies can include OSCEs, multiple choice exams, reflections, and case-based write ups.

Clerkship MSPE narrative

The MSPE narrative is increasingly important for residency programs given Step 1 pass/fail scoring, pass/fail clerkships at some schools, and variability in tier grading between schools. Create opportunities for faculty to develop skills in writing comprehensive bias-free narrative assessments for the MSPE.

Mentorship and Role Modeling

Foster impactful connections with diverse, engaged and enthusiastic faculty, residents and fellows who serve as teachers and ambassadors for pediatrics through meaningful, hands-on learning experiences. Highlight how pediatricians achieve work-life integration and fulfilling careers while increasing awareness of financial opportunities and resources that support careers in pediatrics, when available. Proactively identify and cultivate relationships with students who express interest in pediatrics, connecting them with mentors, role models, and opportunities that align with their passions and goals.

Active Learner Engagement in Diverse and Immersive Clinical Settings

Strive to offer meaningful and authentic patient-facing exposure with opportunities for taking on progressive responsibility and autonomy across inpatient, outpatient, community, and subspecialty settings while highlighting the unique child-and-family-centered nature of pediatric care.

Career Development

Showcase diverse career paths, including pediatric subspecialties, varied practice settings, leadership, medical education, advocacy, administration, and other professional opportunities within pediatrics.

Longitudinal Relationships and Continuity of Care

Exemplify how pediatricians provide longitudinal patient care and support families over time: building trust, witnessing growth, providing care across critical developmental stages, and laying the foundation for lifelong health.

Advocacy

Emphasize opportunities for pediatricians to champion child health and well-being through patient care, family support, and meaningful community engagement.

Research, Scholarship, and Innovation

Highlight the impact of research and scholarship on advancing pediatric care by integrating evidence-based medicine into clinical care, didactics, and workplace-based learning experiences. Promote opportunities for students to participate in scholarly endeavors such as clinical and educational research, quality improvement and advocacy.