



Internship in Pediatrics

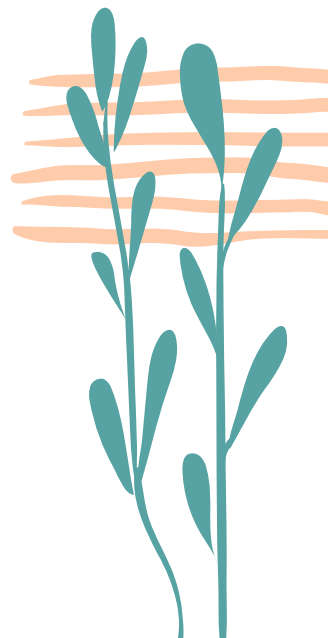
ACADEMIC YEAR 2022-2023

Interns' Committee: Consultants and Residents

Chair	Dr. Jonathan Cu
Co-chair	Dr. Aimee Nano
Head Resident Monitor	Dr. Jami Salliman (09177773558)
Resident Monitors	Dr. Andres Pastrana III (09178241103) Dr. Joa Castro (09323671726) Dr. Saio Gayas (09275927740) Dr. Mikai Maralit (09776710834) Dr. Kryzl Maranan (09664653499) Dr. Ian Sta. Maria (09177233540) Dr. Melody Yao (09564687285)



	Schedule	
Hannah	S	July 1-7
	R	July 8-14
	Q	July 15-21
Ian	P	July 22-28
	O	July 29- Aug 4
	N	Aug 5-11
	M	Aug 12-18
Andres	L	Aug 19-25
	K	Aug 26 - Sep 1
	J	Sep 2-8
Melody	I	Sep 9-15
	H	Sep 16-22
	G	Sep 23-29
Mikai	F	Sep 30-Oct 6
	E	Oct 7-13
	D	Oct 14-20
	C	Oct 21-27
Kryzl	B	Oct 28-Nov 3
	A	Nov 4-10
	Z	Nov 11-17
Joa	Y	Nov 18-24
	X	Nov 25-Dec 1
	W	Dec 2-8
Saio	V	July 1-7 Dec 9-15
	U	July 1-14 Dec 16-22
	T	July 1-21 Dec 23-29





Internship in Pediatrics



EMPHASIS ON CLINICAL EXPERIENCE
and MAXIMIZE PATIENT ENCOUNTERS





COURSE OBJECTIVES

1. perform detailed and focused neonatal and pediatric history taking and physical examination
 2. recognize pediatric emergencies and effectively provide initial management of life-threatening conditions which include performing pediatric and neonatal cardiopulmonary resuscitation
 3. diagnose all common and some uncommon pediatric conditions and diseases, and provide logical differential diagnosis
 4. perform all common and demonstrate some uncommon invasive pediatric procedures
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COURSE OBJECTIVES

5. formulate a comprehensive management plan for all common childhood illnesses including parental education, preventive care and health maintenance
 6. develop a structured approach in prioritizing and handling complicated pediatric cases including organizing referrals to subspecialties
 7. confidently present pediatric cases in a concise yet complete and wellorganized manner to consultants, fellows/residents, colleagues and nursing staff through effective verbal and written communication skills
 8. practice proper attitude and decorum in dealing with pediatric patients, their family/guardian and colleagues
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Required Readings



- Neonatal sepsis
- Jaundice in the neonate
- Neonatal cholestasis
- Viral hepatitis
- Hepatic failure
- Protein-energy malnutrition
- Diarrhea/dehydration
- Acute respiratory infections
- Bronchial asthma
- Rheumatic fever and rheumatic heart disease
- Congestive heart failure
- Cyanosis in the newborn
- Dengue fever
- Tuberculosis
- Typhoid fever
- Nephrotic syndrome
- Acute glomerulonephritis
- Cranial Nervous System Infections
- Seizures and Epilepsy
- Brain Tumors in Children
- Common CNS malformations
- Acute weakness in children
- Increased ICP and herniation
- Pediatric head trauma
- Aplastic anemia
- Acute leukemia
- Systemic lupus erythematosus
- Anaphylaxis
- Atopic Dermatitis
- Allergic Rhinitis

Core Topics in Pediatrics

1. Data gathering, recording and reporting
2. Growth and development (0-19 years old)
3. Nutrition/Nutritional Disorders
4. Normal Newborn
5. Preventive Pediatrics
6. Fluids and Electrolytes
7. Common Philippine Community Disorders
8. Common Infectious Diseases
9. Common Subspecialty Conditions
10. Pertinent International and Philippine Laws Relevant to Newborn, Infants, Children, and Adolescent



Sources

- **Nelson's Textbook of Pediatrics 21st Ed**
 - **Fundamentals of Pediatrics, Competency-Based**
 - *Philippine Pediatric Society-Clinical Practice Guidelines (Chronic Cough, Febrile Seizures, Pneumonia, Retinoblastoma, UTI, Childhood Tuberculosis, Dengue Fever)*
 - *Preventive Pediatrics 2016 (PPS)*
 - *Integrated Management for Childhood Illnesses, WHO*
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Phase 1 and 2 Submodules (1 week each)



01

**PEM and
OPD**



02

DR/DRI



03

Ward



04

Subspecialty



GRADING SCHEME

Teaching-Learning Activity	
Clinical Rotations	
Ward	15%
NICU	15%
PER	15%
OPD	15%
Subspecialty	10%
Comprehensive oral presentation ¹	10%
Final exam ²	10%
Comprehensive Exam	10%
TOTAL	100%

¹ Oral presentation will take the place of SGD

² 100-point final exam at the end of the academic year taken by the whole interns batch

Comprehensive oral presentation

- One-on-one student to consultant but other students may join via zoom (not required)
- Problem-based presentation
- **Complete general pediatrics history**
 - HPI
 - Birth and maternal history
 - Past medical history
 - Immunization history
 - Family medical history
 - Personal and social history
 - Nutritional history
 - Developmental milestones
 - HEADSSS (if applicable)
- **Physical examination**
- Current problem list
 - **Discuss wholistic management**
 - **Short-term plans**
 - **Long-term plans** – anticipated developmental delays, immunization, etc
 - **Anticipatory guidelines (Bright Futures Pocketguide)**
- See sample case (to be provided by monitor)

KNOWLEDGE <i>The student is able to:</i>	Weight (70%)	POOR	NEEDS IMPROVEMENT	SATISFACTORY	VERY SATISFACTORY	OUTSTANDING
Provide a complete and relevant history	10	1 2 3	4 5	6 7	8 9	10
Discuss an ideal PE relevant to the patient	10	1 2 3	4 5	6 7	8 9	10
Integrate findings in history and PE systematically to come up with the more likely differential diagnoses	15	1 2 3	4 5	6 7	8 9	10
Generate most plausible working impression	10	1 2 3	4 5	6 7	8 9	10
Formulate an appropriate management plan	15	1 2 3	4 5	6 7	8 9	10
Answer questions pertinent to the case adequately	10	1 2 3	4 5	6 7	8 9	10

SKILLS <i>The student is able to:</i>	Weight (15%)	POOR	NEEDS IMPROVEMENT	SATISFACTORY	VERY SATISFACTORY	OUTSTANDING
Orally present case in an organized, integrated, and clear manner	7.5	1 2 3	4 5	6 7	8 9	10
Demonstrate good communication skills (language fluency, continuous flow of discussion)	7.5	1 2 3	4 5	6 7	8 9	10



ATTITUDE <i>The student is able to display:</i>	Weight (15%)	POOR	NEEDS IMPROVEMENT	SATISFACTORY	VERY SATISFACTORY	OUTSTANDING
Enthusiasm during the presentation and shows initiative in getting and sharing information	5	1 2 3	4 5	6 7	8 9	10
Respect for the patient preceptor and peers	5	1 2 3	4 5	6 7	8 9	10
Good time management (punctual, finished on time)	5	1 2 3	4 5	6 7	8 9	10

Comprehensive Oral Case Presentation Grading Sheet





CONFERENCES

- ALL rotating Interns are REQUIRED to attend physically (usually at the AVR) the scheduled department conferences (**Wednesday AM and Friday AM**)
 - Staff Conference
 - Grand Audit
 - House Staff Teaching Hour, etc.
 - **Only ER duty AM, DR duty AM and post duty interns (from all areas) are excused from attending physically**
 - LO to join LU7 Pedia LO Telegram group for zoom links and other announcements: <https://t.me/pedia260AY2223>
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LU7 Pediatrics Daily Health Declaration Form

(Face to Face Rotation)




1. All interns on duty are required to fill up this form during sign-in. This will also serve as your daily attendance
2. Fill up the google form on your phone/tablet. **Please be honest**, misdeclaration are subject to sanctions.
3. Approach the POD or any senior resident, who will check your form.
4. POD or senior resident will input his/her name on the form and the validation code. He/she will submit the form.
5. After your duty, Sign out using logbook as previously done

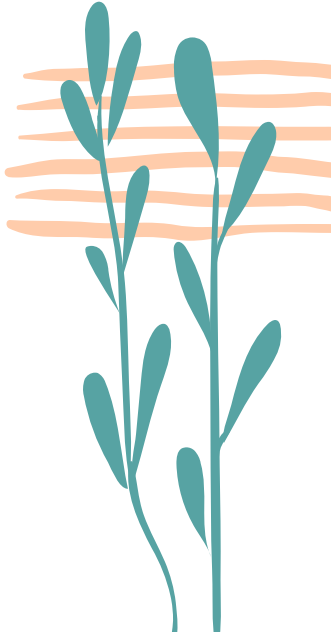
If you are experiencing any influenza-like illness, isolate, contact UP health service, inform your LU7 monitor, secure UPHS clearance prior to coming back to duty


<https://tinyurl.com/pediaLU7HDF> or

https://docs.google.com/forms/d/e/1FAIpQLSd5_BmzN2UDcPogACy8MgPKm9pa-WhPrVO3N-a3dX_QYpDyIQ/viewform



If you are experiencing any influenza-like illness, isolate, contact UP health service, **inform your LU7 monitor, secure UPHS clearance prior to coming back to duty or if cleared low risk by HICU – may come back on duty**





01

Pediatric Emergency Medicine

GRADING SCHEME

PEM	
Attendance	30%
Procedure List*	45%
Post-test	25%
TOTAL	100%

*cumulative for phase 1 and 2

DUTY SCHEME

POST	Thurs	Fri	Sat	Sun	Mon	Tues	Wed
AM duty (7am-7pm)	A	D	C	B	A	D	C
<i>OPD (7:30am-4pm)</i>	B	A	D	C	B	A	D
PM duty (7pm-7am) <i>*OPD post in AM</i>	C	B	A	D	C	B	A
OFF	D	C	B	A	D	C	B

***Divide interns EQUALLY per group; at least 3 interns per group**

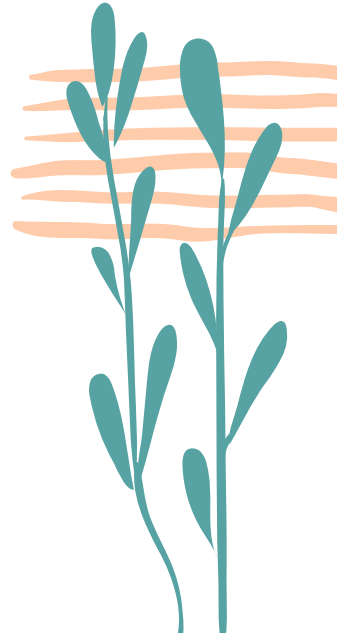
INTERNS RESPONSIBILITIES

- Physical ER rotation
- ALWAYS wear proper PPE – **N95 and gown**
- Rotate roles: admitting SIC (with buddy resident) and backlogs SIC
- **Admitting SIC**
 - Interview admissions
 - Facilitate blood extractions and other work up
- **Backlogs SIC**
 - Monitor crit patient backlogs (oxygen requiring, inotrope requiring)
 - baseline VS for non-crit patients
 - Facilitate blood extractions and other work ups
- **Monitor own SICs, do procedures for own SIC**
- **Participate in service consultant rounds and endorsements**
- Procedure check list – blood extractions, IV insertion, NGT insertion, foley catheter insertion, etc.



Common Cases in the PER

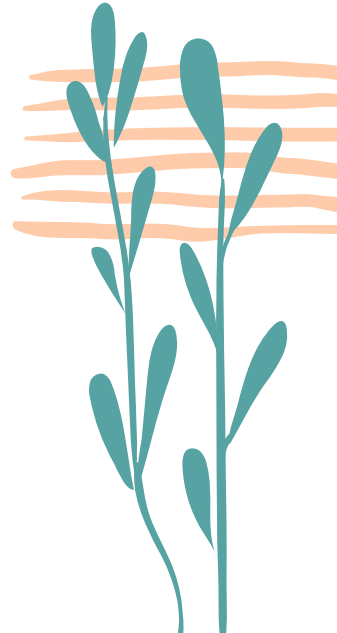
- PCAP
- Dengue Fever
- Acute Leukemia and Oncologic Emergencies
- Toxic substance ingestion
- Acute appendicitis
- Acute gastroenteritis
- Epilepsy
- Sexual Abuse
- Central Nervous System Infection (Meningitis, Abscess and Ventriculitis)
- Congenital heart disease
- Rheumatic heart disease
- Tuberculosis
- SLE, etc





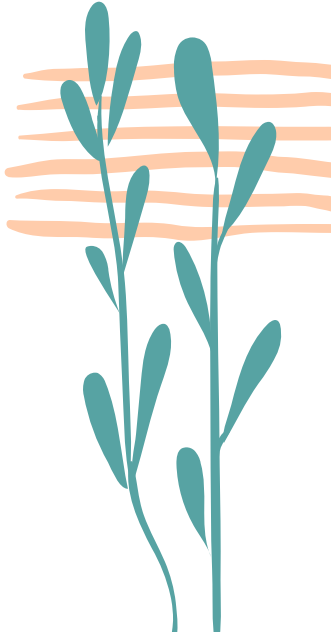
Common Cases in the Pedia Triage

- Acute Gastroenteritis
- Community Acquired Pneumonia
- Upper Respiratory Tract Infection
- Acute Appendicitis
- Urinary Tract Infection
- Systemic Viral Infection
- Dengue Fever
- Pulmonary Tuberculosis
- Acute Leukemia
- Benign Febrile Seizures
- Congenital Heart Disease
- Acute Gastritis
- Preterm infants





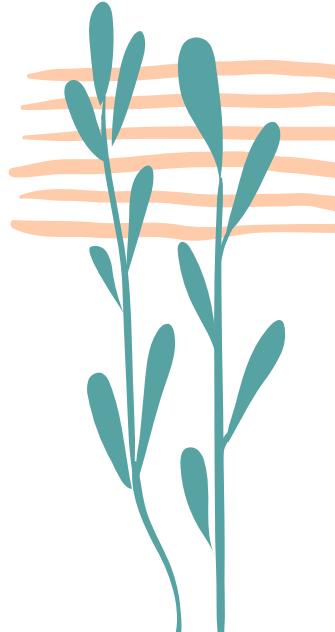
Lecture

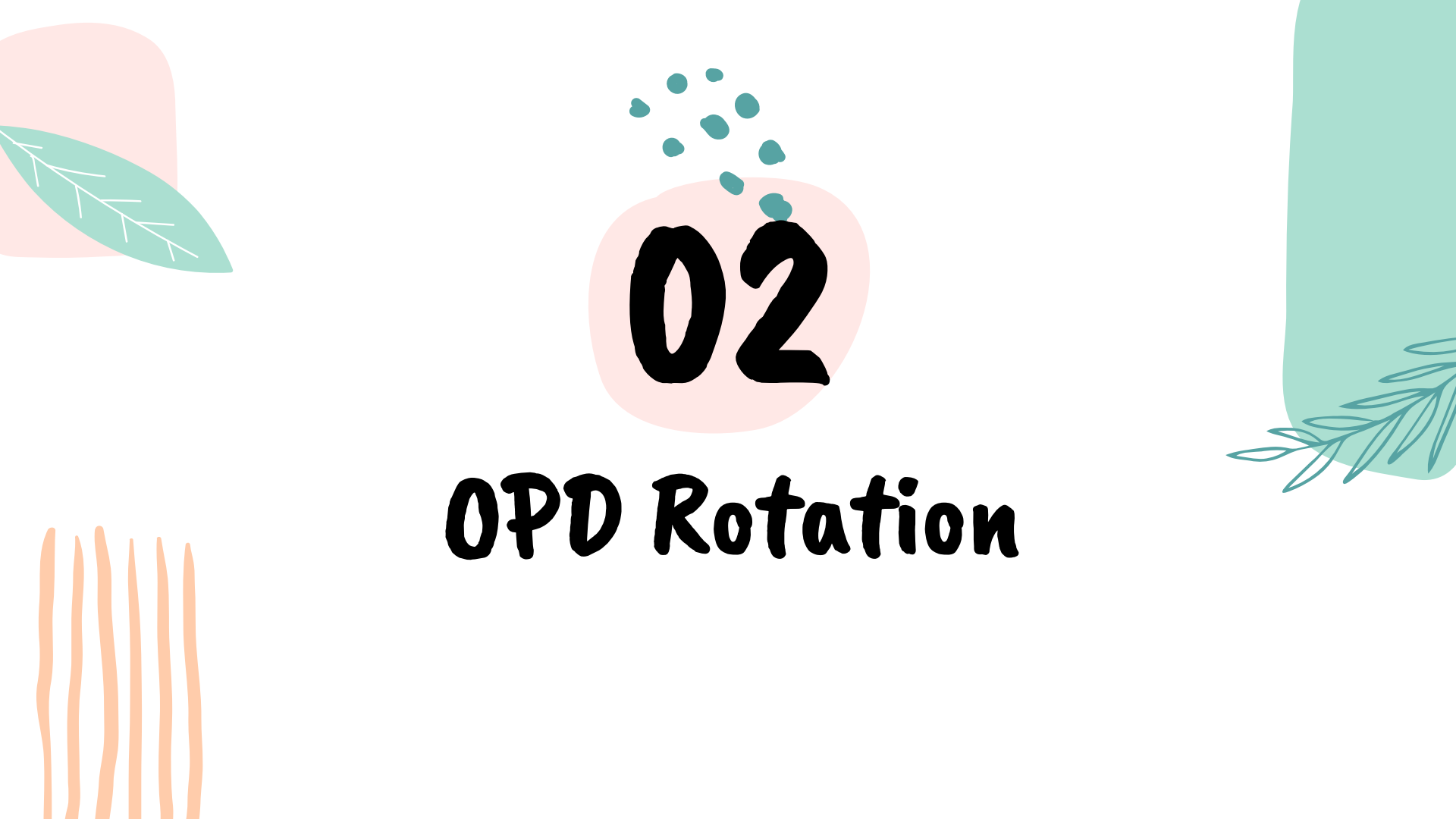
- **FIVE pre-recorded asynchronous** 45-minute lectures
 - Please contact Dr. Jon Tiosin (09989999496)
 - Core topics/Submodules:
 - Principles of Pediatric Advanced Life Support
 - Pediatric Respiratory Emergencies
 - Pediatric Shock
 - Pediatric Cardiac Arrhythmia and Cardiac Arrest
 - Pediatric Emergency Procedures
- 



Post-test

- To be taken at the last day of the rotation
- Must have finished pre-recorded lectures as the questions will be coming from there





02

OPD Rotation

GRADING SCHEME

OPD	
Patients List* and attendance	30%
Face to face consultations <i>Phase 1</i> <ul style="list-style-type: none">- 2 resident graded- 1 fellow/consultant graded <i>Phase 2</i> <ul style="list-style-type: none">- 2 resident graded- 1 fellow/consultant graded	70%
TOTAL	100%


*cumulative for phase 1 and 2

DUTY SCHEME

POST	Thurs	Fri	Sat	Sun	Mon	Tues	Wed
AM duty (7am-7pm)	A	D	C	B	A	D	C
OPD (7:30am -4pm)	B	A	D	C	B	A	D
PM duty (7pm-7am) *OPD post in AM (8-1pm)	C	B	A	D	C	B	A
OFF	D	C	B	A	D	C	B

INTERNS RESPONSIBILITIES

- Come in at 7:30 AM at **OPD Rm 232** –should start interviewing patients even before resident arrives
 - New patient list will be given a day prior by the OPD senior rotator.
 - Actual OPD hours may extend beyond expected hours since we see a lot of new patients daily.
- Log all patients seen in patient list
- Do procs – NGT insertion, foley catheter insertion, immunizations
- All OPD interns are **REQUIRED to attend departmental conferences**
- Interns are expected to:
 - **Chart all new patients** at the SCC
 - Extract a **complete pediatric history**
 - Do a thorough physical examination, **complete with anthropometrics and z-scores**
 - Establish **impression**
 - Suggest appropriate **diagnostic** examinations
 - Formulate a **treatment plan**, including therapeutics and possible subspecialty referrals
 - Provide proper **anticipatory guidance**
 - **Present all** the interviewed cases to the residents, OPD senior, or consultant (when available).



03

Catchership/ DRI

GRADING SCHEME

DR/DRI	
Attendance	30%
Procedure checklist ^a	30%
Clinical rotation (NICU fellow grade or consultant case presentation) ^b	30%
STABLE post-test	10%
TOTAL	100%

^acumulative for phase 1 and 2

^bmay be done per duty group once only

DUTY SCHEME

POSTS	THURS	FRI	SAT	SUN	MON	TUES	WED
AM DR duty 7am – 7pm	A	D	C	B	A	D	D
Pre-duty 7 am – 5 pm	B	A	D	C	B	A	A
PM DR duty 7pm – 7am	C	B	A	D	C	B	B
OFF	D	C	B	A	D	C	C

- AM duty: OBAS noncovid and 4th floor catches (catcher duty)
- Pre duty: DRI post
- PM duty: OBAS noncovid, pay 4th floor and DRI
- Off: true post
- No NICU post

INTERNS RESPONSIBILITIES





- Contact Dr. Gerlie Zamora (09297888954) for more details
- **Pre-duty interns**
 - DRI (priority) and NICU post
 - If high-risk clinic day (Mon/Thurs), NICU intern to help out with HRC consults at OPD
 - Monitoring, procs and educating moms at DRI wards
- **AM DR Duty**
 - DR duty catches at OBAS and/or 4th floor, DRI monitoring
 - Assist with NICU admissions
- **PM Duty**
 - DR duty catches at OBAS and/or 4th floor, assist with NICU admissions
 - DRI monitoring and extractions
- Procedure checklist consists of catches, APGAR scoring, Ballards scoring, IV insertion, resuscitation
- Monitor DRI babies, complete newborn records
- **HANDWASHING AND STRICT ASEPSIS AT ALL TIMES**





Work During Shift


Rooming-in Ward

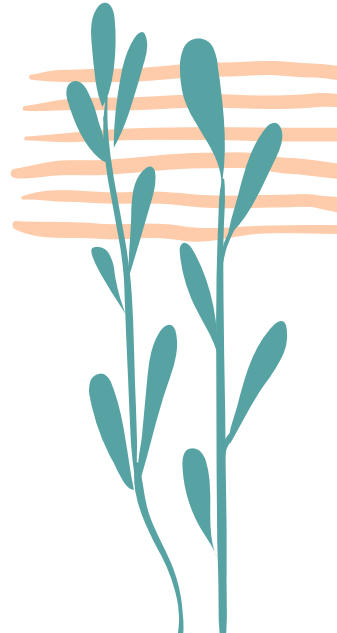
- Daily morning rounds – do complete newborn PE, weigh patients
 - Monitor patients every 4 hours
 - Breastfeeding and lactation support for mother-infant dyads
 - Facilitate labs of roomed-in babies and interpret results
 - Administer BCG vaccine
 - Process discharge papers
 - Discuss with the caregivers home instructions and daily newborn care
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Activities

• Delivery Room

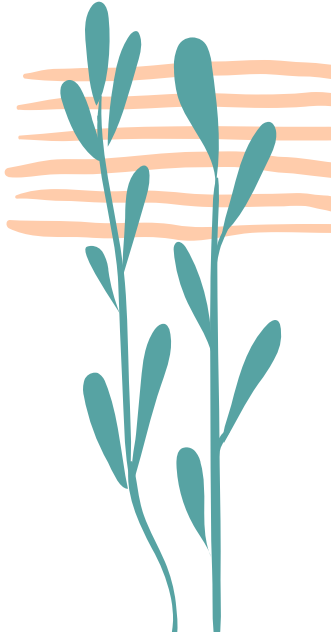
- Newborn Resuscitation (6)
 - Complete EINC for well babies (6)
 - Newborn Physical examination (6)
 - Ballard scoring (6)
 - Hepatitis B Vaccination (2-3)
- 





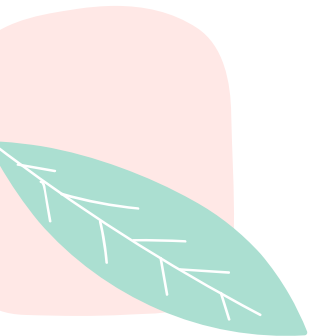
Activities

• Rooming in

- BCG Administration (2-3)
 - Newborn Screening (2-3)
 - Hearing Screening (2-3) – *no need to accompany newborn at Hearing Unit*
 - CCHD Screening (2-3)
 - Breastfeeding education, lactation support (1)
- 

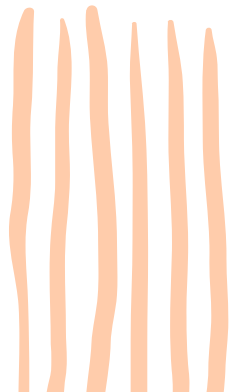
Other reminders

- Recorded lectures can be found here:
 - https://drive.google.com/drive/folders/148Z1k6EzwTKgXKD_-Q4XsW-FiCII2f3n?usp=sharing
 - everyone is expected to watch these videos during the rotation
 - STABLE post-test is given both at the end of each phase
- Participate in NICU lectures scheduled during your rotation
- Don't forget to attend departmental conferences
- Create a telegram group with the NICU/catcher residents at the start of your rotation
- Graded public health lecture is scheduled (either on phase 1 or phase 2) with the DR resident or DR fellow
 - Suggested topics: proper latching technique and feeding cues, importance of breastfeeding, newborn care and anticipatory guidelines, etc.



04

Wards



GRADING SCHEME

Ward	
Clinical Rotation for phase 1 and 2 (Residents grade – 2 senior, 2 juniors)	40%
Labs interpretation skills*	30%
Procedure Checklist*	20%
Attendance	10%
TOTAL	100%

*cumulative for phase 1 and 2

BEFORE START OF ROTATION

- **Assign gen ped service** for the duration of 1 week of ward rotation
 - [Contact genped service consultant in charge](#) and introduce yourself that you're part of the GenPed service once rotating at the wards for the week

GENPED	September 1-15	September 16-31
GP 1	Dr. Valle 09175396146	Dr. Espino 09175557959
GP 2	Dr. Nepomuceno 09778090923	Dr. Yap 09190033997
GP 3	Dr. Reyes 09175829175	Dr. Lozada 09985397085

Student-in-Charge

- **Total of 4-5 patients per student (buddy RIC)**
 - Once with clerks (mid-August), clerk to be part of decking.
- SIC should actively participate in patient's care
- Do daily rounds and notes
 - *Intern to monitor own SIC patient unless post duty, co-genped to cover*
 - S/O, updated assessment, current management and long-term goals
- Initial History and PE upon receiving the patient as SIC
- Daily rounds, progress notes
- Blood extractions, facilitate procedures/imaging
- Update CA/DS
- Endorse to-do's to service mates if not on duty
- FRICHMOND endorsements with POD during duty time
- **Please don't hesitate to approach your service residents to ask about your cases**
- **Participate in service rounds**

DUTY SCHEME

POSTS	
Admission conference 7:00 am-8:00 am	<i>Post duty ward organic intern to present admission</i>
Pre-duty 7am – 7 pm	SIC work
Duty PM 7am – 4 pm 7 pm – 6am	2 sub-spec rotator + 2 organic ward intern for each ward
Post duty	8-9AM <i>break time</i> 9-12nn SIC work

WARD DUTIES

- Dedicated interns for ward 11 and ward 9 each. No ward/duty crossovers.
- 2 subspecialty rotators to go as ward duty back-ups at night plus 2 organic ward intern for each ward. Total of 4 interns per duty.
- Post duty interns to have 1 hour off then come back until noontime for SIC work.
 - Once post duty intern is gone, co-genped intern to cover for post duty intern's SIC.
- Duty PM will have break from 4-7pm before going on duty
- **Assign SICs to all patients and be responsible for own SIC**
 - SIC to monitor, do procs and conduct (non-crit) patients
- **Strictly only time-bound procedures during duty time.**

Interns-on-Duty

- **2 organic intern and 2 subspecialty rotator back-up for each ward**
- KNOW the normal VS for age
- **REFER all deranged Vital Signs to ROD**
 - Encouraged to endorse a plan to the RIC for the deranged VS
 - BUT always REFER
- ENDORSE the WOF of your SIC to the monitoring interns
- When in doubt, always REFER
 - Your ward residents will be there to help you
- Endorse to incoming interns
 - Monitoring, WOF and to-do's
 - Duty 2 interns to endorse to residents

PEDIATRIC PARAMETERS AND EQUIPMENT									
	premie	new born	6 MO	1 YR	2-3 YR	4-6 YR	7-10 YR	11-15 YR	>16 YR
WT (KG)	2.5-3.5 kg	3.5-4 kg	6-8 kg	10 kg	13-16 kg	20-25 kg	25-35 kg	40-50 kg	>50 kg
BAG VALVE MASK	Infant	Infant	Small Child	Small Child	Child	Child	Child/S. Adult	Adult	Adult
NASAL AIRWAY	12 Fr	12 Fr	14-16 Fr	14-16 Fr	14-18 Fr	14-18 Fr	16-20 Fr	18-22 Fr	22-36 Fr
ORAL AIRWAY	Infant 50 mm	Small 60 mm	Small 60 mm	Small 60 mm	Small 70 mm	Small 70-80 mm	Med 80-90 mm	Med 90 mm	Med 90 mm
BLADE	MIL 0	MIL 0	MIL 1	MIL 1, MAC 2	MIL 1, MAC 2	MIL 2, MAC 3	MIL 2, MAC 3	MIL 2, MAC 3	MIL 2, MAC 3
ETT	2.5/3.0	3.0/3.5	3.5/4.0	4.0/4.5	4.5/5.0	5.0/5.5	5.5/6.0	6.0/6.5	7.0/8.0
LMA	1	1	1.5	2	2	2.5	2.5/3	3	4
GUIDESCOPE	1	1 or 2	2	2	3	3	3	3 or 4	3 or 4
IV CATH	22-24 ga	22-24 ga	20-24 ga	20-24 ga	18-22 ga	18-22 ga	18-22 ga	18-20 ga	16-20 ga
CVL	3 Fr	3-4 Fr	4 Fr	4-5 Fr	4-5 Fr	5 Fr	5 Fr	7 Fr	7 Fr
NGT/OGT	5 Fr	5-8 Fr	8 Fr	10 Fr	10-12 Fr	12-14 Fr	12-14 Fr	14-18 Fr	14-18 Fr
CHEST TUBE	10-12 F	10-12 F	12-18 Fr	16-20 Fr	16-24 Fr	20-28 Fr	20-32 Fr	28-38 Fr	28-42 Fr
FOLEY	6 Fr	8 Fr	8 Fr	8 Fr	8 Fr	8 Fr	8 Fr	10 Fr	12 Fr


ESTIMATED BLOOD PRESSURE BY AGE		
MEASUREMENT	50th %	5th %
Systolic BP	90 + (age x 2)	60 (neonate); 70 (1mo-1 yr) 70 + (age x 2) (for 2-10 yrs) <90 (>10 yrs)
MAP	55 + (age x 1.5)	40 + (age x 1.5)

NORMAL VITAL SIGNS BY AGE			
Age	HR (beats/min)	BP (mm Hg)	RR (breaths/min)
Premie	120-170	55-75/35-45 (gestational age approximates nml MAP)	40-70
0-3 mo	110-160	65-85/45-55	30-60
3-6 mo	100-150	70-90/50-65	30-45
6-12 mo	90-130	80-100/55-65	25-40
1-3 yrs	80-125	90-105/55-70	20-30
3-6 yrs	70-115	95-110/60-75	20-25
6-12 yrs	60-100	100-120/60-75	14-22
>12 yrs	60-100	100-120/70-80	12-18

ENDOTRACHEAL TUBE FORMULAS	
Uncuffed ETT size:	age (years)/4 + 4;
Cuffed ETT size:	age (years)/4 + 3
ETT depth (from lip to mid-trachea):	ETT internal diameter (size) x 3

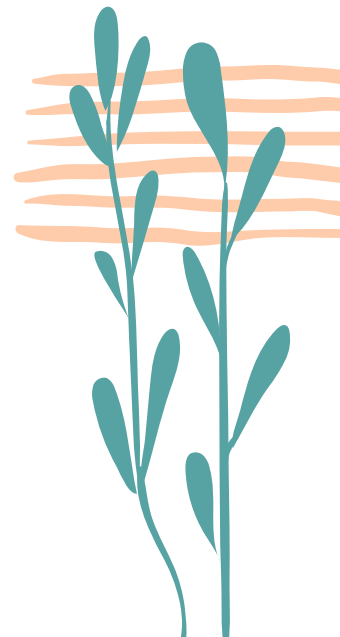
GLASGOW COMA SCALE

Activity	Score	Child/Adult	Score	Infant
Eye opening	4	Spontaneous	4	Spontaneous
	3	To speech	3	To speech/sound
	2	To pain	2	To pain
	1	None	1	None
Verbal	5	Oriented	5	Coo/s/babbles
	4	Confused	4	Irritable cry
	3	Inappropriate	3	Cries to pain
	2	Incomprehensible	2	Moans to pain
	1	None	1	None
Motor	6	Obeys commands	6	Normal spontaneous
	5	Localizes to pain	5	Withdraws to touch
	4	Withdraws to pain	4	Withdraws to pain
	3	Abnormal flexion	3	Abnormal flexion (decorticate)
	2	Abnormal extension	2	Abnormal extension (decerebrate)
	1	None	1	None





Interns-on-Duty

- Aerosolizing procedures
 - Suctioning, PALS, NRP, intubation
 - **Level 3 PPE**
 - If level 3 is not available, you are not allowed to perform these procedures
 - If you observe any violation of health protocols (symptomatic watchers, not wearing mask, etc), please inform your RIC for proper action



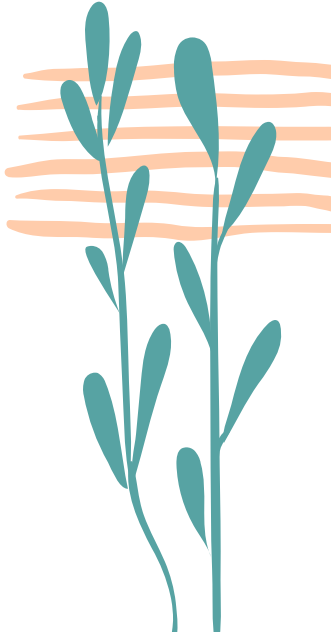


Admission Conferences

- **7:00–8:00 AM at the AVR on Mon, Tue, Thu, Fri**
 - Admissions from the previous duty will be presented by the post-duty organic intern
 - Facilitated by chief resident
 - ALL interns are encouraged participate to formulate and discuss the diagnosis, differentials, and management
 - PowerPoint presentation *not required* but encouraged
 - Please send recurring Zoom link to resident monitor to be forwarded to the Chief resident
- 
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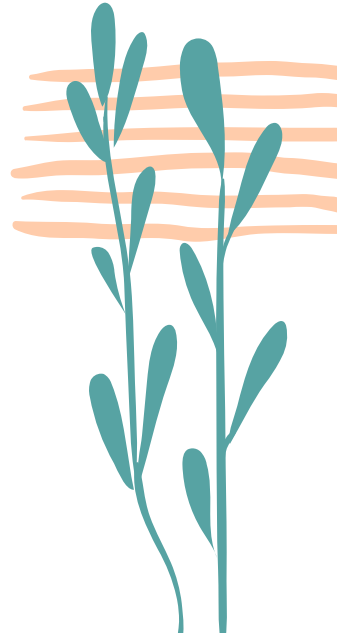


EMERITUS ROUNDS

- **Every Wednesday, 8-10AM with Dr. Alfiler**
 - Please review the Core Topics in Pediatrics and the UPEC 2013 Manual (available at the PPS website)
 - 1 Gen Ped case from the ward
 - Have the GenPed RIC check your presentation **2 days prior at the latest**
 - Do **own complete pediatric history** (with HEADSSS if applicable), physical examination with anthropometrics
 - Differentials
 - Management
 - Invite genped RIC to be present during Alfiler rounds
 - DO NOT COPY FROM RADISH ENTRIES.
 - 1 Renal Case
 - Please contact Dr. Villegas, Renal fellow (09173006356) on the 1st day of your ward rotation
- 



- Outline for presentations: **PPS e-UPEC manual**
- NEW RULE
 - Only **half of the block** to attend Alfiler rounds for phase 1 and 2. (*for example, month of July, whole block of UPCM interns to attend, then on Phase 2, PGI block will attend*)
- **Non-graded** activity but **required attendance**





Asynchronous Learning Activities

- Common pediatric ward cases and basic pediatric procedures on VLE
 - **Please review the lectures prior to rotation**




Ward Minimum Competencies

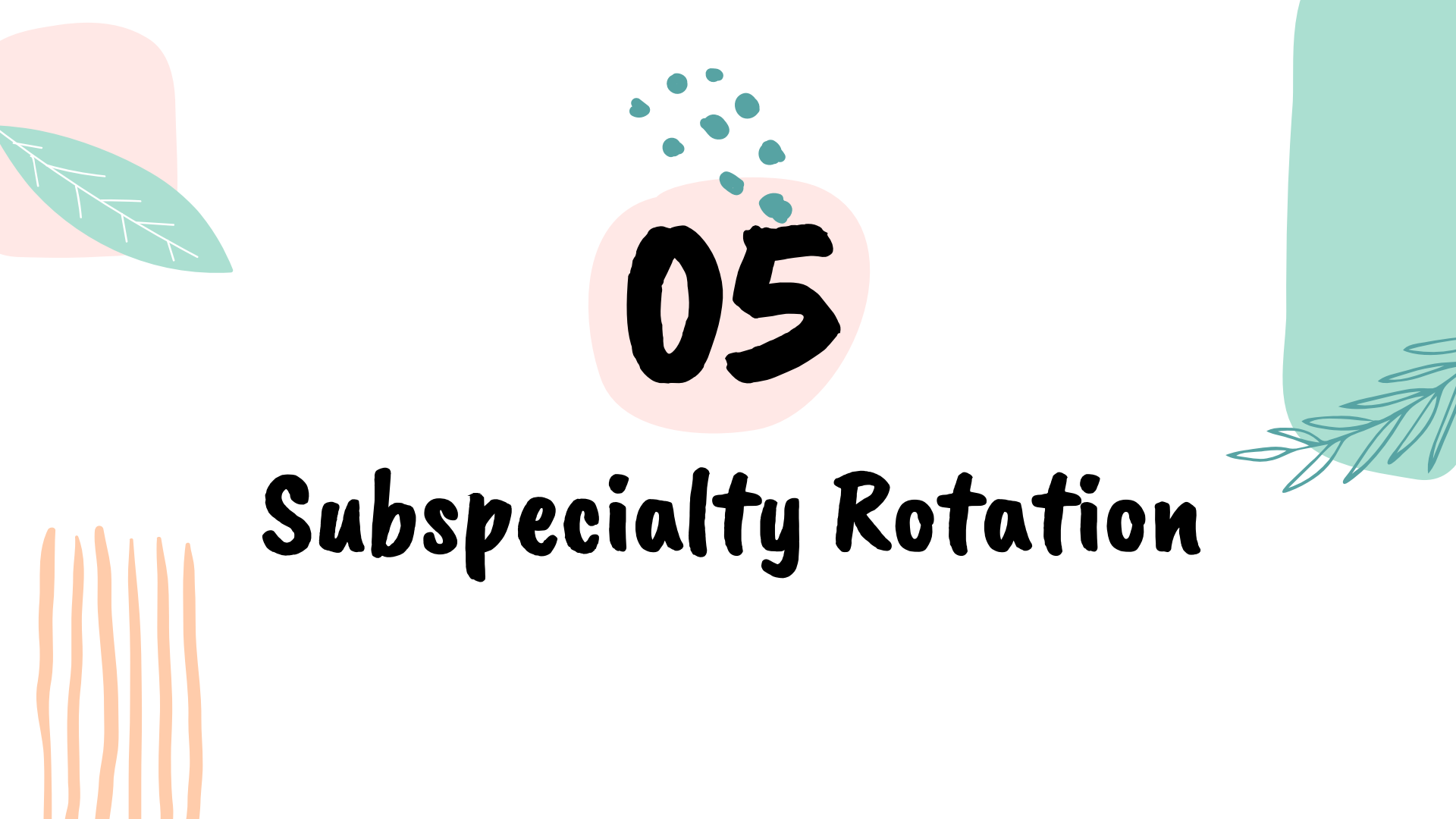
- To be accomplished during PHASE 1 and PHASE 2
- Progress Notes for SIC
 - **10 patients (negotiable)**
 - *Actual number depends on patient decking and disposition*
 - *We will consider such reasons as to having less than ideal patients*
 - Submit Patient List at the end of rotation
- Procedure checklist
 - 4 ABGs
 - 5 blood extractions
 - 5 IV insertions
 - 2 NGT/OGT insertion
 - 2 Foley catheter insertion
- Labs interpretation skills
 - Participate in GenPed Hour
 - Feedback with service senior resident
 - 4 ABGs, 2 ECGs, 4 CXR, 3 IVF computation and medication dosing



Clinical Rotation Grade

- Residents will grade you based on your ward performance and daily notes
 - 4 Grading sheets
 - Phase 1 Junior and Senior Resident
 - Phase 2 Junior and Senior Resident
 - Please give your grading sheet to your RIC
 - RIC to submit grading sheet to pedia office
 - Have J/SRIC sign your tracking sheet so we know who graded you
 - **Service Senior to grade progress notes**
- 





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Subspecialty Rotation

INTERNS RESPONSIBILITIES

- Participate in subspecialty fellows' activities
- Subspecialty OPD
- Graded endorsements or presentation with fellow or consultant.
- Ward back-up duty at night (7 pm to 6 am)
- Inform fellows a day prior rotation and introduce yourself that you'll be rotating with them for the week
- Only **2 interns MAX** per subspecialty
 - However, Allergy service requests only 1 intern rotator
 - For CPU (right in front of ER entrance), may just go inside and introduce yourself at the first day

CONTACT INFORMATION



Allergy and Immunology	Dr. Geli Calderon (09177991449)
Cardio	Dr. Cathy Jimenez (09178395850)
Genetics	Dr. JM Carrigaba (09189064327)
CPU	-
Endocrinology and Metabolism	Dr. Reg Naval (09215909036)
Gastroenterology, Hepatology, and Nutrition	Dr. Jun Murillo (09177990412)
Hema Onco	Dr. Jhing Talan (09231112631)
IDS	Dr. G Briones (09178808913)
Renal	Dr. Kaki Ocampo (09171399789)
Neuro	Dr. Sally Gaspi (09272530439)
Pulmo	Dr. Aica Datingaling (09178142422)
Rheuma	Dr. Carla Asis (09173029019)



Summary of Links for Grading Sheets

- **NICU evaluation form**

- https://docs.google.com/forms/u/7/d/1FYqnkZVk0d0mHq-3683f5fcstXMY4VfdlsbCZvCpqco/edit?usp=drive_web

- **Ward residents evaluation form**

- https://docs.google.com/forms/u/7/d/14HOFkZ-aDaxlziBsBVkjlCy3NGY-9GFDC0tCqRbM_A4/edit?usp=drive_web

- **Subspecialty evaluation form**

- https://docs.google.com/forms/u/7/d/1jYK-dMgcY9S4hZGrCbFujZjTqNE3n22s3PjVryV95kM/edit?usp=drive_web

- **Oral case presentation**

- https://docs.google.com/forms/d/1_WvONxuBrmB-moBFigqyMwoalpfNQLB7vr9PA6_vq4/prefill

- **OPD evaluation form**

- https://docs.google.com/forms/d/e/1FAIpQLScGYhsu4W-Yzm2kDQBbAlpJRRhoAAgCtkd-nImH6_IDqbgzdg/viewform



Thank you!
