

UAB Pediatric Residency

Resident Elective Catalog



UAB MEDICINE

PEDIATRICS

Table of Contents

Rotations:

Cardiology Outpatient Experience.....	Page 2
Cardiovascular ICU.....	Page 3
Medical Genetics.....	Page 4
Newborn Hospitalist Medicine Elective.....	Page 6
Pediatric Dermatology.....	Page 7
Pediatric Endocrinology & Diabetes Elective	Page 8
Pediatric Hospital Medicine.....	Page 10
Pediatric Palliative Care.....	Page 13
Pediatric Rehabilitation Medicine.....	Page 15
Pediatric Rheumatology.....	Page 17
Pediatric Simulation.....	Page 18
Pediatric Urgent Care.....	Page 19
Point-of-Care Ultrasound.....	Page 22
Pulmonary Elective.....	Page 23
Quality Improvement.....	Page 24
Sleep Medicine.....	Page 25
Teaching/MedEd Elective.....	Page 27
Wellness.....	Page 28
Additional Elective Options.....	Page 29
Appendix A – Teaching/Med Ed Elective supplemental information.....	Page 30

Cardiology Outpatient Experience

Blocks Available: All

Minimum Weeks: 2

Contact: Camden Hebson (faculty), Robb Romp (faculty)

Course Description

Designed specifically for residents who want to fine-tune their clinic evaluation of cardiac patients as well as new patients with cardiac complaints. This includes those interested in primary care who desire to improve their capability of evaluating these patients and deciding to refer for consultation or not. Focuses of the rotation include improving EKG interpretation, evaluating heart murmurs, and learning about potential cardiac complaints, including chest pain, palpitations, syncope, and dyspnea, and when to refer these patients to a cardiologist. Assessment of the known patient with congenital heart disease in clinic will also take place, with focus on maintenance of health. Beside time in clinic, didactic teaching will include sitting in on our formal teaching conferences during the week as well as lectures from the faculty based on Dr. Walt Johnson's textbook, Pediatric Cardiology – The Essential Pocket Guide. During clinic, residents will team up one on one with faculty to see patients and facilitate learning. EKG reading will be based on the EKGs in the hospital each day, and will also be one-on-one with faculty. Time on the consult service is not part of this rotation and instead is a role of the resident on the standard rotation.

Typical schedule

8 am – AM clinic begins. Women and Infants Center. Suite 9100

Noon – Pediatric noon conference

1 pm – Read EKGs with inpatient attending. Ben Russell Bldg., 4th floor, Cath Interpretation Rm

2-4 pm – PM clinic. WIC 9100

Conferences:

Feel free to attend conferences (all in the CVICU conference room, 4th floor, Ben Russell Bldg.) → Tuesday 7:30a Echo/Cath conference, Wednesday 7:30 Core Conference, Friday 7a Surgical Planning conference

Suggested reading

Dr. Johnson's cardiology textbook (see above), which is given to every resident on the rotation

Linked Experiences

Residents interested in cardiology can also consider this rotation, as well as the standard 4-week block that includes time on the consultation service.

Cardiovascular ICU Elective

Blocks available: All

Minimum Weeks: 2

Contact: Leslie Rhodes (faculty), Santiago Borasino (faculty)

Course Description

Designed for residents interested in critical care, neonatology, and cardiology. Focuses for the month include the care of critically ill children after heart surgery, as well as patients with active arrhythmias, cardiomyopathy, pre-operative patients, etc. Residents will join the CVICU team for morning conferences, rounds in the CVICU, and ICU specific meetings and conferences throughout the day. Residents are expected to see patients, not merely shadow. Topics covered during the month will include low cardiac output, cardiac lesion-specific perioperative care, mechanical ventilation strategies in cardiac patients, CVICU pharmacology including anti-arrhythmics and vasoactive drips, and management of multi-organ system dysfunction after heart surgery. Separate opportunities, including time in the simulation lab, will depend upon the lab's schedule. Opportunities for procedures is not guaranteed and instead will be at the discretion of the CVICU attending. No CVICU call is necessary during the month, but if you want to take call you are welcome to.

Typical schedule

7 am – Morning/ICU conference (CVICU conference room, 4th floor, Ben Russell Bldg.)

8 am – CVICU rounds

Noon – Pediatric noon conference

1-4 pm – CVICU for new post-op patient care, ongoing ICU care, teaching

Conferences:

*Note conferences – attendance per CVICU attending (all in the CVICU conference room, 4th floor, Ben Russell Bldg.) → Tuesday 7:30a Echo/Cath conference, Wednesday 7:30 Core Conference, Friday 7a Surgical Planning conference

Suggested reading

Discuss with attending on service

Linked Experiences

Residents interested in cardiology can consider this rotation, as well as the standard 4-week block that includes time on the consultation service.

Medical Genetics

Blocks Available: All

Minimum Weeks: 1

Contact: Nat Robin (faculty)

Course Description:

Residents will attend a variety of genetics clinics, including pediatric genetics, metabolic genetics, and various subspecialty and multidisciplinary clinics (e.g., cleft and craniofacial clinic; Marfan Syndrome clinic; pediatric cancer genetics; Neurofibromatosis clinic; Turner Syndrome clinic). Residents will also participate in the in-patient consultation service with the on-call resident. Lastly, residents will attend the didactic conferences

Goals and Objectives with ACGME Core Competencies:

1. Patient Care: provide family-centered care that is development- and age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health
 - a. Participate in the care of patients with known or suspected genetic disorders. This involves reviewing patient data, performing history, family history, and physical examinations, gathering and interpreting results, and presenting patients to attendings and residents.
 - b. Identify abnormal dysmorphic physical findings, and distinguish between minor and major anomalies.
 - c. Learn the signs and symptoms that would prompt suspicion for an inborn error of metabolism or genetic syndrome.
 - d. Know the basic evaluation of a patient with a suspected inborn error of metabolism
 - e. Know the basic evaluation of a patient with a suspected genetic syndrome.
2. Medical Knowledge: understand the scope of established and evolving biomedical, clinical, epidemiological, and social-behavioral knowledge needed by a pediatrician; demonstrate the ability to acquire, critically interpret, and apply this knowledge to patient care
 - a. Know the rationale for the evaluation plan for a patient with a known or suspected genetic condition.
 - b. Know the limitations and strengths of each form of genetic testing - chromosome analysis, chromosomal microarray, FISH, single gene sequencing, NextGen sequencing, and genomic sequencing.
 - c. Demonstrate the ability to use online databases to assist in making a genetic diagnosis
3. Interpersonal Skills and Communication: demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families, and professional associates
 - a. Demonstrate the ability to communicate with patients and families in an effective and appropriate manner in obtaining history and family history, discussing the assessment and plan for management, and providing counseling.
 - b. Understand the role of genetic counselors and other healthcare professionals in the evaluation and management of genetic patients.
 - c. Communicate clinical information – e.g., possible diagnoses, genetics test results, with patients, families, and other healthcare professionals
4. Practice-based Learning and Improvement: demonstrate knowledge, skills, and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one's patient care practice
 - a. Identify areas of improvement in one's own knowledge, techniques, and interpersonal skills as it pertains to medical genetics
 - b. Identify 1 or more topics to review in depth, and discuss with the attending and/or resident
5. Professionalism: demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity
 - a. Demonstrate respect, integrity, and compassion in relationships with patients, families, and colleagues
 - b. Notify the appropriate person if you will not be on time to your assigned activity (clinic, conference)
6. Systems-based Practice: understand how to practice high-quality health care and advocate for patients within the context of the health care system
 - a. Know how genetic services are integrated in multidisciplinary care teams.

b. Learn how to advocate for a patient /family in terms of obtaining genetic testing or other services. c. Know how to refer patients to the appropriate clinical or research program

Typical Schedule:

Varies depending on the day, but typical days will be clinic in the AM, rounding on consults in afternoon. Some days will have AM and PM clinic, and other days will have PM conferences.

Conferences:

Every Tuesday 4PM: Genetics Grand Rounds (Volker Hall, Lecture room C); 4th Tuesday 8AM: Radiology Conf (both required)

Recommended resources/reading:

We will provide several articles/book chapters to read during the rotation

This elective may be of particular interest for those interested in:

Neurology; Behavior and Development; Neonatology

Newborn Hospitalist Medicine Elective

Blocks Available: All

Minimum Weeks: 2

Contact: Adnan Haque (faculty)

Course Description:

This rotation is designed for residents interested in going into primary care who would like to review the diagnosis and management of newborn patients and would like practice in acting as an attending under supervision. Residents will be assigned patients and be responsible for coordinating care, making decisions, placing orders and scheduling their day in order to run their service independently, checking in with their assigned attending to confirm management. This will also be an opportunity for residents to review their circumcision procedure skills with attending supervision in preparation for independent practice.

Requirements:

This rotation is available only for second, third, and fourth year residents.

Educational Goals and Objectives:

1. Review diagnosis of common newborn pediatric conditions and develop an understanding of which conditions require inpatient management.
2. Create a schedule to review and see all assigned patients in a thorough and efficient manner.
3. Formulate plans to manage common newborn conditions such as hyperbilirubinemia, opiate withdrawal, and neonatal HIV exposure.
4. Review the steps for circumcisions and develop a comfort for independently performing the procedure.

Typical Schedule:

8 AM - Pre-round and gather data on patients

9 AM- See all patients and develop plan with families,

10 AM - Review patients with attending and schedule circumcisions and other procedures for the day

1 PM - See new patients, follow up on patient-care responsibilities, touch base with attending

3 PM- Review patients with intern signing out, update sign out, see new patients born before 3 pm

This elective may be of particular interest for those interested in:

This rotation will be helpful for residents interested in going into primary care, particularly those who envision themselves working in a nursery.

Pediatric Dermatology

Blocks Available: All

Minimum Weeks: 1

Contact: Amy Theos (faculty)

Course Description:

The elective in pediatric dermatology is ideal for residents planning a career in general pediatrics, but is open to anyone looking to learn more about skin disorders. During the rotation, the resident will observe a wide variety of skin problems from common (atopic dermatitis, acne, hemangiomas, etc.) to rare (neoplasms, genetic disorders, autoimmune disorders, etc.) and every clinic is different. The resident will also have the opportunity to perform certain dermatologic procedures, including cryotherapy and skin biopsies.

Educational Goals and Objectives:

- (1) Diagnose common pediatric skin disorders.
- (2) Accurately describe primary skin lesions using proper dermatologic terms.
- (2) Formulate basic treatment plans for common pediatric skin disorders.
- (3) Identify patients who require dermatology referral.

Typical Schedule:

Clinics are held in Clinic D at Children's South. The schedule is: Mondays 8:15-12:00 and 1:00-5:00, Wednesdays 8:15-12:00, Thursdays 8:15-12:00, and Fridays 8:15-12:00 (no clinic on 3rd Friday of each month). If interested the resident could observe laser treatment and local procedures on the 1st and 4th Tuesday of each month.

Recommended resources/reading:

Hurwitz Clinical Pediatric Dermatology is a good reference text and is available in clinic. Residents are expected to complete a set of online dermatology modules (www.pedsderm.net/resources/for-primary-care-physicians) during the rotation.

This elective may be of particular interest for those interested in:

General Pediatrics

Pediatric Endocrinology & Diabetes Elective

Blocks Available: The elective will be offered when fellow is on research months, thus resident will need to email Leen Matalka (leenmatalka@uabmc.edu) prior to elective month to discuss availability. If resident is interested in just clinic time for their elective, availability is for all blocks. **Minimum Weeks: 1**

Contact: Leen Matalka (fellow)

Educational Goals and Objectives:

Endocrine is a comprehensive multidisciplinary service and clinics vary in patient disease and complexity. Regardless of what field of practice resident is interested in pursuing after residency, a strong endocrinology understanding is tremendously important to build a competent and knowledgeable general pediatrician. The elective time will focus on outpatient Endocrinology clinics and topics.

1. Expand knowledge of common outpatient pediatric endocrinology conditions
2. Gain proficiency and confidence in performing a detailed endocrine-related history and physical examination, including Tanner staging, necessary for detection of common endocrine findings
3. Develop a systematic approach to the diagnostic workup, including appropriate ordering and interpretation of endocrine labs
4. Gain expertise in synthesis of clinical data to formulate problem lists, differential diagnoses, and medical decision making for common endocrine conditions
5. Participate in interdisciplinary outpatient management of chronic endocrine conditions, such as insulin-dependent diabetes, Turner syndrome, metabolic bone, and transgender care

Typical Schedule:

Residents can either spend elective time strictly in clinics, including diabetes clinic/high-risk clinic and other various endocrine clinics (outlined below). The other option is for residents to choose between one week or two weeks elective time with combination of clinic time and one-on-one lecture time. The typical day would include half day in clinic (either morning or afternoon), and the other half day is spent going through specific endocrine lectures, including puberty, thyroid, adrenal gland, lipid, calcium and bone, and diabetes. If resident chooses to do one week on endocrine elective, then most lecture time will be focused on endocrine topics. If resident is interested in two weeks, the second week will be specifically for diabetes, including diabetes classes with the clinical diabetes educators (CDEs).

Endocrine clinics focus on, but are not limited to, the following: adrenal gland disorders, abnormalities of bone metabolism, calcium disorders, carbohydrate disorders and hypoglycemia, diabetes (type 1, type 2, and insulin pump therapy), disorders of puberty, growth problems, lipid disorders in children, metabolic bone diseases, newborn screening for thyroid and adrenal disorders, pituitary gland disorders, thyroid disorders, Turner clinic, transgender care, and water and electrolyte disorders.

If resident has specific interests within endocrinology, we will try our best to maximize their exposure for those specific interests.

Conferences:

Divisional meeting on Thursdays 11am-12pm; via Zoom

Fellow's didactics are optional, but are usually on Tuesdays 12pm-1pm; in person or via zoom

Recommended resources/reading:

Topic specific articles are uploaded on Guidebook under Endocrinology rotation.

This elective may be of particular interest for those interested in:

The elective in pediatric endocrinology is ideal for residents interested in a career in endocrinology, residents planning a career in general pediatrics or hospitalist medicine, and residents looking to learn more about endocrinology as preparation for the General Pediatrics Board Exam.

Pediatric Hospital Medicine

Blocks Available: The rotation will be offered only when there is a Silver Team, which often (though not always) excludes the month of June. July-May should be available.

Minimum Weeks: 1

Contact: Lauren Nassetta (faculty)

Educational Goals and Objectives:

Residents will be able to:

- Define and demonstrate the clinical and administrative responsibilities of a pediatric hospitalist including:
 - Attention to quality of care, including
 1. Length of stay
 2. Family and patient satisfaction
 3. Incorporation of current evidence based practice
 - Effective communication with
 1. Silver team members
 2. Nurses & other care providers
 3. Patients, and families
 4. Consultants
 5. Primary care providers
 6. Satisfactory transitions of care
- Bill, code, and document as a pediatrician caring for inpatients
- Demonstrate evidence of curiosity and a plan for life-long learning
- Demonstrate the ability to advocate for patients and families by focusing on
 - Family healthcare needs
 - Systems based improvements

Typical Daily Schedule:

- 7:00-
-Get check-out from overnight attending regarding cross-cover and new patients admitted
- 7:00-8:00
-Computer/paper pre-rounds (gather data).
-No need to see patients prior to rounds unless they require immediate evaluation.
-Check on, tuck in, complete admission for patients incompletely admitted between 5-7am (with attending help).
-Any admissions to Silver team between 7-8 so long as it will not interfere with Morning Report attendance.
- 8-8:30
-Morning Report (M-F)
- 8:30-11:00
-Rounds with attending.
-Residents will have primary responsibility for interview, exam, developing plan, and discussing plan with family. Attending will remain quiet unless asked for advice or as needed to confirm resident's plan.
-Attending should stand at computer and put orders in while resident speaks with family.

- 11:00-12:00
 - Run list with attending.
 - Divide up tasks between resident and attending. For the most part, resident should have the more educational tasks (patient care, decision making, discussing plans with consultants), and attending will take less educational tasks.
- 12:00-1:00
 - Noon conference, Grand Rounds, or Friday Lunch
 - Attending will cover “pages” and begin any admissions that cannot wait until 1pm.
- 1:00-5:00: Afternoon responsibilities:
 - Follow-up on patient-care responsibilities
 - Recheck all patients (divide list with attending)
 - Run list/touch base with attending regarding work done and needing to get done during the day
 - Provide care/answer pages from nurses. If this becomes burdensome for resident and impairs good patient care or resident education, attending may take these calls for hours or afternoons at a time.
 - Ensure quality transitions of care for patients being discharged from the hospital. This will often mean speaking with the primary care providers.
 - Admit patients assigned to Silver between 1 and 3pm.
 - Resident will have opportunity to perform procedures on Silver patients
 - Documentation:
 - Resident and attending will divide up documentation such that resident gets good experience with documentation, but documentation tasks do not distract from patient care.
 - Because the attending is not independently examining each patient, the resident will likely need to document at least the physical exam for each patient he/she sees, but attending will complete other parts of notes when needed.
 - The attending will read and give feedback on resident documentation, with an emphasis on improving efficiency while preserving required content (B- notes).
- 5:00
 - Check out to overnight attending.
 - Attending will do check out 2 nights per week.

Conferences:

- Simulation: Attend the PHM sim session of at least 1 PHM team and act as the fellow or attending.
- PHM Educational Conferences in PHM conference room or via zoom
 - a. Wednesdays 3-4pm: Usually educational sessions. 1/month will be business meeting that resident is not expected to attend.
 - b. Thursdays 1pm (after Grand Rounds): case discussions (fellows and faculty present difficult cases for discussion, education, help)
- Access to self-directed material and attending-driven education regarding coding/billing, QI, other topics specific to PHM but applicable to other inpatient subspecialty practice

Requirements prior to enrollment:

- Residents should have completed at least 1 month as an upper level on PHM prior to this experience.

This elective may be of particular interest for those interested in:

- While this rotation will be of particular benefit to residents interested in inpatient pediatrics, the skills, particularly those around communication, billing, documentation, and transitions of care will be valuable for any pediatric trainee.

Pediatric Palliative Care

Blocks Available: All but there is a limit of two learners at a time (including fellow).

Minimum Weeks: 1

Sponsoring Division: UAB Division of Geriatrics, Gerontology & Palliative Care

Contact: Ashley Nichols (faculty)

Course Description:

Rotation is predominantly with our consult team @ COA where we see a variety of patients with both acute illness/injury and chronic complex illness to support patients, families and teams with complex symptom management as well as support with difficult decision-making. There is some opportunity to have focus with our embedded teams in Cardiology or Neonatology if desired. Other opportunities can be tailored to learner goals to include limited time at UAB on our palliative care unit (more end-of-life care and hospice transitions), in our Supportive Care Clinic (for upstream care of patients with complex illness), and/or home-based palliative care or hospice visits. We are happy to arrange a Med-Peds elective that would include any/all location opportunities as desired.

Educational Goals and Objectives:

- 1) Understand the role of palliative care and how to introduce idea of palliative services to patients/families (consults, clinic)
 - 2) Pain management for cancer pain vs. nonmalignant pain (consults, unit, clinic)
 - 3) Review and practice communication tools to guide discussion with patients and families with serious/complex illness (consults, clinic)
 - 4) Care for the patient/family at the end-of-life (consults, unit, hospice)
 - 5) Understanding hospice benefit with patients/families (consults +/- clinic)
- What is "typical" daily schedule? What should resident anticipate in terms of schedule? - acknowledging that there may be changes.
- Days can vary depending on location of practice; typical consult days at COA start after morning report ~9am and last until 4-5pm depending on new consults and/or family meetings.

Conferences:

Optional Palliative Grand Rounds on select Thursdays 12-1pm or fellows' didactics Tuesdays 12-2pm

Recommended resources/reading:

We have some great resources for your learning while you are with us or just anytime along the way if you are interested. The content from the Vital Talk videos and recommended Fast Facts will likely quickly come up when seeing patients, so please review towards the beginning of your rotation.

1) Vital Talk Videos

<https://www.vitaltalk.org/resources/>

Required Video Sets: Disclose Serious News, Address Goals of Care

I recommend looking at Quick Guide references associated with each set of videos

****Download the free Android or iPhone VitalTips app for easy access to communication tips and tools**

2) Fast Facts (300+ total, 5+ recommended)

#15 Constipation

#30 Prognostication - General

#36 Calculation Opioid Dose Conversions

#42 Discussing a Palliative Care Consultation

#82 Medicare Hospice Benefit (I)

*Download the Android or iPhone app for easy access

*View them free online: <https://www.mypcnow.org/fast-facts>

3) Link to access palliative articles for reading.

<https://uab.box.com/s/9s91f3mt10pg3uozfi72gfr8h2hfgycs>

4) Palliative Care Leadership Center (PCLC)

<https://www.capc.org>

Includes many great modules on pain, communications, etc.; all are free if you make an account showing your UAB or COA affiliation (.edu email) as our hospital is a member.

This elective may be of particular interest for those interested in:

PICU, Peds Hospital Medicine, Cardiology, Neonatology, Hematology/Oncology, Neurology, Genetics, Primary Care

Pediatric Rehabilitation Medicine

Blocks Available: All

Minimum Weeks: 2

Contact: Drew Davis (faculty)

Educational Goals/Objectives:

1. Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

- The resident will be able to perform a complete history and physical on a child including a:
 - Prenatal and perinatal history
 - Developmental history
 - Educational and social history
 - complete musculoskeletal and neurological examination, including an Ashworth exam to evaluate spasticity
- Be able to treat medical conditions commonly seen in a child with a brain injury, spinal cord injury, cerebral palsy, muscular dystrophy, myelomeningocele, brachial plexus injury, and limb deficiency or amputation.
- Be able to formulate a comprehensive rehabilitation treatment plan for a child with a brain injury, spinal cord injury, cerebral palsy, muscular dystrophy, myelomeningocele, brachial plexus injury, and limb deficiency or amputation.
- Understand the role of radiographic studies in evaluating growth, progression of deformity, and development in children with certain medical conditions.

2. Medical Knowledge about established and evolving biomedical, clinical, cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

The resident will:

- Know common mechanisms of injury in children with brain injury and spinal cord injury.
- Demonstrate knowledge of types of cerebral palsy and their clinical correlations.
- Understand the common ways spasticity is treated, and be able to delineate the pros/cons and ideal situation for each.
- Understand the clinical course of various muscular dystrophies and associated rehabilitation concerns.
- Describe rehabilitation issues in a child with myelomeningocele.
- Describe rehabilitation issues in a child with brachial plexus injury.
- Describe rehabilitation issues in a child with limb deficiency or amputation.

3. Practice-based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidences, and improvements in patient care.

The resident will:

- Review chart notes with attending physicians, to ensure comprehensive medical and rehabilitation plans are being instituted and documented properly.
- Review current literature on pertinent topics related to patient care encountered while on service.
- Review any adverse events or unexpected outcomes experienced with patient care while on service.

4. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

- Communicate information related to a child's diagnosis to the family and patient in an understandable, compassionate, and age appropriate fashion.

- Communicate treatment options, plans, and prognosis with patient's families, and, if appropriate, patients.
 - Communicate effectively with members of the pediatric rehabilitation team, including the Physical and Occupational Therapists, Speech-Language Pathologists, Therapeutic Recreation Specialists, Nursing Staff, Psychologists, Teachers, Social Workers, and other personnel through daily chart notes, weekly team meetings, and direct contact as needed.
 - Communicate effectively with consulting medical services.
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diverse patient populations.
- Demonstrate respect for patients and their families at all times.
 - Demonstrate responsibility and integrity by reporting to rounds/clinic on time, completing assigned tasks, and being conscientious with patient care.
 - Attend appropriate lectures, Journal Club, and Grand Rounds while ensuring that clinical responsibilities are attended to or checked out appropriately.

5. Systems-based Practice, as manifested by actions that demonstrate an awareness of responsiveness to the larger context and system of health care, and the ability to effectively call on system resources to provide care that is of optimal value.

The resident will:

- Understand the roles of all rehabilitation team members including Physical and Occupational Therapists, Speech-Language Pathologists, Therapeutic Recreation Specialists, Nursing Staff, Psychologists, Teachers, Case Managers, Social Workers, and other personnel.
- Understand Medicaid/Medicare/Early Intervention and their roles in patient care.
- Develop knowledge about local and national organizations that provide services to children with disabilities (Children's Rehabilitation Service, United Cerebral Palsy, Lakeshore Foundation, etc.).
- Understand the issues related to transition of medical care from pediatric to adult systems for patients with various medical conditions.

Typical Day:

- Inpatient rounds
- Consults
- Attend clinics as time allows

Conferences:

Elective participants are expected to attend those required by UAB Department of PM&R.

Rheumatology Elective

Blocks Available: All

Weeks: minimum weeks 1

Contact: Randy Cron (faculty)

Course Description:

Designed specifically for residents who want to expand on their skills evaluating both new patients with rheumatic complaints and patients with already established disease. This includes those interested in primary care who desire to improve their capability of evaluating these patients and deciding to refer for consultation or not. The rotation focuses on learning specific aspects of rheumatologic patient history taking, basic musculoskeletal examination, indications and significance of rheumatologic lab ordering, and basics of therapeutics used to treat children with rheumatic disorders. It includes participation in both outpatient clinics and inpatient consult service with guidance from the pediatric rheumatology faculty and fellows. For those interested in this subspecialty as career, there will be opportunities to discuss various pathways of an academic pediatric rheumatologist with each of the attending physicians. There are also opportunities for authoring peer-reviewed manuscripts related to pediatric rheumatology (e.g. case series, case reports, etc.).

Educational Goals and Objectives:

- (1) Diagnose common pediatric rheumatic disorders.
- (2) Develop skills for basic pediatric joint exam.
- (3) Understand the typical rheumatologic labs ordered.
- (4) Formulate basic treatment plans for common pediatric rheumatic conditions.

Typical schedule:

8 am – clinic begins. Children’s Park Place N. (CPPN), ground floor, clinic A.

Noon – Pediatric noon conference / Grand Rounds on Thursday

1 pm–4pm – clinic, except on Fridays, some afternoons will have time devoted to education by faculty/fellows (topics: e.g., basics of SLE, basics of JIA, arthritis vs arthralgia, ANA testing, cytokine storms, etc.). Topics can be tailored to individual interests of the residents.

Inpatient rounding at the discretion of attending physician on service.

Conferences:

Thursday 8 a.m. – shared rheumatology rounds with UAB adult rheumatology (West Pavilion, room D)

Friday noon – shared rheumatology journal club with UAB adult rheumatology (Shelby, room 105)

Friday 1:30 – 3pm (peds rheum journal club, Cassidy textbook chapter review, weekend sign out) (CPPN, suite G10)

Suggested reading:

PDFs of manuscripts relevant to patients seen in clinic and on consult service (provided by faculty/fellow) or specifically tailored to one’s interests.

This elective may be of particular for those interested in:

Any aspect of pediatric rheumatology.

Pediatrics Simulation

Blocks available: All

Minimum Weeks: 1

Contact: Nancy Tofil (faculty)

Educational Goals:

1. Become more familiar with placing oxygen delivery devices on patients (high flow, NC, face mask, etc.).
2. Become more comfortable with drawing up medications, code cart, defibrillation.
3. Improve interprofessional communication in role as code leader, playing role of parent, RN, RT, etc.
4. Improve medical knowledge, application, etc.
5. Become more comfortable and experienced with procedures as needed: intubation, codes, LPs, central lines, NRP, etc.

Typical Schedule:

Mondays from 10-12 we will go over sim schedule for the week. Your roles will vary from teacher, to learner to actor/actress. Your time commitment will only be during simulations.

This elective may be of particular interest for those interested in:

All careers can benefit and are welcome

Pediatric Urgent Care Elective Resident Rotation

Directors: Dr. Terri Coco, M.D. (tcoco@peds.uab.edu) and Dr. Lynzee Head, D.O. (lhead@peds.uab.edu)

Goal:

This elective is designed to give the Pediatric Resident who is interested in learning more about the emerging field of pediatric urgent care, a more in-depth exposure to the clinical responsibilities, processes, and management of non-emergent and urgent patients.

Background:

Pediatric Urgent Care is becoming one the fast growing new pediatric subspecialties. There are 4 academic fellowships and 1 private fellowship in Pediatric Urgent Care across the country. Pediatric Urgent Care is unique in the fact that it bridges the gap between low acuity patients that may be seen in a primary care setting and slightly higher acuity of urgent illness and injury that may require an emergency department visit. There are many different types of urgent care facilities across the country including private free standing, hospital based free standing, hospital based but just outside of the ED or within the ED. The Children's of Alabama urgent care is called the Peds Pathway is located within the ED. It consists of 12 rooms with its own nurses, CAs, registration and physicians.

Requirements:

Pediatric residents must have completed 1 month of Pediatric Emergency Medicine.

Elective Hours:

This is a one month elective. It is structured for residents taking a 1 week vacation. The schedule is based on peak times of patients and procedures that present to the emergency department. Residents will be scheduled to work 3 x 8hour clinical shifts per week in the Peds Pathway from 2:00pm to 10:00pm. The resident will be assigned to one attending for the 1st four hours and a different attending the last four hours. The resident will be scheduled for 3 separate procedure shifts for 4 hours during the elective. The resident will be required to attend several clinics during the week. The resident will be assigned a Peds Pathway shift for 1 weekend day during the 3 week period. The elective schedule can be adjusted to accommodate the resident's primary care clinic day.

Outline of weekly schedule:

Week 1

- Monday- Orientation (TBD), Peds Pathway shift 2pm-10pm
- Tuesday- Headache clinic 8:30-12:00, Procedure shift in ED 4pm-8pm
- Wednesday- GI clinic 8:30-12:00
- Thursday- Peds Pathway shift 2pm-10pm
- Sunday- Peds Pathway shift 2pm-10pm

Week 2

- Monday- Sport Medicine (Dr. Reed Estes) Lowder Suite 402 8:00-12:00
- Tuesday- Asthma Clinic 8:30-12:00, Procedure shift in ED 4pm-8pm
- Wednesday- GI clinic 8:30-12:00
- Thursday- Peds Pathway shift 2pm-10pm
- Friday- Peds Pathway shift 2pm-10pm

Week 3

- Monday- Sports Medicine 8:00-12:00, Asthma clinic 1:00-5:00
- Tuesday- Headache clinic 8:30-12:00, Procedure shift in ED 4pm-8pm
- Wednesday- Peds Pathway shift 2pm-10pm
- Thursday- Peds Pathway shift 2pm-10pm
- Friday- Peds Pathway shift 2pm-10pm

DidacticsLectures:

Residents are encouraged to attend the PEM fellow Thursday conferences anytime during the hours of 8:00-12:00. Topics will be distributed at the beginning of the rotation.

Articles:

- Pediatric Urgent Care-New and Evolving Paradigms of Acute Care. Usha Sankrithi and Jeffery Schor. *Pediatr Clin N Am* 65 (2018) p1257-1268.
- Committee on Pediatric Emergency Medicine. Pediatric care recommendations for freestanding urgent care facilities. *Pediatrics* 2014; 133:950-3

Videos:

Incision and Drainage

FB nose and ear removal

Splinting- sugar tong, posterior arm and leg short and long, thumb spica, ulnar gutter

Education Goals and Objectives:**Patient Care**

- Gain an understanding of the variety of ill and injured patients that present to an urgent care.
- Learn who can be safely and effectively managed in an urgent care setting and who requires transfer to a higher level of care.
- Demonstrate the ability to perform a focused history and physical related to the chief complaint.
- Under direct guidance of the supervising attending, carry out management plans
- Appropriately document patient encounter for level of care in a timely fashion
- See 1 to 2 patients per hour
- Determine appropriate disposition, discuss discharge instructions with caregivers in an appropriate level language, and return precautions.
- Learn how to address socioeconomic barriers to providing care (i.e.-drug choice, follow-up, transportation)

Medical Knowledge

- Learn the differential diagnosis, diagnostic and therapeutic plans of presenting problems within the scope of urgent care practice.
- Learn to interpret appropriate radiologic and laboratory studies
- Understand the role of consultants in the pediatric urgent care setting
- Demonstrate the ability to perform the following procedures
 - Laceration repair (sutures and medical glue)

- Foreign body removal (skin, nose, ear)
- Incision and drainage
- Trephination of nail
- Fluorescein of eyes
- Nursemaids reduction
- Splinting
- Light to moderate sedation

Practice Based Learning and Improvement

- Learn to investigate and evaluate patient care practices through appraisal of the literature, assigned readings, and assimilate this information in order to make appropriate patient management decisions.
- Review current information from all sources
- Evaluate their own performance, identify gaps in knowledge and target their learning to fill these gaps
- Learn from error
- Accept and incorporate feedback

Systems-Based Practice

- Practice cost-effective health care and resource allocation
- Advocate for quality patient care and assist patients in dealing with system complexities
- Collaborate with other health care providers to facilitate orderly and effective transfer from one care environment to another
- Demonstrate appropriate referral and consultation practices
- Coordinate recommendations from consultants
- Communicate effectively with members of other departments to facilitate efficiency in obtaining tests and procedures
- Demonstrate advocacy for patients within the health care system

Interpersonal Communications

- Effective communication with patients and their families in language they can understand
- Communicate with patients from a wide range of backgrounds
- Learn effective communication with clinical and clerical staff
- Behavior that is compassionate and respectful at all times

Professionalism

- Maintain confidentiality of patient information according to the hospital and HIPAA regulations
- Act in the best interest of the patient
- Exhibit a caring and respectful demeanor at all times
- Exhibit sensitivity to cultural diversity
- Observe professional standards of dress
- Arrive on time for shifts
- Demonstrate awareness of personal limitations and ask for help when appropriate

Evaluations

Acceptable performance will be dependent on attendance and acceptable performance for level on all six ACGME competency areas.

Point-of-Care Ultrasound (POCUS) Resident Elective

Blocks Available: All

Minimum Weeks: 2

Sponsoring Division: Pediatric Emergency Medicine

Contact(s): Dr. Mark Baker (PEM faculty), Dr. James Statler (PEM Fellow PGY-6), Dr. Stephen Ruffenach (PEM Fellow PGY-6)

Educational goals and objectives:

1. Introduction to ultrasound basics and 'knobology'
2. Module-based training of ultrasound anatomy and diagnosis
3. Ultrasound image review guided by EM/PEM Attendings
4. Hands-on ultrasound experience in the Pediatric Emergency Department

Typical daily schedule:

What should resident anticipate in terms of schedule? - acknowledging that there may be changes. The schedule is variable and will be based on a customized calendar made with the resident and supervisors at the beginning of the elective. Participating residents will be required to attend US image review that is held every Monday (1 session for 2 week elective and 2 sessions for 3-4 week elective). Goal of at least 25 scans (2-week) and 40 scans (3-4 week) which is equivalent to roughly 10 hours per week broken up into 2-4 hour blocks. The module-based learning will be self-directed during time not spent at image review or scanning in the ED.

Conferences:

Please include day of week, time, and location. If optional, please note that. Participating residents will be required to attend US image review that is held every Monday (1 session for 2 week elective and 2 sessions for 3-4 week elective). The review is held in the Hillman Building in the UAB EM Conference room at 10am.

Recommended resources/reading:

The primary texts to supplement the elective are *Handbook of Critical Care & Emergency Ultrasound* by Carmody, Moore and Feller-Kopman (available online via Lister Hill) and *Introduction to Bedside Ultrasound* by Dawson and Mallin (provided as an E-Book at the start of the elective). There are also a variety of other online resources for supplemental reading that will be provided at the beginning of the elective.

This elective may be of particular interest for those interested in:

This rotation will be most beneficial for residents interested in Pediatric Emergency Medicine and Pediatric Critical Care though with the increasing use of bedside ultrasound in all fields of medicine any resident could benefit from this curriculum. Additionally, we allow customization of the schedule/content based on clinical interests.

Pulmonary Elective

Blocks Available: All

Minimum Weeks: 1

Contacts: Win Hoover (faculty), Brett Turner (faculty)

Course Description:

The pulmonary elective is designed to give residents additional exposure to pediatric pulmonary medicine pathology, evaluation and treatment modalities. This rotation is flexible and can/will include a variety of outpatient general pulmonary and sub-specialty pulmonary clinic exposure, relevant pulmonary radiology, pulmonary function testing, airway clearance strategies, and bronchoscopy (if interested).

Educational Goals and Objectives:

1. Expand knowledge of common pediatric pulmonary diseases through outpatient work-up and management.
2. Experience complex interdisciplinary outpatient management of chronic lung disease (Cystic Fibrosis, Bronchopulmonary Dysplasia, Chronic respiratory failure with technology dependence, Primary Ciliary Dyskinesia, Asthma, among others).
3. Complete pulmonary function testing and understand basic interpretation.
4. Participate in flexible airway bronchoscopy and understand the role for bronchoscopy in pulmonary patients.
5. Advance knowledge and understanding in asthma care and treatment strategies.

Typical Daily Schedule:

- 8:30-11:30
- 1:00-4:30

Conferences:

- Daily resident conferences including morning report and noon conferences
- Divisional education conferences are Friday AM at 8:00

Quality Improvement Elective

Blocks Available: All

Minimum Weeks: 1

Sponsoring Division: Pediatric Hospital Medicine

Contact: Adolfo Molina (Faculty), Susan Walley (Faculty)

Educational Goals and Objectives:

1. Develop a basic understanding of QI methodology and tools including:
 - a. Run chart
 - b. Control chart
 - c. Fishbone diagram
 - d. Key driver diagram
2. Complete the Institute of Healthcare Improvement basic certificate
3. Gain a basic understanding of process mapping and map a hospital process
4. Develop a SMART aim statement and measures for a potential project
5. Accomplish personal goals for QI project

Typical daily schedule:

Sample monthly calendar available upon request

Conferences:

- Will schedule for certain in hospital acquired condition committee meetings
- Daily Safety Briefing
- Other scheduled conferences and meetings as time permits

Recommended resources/reading:

- Understanding Variation: The Key to Managing Chaos by Donald J. Wheeler
- IOM report To Err is Human
- IOM report Crossing the Quality Chasm
- Peter Scholtes The Team Handbook
- Atul Gwande The Checklist Manifesto
- Robert Wachter Understanding Patient Safety

This elective may be of particular interest for those interested in:

The overall goal of this elective is to equip residents with skills and advanced QI background needed to actively participate, develop, and eventually lead a QI project. These skills are useful for any field of pediatric medicine with particular utility in hospital-based practices.

Sleep Medicine

Blocks available: All

Minimum Weeks: 2

Sponsoring Division: Division of Pediatric Pulmonary and Sleep Medicine

Contact: Krisztina Harsanyi (faculty)

Educational Goals/Objectives:

During sleep medicine elective rotation, the resident should become more familiar with:

- 1.) Elements of the patient's history and physical exam that raise concern about a sleep disorder.
- 2.) Etiologies of interrupted sleep and reduced sleep efficiency, e.g. obstructive apnea/hypoventilation, central sleep apnea, periodic limb movement disorder, depression/anxiety and parasomnias.
- 3.) Common daytime manifestations of a child with sleep disordered breathing: morning headaches, hyperactivity, hypersomnolence, attention or learning problems, behavioral/mood problems, etc.
- 4.) Nighttime symptoms of sleep disordered breathing, e.g. sleep disruption, snoring, mouth breathing, witnessed breathing pauses, frequent parasomnias, secondary nocturnal enuresis, etc.
- 5.) Management of a pediatric patient with obstructive sleep apnea.
- 6.) Main indications for polysomnography.
- 7.) Key aspects of polysomnogram: EEG (monitoring sleep stages; detecting abnormal discharges or seizures), respiratory monitoring (recording respiratory rate, snoring, chest and abdominal wall excursion, oxyhemoglobin saturation, end-tidal CO₂), recording leg movements.
- 8.) Diagnosis and management of behavioral insomnia of childhood.
- 9.) Diagnosis and management of circadian rhythm disorders, narcolepsy and other hypersomnias.

Typical Day:

- Observe sleep study readings by various sleep medicine faculty each morning beginning at 7:30 a.m. (5th FL, Dearth; Sleep Disorder Center)
- Attend sleep clinics and CPAP clinics (Monday through Friday; Clinic 6; AM and PM clinics). Detailed clinic schedule will be provided at the start of rotation)

Conferences:

Sleep medicine lectures: core didactic lecture or journal club on Fridays at 1 pm Location: Pulmonary Conference Room; Lowder, Suite 620 (currently on Zoom)

Recommended resources/reading:

Jodi A. Mindell and Judith A. Owens: A clinical guide to pediatric sleep; diagnosis and management of sleep problems. Wolters Kluwer, 2015.

Additional Resources

- American Academy of Sleep Medicine (AASM) website
- National Sleep Foundation website
- Pediatric Sleep Education Modules website

This elective may be of particular interest for those interested in:

Sleep Medicine (sleep medicine fellowship can follow pediatric residency!), Pulmonary medicine, Neurology, Developmental medicine, Endocrinology

Teaching/MedEd Elective*

* see Appendix A for additional details

Blocks Available: All

Minimum Weeks: 1

Director: Erinn Schmit (faculty)

Sponsoring Division: Pediatric Hospital Medicine

Course Description:

This elective is designed to introduce residents to adult learning principles and techniques for successful teaching. Residents will have opportunity to practice these concepts during hands on teaching opportunities during the rotation.

Educational Goals and Objectives:

1. Residents will be introduced to a basic background in educational and learning theory
2. Residents will enhance teaching skills through observation and hands-on practice
3. Residents will, through reflective practice, enhance further independent development of educational skills.

Typical Schedule:

Residents will choose from a menu of options including teaching observations, videos and articles to enhance teaching skills, and delivering teaching sessions. It is largely a self-paced curriculum with a required number of credits but offers considerable flexibility

Conferences:

Residents will choose which conferences they would like to attend, and if they complete a teaching evaluation will get course credit for attendance. These include morning report, noon conference, grand rounds, and some other options including medical student conferences and med-peds conferences.

Recommended resources/reading:

There will be a menu of options to complete during this customizable elective which will include multiple articles and reflective writing as part of the coursework. Examples include:

- Michael B. Pitt & Jay D. Orlander (2017) Bringing mini-chalk talks to the bedside to enhance clinical teaching, Medical Education Online, 22:1, 1-7,
- Irby, D. M., & Wilkerson, L. (2008). Teaching when time is limited. Bmj, 336(7640), 384-387
- Thomas, J. D., & Arnold, R. M. (2011). Giving feedback. Journal of palliative medicine, 14(2), 233-239

This elective may be of particular interest to those interested in:

Any academic field (pediatric hospital medicine, emergency medicine, critical care, pulmonary, heme/onc, nephrology, endocrine, gastroenterology, rheumatology, infectious disease, allergy/immunology, academic pediatrics) in which future positions will include learners such as medical students, residents, and/or fellows

Wellness

Blocks Available: All

Minimum Weeks: 3

Director: Christina Cochran (faculty)

Sponsoring Division: Pediatrics/Pediatric Emergency Medicine

Course Description:

The primary goal of the wellness elective is to equip residents with knowledge and skills that will benefit their wellbeing throughout training and into future practice. During the rotation, residents will define and work towards personal, professional, and community wellness goals. In addition, residents will complete an individualized wellness plan to be used as a template for ongoing wellness throughout training and after.

Educational goals and objectives:

1. Develop skills to maintain healthy lifestyle during residency
2. Develop skills to manage stress and fatigue in a healthy manner
3. Foster wellbeing among the pediatric residents

Additional Elective Options

Child Abuse – contact: Dr. Michael Taylor

Community Pediatrics – A list of potential primary care preceptors is available in the Chiefs’ office. You may also arrange through one of the Program Directors- Dr. Dye, Dr. Nichols. If interested in working in a clinic or doing an “away” general pediatric practice for the month, please contact a chief who can provide with contact information.

Global Health – If you plan to do a global health “away” month, please contact the office as soon as you have arranged in order for needed documents and forms to be completed. Opportunities are available through our Pediatric Residency Program. We also have a list of past International Medical Opportunities that you can review. You will need to complete a travel form prior to departure. Please review the “Global Health/ Away Rotation” policy. Contacts: Dr. Meghan Hofto, Dr. Michele Nichols

Lactation – contact: Rainie Robinson, Clinical Nutritionist, (rainie.robinson@childrensal.org)

Medical Administration – Rotation in which you can shadow and work with administrators including Dr. Cohen and Dr. Fargason. Please contact Dr. Nichols and the Chiefs if interested.

Medical Spanish – contact: Amado Santos

Nutrition – contacts: Kayla Clary, MS, RD, LD, Leigh Hardy, RD

Research – This is dedicated time to perform and complete research in conjunction with your advisor/preceptor. Any clinics or experiences may be added during this month if desired, but please make sure they are scheduled on the calendar attached. You are expected to have contacted the attending prior to planning your attendance at the clinic.

Subspecialty Elective: You may elect to spend additional dedicated time with subspecialist to gain more experience (for example, see Cardiology and Pulmonary rotation descriptions in catalog). Learning goals can be tailored to your interests in conjunction with Course Directors.

Appendix A

Please select from the menu below. Each credit is approximately equal to one half-day. For a one-week elective, you need to complete 10 credits. For a two-week elective, 20 credits. For a three-week elective (elective with one vacation week), you need to complete 30 credits. You must complete at least one activity from each category.

Teaching Elective Menu			
Check selected:	Activity	Website/Location	Credits
Required			
✓	Meet with course director for orientation, teaching overview talk, and goal setting	PHM Conference Room- email Erinn Schmit eschmit@peds.uab.edu to schedule	1
✓	Primary Care Clinic		1-3
✓	Personal Day	For 2-3 week electives	2
Teaching Skills			
	Quiz to determine teaching style, learning style	Med Ed Elective folder- UAB Box	0.5
	UAB Residents as Teachers Program: Teaching Medical Students in the Ambulatory Setting module	https://uab.docebosaas.com/learn/course/internal/view/elearning/127/uab-residents-as-teachers-program-teaching-medical-students-in-the-ambulatory-setting/enroll	0.5
	UAB Residents as Teachers Program: Teaching Procedures to Medical Students module	https://uab.docebosaas.com/learn/course/internal/view/elearning/86/uab-residents-as-teachers-program-teaching-procedures-to-medical-students	0.5
	Teaching Medical Students: The Assessment Statement video by Emory Dept of Medicine Reflection Response: Do you think this formula would be helpful to teach to medical students? Why or why not? What would you change if you were teaching this formula?	https://www.youtube.com/watch?v=hK4EgwOepyE	0.5
Creating Effective Resident Teachers (CERT) modules through UAB GME https://www.uab.edu/medicine/home/residents-fellows/creating-effective-resident-teachers-cert - Complete all activities included in each folder and provide 3 high-yield takeaway points in your reflection journal			
	Effective Presentations	Materials available in CERT Box: (https://uab.app.box.com/s/l825ucxa9ab6cine2zmuppcmxswm2xly)	0.5
	Orienting Learners		0.5
	Role Modeling		0.5
	Using Visual Aids		0.5

	Five Clinical Micro-skills		0.5
	Resident as a Team Leader		0.5
	Dysfunctional Teams		0.5
	Effective Feedback		0.5
	Read an article from CERT's "Additional Resources" folder -provide 3 high-yield takeaway points in reflection journal	https://uab.app.box.com/s/l825ucxa9ab6cine2zmuppcmxswm2xly/file/712667708928 or PDFs in Med Ed Elective folder UAB Box	
	Improving Your Lecturing		0.5
	Managing the Appraisal		0.5
	Careers Support		0.5
	Small Group Teaching		0.5
	Curriculum and Course Design		0.5
	E-learning in Clinical Teaching		0.5
	Facilitating Learning in the Workplace		0.5
	Mentoring		0.5
	Professional Development for Medical Educators		0.5
	Assuring and Maintaining Quality in Clinical Education		0.5
Readings/Videos -Articles available in Med Ed Elective folder in UAB Box -For each of these activities, provide 3 high-yield takeaway points in your reflection journal			
	Bringing mini-chalk talks to the bedside to enhance clinical teaching	Michael B. Pitt & Jay D. Orlander (2017) Bringing mini-chalk talks to the bedside to enhance clinical teaching, Medical Education Online, 22:1, 1-7, DOI: 10.1080/10872981.2017.1264120	0.5

	What Makes a Great Clinical Teacher in Pediatrics? Lessons Learned From the Literature	Bannister, S. L., Raszka, W. V., & Maloney, C. G. (2010). What makes a great clinical teacher in pediatrics? Lessons learned from the literature. <i>Pediatrics</i> , 125(5), 863-865.	0.5
	Teaching when time is limited	Irby, D. M., & Wilkerson, L. (2008). Teaching when time is limited. <i>Bmj</i> , 336(7640), 384-387	0.5
	Giving feedback	Thomas, J. D., & Arnold, R. M. (2011). Giving feedback. <i>Journal of palliative medicine</i> , 14(2), 233-239.	0.5
	One Minute Preceptor Handout: PDF + video (PDF in box)	https://www.youtube.com/watch?v=k1owPOJ1e1k	0.5
	Questioning Family-Centered Rounds: A Pediatric Resident's Challenge	Paul, T. K. (2020). Questioning Family-Centered Rounds: A Pediatric Resident's Challenge. <i>Journal of Graduate Medical Education</i> .	0.5
	The Exceptional Presenter by Timothy J. Koegel (book) -provide 3 takeaway points for each chapter	Available to borrow from course director	5
	Pediatric Grand Rounds: Building, Sustaining, and Evolving a Career in Medical Education (Grand Rounds video)	https://childrensal.cloud-cme.com/course/courseoverview?P=0&EID=4456	1
	Teaching Ethics at the Bedside- Pediatric Grand Rounds, Mattel Children's Hospital UCLA (Grand Rounds video)	https://www.youtube.com/watch?v=zasHQiYZH6I	1
	Teaching at the Beside	Carlos, W. G., Kritek, P. A., Clay, A. S., Luks, A. M., & Thomson, C. C. (2016). Teaching at the bedside. Maximal impact in minimal time. <i>Annals of the American Thoracic Society</i> , 13(4), 545-548.	0.5
Observation Activities			
For all of the activities below, please complete a teaching evaluation			
	Attend morning report		1
	Attend noon conference		1
	Attend a clerkship student teaching session	Contact Stephanie Berger and CC: Erinn to arrange details, days/times are variable	1
	Attend a clerkship student morning report	Contact Stephanie Berger and CC: Erinn to confirm location/time, typically Wednesday and Thursdays at 7:45AM	1
	Attend a 4 th year teaching session	Contact Cassi Smola and CC: Erinn to confirm details, typically Wednesdays at 1:00 or 2:00	1

	Attend Med-Peds Noon Conference	Contact Carlie Stein for zoom link, occur 1 st and 3 rd Wednesdays via zoom	1
	Attend Medicine Outpatient Morning Report	Contact Carlie Stein for zoom link and CC: Erinn. Fridays 8:00 currently via zoom	
	Attend Grand Rounds	See email for zoom link, every Thursday 12-1	1
Teaching Opportunities			
For each teaching session you do, please have someone complete a teaching evaluation (could be course preceptor, other faculty member, co-resident, or learner)			
	Develop a “pocket talk” on a subject of your choosing and present to MS3’s on PHM		1.5
	Develop and give a talk to MS-4’s	-Wednesday afternoons, will need to schedule with AI director	3
	Lead a morning report		1
	Lead and debrief a simulation	-one option: wards sims, held 4x/month	1
	Facilitate a student morning report	-will need to schedule with clerkship directors	1
	Create a recorded 20-30 minute talk for medical students and/or interns -add to repository		2
	Create case presentations with questions	-Format of your choice, could use powerpoint. -Tailor to your specialty of choice -Examples here: https://cards.ucalgary.ca/institute/6	2
	Design and create your Senior Talk	-practice giving it to Teaching Elective course director or a co-resident and request feedback	6
Promoting Diversity and Inclusion			
For all videos, submit 3 high-yield takeaway points in your reflection journal			
	Implicit Bias in Healthcare and Medical School Admissions (video)	https://mediasite.osu.edu/Mediasite/Play/993e41811a874f99b78c303cb14c4b771d	1
	Implicit Bias Test: Project Implicit -select 3 IATs, complete, and submit 3 things you learned in reflection journal	https://implicit.harvard.edu/implicit/takeatest.html	1
	Sen. Doug Jones Grand Rounds	https://www.oneuabmedicine.org/groups/diversity-equity-and-inclusion/sen-doug-jones-grand-rounds	1

	UAB Dept of Surgery Diversity, Equity, and Inclusion Special Grand Rounds Series (video)		
	Pediatric Medical Grand Rounds: Dr. Jyothi Marbin Bending the Arc Toward Justice: Addressing Structural Racism in Pediatric GME (video)	https://childrenscloud-cme.com/course/courseoverview?P=0&EID=4245	1
Social Media			
For all activities below, submit 3 high-yield takeaway points in your reflection journal			
	How Medical Professionals can help fight misinformation using social media- Grand Rounds (video)	https://cchmcstream.cchmc.org/MediasiteEX/Play/17ff020adb7c40749f6c079a3337705e1d	1
	Lessons from a Tweetiatrician: Using Social Media to Advocate for Childhood Immunization and then create a professional twitter account, tweet 3 times	https://mcaap.org/2018/wp-content/uploads/12.5.19-MCAAP-Immunization-Initiative-Webinar-Miotto-Presentation.pdf -also in box folder	0.5
	Consider using Twitter to take meaningful action beyond office walls:	https://www.aappublications.org/news/2016/11/22/MasteringMedia112216 -also in box folder	0.5
	Engagement on Social Media: Using Your Voice Effectively	https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Practice-Management/Pages/Increasing-Engagement.aspx	0.5
	Your @Attending will #Tweet You Now: Using Twitter in Medical Education	- in box folder	0.5
Design Your Own Activity			
	Select an article, video, or other resource -write 3 high-yield pearls in your reflection journal	Please submit the article PDF/citation, video link, etc.	1
TOTAL CREDITS:			