

# UAB Pediatric Residency

## Resident Elective Catalog



**UAB** SCHOOL OF  
MEDICINE

The University of Alabama at Birmingham

DEPARTMENT OF PEDIATRICS

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## 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., 4<sup>th</sup> floor, Cath Interpretation Rm

2-4 pm – PM clinic. WIC 9100

### Conferences:

Feel free to attend conferences (all in the CVICU conference room, 4<sup>th</sup> 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, 4<sup>th</sup> 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, 4<sup>th</sup> 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](http://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 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.

## 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

### **Didactics**

#### Lectures:

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 CO<sub>2</sub>), 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

**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:**

Topics to be covered include:

- Introduction to adult learning principles
- Setting expectations for learners
- Teaching multi-level learners
- Giving feedback
- Giving a chalk-talk
- Handling dysfunctional teams and learners

**Typical Schedule:**

To be established after discussion with course director.

**Recommended resources/reading:**

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

**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: Jeanette Twa, RDN, LD, IBCLC

**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.