Welcome to the Acute/PAH Rotation

You are about to start your acute/PAH rotation where you will get to see many infants, children and adolescents who present with a variety of acute pediatric conditions. Some of these acute presentations will include asthma, URI’s, CF, AOM, eczema, GERD, allergic rhinitis and cough. You will get to work with a variety of faculty, both UF- and community-based, providing unique insights, teaching opportunities and perspectives. To best prepare for this rotation please do the following:

1) Read the goals and objectives on pages 6-12. Be sure to “sign off” that you’ve read them in New Innovations.
2) There is a required element to this rotation. As part of this required pediatric rotation, you will be expected to learn about the dangers of tobacco smoke usage and exposure with the ultimate goal to feel comfortable addressing these concerns with your patient and their parents or caretakers in applicable situations. We will help you achieve this expectation by providing you with the tools you need to accomplish this goal. As you know, you have 2 acute rotations, but we will only require this during your first rotation. See page 3 of this document for more information.
3) Begin thinking of your goals and objectives for the rotation (procedures you’d like to see and/or master) and begin to develop a learning plan. Be ready to share them during the first week. See attached forms.
4) We cannot predict if you will have a busy or light month. In the case of ‘downtime’ consider the additional optional activities listed on the page 4 to continue learning.

If you have any questions, please do not hesitate to ask me as the rotation leader or the other attendings. We’re happy to answer any questions you may have.
Residency Acute/PAH Learning Contract

Rotation: ____________

Dates:

Resident: _____________________

Year: PL2  PL3

Faculty: ____________________

Resident's goals for rotation (as teacher and learner):
1: _____________________________________________________________________
2: _____________________________________________________________________
3: _____________________________________________________________________

Resident's expectations from the rotation:
1: _____________________________________________________________________
2: _____________________________________________________________________
3: _____________________________________________________________________

Faculty's expectations of the resident during the rotation
1: _____________________________________________________________________
2: _____________________________________________________________________
3: _____________________________________________________________________

Resident and Faculty's combined plan for achieving goals and expectations
1: _____________________________________________________________________
2: _____________________________________________________________________
3: _____________________________________________________________________

Feedback!
1: _____________________________________________________________________
2: _____________________________________________________________________
3: _____________________________________________________________________
REQUIREMENT FOR THIS ROTATION: TOBACCO ILP

Please, please, please do not put us in the situation where we must contact Dr. Black regarding your non-compliance with this assignment during this rotation.

As you may or may not know, the common conditions that you will see can all be worsened by exposure to 1st-hand, 2nd-hand and 3rd hand (yes there is 3rd-hand) tobacco smoke exposure. During this rotation, you will be expected to perform the following 4 actions:

1. Watch a 1 hour tobacco educational podcast that will provide background information on tobacco exposure and cessation. The link to ‘Webinar #7: Helping Children Breathe: Effective Strategies to Reduce Tobacco Smoke Exposure for Children with Respiratory Illness’ is: http://www.youtube.com/watch?v=CZufYutH9KM&feature=youtu.be. This podcast is directly from the AAP website, specifically the Richmond Center, which addresses tobacco teaching, advocacy and policy in pediatrics. Many other educational, and supplemental materials, can be found at: http://www2.aap.org/richmondcenter/Training_CME_Courses.html. Feel free to surf around and do more.

2. View the brief ~5 minute videos where counseling strategies are used successfully and efficiently in pediatric clinical settings. We will expect you to watch the following brief counseling demonstrations on the Mass General Cease Tobacco educational website at: http://www2.massgeneral.org/ceasetobacco/. The required viewings include “Desiree”, “Desiree follow up”, “Lauren and Peter” and “Lauren and Peter follow up”.

3. Following the completion of the above educational tools (yes- you are all now much smarter and more comfortable) we would like you to create an Individualized Education Plan (ILP) for yourself while in the PAH/Acute setting that addresses tobacco and your patients. Your ILP should contain 4 parts. Part 1 should be an individualized knowledge or skill you wish to learn or perfect relating to tobacco and your patients. Part 2 should include your pre-competency reflection relating to your goal. Part 3 should identify strategies utilized to achieve your goal (be creative!). Finally, part 4 should include reflections on your success (or failure) in achieving your tobacco goal during this acute ambulatory experience. Your ILP will be included in your residency file and is a REQUIRED portion of this rotation and assignment. We are looking for quality, not quantity and will give you feedback on this assignment.

4. Once completed (no later than the last day of your rotation), your ILP should be emailed to Nancy Leasure at (nleasure@peds.ufl.edu) who will then forward it to one of the following faculty members to provide you feedback on this ILP assignment. Your feedback may come from any of the following: Dr. Kelly (kellymn@peds.ufl.edu), Dr. M. Novak (novakma@peds.ufl.edu) and/or Dr. Kockler (vkockler@peds.ufl.edu).

We are all very confident you will find value in this educational activity and will, at the minimum, be able to address the significant consequences of tobacco smoke in your future pediatric acute visits and possibly change a life! Please let us know if you have any questions or concerns and we look forward to reading your ILP and giving you feedback.
Top 10 Things to do during your Acute Rotation


2. Do your REQUIRED ILP.

3. Discuss with the nurses about procedures: immunizations, heel sticks, lead and hemoglobin tests, blood draws, urine caths, circs, I and Ds, PPDs (placement and reading), Gyn preps and UAs. You can practice these even if not on your own patient. Let adolescent faculty practice clinics know. See the attached procedure list.

4. Do 10 Prep questions per day. Quiz your attending to see if they know the answers.

5. Ask an attending about a specific patient or topic, or ask them to come up with a case.

6. Prepare an outpatient morning report case and walk through with an attending.

7. Derm: ½ of all resident goals for improvement in acute clinic is to improve derm skills. Ask to see all rashes; make faculty practice attendings aware of your interest

8. Start/ compete in the Scavenger Hunt. (See sheet in CMS continuity clinic room)

9. Learn about MedID for medication errors (including vaccination errors)

10. Brief informative videos:
    a. [Improve your otoscopic exam](#)
    b. [Improve your knowledge of paraphimosis](#)
    c. [Improve your knowledge of neonatal circumcision](#)
<table>
<thead>
<tr>
<th>Procedure</th>
<th>ACGME must master before graduation</th>
<th>ACGME have understanding of procedure</th>
<th>Acute/PAH</th>
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<td>Arterial line placement</td>
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<td>Arterial puncture</td>
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<td>Arthrocentesis (knee)</td>
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<td>Bag-mask ventilation</td>
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<td>Bimanual pelvic exam</td>
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<td>Bladder catheterization</td>
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<td>Digital block</td>
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<td>Foreign body removal (simple)</td>
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<td>Hearing screen</td>
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<td>Immunization administration (intradermal)</td>
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<td>Immunization administration (intramuscular)</td>
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<td>Immunization administration (subcutaneous)</td>
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<td>Incision and drainage of abscess</td>
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<td>Interpretation of X-ray</td>
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<td>Laceration repair (simple)</td>
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<td>Nasal swab</td>
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<td>other (write in comments)</td>
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<td>Pain management</td>
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<td>Peripheral intravenous catheter placement</td>
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<td>PKU screen (specimen collection)</td>
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<td>Reduction of simple dislocation</td>
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<td>Throat swab</td>
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<td>Tympanometry interpretation</td>
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Primary Goals
The Pediatric after Hours and Acute Care Clinic Rotation will provide the residents with exposure to a diverse population of patients from the community with acute care issues. The residents have the opportunity to work with and learn from many different community pediatricians and pediatric faculty.

The residents’ PAH and acute clinic experience will occur over a 3 year period in 2-4 week periods of time. The following goals and objectives are comprehensive and are meant to be experienced over this 3 year continuum. The residents are encouraged to review them each time they begin a new PAH or acute clinic block in order to assess what areas they have yet to experience.

Goal #1 - Evaluate and manage common illnesses and recognize the signs and symptoms associated with the practice of pediatrics in the PAH and Acute Care Outpatient Setting (PC, MK,C,P).

Objective - Evaluate and manage the following signs and symptoms in the context of acute care:

1. Infancy: skin rashes, birthmarks, jitteriness, hiccups, sneezes, wheezing, heart murmur, vaginal bleeding and/or discharge, foul smelling umbilical cord with/without discharge; undescended testicle, breast tissue, breast drainage, sleep disturbances, difficulty feeding, evidence of abuse or neglect, abdominal masses, abnormal muscle tone
2. General: Apparent life-threatening event (ALTE), constitutional symptoms, excessive crying, failure to thrive, fatigue, fever, weight loss or gain, excessive thumb-sucking or pacifier use, sleep disturbances, difficult behaviors, fatigue, masturbation, anxiety, violence
3. Cardiorespiratory: Apnea, chest pain, cough cyanosis, dyspnea, heart murmur, hemoptysis, hypertension, inadequate respiratory effort, respiratory failure, rhythm disturbance, shortness of breath, stridor, syncope, tachypnea, wheezing
4. Dermatologic: Ecchymoses, edema, paleness, petechiae, pigmentary changes, purpura, rashes, urticaria, vascular lesions, foul smelling umbilical cord
5. EENT: Acute visual changes; dysconjugate gaze; conjunctival injection; ear or eye discharge; ear, throat, eye pain, edema, epistaxis; nasal foreign body; hoarseness; stridor
6. Endocrine: heat or cold intolerance, polydipsia, polyuria
7. GI/Nutrition/Fluids: Abdominal pain, mass or distention; ascites; constipation; dehydration; diarrhea; dysphagia; encopresis; hematemesis; inadequate intake of calories or fluid; jaundice; melena; rectal bleeding; regurgitation; vomiting
8. Genitourinary/Renal: Change in urine color, dysuria, edema, enuresis, frequency, hematuria, oliguria, pain referable to the urinary tract, scrotal mass, pain or edema, trauma to urinary tract or external genitalia, undescended testicle
9. GYN: Asymmetry of breast development, abnormal vaginal bleeding, pelvic or genital pain, vaginal discharge or odor; vulvar trauma or erythema
10. Hematologic/Oncologic: Abnormal bleeding, bruising, hepatosplenomegaly, lymphadenopathy, masses, pallor
11. Musculoskeletal: hip clicks, abnormal gait, abnormal spine curvature, arthritis or arthralgia, bone and soft tissue trauma, limb or joint pain, limp, variations in alignment (e.g., intoeing)
12. Neurologic: Ataxia, change in sensorium, diplopia, headache, head trauma, hearing concerns, gait disturbance, hypotonia, lethargy, seizure, tremor, vertigo, visual disturbance, weakness
13. Psychiatric/Psychosocial: Acute psychosis, anxiety, behavioral concerns; conversion symptoms, depression, hyperactivity, suicide attempt, suspected child abuse or neglect
Objective - Recognize and manage common childhood conditions presenting to PAH and Acute Care Clinics (PC,MK,C,P)

1. Infancy: Breast feeding, bottle feeding, colic, congenital hip dislocation, constipation, strabismus, colic, parent-infant interactional issues, sleep problems, recurrent respiratory and ear infections, rashes, teething, injury prevention and safety

2. General: Colic, failure to thrive, fever, overweight, iron deficiency, lead exposure, strabismus, hearing problems, family/parental issues as they pertain to acute care ie compliance and financial constraints, apparent life-threatening event (ALTE), constitutional symptoms, excessive crying, failure to thrive, fatigue, fever, weight loss or gain, excessive thumb-sucking or pacifier use, sleep disturbances, difficult behaviors, fatigue, masturbation, anxiety, violence

3. Allergy/Immunology: Allergic rhinitis, angioedema, asthma, food allergies, recurrent infections, serum sickness, urticaria

4. Cardiovascular: Bacterial endocarditis, cardiomyopathy, congenital heart disease (outpatient management of minor illnesses), congestive heart failure, heart murmurs, Kawasaki disease, palpitations, rheumatic fever

5. Dermatology: abscess, acne, atopic dermatitis, cellulitis and superficial skin infections, impetigo, molluscum, tinea infections, viral exanthems, verruca vulgaris, other common rashes of childhood and adolescence

6. Endocrine/Metabolic: Diabetes mellitus, diabetes insipidis, evaluation for possible hypothyroidism, gynecomastia, hyperthyroidism

7. GI/Nutritional: Appendicitis, bleeding in stool, constipation, encopresis, foreign body ingestion, gastroenteritis, gastroesophageal reflux, hepatitis, inflammatory bowel disease, nutritional issues, pancreatitis

8. GU/Renal: Electrolyte and acid-base disturbances (mild), enuresis, glomerulonephritis, hematuria, Henoch Schonlein purpura, nephrotic syndrome, obstructive uropathy, proteinuria, undescended testicles, UTI/pyelonephritis

9. Gynecologic: Genital trauma (mild), labial adhesions, pelvic inflammatory disease, vaginal discharge or foreign body

10. Hematology/Oncology: Abdominal and mediastinal mass (initial work up), anemia, hemoglobinopathies, leukocytosis, neutropenia, thrombocytopenia

11. Infectious Disease: Cellulitis, cervical adenitis, dental abscess with complications, initial evaluation and follow-up of serious, deep tissue infections, laryngotracheobronchitis, otitis media, peri-orbital and orbital cellulitis, pharyngitis, pneumonia (viral or bacterial), sinusitis, upper respiratory tract infections, viral illness, recurrent infections

12. Musculoskeletal: Apophysitides, femoral retro- and anteversion, fractures, growing pains, hip dysplasia, limp, metatarsus adductus, sprains, strains, tibial torsion

13. Pharmacology/Toxicology: Common drug poisoning or overdose, ingestion avoidance (precautions)

14. Neurology/Psychiatry: Acute neurologic conditions (initial evaluation), behavioral concerns, seizures (evaluation and adjustment of medications); ADHD, learning disabilities & substance abuse as they impact acute care

15. Pulmonary: Asthma, bronchiolitis, croup, epiglottitis, pneumonia; sinusitis, tracheitis, viral URI and LRI

16. Surgery: Initial evaluation of patients requiring urgent referral, pre- and post-op evaluation of surgical patients (general, ENT, ortho, urology, neurosurgical, etc.)
Goal #2 - Utilize common diagnostic tests and imaging studies appropriately in the PAH and Acute Clinics (PC,MK)

Objective - Demonstrate understanding of the common diagnostic tests and imaging studies used in the outpatient setting, by being able to:
1. Explain the indications for and limitations of each study.
2. Know or be able to locate age-appropriate normal ranges (lab studies).
3. Apply knowledge of diagnostic test properties, including the use of sensitivity, specificity, positive predictive value, negative predictive value, likelihood ratios and receiver operating characteristic curves, to assess test utility in clinical settings.
4. Recognize cost and utilization issues.
5. Interpret the results in the context of the specific patient.
6. Discuss therapeutic options for correction of abnormalities.

Objective - Use appropriately the common laboratory studies in the PAH and Acute Clinics:
1. CBC with differential, platelet count, RBC indices
2. Blood chemistries: electrolytes, glucose, calcium, magnesium, phosphate
3. Hemoglobin A1C
4. Cholesterol
5. Renal function tests
6. Tests of hepatic function (PT, albumin) and damage (liver enzymes, bilirubin)
7. Serologic tests for infection (e.g., hepatitis, HIV)
8. CRP, ESR
9. Wet preps and skin scrapings for microscopic examination, including scotch tape test for pinworms
10. Tests for ova and parasites
11. Thyroid function tests
12. Culture for bacterial, viral, and fungal pathogens, including stool culture
13. Urinalysis
14. Gram stain

Objective - Use the common imaging, diagnostic or radiographic studies when indicated for patients evaluated in the PAH and Acute Clinic:
1. Plain radiographs of the chest, extremities, abdomen, skull, sinuses
2. CT, MRI, angiography, ultrasound, nuclear scans (interpretation not expected) and contrast studies when indicated
3. Electrocardiogram and echocardiogram
4. Skin test for tuberculosis

Goal #3 - Understand how to use physiologic monitoring and special technology in PAH and Acute Care, including issues specific to care of the chronically ill child PC,MK, PBL)

Objective - Demonstrate understanding of the monitoring techniques and special treatments commonly used in the PAH and Acute Care Clinic:
1. Discuss indications, contraindications and complications.
2. Demonstrate proper use of technique or treatment for children of varying ages.
3. Interpret results of monitoring based on method used, age and clinical situation.
4. Appropriately use the monitoring techniques commonly used in the PAH and Acute Care Clinic:
   1. Cardiac monitoring
   2. Pulse oximetry
3. Repeated assessment of temperature, heart rate, respiratory rate, blood pressure, as clinically indicated during an office visit

Objective - Use appropriately or be familiar with the following treatments and techniques:
1. Universal precautions
2. Hand washing between patients
3. Isolation techniques
4. Administration of nebulized medication
5. Injury, wound and burn care
6. Oxygen delivery systems
7. Intramuscular, subcutaneous and intradermal injections
   - Recognize normal and abnormal findings at tracheostomy, gastrostomy, or central venous catheter sites, and demonstrate appropriate intervention or referral for problems encountered.
   - Demonstrate skills for assessing and managing pain.
1. Use age-appropriate pain scales in assessment.
2. Describe indications for and use of behavioral techniques and supportive care, and other non-pharmacologic methods of pain control.

Goal #4 - Demonstrate high standards of professional competence while working with patients in the continuity and outpatient setting. [For details see Pediatric Competencies.]

Competency 1: Patient Care (PC)
Provide family-centered patient care that is development- and age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.
Use a logical and appropriate clinical approach to the care of outpatients, applying principles of evidence-based decision-making and problem-solving.
Provide sensitive support to patients and their families in the outpatient setting.
Provide effective preventive health care and anticipatory guidance to patients and families in continuity and outpatient settings.

Competency 2: Medical Knowledge (MK)
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 in patient care.
Demonstrate a commitment to acquiring the knowledge needed for care of children in the continuity and general ambulatory setting.
Know and/or access medical information efficiently, evaluate it critically, and apply it appropriately to outpatient care.

Competency 3: Interpersonal Skills and Communication (C)
Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.
Provide effective patient education, including reassurance, for conditions common to the outpatient setting. Communicate effectively with physicians, other health professionals, and health-related agencies to create and sustain information exchange and teamwork for patient care.
Develop effective strategies for teaching students, colleagues and other professionals.
Maintain accurate, legible, timely, and legally appropriate medical records in this clinical setting.
**Competency 4: Practice-based Learning and Improvement (PBL)**
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.
Identify standardized guidelines for diagnosis and treatment of conditions common to outpatient care, and adapt them to the individual needs of specific patients.
Work with health care team members to assess, coordinate, and improve patient care in the outpatient setting.
Establish an individual learning plan, systematically organize relevant information resources for future reference, and plan for continuing acquisition of knowledge and skills.

**Competency 5: Professionalism (P)**
Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diversity.
Demonstrate personal accountability to the well being of patients (e.g., following-up lab results, writing comprehensive notes and seeking answers to patient care questions).
Demonstrate a commitment to professional behavior in interactions with staff and professional colleagues.

**Competency 6: Systems-Based Practice (SBP)**
Understand how to practice high quality health care and advocate for patients within the context of the health care system.
Identify key aspects of health care systems (e.g., public and private insurance) as they apply to the primary care provider, such as the role of the PCP in decision-making, referral, and coordination of care. Demonstrate sensitivity to the costs of clinical care in the outpatient setting, and take steps to minimize costs without compromising quality.
Recognize and advocate for families who need assistance to deal with system complexities, such as lack of insurance, multiple medication refills, multiple appointments with long transport times, or inconvenient hours of service.
Recognize one’s limits and those of the system; take steps to avoid medical errors.

**Goals #5 - Demonstrate competence with outpatient procedures (PC, MK, PBL).**
**Objective:** Describe the following procedures, including how they work and when they should be used; competently perform those commonly used by the pediatrician in practice.
- Abscess: I & D of superficial abscesses
- Abscess: aspiration
- Bladder: catherization
- Conjunctival swab
- Ear: cerumen removal
- Eye: eyelid eversion
- Eye: patch
- Eye: fluorescein eye exam
- Foreign body removal (simple): nose
- Foreign body removal (simple): ear
- Foreign body removal (simple): subcutaneous
- Ingrown toe nail treatment
- Inguinal hernia: simple reduction
- Intravenous line placement
- Liquid nitrogen treatment for molluscum/warts
- Lumbar puncture
- Medication delivery: inhaled
- Medication delivery: IV
- PPD: placement
- Pulmonary function tests: peak flow meter
- Pulse oximeter: placement
- Rectal swab
- Reduction of nursemaid elbow
- Skin scraping
- Sterile technique
- Subungual hematoma: drainage
- Suctioning: nares
- Suctioning: oral pharynx
- Throat swab
- Tooth: temporary reinsertion
- Urethral swab
- Venipuncture
- Wood’s lamp examination of skin

**Goal #6 - Diagnostic and screening procedures (PC, MK, PBL).**

*Objective - Describe the following tests or procedures, including how they work and when they should be used; competently perform those commonly used by the pediatrician in practice.*

- ECG: emergency interpretation
- ECG: perform
- PPD: interpretation
- Monitoring interpretation: pulse oximetry
- Radiologic interpretation: abdominal X-ray
- Radiologic interpretation: chest X-ray
- Radiologic interpretation: extremity X-ray
- Radiologic interpretation: sinus films
- Tympanometry evaluation: interpretation
- Vision screening