

# PED1-4110/F PEDIATRIC INFECTIOUS DISEASES

## Course Policies and Procedures

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### Location

On the first Monday of the rotation, students are asked to meet up with the Infectious Diseases team in the conference room on the second floor of the Faculty Office Building of Le Bonheur (on the Northwest corner of Dunlap and Adams) at 9:30 for our weekly meeting to discuss and hand off patients between attendings. You should be contacted prior to your rotation by the attending or ID fellow with additional information.

### 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 10-15 patients per week are evaluated in the Pediatric Infectious Diseases Clinic on Wednesday and Thursday mornings. The Infectious Disease Service works closely with the microbiology, virology and serology laboratories and the Infection Prevention 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 uncomplicated infectious disease conditions 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 complicated 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 assigned patients. They will follow their patients daily, formulate plans of management and, under the supervision of a resident and attending, will write notes on all assigned Pediatric Infectious Diseases service patients. They will review diagnostic results daily on all patients.

Duty Hours – students will spend approximately 50 hours per week on the Pediatric Infectious Diseases Service. **Students are expected to work one weekend during the rotation.**

## Pediatric ID Rotation Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	
8-9	See patients	See patients	Grand rounds§	See patients	Combined case conference with St Jude£	
9-10	Le Bonheur case review*	See patients/rounds	Clinic¥	See patients/rounds	Clinic¥	See patients/rounds
10-11						
11-12	See patients/rounds					
12-1	Noon conference – Faculty Office Building Education Classroom					
1-2	Rounds for inpatients with fellow/attending					
2-3						
3-4						
4-5						

\* Second floor Faculty Office Building conference room

§ Chesney Auditorium

¥ First floor clinic Outpatient center – clinic rooms yellow hallway, workroom at the end of dark blue hallway

£ Webex (link will be emailed to you)

## 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](mailto: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: letter grade (A, B, C, F)

### 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.

Clinical practice guidelines for reference purposes

1. Infectious Disease Society of America Practice Guidelines site:  
[https://www.idsociety.org/practice-guideline/practice-guidelines/#!/+0/date\\_na\\_dt/desc/](https://www.idsociety.org/practice-guideline/practice-guidelines/#!/+0/date_na_dt/desc/)
2. IDSA Pediatric osteomyelitis guideline: <https://www.idsociety.org/globalassets/idsa/practice-guidelines/piab027.pdf>
3. IDSA Pediatric pneumonia guideline:  
<https://academic.oup.com/cid/article/53/7/e25/424286?login=true>
4. IDSA COVID-19: <https://www.idsociety.org/globalassets/idsa/practice-guidelines/covid-19/treatment/idsa-covid-19-gl-tx-and-mgmt-v9.0.1.pdf>  
<https://www.idsociety.org/globalassets/idsa/practice-guidelines/covid-19/infection-prevention/idsa-covid-19-gl-ip-v2.0.0.pdf>  
<https://www.idsociety.org/globalassets/idsa/practice-guidelines/covid-19/diagnostics/idsa-covid-19-gl-dx-v2.0.0.pdf>  
<https://www.idsociety.org/globalassets/idsa/practice-guidelines/covid-19/serology/idsa-covid-19-gl-serology-v1.0.pdf>  
<https://www.idsociety.org/globalassets/idsa/practice-guidelines/covid-19/antigen-testing/idsa-covid-19-gl-ag-testing-v1.0.0-.pdf>
5. IDSA *C. difficile*: <https://www.idsociety.org/practice-guideline/clostridium-difficile/>
6. AHA Endocarditis: <https://www.idsociety.org/globalassets/idsa/practice-guidelines/infective-endocarditis-in-adults-diagnosis-antimicrobial-therapy-and-management-of-complications.pdf>
7. IDSA Infectious diarrhea: <https://www.idsociety.org/practice-guideline/infectious-diarrhea/>

8. IDSA Lab diagnosis infectious diseases: <https://www.idsociety.org/practice-guideline/laboratory-diagnosis-of-infectious-diseases/>
9. AAP Febrile infant: <https://publications.aap.org/pediatrics/article/148/2/e2021052228/179783/Evaluation-and-Management-of-Well-Appearing?searchresult=1>
10. AAP UTI 2-24 months: <https://publications.aap.org/pediatrics/article/138/6/e20163026/52686/Reaffirmation-of-AAP-Clinical-Practice-Guideline?searchresult=1>
11. AAP Bronchiolitis: <https://publications.aap.org/pediatrics/article/134/5/e1474/75848/Clinical-Practice-Guideline-The-Diagnosis?searchresult=1>
12. AAP Acute bacterial sinusitis: <https://publications.aap.org/pediatrics/article/132/1/e262/31288/Clinical-Practice-Guideline-for-the-Diagnosis-and?searchresult=1>
13. AAP Acute otitis media: <https://publications.aap.org/pediatrics/article/131/3/e964/30912/The-Diagnosis-and-Management-of-Acute-Otitis-Media?searchresult=1>