

Pediatric Residency Course Catalog

2019-2020*

The Pediatric Residency Program is built on a foundation of core rotations that are supplemented with individualized experiences tailored for each resident's learning needs and career plans. Individualized curricula are developed with the guidance of a faculty mentor with consideration of the skills and experiences the individual should accumulate during these three years for their chosen career path. The following course catalog details electives that are established within departments of the hospital as well as opportunities throughout our community designed to meet many of the most common needs of our residents. This guide should be used as a starting point. While the offered electives are wide-ranging, residents are also encouraged to develop a custom elective that best augments their career development. Custom electives may incorporate portions of established electives, select for particular experiences within a department/division, or explore entirely new areas either intellectually or geographically. These resident-led electives are often some of the most rewarding experiences our residents have and many of them have been developed into ongoing experiences open to all residents. If you have an idea for a custom elective, consider contacting the chiefs for guidance. For more information about each of our established electives, please see the contact information in the following course catalog.

PL-1	ED (V)	Gen Peds Wards	Gen Peds Wards	Gen Peds Wards	Gen Peds Wards	Sub-Specialty Wards	Sub-Specialty Wards	Sub-Specialty Wards	Newborn Nursery	Amb Care (2F)	Community Pediatrics	Sub-Specialty Clinic	Elective (V)
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PL-2	ED	ED	Ward Senior	Night Ward Senior	Night Ward Senior	PICU	NICU	Adol (2F)	Dev(BU)	Elective	Elective (P) (V)	Elective (SC) (V)	Elective (V)
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PL-3	ED (V)	Ward Senior	Ward Senior	Ward Senior	Night Ward Senior	Night Ward Senior	PICU	NICU Resus	Amb Surgery (2F)	Elective	Elective	Elective (V)	Elective (SC) (V)
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*Full updates for 2019-2020 Academic Year are pending (anticipated mid/late-May 2019).

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Individualized Curriculum Request Form

Name: _____ PL Year: _____

List blocks with electives when known: _____

What career paths are you currently considering (I.e. Cardiology, Outpatient Pediatrics, REACH, Hospitalist)?

Elective/Selective Name	Goals for Elective	Timing (list reason for timing)	Assigned (office use only)

Attention Deficit Hyperactivity Disorder

Blocks available: All

Minimum weeks: 2

Contact: Dr. Sari Bar, Dr. Veronica Meneses, Dr. Veronica Bordes Edgar
 Mary Sweeney (Admin)

Pre-requisites: Development Rotation & minimum 3 months prior notice

Course Description:

Become more comfortable evaluating, diagnosing and managing patients with attention-deficit/hyperactivity disorder (ADHD) as you work directly with Developmental-Behavioral Pediatric faculty and specialists in the field in an outpatient setting. The elective is *individualized* to each resident's interest. The majority of time is spent in our two DBP clinics (one at TSRH and one at CMC) evaluating new patients or seeing follow up patients for concerns about ADHD and/or learning difficulties and medication management. There is no overnight or weekend call. The overall goal is to provide the future general pediatrician a higher level of knowledge in the diagnosis and treatment of children with ADHD, but may also appeal to those who may be considering a fellowship in developmental-behavioral pediatrics, neurology or child psychiatry.

Suggested reading materials:

1. Subcommittee on Attention-Deficit/Hyperactivity Disorder, Steering Committee on Quality Improvement and Management. *Pediatrics*. 2011; 128(5): 1-16. DOI: 10.1542/peds.2011-2654
2. The MTA Cooperative Group. A 14-Month Randomized Clinical Trial of Treatment Strategies for Attention-Deficit/Hyperactivity Disorder. *Arch Gen Psychiatry*. 1999; 56: 1073-1086.
3. Craig SG, Davies G, Schibuk L, Weiss MD, Hechtman L. Long-Term Effects of Stimulant Treatment for ADHD: What Can We Tell Our Patients? *Curr Dev Disord Rep*. 2015; 2: 1–9. DOI: 10.1007/s40474-015-0039-5
4. Murray AL, Robinson T, Tripp G. Neurocognitive and Symptom Trajectories of ADHD from Childhood to Early Adolescence. *J Dev Behav Pediatr*. 2017; 38(7): 465-475.
5. Bos DJ, Oranje B, Achterberg M, et al. Structural and functional connectivity in children and adolescents with and without attention deficit/hyperactivity disorder. *J Child Psychol Psychiatry*. 2017. doi: 10.1111/jcpp.12712

Linked Experiences

Residents should complete their development rotation prior to this elective experience.

Advanced Medical Spanish

Blocks available: All

Minimum weeks: 1

Contact: Chief Residents and Language Access Department (Melina Kolbeck (Director) and Agueda Lopez, language.access@childrens.com)

The Advanced Medical Spanish Elective is designed for residents who already have a solid background in Spanish but who are not fluent nor a native speaker. During your elective, you will spend time with the CMC Language Access Department working one-on-one with interpreters to practice your Spanish language skills and receive immediate feedback on grammar and vocabulary. You also have the opportunity to participate in other self-directed activities such as use of the program's subscription to online Spanish language lessons, outside Spanish courses, or volunteering for events serving primarily Spanish-speaking populations. Previous activities of interest to residents include a Developmental Screening health fair, Juega Conmigo sessions at the local library, or rotating at Los Barrios Unidos clinic.

Suggested reading

1. Diamond LC, Reuland DS. Describing Physician Language Fluency: Deconstructing Medical Spanish. *JAMA*. 2009 Jan 28; 301(4): 426-8.
2. Flores G, Laws MB, Mayo SJ, Zuckerman B, Abreu M, Medina L, Hardt EJ. Errors in Medical Interpretation and Their Potential Clinical Consequences in Pediatric Encounters. *Pediatrics*. 2003 Jan; 111(1): 6-14.
3. Flores G. Language Barriers to Health Care in the United States. *N Engl J Med*. 2006 July 20; 355(3): 229-31.
4. Hudelson P and Vilpert S. Overcoming language barriers with foreign-language speaking patients: a survey to investigate intra-hospital variation in attitudes and practices. *BMC Health Serv Res*. 2009 Oct 15; 9:(187).
5. Diamond LC and Jacobs EA. Let's Not Contribute to Disparities: The Best Methods for Teaching Clinicians How to Overcome Language Barriers to Health Care. *J Gen Intern Med*. 2010 May; 25 Suppl 2: S189-93.

Linked Experiences

One month prior to the rotation, you will need to complete the Masterword test proctored by Language Access Services to determine if the advanced or beginner course would be most appropriate for your learning level.

Allergy & Immunology

Blocks available: All, except Block 1 + holidays

Minimum weeks: 2

Contact: Christopher Parrish (faculty), Sabrina Tristan (admin)

Clinics

Attend pediatric asthma clinic:

- * Dr. Martinez or Dr. Rivera on Monday PM and Wednesday AM.
- * Pediatric allergy/asthma volunteer clinic on Wednesday PM.
- * Allergy/Asthma with Dr. Neaville Friday AM

Attend pediatric Immunology clinic:

- * Monday and Tuesday AM. New patients are discussed in the Thursday Immunology Clinic Conference.

Attend food allergy clinic:

- * Dr. Drew Bird on varied days of the week.

Immunology inpatient consults:

- *Resident will round with consult fellow and attending on Tuesday and Thursday afternoon.

Conferences

Allergy Grand Rounds (Wednesday 12:00 – 1:00 PM)

Allergy Teaching Rounds (1st & 4th Thursday 9:30 – 10:30 AM)

Immunology Clinic Conference (Thursday 8:00 – 9:15 AM)

Allergy Journal Club (2nd & 4th Thursday of the Month Noon – 1:00 PM)

Allergy Research Conference (2nd Thursday of the Month – 9:30 AM)

Interesting Case Conference (3rd Thursday of the Month 9:30 – 10:30 AM)

Linked Experiences

Residents interested in pursuing a career in A/I may participate in the pre-fellowship version of the elective. This involves a broader exposure to the adult allergy/immunology field and a deeper immersion within pediatric A/I.

Anesthesia

Blocks available: All, except Aug. & Sept. **Minimum weeks:** 1 week only
Requirement: PL3 Residents Only
Contact: Galit Kastner (Faculty), Deanna Gaspar (Admin)

Residents who participate in the anesthesiology rotation will have the opportunity to practice intubations and other minor procedures in the pre-operative setting.

Typical hours

Monday, Tuesday, and Wednesday: 6:00 AM until 2-5 PM
 Thursday: 8:00 AM until 2-5 PM
 Friday: 6:45 AM until 2-5 PM

Goals for this rotation

- 20 Intubations
- >50% of intubations on children >1 year old
- 4 LMA insertions
- 20 IV catheter insertions
- Bag mask ventilation of 20 patients
- Oral airway placement in 20 patients

Suggested reading

Pediatric Anesthesia manual will be available but must be returned at the conclusion of the elective.

Beginner Spanish

Blocks available: All **Minimum weeks:** 2
Contact: Chief Residents

The Beginner Spanish elective is designed for residents with any degree of background in Spanish who are interested in improving their skills. During this elective, residents will complete Spanish modules and practice their in-person conversational skills. Residents also have the opportunity to engage in self-directed activities such as The Spanish House local language school, Duolingo, Pimsleur, and volunteering at Spanish language events. Previous activities of interest to residents include Developmental Screening health fair, Juega Conmigo sessions at the local library, shadowing CMC interpreters, or rotating at Los Barrios Unidos clinic.

Suggested reading

1. Diamond LC, Reuland DS. Describing Physician Language Fluency: Deconstructing Medical Spanish. *JAMA*. 2009 Jan 28; 301(4): 426-8.
2. Flores G, Laws MB, Mayo SJ, Zuckerman B, Abreu M, Medina L, Hardt EJ. Errors in Medical Interpretation and Their Potential Clinical Consequences in Pediatric Encounters. *Pediatrics*. 2003 Jan; 111(1): 6-14.
3. Flores G. Language Barriers to Health Care in the United States. *N Engl J Med*. 2006 July 20; 355(3): 229-31.
4. Hudelson P and Vilpert S. Overcoming language barriers with foreign-language speaking patients: a survey to investigate intra-hospital variation in attitudes and practices. *BMC Health Serv Res*. 2009 Oct 15; 9:(187).
5. Diamond LC and Jacobs EA. Let's Not Contribute to Disparities: The Best Methods for Teaching Clinicians How to Overcome Language Barriers to Health Care. *J Gen Intern Med*. 2010 May; 25 Suppl 2: S189-93.

Linked Experiences

For those with Spanish language proficiency, the Advanced Medical Spanish elective offers opportunities to work with the Language Access Center and practice in-person interpretation.

For learning experiences in other languages, consider designing a custom elective!

Bone Marrow Transplant

Blocks available: All, except Mar/Apr **Minimum weeks:** 2
Contact: Tiffany Simms-Waldrip (Faculty)

This course will provide an in-depth exposure to pediatric hematopoietic stem cell transplant (HSCT) patients via direct clinical experience, one-on-one discussions between student and faculty, structured didactic sessions/conferences, and self-study. The overall goal of the elective is to increase residents' comfort in evaluating and managing patients undergoing HSCT and those that have previously undergone transplant. The resident will work directly with HSCT faculty and APPs in the inpatient setting during this elective. Learning objectives will focus on indications for HSCT, basic principles of clinical immunology, complications and infectious risk during different stages of HSCT, and selection of diagnostic tests and antimicrobials in immune compromised patients with infection. The elective is available to anyone seeking exposure to this patient population, but may particularly appeal to those who may be considering a fellowship in Pediatric Hematology/Oncology.

Suggested reading materials

Prior to the start of the rotation, the resident will be provided with pertinent reading material.

Linked Experiences

Interested residents should have experience on hematology/ oncology prior to this rotation.

Border Health

Blocks available: Varies (see website below) **Minimum weeks:** 4
Contact: Marsha Griffin, MD (Director):
 (CommunityforChildren@gmail.com), Dolly Lucio
 (dollymarlene@gmail.com); Judith Livingston
 (LIVINGSTONJ@uthscsa.edu)

Community for Children: At the Border and Beyond is a signature program of the University of Texas Rio Grande Valley School of Medicine in South Texas. It is designed to prepare physicians to provide compassionate, effective leadership within community collaborations. During this 4-week elective, participants explore factors affecting health, disease and healing and examine models of health delivery at the border. They study with international public health experts, physicians, community leaders and activists, promotoras (community health workers), migrant refugee health experts, and families. The curriculum is delivered through didactics, community outreach, advocacy projects, tailored Spanish-language classes, and individual development counseling.

Suggested reading

Please review our website at <http://www.communityforchildren.org>

Linked Experiences

The timing of this rotation typically does not align with our block schedule. Please discuss your interest in this rotation with the chiefs early.

Camps

Blocks available: Variable (Typically May - August) **Minimum weeks: 1**
Contact: Chief Residents

Do you want to practice medicine away from the hospital or clinic setting? Do you want to spend time camping with patients and faculty? Various subspecialties within Children's Health host clinics for their patients during the summer months, and you serve as a resident volunteer! Most camps are held at Camp John Marc and they typically are between late May and mid-August. Please see the websites for each camp for more information. Each camp varies in terms of timing and requirements, so please notify the chiefs early if you are interested!

Camp	Patient Population	2018 Dates
Camp Reynal:	Kidney disease	May 28-June 1
Camp I-Thonka Chi:	Burns	June 2-8
Camp TLC:	Spina Bifida	June 9 - 15
Camp MDA:	Muscular Dystrophy	June 16-22
Camp Moss:	Heart Disease	June 23-29
Camp Jubilee:	Sickle Cell Disease	July 7-13
Camp Ailihpomah:	Hemophilia	July 14-20
Camp Esperanza:	Cancer (CMC Dallas)	July 21-27
Camp Joint Adventure:	JIA and other rheumatologic conditions	July 28-Aug 3
Camp Broncho:	Asthma	August 4-10
Camp Oasis:	Inflammatory Bowel Disease	TBD (Aug 13-17 last year)
Camp Sweeney:	Diabetes	June 10- 29; July 1- 20; July 22- Aug 10

Cardiology

Blocks available: All **Minimum weeks: 2**
Contact: Sarah Blumenschein, Gerald Greil (Faculty)
 Patricia Calvillo (Admin)

During this rotation, residents will learn to clinically recognize signs and symptoms of structural and acquired heart disease, interpret chest radiographs and electrocardiograms, and begin to learn how to interpret hemodynamic findings on a cardiac catheterization report and echocardiogram reports. The house officer will be able to diagnose and understand the pathophysiology, natural history, and long-term post-operative prognosis and current management concepts of common cardiac problems in children. The resident should develop an approach to common complaints seen in Cardiology clinic including cyanosis, chest pain, "irregular heart beat," dizziness/syncope, and dyspnea with exertion. Residents will attend outpatient clinics, examine patients, interpret ECGs, and discuss findings with an attending cardiologist. Residents will be able to participate in the collection and interpretation of echocardiogram images. Interested residents may also have the opportunity to observe cases in the cardiac catheterization lab and operating room on a case-by-case basis. Residents are invited to join cardiology conferences.

Suggested reading

Dr. Mahony's cardiology handbook, basic texts and recommended journal articles provided in the binder in the conference room

Linked Experiences

Residents interested in cardiology may also consider the CVICU rotation

Complex Care

Blocks available: All except Block 7 **Minimum weeks:** 2-4

Contact: Michelle Thomas, Katie Maddox (Faculty)
Monica Carrizales (Admin)

Course Description

Our goal is for you to expand your knowledge and comfort level caring for children with special health care needs, as well as gain some perspective into the lives of families caring for these children. The elective will consist of a mix of shadowing visits in clinic, seeing simple sick visits as appropriate, and attending other experiences outside of clinic that are pertinent to our patient population. We will seek your input and take into consideration your career path in individualizing your schedule so that you get the most possible out of this elective. Our kids receive care at a variety of different locations and therefore most areas of the healthcare system could be considered applicable to this elective, but we strive to send you to places that will be beneficial to your learning. These patients are frequent users of healthcare resources, across the outpatient, inpatient, and ED setting. Gaining knowledge and comfort in caring for these patients is essential for all pediatricians, regardless of career plans.

Suggested reading materials

Applicable articles for suggested reading will be sent prior to the rotation.

Children's NICU

Blocks available: All, except Blocks 6, 7 + PAS week **Minimum weeks:** 3

Contact: Mackenzie Frost (Faculty)
Allie Austin, Andi Scarborough (Admin)

Who might this elective appeal to?

Any resident interested in further exposure to neonatology! You must have completed one block in the Parkland NICU prior to this elective.

Brief Course Description

The goal of the CMC NICU elective is to provide residents with the opportunity to practice neonatology in a level 4 NICU. The patient population in the CMC NICU is entirely outborn, i.e. they have been transferred to Children's from various outside hospitals to receive additional care and services. This leads to a rich and complicated patient population with a variety of complex medical conditions. Residents on the CMC elective carry between 2-5 patients (depending on the complexity and acuity of the patients.) You will round daily with the NICU team consisting of an attending, fellow, NNP, NICU pharmacist and nutritionist. You are not expected to take overnight call, but you may do so if you are interested. Your days off will be coordinated with the NNPs and are flexible depending on your schedule and needs.

Daily Schedule

7am – Arrive in NICU for sign-out from overnight NNP

9:15 – Daily Huddle

9:30 – Rounds

Noon – NICU educational conferences (Weds and Thurs)

2pm - Radiology rounds

Late afternoon/early evening - Sign-out to the overnight NNP (timing depends on patient load and acuity in the NICU)

Recommended Reading

Neosource

Atlas of Procedures in Neonatology

Neonatology, Dr. Tricia Gomella

Fetal and Neonatal Physiology, Dr. Richard Polin and Dr. William Fox

Neonatal-Perinatal Medicine, Dr. Avroy Fanaroff and Dr. Richard Martin

Cardiovascular ICU

Blocks available: All **Minimum weeks:** 1
Contact: Joshua Wolovits (Faculty), Lashundra Barlow (Admin)

This is a unique experience well-suited for those who may be interested in critical care or cardiology. Experience with ICU management and Congenital Heart Disease are recommended before taking the elective. The PICU is not a prerequisite necessarily, but it may be helpful to have spent time in an ICU at some point here or as a medical student.

This elective provides exposure to patients with unstable cardiac physiology including unrepaired congenital heart disease, unstable arrhythmias, and post-operative congenital heart disease. Residents will also gain experience with general ICU care (ventilators, vasopressors, monitors, etc). Residents will round with one of the CVICU teams, initially covering patients doubled-up with an APP or fellow. Residents may then transition to take primary responsibility for some patients later in the rotation. Residents will present patients on rounds and assist with following up on their plans throughout the day. There may be opportunities for procedures on a case by case basis. Wednesday afternoon surgical conference attendance at 5:00pm is encouraged for exposure to multidisciplinary discussion about surgical patients. The proactive resident will be exposed to a variety of critically-ill cardiac patients and post-operative patients. Residents will get experience with assessing and managing fluid status, ventilation status, and cardiovascular hemodynamics.

The schedule is usually a standard work day (arrive in time to pre-round, stay into the afternoon, usually leave by 5:00pm). Weekends and holidays are generally off, and there is no overnight call. There may be good learning opportunities for residents who are willing to stay longer hours if, for example, a patient returns from the O.R. later in the day.

Linked Experiences

While not required, exposure to ICU and/or Cardiology rotations may be beneficial

Community Practice

Blocks available: All **Minimum weeks:** 1
Contact: Chief Residents & Community Faculty

Improve your skills in ambulatory care pediatrics through immersion in our community! The community practice elective is a resident-created experience working with community pediatricians who are dedicated to the education of future pediatricians. By working with various providers outside of the hospital setting, the resident will see true diversity in the patient populations, in the providers' bedside manner and style, in the business models of the practices, and in procedures/services that are offered. The rotation benefits not only residents considering outpatient general pediatrics, but also future subspecialists who will have an opportunity to understand the background thoughts and work that are done prior to a referral. Residents can visit up to five locations during their time on the rotation. Our program has established agreements with >25 community practices, in addition to the 18 Children's Health Pediatric Group clinics in the area. A resident can even rotate at a clinic where we do not currently have an agreement, but they should notify the elective chief at least 4 months in advance so an agreement can be made.

Linked Experiences

For those who will be looking for an outpatient job in the DFW area after residency, we recommend taking this rotation late in your second year or early in your third year.

Dallas Global Health

Blocks available: Blocks 2 & 8

Minimum weeks: 4

Contact: Ami Waters (Faculty), Melissa Nader (Admin)

An innovative Dallas based rotation that provides residents the opportunity to explore health disparities, diseases of poverty, and public health concepts while gaining valuable procedural skills useful in low resource settings. Each week examines a specific content area of global health. Week one focuses on diseases of poverty including TB, HIV, enteric infections, neglected tropical diseases, malnutrition, and microbiology skills. In week two, residents will develop skills in mixing malnutrition formulas and rehydration solutions, point of care ultrasound, suturing, splinting, and the Helping Babies Breath curriculum. Week three focuses on ancillary staff skills including physical, occupational, and speech therapy instruction, airway management and respiratory treatments, pharmacy calculations/ compounding, and areas of nursing expertise such as IV's, NG tubes, bladder catheterization and medication administration. The final week is spent examining concepts in public health, disaster management, ethics, refugee care, conflict management, and cultural competency. A group project and interactive simulation reinforce concepts taught through real world scenarios.

Suggested reading

INMED International Medicine & Public Health –Nicholas Comninellis (available in PRC)

Pocket Book of Hospital Care for Children- World Health Organization (available in PRC)

Additional materials will be sent prior to rotation.

Linked Experiences

Residents interested in an international rotation should complete this elective prior to travel.

Dermatology

Blocks available: Any

Minimum weeks: 1-2

Contact: Nnenna Agim (Faculty), Trena Young (Admin)

The elective in pediatric dermatology is directed at pediatricians who will see cutaneous problems in private, hospital based or pediatric subspecialty practice. During the rotation, the pediatrician will observe and participate in the care of a variety of skin problems from common (warts, molluscum, nevi, atopic dermatitis) to rare (other neoplasms, genodermatoses, epidermolysis bullosa). Clinic is held in half day blocks beginning between 7 and 8:30am and ending around 4pm. A pediatric dermatology lecture is held at the UTSW Clements Building on the 2nd floor every 3rd Thursday AM. It is expected that rotators will be present on time at all iterations of the pediatric dermatology practice including operating room and in-clinic procedure days, atopic dermatitis family clinic and the Vascular Anomalies Team clinics.

Suggested Reading

Hurwitz Clinical Pediatric Dermatology is a good reference text.

Additional reading material in the form of PowerPoint presentations will be available for use during clinic downtime.

Endocrinology

Blocks available: All **Minimum weeks:** 1
Contact: Ryan Stewart (Faculty), Trena Young (Admin)

The endocrine elective is a great rotation for anyone interested in endocrine topics regardless of their career track. Residents will gain experience in common pediatric endocrine disorders such as type 1 diabetes (including DKA and outpatient / insulin pump therapy), type 2 diabetes, precocious puberty, delayed puberty, congenital hypothyroidism, acquired hypothyroidism, hyperthyroidism, short stature, congenital adrenal hyperplasia, Turner Syndrome, Prader-Willi Syndrome, hypopituitarism, diabetes insipidus, ambiguous genitalia and hypoglycemia.

Residents will see patients in outpatient clinic Monday through Friday during normal clinic hours. Residents will also have the opportunity to consult on inpatients. For those who are interested, there is also the opportunity to work in the GENECIS program – a unique multidisciplinary program that focuses on helping children and teens with gender dysphoria. The clinic provides comprehensive care for gender non-conforming adolescents including mental health support, puberty blockers, and hormone replacement therapy when appropriate.

There are several didactic conferences that residents may attend, including reproductive endocrine conference, combined endocrine conference, and endocrine grand rounds.

Gastroenterology

Blocks available: All **Minimum weeks:** 2
Contact: Meghana Sathe, Norberto Rodriguez (Faculty),
 Cat Bailey (Admin)

The goal of the Pediatric Gastroenterology Elective is to provide residents with a personal experience depending on their goals for their future.

Our options for the rotation include the following:

- Clinics: We have a multitude of GI clinics that focus on things that general pediatricians will encounter including constipation, reflux, and functional abdominal pain. We also have the opportunity to provide residents with the opportunity to attend specialty clinics including: Eosinophilic Esophagitis, Inflammatory Bowel Disease, Hepatology, Cystic Fibrosis, Liver Transplant, Pancreas, Intestinal Rehabilitation, and Motility.
- Hepatology: The hepatology service provides a unique opportunity for residents to be introduced to pre- and post- liver transplant patients as well as liver consults.
- Consults: The consult service covers consults throughout the hospital and focuses more on gastroenterology and nutrition consults. Common consults include new diagnosis of Inflammatory Bowel Disease, infectious diarrhea, challenging oncology cases including graft-versus host disease to name a few. This service is always filled with interesting procedures including foreign bodies, GJtube placements, combos with ENT, Surgery, and others.
- Procedures: This part of the rotation takes place mainly in the OR watching a variety of procedures from upper endoscopies to colonoscopies. Also the opportunity to watch less common procedures including endoscopic ultrasound, ERCP, and single balloon endoscopy.

We aim to provide residents with a rotation that combines several of these opportunities depending on their interests. For residents going into General Pediatrics or other specialties, we recommend more clinic time and consults. For residents going into GI, we recommend subspecialty clinics, hepatology and procedures. We are open to providing residents an individualized rotation and willing to work with them to make sure that we are able to provide them a positive experience.

Genetics & Metabolism

Blocks available: All, except Block 1 & early-Block 2 **Minimum weeks:** 2
Contact: Garrett Gotway, Mary Carlin (Faculty), Yvonne Varnadoe (Admin)

Residents will learn about hereditary diseases and inheritance mechanisms by obtaining family histories and diagraming pedigrees, recognizing Mendelian patterns of inheritance, learning characteristics of multifactorial inheritance, and indications for karyotyping and FISH. Residents will learn about the educational process of genetic counseling and the importance of non-directive counsel.

Residents will learn about the indications for metabolic screening of newborns or potential carriers, interpret key laboratory data for initial metabolic evaluations (e.g. glucose, electrolytes, pH, lactate, ammonia, urine organic acids, blood amino acids, blood carnitine and acylcarnitine profile), learn the indications for suspecting inborn errors for various age groups, learn examples of metabolic disease categories and major modes of therapy. Response to abnormal results on newborn screening tests will also be covered.

Residents will also learn to perform a dysmorphology exam with emphasis on recognition of minor anomalies (e.g. low-set ears, webbed neck, single palmar crease), learn the differences among syndromes, associations, sequences, and single anomalies, and learn several common syndromes and their preventive management (e.g. Down, Turner, Klinefelter, Noonan, Williams, Marfan, and Neurofibromatosis-1)

Hematology & Oncology

Blocks available: All **Minimum weeks:** 1
Contact: Martha Pachecho (Faculty), Cammille Woods (Admin)

The hematology/oncology elective provides the resident with a glimpse into the outpatient management of common hematologic and oncologic conditions. In fact, the specialty of hematology-oncology is mainly practiced in the outpatient arena, and activities on the inpatient service do not accurately reflect the overall picture of how we diagnose and treat children with these disorders. The most common types of patients referred to pediatric hematology-oncology are not those with cancer, but are children referred for consultation for anemia, bleeding disorders, neutropenia, lymphadenopathy, etc. These problems are less commonly encountered on the inpatient service. Increasingly, more of the care for most children with cancer is given in the outpatient unit. Some patients successfully treated for cancer are never admitted to the hospital following their initial brief hospitalization at time of diagnosis. Many children coming for outpatient visits (for chemotherapy treatments, procedures, or follow-up) are quite well, as are the many hundreds of children in our long-term follow-up (After the Cancer Experience) program.

Hospitalist

Blocks available: All

Minimum weeks: 2 weeks

Contact: Vijay Kalidindi (Faculty), Hayda Tinoco Garcia (Admin)

UTSW Pediatric Hospitalist Elective

Pediatric Hospital Medicine has recently been recognized as the newest specialty by the American Board of Pediatrics with certification requirements listed on the board website.

Who might this Elective appeal to?

- Residents who are considering a career in Hospital Medicine or Fellowship in Hospital Medicine
- Excellent opportunity for residents who are considering other career opportunities if they want to learn unique skills not typically taught in residency training programs.
- Each elective rotation is *individualized* to each resident's interest as long as it is within the framework of overall expectations.

Brief Course Description

The hospitalist elective provides an in-depth look at the unique competencies that are required to be a hospitalist. The goal is to provide exposure to a wide variety of patients on the inpatient setting at the main Dallas campus. Residents also have the opportunity to work at the Plano campus in a community setting. During this elective, residents will work one-on-one with hospitalist faculty, primarily on service lines organized without a resident team although exceptions are made based on individual needs and special circumstances.

The hospitalist elective provides an opportunity to manage your own service with attending supervision that is needed to ensure compliance with regulations and patient safety. Residents will gain additional skills to manage patient throughput and implement care coordination across the multidisciplinary spectrum. The resident can learn the basics of inpatient coding and billing and gain exposure to quality improvement, inpatient administration, and committee meetings.

Infectious Disease

Blocks available: All

Minimum weeks: 2

Contact: Amanda Evans, Jeffrey Kahn, Michael Sebert (Faculty)
Cat Bailey (Admin)

Who might this Elective appeal to?

- EVERYONE! Infectious Diseases touches every sliver of pediatrics – from general pediatrics such as ambulatory and hospital medicine to ER/acute care to subspecialties such as heme-onc, pulm, and GI. We have even closer ties to subspecialties such as rheumatology and immunology.
- EVERY PGY LEVEL! An intern may want to solidify their antibiotic repertoire on General ID consult service, while a PGY3 may want to focus on more complex cases on immunocompromised ID service or general ID care in Ambulatory ID clinic.
- EVERY BLOCK is unique! Epidemiologic factors offer unique experiences throughout the year – RSV seasons, Flu seasons, spring/fall months with musculoskeletal infection peaks...

Course Description

The goal of the ID elective is to provide the trainee, through exposure to a wide variety of infectious disease syndromes, an understanding about the evaluation and management of hospitalized and ambulatory patients with infectious diseases that pediatricians may encounter in various practice settings. Additionally, we strive to provide the trainee an education on the use of antimicrobial agents and the diagnostic testing methods available. The elective is *individualized* to each resident's interest. Each resident submits their preferences prior to their elective, and meets with the course director (Dr. Evans) prior to start of the elective to solidify their schedule. Elective options include (can select one or combine more than one option below):

1. General ID inpatient consult service
2. Immunocompromised host ID inpatient consult service (requires min 1wk Gen ID prior)
3. Ambulatory ID clinic, including General ID clinic and HIV clinic
4. Musculoskeletal ID (available on request)
- 5.

General schedule on either consult service or clinic is Monday through Friday, out by 5pm. If special arrangements need to be requested, please contact Dr Evans.

Interprofessional Elective

Blocks available: All

Minimum weeks: 2

Contact: Jerithea Tidwell, PNP

Course Description

This rotation provides exposure to a broad range of health professions with a strong emphasis on nursing. The elective is envisioned primarily as an opportunity to have preceptors from different disciplines. In the course of the elective the resident will have the opportunity to observe common nursing tasks, such as vascular access, IV setup, NGT and urinary catheter placement. The residents get the opportunity to select the disciplines and the areas that they are interested in learning more about. The observations are arranged and scheduled by the course coordinator. Participating disciplines include but are not limited to: Respiratory Therapist, Dietician, Pharmacy, Physical Therapy, Social Work, Care Coordinator, Child Life Specialist, Pastoral Care, Speech Therapy, Wound Specialist, PICC team & Diabetic Educator.

Learning Goals and Objectives

- To develop 'systems thinking' by virtue of exposure to different components of the health care delivery system.
- To develop a more comprehensive picture of the physician's role
- To improve working relationships with other professionals.
-

Suggested Reading Materials



Optimizing resident
physician use of clinic



Exploring_the_role_o
f_RNs_in_family_prac



Best_evidence_syste
matic_review_of_inte

Linked Experiences

Residents are asked to complete a journal about their experience and complete a survey.

Legislative Advocacy

Blocks available: Jan-May of odd-numbered years **Minimum weeks:** 4

Contact: Chief Residents & Organizational Leadership (TPS, CHAT, etc.)

Currently, this experience is only offered as a custom elective. Interested residents will need to contact a sponsoring organization well in advance.

Typically, this is a 4-week elective in Austin during which the resident will spend time with lobbyists of professional organizations such as the Children's Hospital Association of Texas (CHAT), Texas Hospital Association (THA) and Texas Pediatric Society (TPS). Residents may also have opportunities to spend time in legislator's offices during session, although this may vary by month and is not guaranteed. Residents will be able to attend multiple committee meetings when bills of interest are on the agenda and watch the legislative process unfold. A primary value of this elective is the ability to see policy shaping on a day-to-day basis from the inside of the capitol walls.

Housing and transportation will need to be coordinated by the resident, but reimbursement for expenses may be covered out of their own education fund with assistance from program staff.

Low Birth Weight (Thrive) Clinic

Blocks available: All

Minimum weeks: 1

Contact: Roy Heyne (Faculty)

Rotating through the Thrive Clinic offers those interested in neonatology a unique opportunity to explore patient outcomes. It allows the resident to explore the relationship between various interventions in the NICU (surfactant, antenatal steroids, etc.) and their long-term impact on patients. As a member of the NICHD's Neonatal Research Network, Thrive Clinic participates in long-term follow up studies. Residents typically shadow nurse practitioners or Dr. Heyne. The clinic sees patients for both well child and sick visits. Residents are also able to observe neurocognitive exams (The Bayley). There are videos and literature available to residents explaining the neurocognitive exam. Residents are expected to give a short presentation at the end of the rotation. The clinic has a library with reference material available to residents.

Linked Experiences

This rotation may be of interest for those who wish to follow patients after discharge from the NICU.

Neurology

Blocks available: All, except July, Aug, Dec

Minimum weeks: 2

Contact: Rana Said (Faculty), Kellie Shaw (Admin)

The Division of Pediatric Neurology is pleased to offer a four-week elective rotation for interested residents of all years. The rotation will be based in the Pediatric Neurology clinics, and will focus on outpatient child neurology to complement the exposure to inpatient neurology gained on the pediatric services. The resident will participate in the general child neurology clinics as well as specialty clinics in epilepsy, stroke, and neuromuscular disorders at both the CMC clinics and Texas Scottish Rite Hospital. The rotation will also require attendance at several weekly teaching conferences and recommended reading will include pertinent journal articles and textbook chapters. In the last two weeks of the rotation the resident may elect to focus on a specific aspect of child neurology and substitute specialty inpatient or neurophysiology laboratory experience for general outpatient clinics.

Linked Experiences

The option of an advanced month of directed subspecialty rotation in epilepsy or neuromuscular disorders is also available for residents with a particular interest in child neurology.

Newborn

Blocks available: All

Minimum weeks: 1

Contact: Abigail Patterson, MD (Faculty), Hanna Awoke (Admin)

Who might this elective appeal to?

- Residents seeking to pursue a career in primary care pediatrics
- Residents seeking to pursue a career in neonatology
- Residents interested in increasing their skills in newborn medicine
- Residents interested in completing circumcision certification (minimum 2 week requirement)
- Residents interested in continuous quality improvement, medical education, and medical administration and leadership

Brief Course Description

This elective is highly customized to the resident's interests and needs to meet individual goals. Some possible goals could include increasing familiarity and proficiency with the newborn exam, increasing confidence in management of common newborn problems, training to perform neonatal circumcision, and increasing comfort and proficiency in the delivery room. Residents can also work with faculty to participate in ongoing quality improvement projects and medical curriculum development. Additionally, residents with an interest in policy implementation, medical administration and leadership will have an opportunity to explore these subjects. Regardless of the options chosen, the resident on elective will have opportunities to bolster their teaching skills, both through mentoring interns and medical students as well as a formal topic or project presentation at the end of the rotation. You will meet with a newborn attending in advance of your elective to establish goals and determine your schedule. This rotation is Monday-Friday, no weekend expectations. Schedule of the day is individualized.

Suggested Reading

To be determined after meeting with newborn attending

Linked Experiences

Residents should complete 1st year newborn rotation prior to this elective.

Nutrition

Blocks available: Interns, only Block 2

Minimum weeks: 1 week only, only for PL1 Residents

Contact: Amy Holcombe, Karen Jasso

The introductory rotation is designed for interns to learn more about pediatric nutrition. Topics that are covered include: age appropriate anthropometrics for patients, how to interpret growth charts and growth trends, normal expected growth throughout childhood, estimated needs using the dietary reference intakes (DRI), causes of variance from normal growth, normal eating throughout the life cycle, formula types and composition, formula use in different disease states, malnutrition, refeeding syndrome, assessment of a failure to thrive child, parenteral nutrition needs and macro and micronutrients of parenteral nutrition. The intern will spend time with our dietitians in nutrition clinic learning about the use of behavior modification in nutritional counseling, as well as medical nutrition therapy for a variety of patient populations, including disordered eating. The intern will also spend time with a dietitian during rounds for services that do not include residents (NICU, BMT, CVICU, and Hepatology). Time will also be included for the intern to have one on one time with both inpatient and outpatient dietitians, to learn how medical nutrition therapy is applied to different patient populations.

Suggested reading materials

Clinical Nutrition Handbook and Formulary, 22nd Edition

Becker, Patricia et al. Consensus Statement of the Academy of Nutrition and Dietetics/American Society for Parenteral and Enteral Nutrition: Indicators Recommended for the Identification and Documentation of Pediatric Malnutrition (Undernutrition). *Nutrition in Clinical Practice*, 2014;147-161.

Borowitz, Drucy, Robert D. Baker, and Virginia Stallings. Consensus Report on Nutrition for Pediatric Patients With Cystic Fibrosis. *J Pediatr Gastroenterol Nutr*. 2002; Volume 35.

Linked Experiences

An advanced nutrition elective is available for senior residents that are interested in a specific area of pediatrics (i.e. GI, Cardiology, Nephrology, etc). The rotation is individualized for the resident. Time will be spent reviewing nutrition specific research and reviewing/practicing with RD in Specialty Area. A case study in specific area of interest will be completed.

Ophthalmology

Blocks available: All, except Block 1

Minimum weeks: 1

Contact: David Weakley (Faculty), Melinda Marcum (Admin)

The goal of the pediatric ophthalmology elective is to provide the resident with a complete and unified approach for the evaluation and management of patients with common ophthalmologic problems that pediatricians may encounter in the practice of general pediatrics. The elective will benefit to anyone who would like to learn the basics of ophthalmology and childhood eye conditions. The resident will leave with a thorough understanding of strabismus and other eye conditions that affect children. He/ she will learn when it is necessary to refer to a pediatric ophthalmologist. Each resident works with one of our fellows/residents and our orthoptist to see how pediatric eye exams are performed and what the pediatric ophthalmologist is looking for in their exam. The orthoptist will teach them about the basics of strabismus, esotropia, exotropia, & pseudo-esotropia. The resident will also have the opportunity to observe procedures in the clinic and operating room. .

Clinic is Monday through Friday patients are scheduled starting at 8:20 each day except Friday when patients are scheduled at 8.

Suggested Reading Materials

The Color Atlas of Strabismus is a good reference book to read. A PDF copy can be obtained through the UTSW library.

Palliative Care

Blocks available: All

Minimum weeks: 1

Contact: Donald Cochran, Heather Paterson, Barbie Drews, Robyn Haynes (Faculty); Mittie Dillard-Carr (Admin)

Who might this Elective appeal to?

The palliative care elective is useful to all residents in that we emphasize the importance of communication skills. It is especially helpful to residents thinking about specializing in oncology, PICU, NICU, neurology, pulmonary, and cardiology, because we see so many patients from these services.

Course Description

During the Palliative care rotation, residents will learn how to approach end of life care, how to discuss DNR, and learn about hospice services. Residents also have an opportunity to spend a day with a hospice nurse making home visits and the opportunity to learn pain management strategies by rounding with the pain management team. The rotation is typically 9am-4pm with no weekend responsibilities.

Additional Resources

Additional reading materials will be supplied on the first day of the rotation.

Pathology

Blocks available: All

Minimum weeks: 1

Contact: Jason Wang (Faculty), Untaya Stano (Admin)

Who might this elective appeal to, and why?

Everyone who has ever wondered how patient specimens are handled and processed. Clinical pathology is applicable to almost every aspect of pediatrics. Anatomic pathology is particularly applicable to those interested in GI/Liver and Oncology.

Brief course description

The Dallas-campus-based rotation is offered for lengths of 1-4 weeks and is primarily based in anatomic pathology. Here, residents are exposed to the macroscopic handling and preparation of patient specimens and the microscopic analysis and interpretation of that material. Those residents with an interest in clinical pathology can make arrangements to observe in the clinical labs (chemistry, microbiology, etc.). The daily schedule is usually from 9am-4pm with no required conferences; however, optional participation in departmental conferences is permitted. The schedule is flexible and arrangements can be made with Dr. Wang.

Procedures

Blocks available: All

Minimum weeks: 1

Contact: Procedure Chief

The procedure rotation is a scheduled week-long experience during 2nd year for all residents. However, an advanced procedure week is also available as a rotation for those residents who would like more experience.

Basic procedural skills are fundamental to the future careers of many of our residents. This rotation prepares residents to perform a number of minor procedures and provides an opportunity to practice and gain confidence in peripheral IV placement, venipuncture, intramuscular injections, bladder catheterization, incision and drainage, lumbar punctures, laceration repairs, foreign body removals, fracture splinting, circumcisions, and intubation. Rotation sites are tailored to each individual's needs and schedule; because these sessions are self-directed, experience gained will depend on a resident's level of engagement in the rotation. Timing of procedures is unpredictable so being flexible and enthusiastic will ensure a great experience.

Additional Resources

- Pediatric Procedure Reference Guide by Reese Mathieu and Adam McClure (Available on MedHub)
- All procedures should be logged in ACGME; only the 4th procedure evaluation should be logged in MedHub to be signed off for the procedure.

Linked experiences

For those looking for more experience in one specific procedure, consider a custom rotation or rotating with a service that commonly performs that procedure. Residents on oncology rotation may specifically request experience with lumbar punctures; anesthesia rotation is a great place to practice intubation; and, the newborn nursery offers IM injections and circumcisions.

Pulmonology

Blocks available: All except 1 and 7

Minimum weeks: 2

Contact: Yadira Rivera-Sanchez (Faculty), Callie Davenport and Julianne Prudhomme (Admins)

Pulmonary conditions are among the most common causes for which pediatric patients seek medical care. Whether you are pursuing a career in general pediatrics or considering the possibility of a subspecialty, knowledge and understanding of the evaluation and management of pulmonary conditions is relevant.

The overall goal of this rotation is to provide residents with intensive exposure to a broad spectrum of pulmonary disorders in order to highlight principles of management, current controversies, and the respective roles played by the pediatrician and pulmonary subspecialist.

This is primarily an outpatient-based rotation in the pulmonary clinics that are available in our institution. These include, general pulmonary (asthma, bronchopulmonary dysplasia, chronic cough and wheezing), cystic fibrosis, neuromuscular diseases, aerodigestive, and sleep medicine clinics. In addition, exposure to the consult service can be incorporated to the rotation to explore the evaluation and management of patients who are hospitalized. In addition, residents will learn the general indications and basics of interpretation of pulmonary function testing which include but are not limited to spirometry, body plethysmography and exercise testing. When available, residents can observe a bronchoscopy procedure.

Schedules are created for each individual resident placing emphasis based on resident's interests. Residents are expected to attend the Friday afternoon conference organized by the fellows.

Suggested reading materials

- Kendig and Chernick's disorders of the respiratory tract in children, 8th edition
- Pediatric Respiratory Medicine, Taussig, Landau 2nd edition
- Syllabus will be sent electronically to residents enrolled in the elective

Psychiatry

Blocks available: All

Minimum weeks: 2

Contact: Syed Sarosh Nizami (Faculty), Tracye Green (Admin)

Child and Adolescent Psychiatry is pleased to offer an elective rotation (2-4 weeks) for interested residents at any level of training. This elective is designed to complement the exposure to child psychiatry gained on inpatient pediatric services and in ambulatory settings, and will be primarily based in the psychiatry consult and liaison service. Those that are interested in greater exposure to child mental health will be afforded opportunities to work with patients with diverse psychiatric presentations including suicidality, somatic symptom disorders, gender dysphoria, autism spectrum disorders, and altered mental status. Clinically, the Resident will gain knowledge of the assessment and evaluation of risk (youth with suicidal ideation, homicidal ideation, or non-suicidal self-injury,) psychosis, aggression, and adjustment to medical illness. Residents will also increase knowledge of mental health resources for Dallas and the surrounding counties and become familiar with Children's Health policies and procedures regarding safety for patients with high risk behaviors.

Resources

It will be helpful for Residents to familiarize themselves with MDD, Anxiety, Conversion and Stress related disorders. Reading materials residents should obtain or review prior to starting include:

Perspectives on Consultation-Liaison in Child and Adolescent Psychiatry



Psychiatric_Times_-_Perspectives_on_Cor

Suicide and Suicide Attempts in Adolescents



American Academy of Pediatrics - Suicide

Non Suicidal Self Injury in Adolescents



Psychiatry - Nonsuicidal Self Injur

Radiology

Blocks available: All **Minimum weeks:** 2
Contact: Mary Yang (Faculty), Virginia Shaw (Admin)

Spend a month with us and learn about what happens in the radiology department. Time on the elective is spent with radiologists in the morning interpreting radiography, fluoroscopy, ultrasound, CT, MRI, and nuclear medicine studies conducted on children of all ages and on all parts of the body. Residents are also invited to observe cases in interventional radiology. You may also observe the techs as they perform imaging studies, gaining insight into what your patient will experience when you send them for a scan. This elective allows for a high level of resident autonomy. You may choose which parts of the department are most relevant to your career plans and focus your experience accordingly. Afternoons are scheduled for required, self-paced completion of the online radiology curriculum.

Beyond the medical knowledge you will gain from this elective, we hope that you will leave with the understanding that radiologists are your friends. We don't just read images. We are consultants who can help you to take care of your patients. Having spent a month with us, we hope that you will continue to utilize us as a resource whenever you have a question or a difficult case.

Additional Resources

[Cleveland Clinic Pediatric Radiology Curriculum](#)

(Look for the Pediatric Resident Curriculum under the Recommended Courses tab)

Renal

Blocks available: All **Minimum weeks:** 1
Contact: Michel Baum (Faculty), Elida Vidos (Admin)

The goal of the Pediatric Nephrology Elective is to provide interns and residents the opportunity to attend the nephrology clinics and learn the management of common renal problems that they may encounter in practice. These problems include disorders such as hypertension, proteinuria and hematuria, recurrent urinary tract infections and evaluation of fluid and electrolyte disorders. You will also evaluate more complex patients who have chronic kidney disease or inherited tubular and glomerular disorders. The pathophysiology of disease and principles of the management of patients will be taught using the patients the resident evaluates as a launch point for discussion.

Some residents will elect to spend some of their time on our consult service evaluating patients with acute kidney injury and the management of hypertension as well as fluid and electrolyte disorders. Residents will learn the principals of renal replacement therapy including dialysis and CVVHDF.

All house staff who take the renal elective will have a unique and fulfilling educational experience. We look forward to working with you.

REACH (Referral and Evaluation of At-Risk Children)

Blocks available: All, except Blocks 7 and 13 **Minimum weeks:** 3
Contact: Suzanne Dakil (Faculty), Tanya Gibson (Admin)

Course Description

This elective is open to all residents but is particularly useful for those interested in critical care, emergency care, and primary pediatrics. During this rotation, residents will work with the clinic team evaluating children with concerns for sexual abuse. Residents will become competent with a prepubertal and adolescent genital exam using a colposcope. Residents will also work with the consult team to see children in the hospital with concerns for physical abuse and failure to thrive related to neglect. During the rotation, residents will attend multidisciplinary team meetings on Wednesday and Thursday mornings and peer review with the team on Friday morning. Residents will be able to go to court with faculty as the opportunity arises. In addition, residents will have the opportunity to meet with and learn from detectives, CPS investigators, and local attorneys.

Suggested reading materials

Articles pertinent to this rotation are available in MedHub

Linked experiences

Dallas Children's Advocacy Center multidisciplinary team meetings, court exposure, WIN (Weight Intervention & Nutrition) clinic

Research

Blocks available: All **Minimum weeks:** 1
Contact: Chief Residents, Melissa Nader (Admin)

Recognizing that there are some difficulties in conducting research during a clinical rotation, the research elective allows residents to create a customized experience of one to four weeks dedicated to work on a research project. Residents will work with a faculty mentor to make meaningful progress on a new or ongoing endeavor. Prior to the start of the rotation, residents should find a faculty mentor, create their own learning goals and objectives, and create a general calendar of their time. Toward the end of the rotation, the resident will have the opportunity to share their progress with their colleagues at our "Resident Work-In-Progress" noon conference.

Rheumatology

Blocks available: All, except Block 7 **Minimum weeks:** 2
Contact: Tracey Wright (Faculty), Sharon Moore (Admin)

The Pediatric Rheumatology rotation is offered to residents at all levels of training. Residents work closely with rheumatology faculty, fellows, and advanced practice providers seeing patients in clinic at Texas Scottish Rite Hospital and Children's Health. The resident will be taught how to examine and evaluate pediatric patients with all types of collagen vascular disease. The focus will be on the importance of detailed history and musculoskeletal examination in the diagnosis of connective tissue diseases. The elective will demonstrate the importance of continuity of care and a multidisciplinary approach in the case of chronic patients and enhance residents' ability to logically perform differential diagnosis. The resident will be exposed to the physical findings in all major collagen vascular diseases including juvenile arthritis, lupus, dermatomyositis and scleroderma.

Simulation Elective (Acute Care Elective)

Blocks available: Blocks 5 and 11 **Minimum weeks:** 2 weeks only
Contact: Blake Nichols and Ali McMichael (Faculty), LaTosha Smith (Admin)

Improve your skills and confidence managing code scenarios and other acutely ill patients. The simulation rotation includes lectures by faculty experts on the management of various aspects of the decompensating patient in addition to dedicated time for practicing skills in simulated scenarios proctored by PICU attendings. Lecture topics may include airway management, intubation practice, shock pathophysiology and treatment, toxicology, renal emergencies, difficult conversations, management of brain injuries, and more. The elective is open to residents at all levels of training, and perhaps will have the broadest benefit if done early in training.

Sports Medicine

Blocks available: All, except October **Minimum weeks:** 3-4
Contact: Shane Miller (Faculty), Tomasina Betoncur (Admin),
tomasina.betoncur@tsrh.org

Course Description

Become more comfortable evaluating and managing patients with musculoskeletal and sports-related injuries as you work directly with sports medicine and orthopedic faculty in an outpatient setting during this elective. The majority of time is spent in Sports Medicine clinic caring for patients with acute or overuse injuries to their knee, back, shoulder or other joints, or concussions. There is no overnight call, but there may be evenings and weekend duty consisting of training room and event coverage depending on the timing of your rotation, which may include various sporting events such as high school football games, marathons or triathlons, performing Pre-participation Physical Evaluations (PPEs), etc. The overall goal is to provide the future general pediatrician a higher level of knowledge in the treatment and referral of athletes and patients with musculoskeletal and sports-related injuries and conditions, but may also appeal to those who may be considering pursuing a fellowship in sports medicine, or those who wish to improve upon their musculoskeletal exam skills and sports medicine knowledge to prepare for the boards.

Suggested reading materials

- Sports Medicine in the Pediatric Office (Metzl)
<http://shop.aap.org/Sports-Medicine-in-the-Pediatric-Office-A-Multimedia-Case-Based-Text-with-Video>
- Sallis, R. Examination Skills of the Musculoskeletal System. American Academy of Family Physicians.
- Halstead, M., Walter, K., et al. Sport-Related Concussion in Children and Adolescents. *Pediatrics*. 2010 September; 126; 597-615.
- Journal club articles – will be distributed monthly upon starting the rotation

Linked experiences

Sporting event medical coverage, fracture clinic, sports physical therapy, sports medicine journal club, musculoskeletal exam teaching sessions. Residents will give one 20-minute presentation on a topic of their choice at the end of the elective.

Toxicology

Blocks available: All except Dec. 11 - Jan 4 **Minimum weeks:** 2
Contact: Jakub Furmaga (Faculty), Mirreka Morris (Admin)
Location: North Texas Poison Control Center in Parkland Hospital

This is a 2-4 week introductory course enabling the rotators to explore the specialty of medical toxicology. The resident will learn to use principles of biochemistry, physiology, and pharmacology in the management of poisoned patients. Daily rounds will focus on the discussion of Poison Control Center consults supplemented by pertinent lectures and presentation. The purpose of the course is to allow the resident the opportunity to explore a career in Medical Toxicology, and to provide clinical correlation for pathophysiology and pharmacology.

Schedule

- Monday: 8AM-11AM Poison Control Center case discussions. This is followed by additional lectures and activities.
- Tuesday: 8AM -10AM Poison Control Center case discussions. This is usually followed by fellow-led question-and-answer session. Additional lectures and activities such as journal club, toxic news, and grand rounds are held on this day. Day will end at 3PM.
- Wednesday: 8AM-11AM Poison Control Center case discussions. This is followed by additional lectures and activities.
- Thursday: 7:30AM-11:30AM Emergency Medicine Department conference. The rest of the day is independent study, and the student should use it to work on PowerPoint presentations and any other toxicology related projects.
- Friday: 8AM-11AM Poison Control Center case discussions. This is followed by additional lectures and activities.

Course requirements

Sign daily attendance log book in the classroom; complete TWO ACMT Environmental Modules on-line; complete one PowerPoint Picture Project; complete one PowerPoint final presentation

Recommended reading

Goldfrank's Toxicologic Emergencies textbook will be available for use during the rotation

Transport

Blocks available: All

Minimum weeks: 1

Contact: Maeve Sheehan (Faculty), Jimmy Ruga (RRT), Jessalynn Colbert and Julie Baker (RN)

The transport elective begins each day at the Children's Hangar at Love Field airport, which serves as a home base. There are several transport teams with overlapping shifts, and the resident can shadow one team throughout the day or alternate teams based on the calls. Most calls are for transportation by ambulance from an outside hospital to Children's, but the resident may go by "fixed wing" (airplane) or "rotor wing" (helicopter) depending on the distance, weather, and urgency of the request. During transport, the team will manage the patient based on pre-written "protocols" (which serve as very broad and flexible standing order sets) and can only accept other orders from the attending on call at Children's. Thus, the resident's role is primarily one of shadowing. However, the resident's medical knowledge is often helpful in assessing the situation and contributing to management within the boundaries of the standing orders.

Since the calls are unpredictable, it is advisable to bring things to work on at the Home Base while awaiting calls, such as a scholarly project or research project. The resident should be proactive in introducing himself to all the teams so he has the most opportunities for observation. It helps to have a flexible schedule in case a run goes late or takes longer than expected, or your team gets diverted to another pick-up on the way back home.

Residents on this rotation will gain perspective on how hospitals with fewer resources manage patients and what obstacles exist to stabilizing a patient for transport. They will also learn about our transportation team's knowledge, skillsets, and limitations.

Appendix: Sample Custom Electives

Ultrasound: Join Parkland ED residents to learn about use of point of care ultrasound in diagnosis and management of a variety of presentations.

Echocardiogram/Cath: Gain experience interpreting echocardiograms or critically thinking through cardiac catheterizations with cardiology faculty.

Fetal program: Work with neonatologists diagnosing, managing and counseling on congenital malformations in the high risk maternal-fetal medicine clinic.

Clinical informatics: Delve into the utilization and improvement of health information technology and develop a project with the Children's Health clinical informatics team.

Telemedicine: Work with a multidisciplinary team of physicians, nurses, IS and business staff to learn about facilitating care delivery via telemedicine.

Adult subspecialty clinics: Learn about the continuum of care for patients with chronic illnesses such as cystic fibrosis, HIV, sickle cell, etc.

Adolescent: All residents will participate in an adolescent care rotation, however, for those interested in more experience in college-age populations, consider spending a longer rotation at the local college campus health clinic.