

PED1-4110/F PEDIATRIC INFECTIOUS DISEASES

Course Policies and Procedures

Course Director Name: Sandra Arnold
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Coordinator Name: Judy Farmer
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[This is your initial point of contact](#)

Location

Students should contact Judy Farmer (email above) to get the contact number for the fellow on service. Students can contact the fellow prior to or on the start day to find out where to meet him/her.

Faculty

The faculty and fellows assigned to the Pediatric Infectious Disease Service for the month will supervise students in the evaluation and management of patients.

Introduction

The elective in Pediatric Infectious Diseases is designed to help students develop and approach to the diagnosis and management of patients with signs and symptoms suggestive of an infectious disease. This elective is predominantly an inpatient elective where the student will generally have first contact with new patients on the consultation service. The Le Bonheur consultation service sees approximately 40-60 new inpatients per month. In addition, approximately 3-6 patients per week are evaluated in the Pediatric Infectious Diseases Clinic. The Infectious Disease Service works closely with the microbiology, virology and serology laboratories and the infection control/hospital Epidemiology service at Le Bonheur, and the student will have educational opportunities in these areas. Students will also attend several weekly infectious disease conferences.

Elective Goals

This elective offers the student hands-on experience in the diagnosis and treatment of children with both common and uncommon pediatric infectious diseases. In addition, the student learns the principles of effective and judicious use of antimicrobial agents and has the opportunity to hone his/her diagnostic skills by evaluating challenging cases.

Elective Objectives

Patient Care:

1. Diagnose and manage infectious disease conditions that do not require referral to an Infectious Disease Specialist including, but not limited to, respiratory tract infections, systemic viral illnesses (including exanthems), skin and skin structure infections, fever in patients with and without underlying conditions.

2. Recognize and initiate therapy in patients with infectious disease conditions that require consultation or referral to an Infectious Disease Specialist including, but not limited to, complicated upper and lower respiratory tract infections, infections of the cardiovascular system, complicated intra-abdominal and pelvic infections, central nervous system infections, bone/joint infections, unusual infections (tuberculosis, fungal infections), congenital and perinatal infections, infections in immunocompromised hosts.

Medical Knowledge:

1. Understand the cardinal signs and symptoms, diagnosis and management of uncomplicated and complicated infectious diseases in children as described above.
2. Understand the role of the pediatrician in preventing infectious diseases, and in counseling and screening individuals at risk for these diseases including but not limited to immunizations, infection prevention and judicious antibiotic use.
3. Understand the laboratory methods used in pediatrics relating to the diagnosis and management of infectious diseases in children including but not limited to serologic tests, molecular diagnostic tests, bacteriologic (identification and susceptibility testing) and virologic (viral culture, fluorescent antigen) testing.

Practice-Based Learning and Improvement

1. Identify areas of personal learning needs in Infectious Diseases and plan of continued acquisition of knowledge and skills.
2. Understand and apply principles of judicious antibiotic use.
3. Identify and utilize standardized guidelines for the management and prevention of common infectious diseases.

Interpersonal and Communication Skills

1. Provide effected patient education around judicious use of antibiotics, immunizations and other preventive measures in infectious diseases
2. Maintain accurate and timely medical records in the inpatient and outpatient setting and effectively communicate with referring physicians.

Professionalism

1. Demonstrate accountability to the patient and supervising physicians by following up on laboratory results and other diagnostic studies, writing comprehensive notes and seeking answers to patient care questions.

Attendance and Required Experiences

Students will participate in all rounds and seminars of the section and perform histories and physical examinations on selected patients on the consultation service. Students will be directed to pertinent literature regarding patients being cared for on the service. Student will be responsible for initial evaluation of all patients. They will follow the patients daily, formulate plans of management and, under the supervision of a resident and attending, will write orders and notes on all assigned Pediatric Infectious Diseases service patients. They will review diagnostic results daily on all patients.

Duty Hours – students will spend 40-50 hours per week on the Pediatric Infectious Diseases Service.

Pediatric ID Rotation Weekly Schedule (note there is a clinical laboratory experience once a rotation for approximately 2 hours in the microbiology lab. The timing of this experience varies.)

	Monday	Tuesday		Wednesday	Thursday	Friday
7-8						
8-9	See follow-ups and new patients	See follow-ups and new patients		Pediatric Grand Rounds	See follow-ups and new patients	Combined case conference with St Jude ID
9-10	Discussion of inpatient service with ID faculty	HIV indeterminate clinic – Le Bonheur 2 nd and 4 th Tuesdays	See follow-ups and new patients 1 st and 3 rd Tuesdays	See follow-ups and new patients	ID outpatient clinic	See follow-ups and new patients
10-11	See follow-ups and new patients					
11-12						
12-1	Resident noon conference lecture series					
1-2	Round with fellow and attending					
2-3						
3-4						
4-5						

Student Evaluation

PROFESSIONAL CONDUCT

In 1986, the College of Medicine established its Code of Professional Conduct. The document, available in *The Centerscope*, addresses those responsibilities to patients, colleagues, family, and community as well as to the individuals themselves. Following discussion with incoming students, it is assumed that all will subscribe to this code as part of their commitment to the profession of medicine. An egregious professionalism violation may be considered grounds for course failure.

DECLARATION OF DISABILITY

Any student who would like to self-disclose as a student with a disability in the College of Medicine at UTHSC must register and officially request accommodations through the Disability Coordinator in Student Academic Support Services (SASS). Regardless of a student's geographic location for experiential education, all requests for accommodations must be submitted with supporting documentation and reviewed for reasonableness by the Disability Consultant. Students should contact Laurie Brooks to set up an appointment to discuss specific needs at lbrook15@uthsc.edu or (901) 448-1452. All conversations regarding requests for accommodations are confidential.

DUTY HOURS

1. Duty hours will be limited to 80 hours per week averaged over a four-week period, inclusive of all in-house call and patient care activities.

2. Continuous on-site duty, including in-house call, will not exceed 30 consecutive hours. Students may remain on duty additional hours to participate in transferring care of patients, conducting outpatient clinics, maintaining continuity of medical and surgical care, and attending required didactic activities.
3. Students will be provided with one day in seven free from all educational and clinical responsibilities, averaged over a rotation, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, didactic, and administrative activities.
4. Students should be provided with a 10-hour period after in-house call during which they are free from all patient care activities.

STUDENT ASSESSMENT

Students have a formative assessment at the half-way mark of the preceptorship and a summative clinical assessment at the end of the rotation based on clinical performance as defined in the objectives.

GRADING SCALE (this is the College of Medicine grading scale adopted for the entire curriculum by the CUME, beginning May 2014.)

<u>Letter Grade</u>	<u>Final Percentage</u>
A	89.5-100
B	79-89
C	67.5-78
F	≤ 67.49

Academic Difficulty

Students having difficulty in the course are strongly encouraged to seek help as soon as possible by seeking advice from the resident, fellow, and attending on the service. Students are also encouraged to check with the SASS and the Kaplan Clinical Skills Center to see if academic support is available.

Course Evaluation

Students are strongly encouraged to participate in the Hall Tackett evaluation survey on New Innovations at the conclusion of the course.

Textbooks and Literature

Recommended texts for the rotation are:

1. Feigin and Cherry's Textbook of Pediatric Infectious Diseases – available online through the UT library on Clinical Key
2. Principles and Practice of Pediatric Infectious Diseases - available online through the UT library on Clinical Key
3. Red Book: 2012 Report of the Committee on Infectious Diseases: 29th Edition – fellows and attendings have copies and online access to borrow.