Developmental Milestones: A Year in the Life of a UTHSCSA Pediatric Intern
According to Dina Tom and Sarah Stafford (UTHSCSA Pediatrics Class of 2013)

Newborn period: It’s the first day of orientation and you awaken at the first buzz of the alarm. It takes 4 cups of coffee and 3 outfits to get you out the door. You show up, 1/3 excited and 2/3 scared-to-death, but ready meet your new family. You feel a sense of comfort in their charismatic smiles and positive attitudes. They seem just like you – pediatricians-in-training.

First steps: Orientation and the intern welcome party is over... Now it’s time to get to work. The first challenging months of intern year are nicely balanced by our weekly happy hours and monthly dinners which function as comedic relief and group therapy. Resident participation at the Texas Pediatric Society Annual Meeting and American Academy of Pediatrics National Conference & Exhibition show you that being a great pediatrician involves much more than well-child visits and inpatient care!

Preschool: Intern retreat is a welcome break in October where you have 2 days off with your intern posse. After the work chat subsides and you send some suggestions for program improvement suggestions to our leadership, you all head out to the ropes course and bond by lifting each other over a 10-foot wall. You celebrate the success of the day with a trip down the giant waterslide and a party by the bonfire complete with s’mores, hot cocoa, and good friends.

Puberty: You have made it through your first winter in pediatrics, a true right of passage. Everyone had a taste of the holidays at the Thanksgiving potluck, white elephant party, or the legendary Christmas morning breakfast made to order by our Child Neurologist. You also feel rejuvenated by the 5-day break given to each resident at Christmas or New Year’s. You have spent 6 months in the trenches together and survived – and you are stronger as a result!

Adolescence: You finally feel like you (sort of) know what you’re doing! The spring brings rejuvenation and intense competition with the faculty vs. resident kickball game to fundraise for our early child literacy program. Our annual Resident Appreciation Day gets residents, faculty, and families out to the ballpark for a day of Missions baseball, a picnic luncheon, and friendship.

Homecoming: You are thinking like an upper-level resident now, and that means it is time to say goodbye to some of the people who got you there. The third-years are graduating which culminates with the end-of-the-year party. And while the faculty and family members are cutting loose on the dance floor, you pass out hugs and hopes of working together in the future.

Adulthood: As you get together with your classmates to plan the intern welcome party, you reminisce over all the fun you never thought you would have in your first year of residency. Congrats! You have made it.

Parenthood: July 1st is here! You are an upper-level resident! You are now in charge of raising newborn residents. You miss intern year already, but are excited about the many more adventures to come. You are excited to teach & inspire the next generation while continuing to learn new things each day.
<table>
<thead>
<tr>
<th>Week Of:</th>
<th>Topic:</th>
<th>Faculty:</th>
<th>Posting Deadline</th>
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<tr>
<td>July 1-5</td>
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<td>July 8-12</td>
<td>Orientation</td>
<td>Leal</td>
<td>June 28</td>
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<td>July 15-19</td>
<td>Health Screening 1</td>
<td>Leal</td>
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<td>July 22-26</td>
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<td>Leal</td>
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<td>July 29-Aug 2</td>
<td>Reach Out and Read</td>
<td>Gomez</td>
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<td>Aug 5-9</td>
<td>Immunization 1</td>
<td>Gomez</td>
<td>July 26</td>
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<td>Aug 12-16</td>
<td>Immunization 2</td>
<td>Gomez</td>
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<td>Aug 19-23</td>
<td>Asthma 1</td>
<td>Wood</td>
<td>Aug 9</td>
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<tr>
<td>Aug 26-30</td>
<td>Asthma 2</td>
<td>Wood</td>
<td>Aug 16</td>
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<td>Sept 2-6</td>
<td>NI Growth (FTT)</td>
<td>Soni</td>
<td>Aug 23</td>
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<tr>
<td>Sept 9-13</td>
<td>Nutrition /Vitamins</td>
<td>Soni</td>
<td>Aug 30</td>
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<td>Sept 16-20</td>
<td>Development</td>
<td>Soni</td>
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<td>Sept 23-27</td>
<td>MLP</td>
<td>Hanson</td>
<td>Sept 13</td>
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<td>Sept 30 - Oct 4</td>
<td>ADHD/LD 1</td>
<td>Leal</td>
<td>Sept 20</td>
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<td>Oct 7-11</td>
<td>ADHD/LD 2</td>
<td>Leal</td>
<td>Sept 27</td>
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<tr>
<td>Oct 14-18</td>
<td>Breastfeeding</td>
<td>Soni</td>
<td>Oct 4</td>
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<td>Oct 21-25</td>
<td>Prenatal and Newborn</td>
<td>Faculty</td>
<td>Oct 11</td>
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<td>Oct 28-Nov 1</td>
<td>First Week - One Month</td>
<td>Faculty</td>
<td>Oct 18</td>
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<td>Nov 4-8</td>
<td>Two and Four Month</td>
<td>Ehlers</td>
<td>Oct 25</td>
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<td>Nov 11-15</td>
<td>Six and Nine Month</td>
<td>Hanson</td>
<td>Nov 1</td>
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<tr>
<td>Nov 18-22</td>
<td>12 and 15 Month Visit</td>
<td>Faculty</td>
<td>Nov 8</td>
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<td>Nov 25-29</td>
<td>Open: Thanksgiving Week</td>
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<tr>
<td>Dec 2-10</td>
<td>18, 24, 30 Month</td>
<td>Ehlers</td>
<td>Nov 22</td>
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<tr>
<td>Dec 9-13</td>
<td>Three and Four Year Visit</td>
<td>Hanson</td>
<td>Nov 29</td>
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<tr>
<td>Dec 16-20</td>
<td>Five, Six and Seven Year Visit</td>
<td>Faculty</td>
<td>Dec 6</td>
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<td>Dec 23-27</td>
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Advocacy Curriculum Snapshot
We are currently developing an innovative new Advocacy Curriculum for the UTHSCSA Pediatric Residency Program. The curriculum is based around interactive online modules and hands-on experiences that are integrated longitudinally throughout the 3 years. Debriefings and reflective practices allow residents to thoughtfully incorporate these experiences into their overall pediatric medical education. The curriculum culminates in an advocacy project or capstone experience to be completed during the third year.

Overall Advocacy Curriculum Objectives
1. To improve resident attitudes regarding competence and comfort with child advocacy and community health topics
2. To improve resident knowledge of advocacy topics and community resources
3. To improve resident skill at advocating for their continuity clinic patients, including their ability to elicit the relevant history and make appropriate referrals

Sample Advocacy and Community Health Topics:
- Affordable Housing
- Health Insurance and Poverty
- Food and Hunger
- Schools
- Children with Special Health Care Needs
- Juvenile Justice
- Environmental Health
- Child Abuse
- Community Development
- Political Advocacy Skills

Juvenile Justice Immersion Experience
The Juvenile Justice experience is our first advocacy experience to “go live.” It is a joint experience designed by our faculty in cooperation with the staff at the Bexar County Juvenile Probation Department (BCJPD) and is integrated into the Adolescent rotation.

Objectives
1) Inform residents on the social and health risks of youth in the juvenile justice system and the resources available to mitigate these risks
2) Build partnerships for future advocacy projects.

UTHSCSA Lead Faculty for Advocacy and Juvenile Justice
Elizabeth Hanson, MD - Advocacy Rotation Director
Juan Parra, MD – General Pediatrics Division Chief
Jon Courand, MD – Residency Program Director

BCJPD Lead Staff for Juvenile Justice Experience
Jeannie Von Stultz, Ph.D. – Director of Mental Health Services
Richard A. Garcia, MSW – Internship Supervisor
## Juvenile Justice Sample Week Schedule

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
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<tr>
<td><strong>AM</strong></td>
<td>Orientation</td>
<td>Protected time for online module on Juvenile Justice</td>
<td>-Case staffings with JPD psychologist</td>
<td>- Juvenile Court</td>
<td>Post-Call Sleep, reflect on week!</td>
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<td></td>
<td>- Main detention facility tour</td>
<td>- Residential treatment facility tour</td>
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<tr>
<td><strong>PM</strong></td>
<td>- PACT Assessment*</td>
<td>- Crossroads Court for drug/alcohol</td>
<td>- Resident Continuity Clinic</td>
<td>- Family Enrichment Court - Exit interview and debriefing</td>
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<tr>
<td></td>
<td>- Probation unit activities overview</td>
<td>- Detention Intake</td>
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*PACT = Positive Achievement Change Tool, used to help identify and mitigate risk factors for re-offending.  
**Parent Project: Community based education initiative to help parents of at risk youth build parenting skills

## Juvenile Justice Online Module Sample Pages

### Overview
- Introduction
- Texas Juvenile Justice Process
- Statistics for Texas
- Special Health Concerns
- Certification as an Adult
- References and Resources

### Special Health Concerns

Youth in the juvenile justice system represent a high risk group. Many of the issues they are at risk for are similar to the general adolescent population but with higher rates of occurrence. The highest rate in this population probably stems from a number of factors including socioeconomic status and prior home environment. Some of the particularly at risk areas are listed below. Please review the AAP Policy Statement for details.

**Physical Health**
- Dental
- Traumatic injury
- Reproductive health

**Mental Health**
- Substance Abuse
- Psychiatric Disorders
- Suicide

**Quiz Me**

According to the AAP Policy statement, valid and reliable mental health screening is recommended within how many hours of admission to a juvenile justice facility?
- a. 12
- b. 24
- c. 48
- d. 72
- e. No specific time. Assess on a case by case basis

(Click Answer)
Community for Children: At the Border and Beyond

Community for Children: At the Border and Beyond is a signature program of the UTHSCSA Regional Academic Health Center (RAHC) in Texas’ Lower Rio Grande Valley. It is designed to prepare future physicians to provide compassionate, effective leadership within community collaborations.

Application is open to 4th year medical students and 2nd and 3rd year residents. There are no tuition fees. Please visit our web site at http://www.communityforchildren.org.

During this 4-week elective, participants explore the sources of health, disease and healing and examine models of health delivery on both sides of the border. They study with international public health experts, physicians, community leaders and activists, promotoras (community health workers), migrant refugee health experts, and families from both sides of the border. CIC directors mentor participants during the rotation and providing tools and support for professional development.

Partners include UTHSCSA/RAHC and Department of Pediatrics, UTHSC Houston School of Public Health–Brownsville, Brownsville Community Health Center, Harlingen Pediatrics Associates, Hospital Infantil de Tamaulipas and Centro de Salud/ Ciudad Victoria, Tamaulipas, Mexico, and other agencies in the Lower Rio Grande Valley.

4-WEEK ELECTIVE CURRICULUM

1. Rights of the Child
   - Workshops based on the UN Convention on the Rights of the Child
   - Meetings with attorneys and judges working in children’s rights
   - Interviews with child detainees and officials at U.S. federal detention centers

2. Social Determinants of Disease and Health
   - Lectures on social determinants from an international public health perspective
   - Meetings with migrant clinicians and promotoras

3. Clinical Care in Resource-poor Regions
   - Resource material and didactics on the challenges of providing ICU services where there is no ICU; a review of infectious and chronic diseases associated with poverty
   - Direct patient care with faculty pediatricians
   - Meetings with healers not schooled in allopathic Western medicine to discuss alternative health beliefs and practices

4. The Impact of Poverty, Immigration and Violence
   - Home visits with faculty and lay health educators
   - Examination of roots of poverty through interaction with faculty, families, community leaders, organizations and literature review
   - Reflective essays on observations and experiences

5. Preparing for Advocacy
   - Community-based advocacy project
   - Meetings with community activists and advocates

6. Cultural Competency
   - Review of current literature
   - Daily opportunities to encounter people whose language, values, affect, economics, religion, norms and politics are personally foreign to participants.
   - Individualized Spanish classes

7. Fostering a Culture of Compassion
   - Guided reflection to explore how medical training supports or undermines compassion for self and others
   - Reflection on the meaning, causes and repercussions of poverty and our own emotional responses to the poor among us

8. Professional Development
   - Correspondence prior to attendance to encourage reflection on personal values, affinities, and the “heart” in medicine
   - Private time for reflection on personal meaning, call to action, or sense of direction
   - Individualized professional development counseling
   - Post-elective mentoring

Facilities
- Classes are held at the RAHC and UTHSC Houston School of Public Health, Brownsville.
- Experiential learning is through:
  - Community-based field work
  - Brownsville Community Health Center and other clinics in LRGV
  - Hospital Infantil de Tamaulipas and Centro de Salud/Ciudad Victoria, Tamaulipas, Mexico, as conditions for safety permit

Other Benefits
- Housing near the academic campus
- Travel Stipends
- Easy access to South Padre Island National Seashore
- Study-related and recreational travel in Mexico, as conditions for safety permit

Block Rotation Schedule:
- July 5-July 30, 2010
- October 25-November 19, 2010
- February 7-March 4, 2011
- April 11-May 6, 2011

Apply ➤ Please email:
Stanley I. Fisch, MD
Director, Community for Children; Professor and Director of RAHC Pediatric Programs
Fisch@uthscsa.edu
Notes from the Chair
Cliff Michael O’Callahan, MD, PhD, FAAP
Chairperson for the Section on International Child Health
cocallahan@midhosp.org

Dear fellow Section members;

It is fitting that the introduction to this edition of our newsletter should be a tribute to one of our ilk who has been a truly remarkable leader and inspiration globally. It is touching and humbling to see the outpouring of comments and memories that have circulated on various listservs, recognizing the influence and “touch” that one person can have.

Professor David Morley died from a heart attack on July 2nd, 2009 while on holiday at the age of 87 years young.

Quoting from David Chandler and Neil Pakenham-Walsh: “David Morley was Founder and President of Teaching-aids At Low Cost (TALC), a remarkable UK-based charity that has provided reference and learning materials for health workers and communities in developing countries since 1963. David was also Professor Emeritus at the Institute of Child Health, London. He had practiced in Nigeria, East Africa, and India, and had also travelled in the Middle East, China and South America.

After retirement he dedicated himself to a number of causes, most notably the challenge of meeting the information and learning needs of primary and district-level health workers. In recent years, David championed the production and distribution of e-TALC CD-ROMs containing high-quality content for health workers, and has distributed tens of thousands of these worldwide,

Continued on Page 2
Community for Children: At the Border and Beyond

Authors: Stanley Fisch, MD, Marsha Griffin, MD, Minnette Son, MD and Judith Livingston, MEd – Department of Pediatrics, University of Texas Health Science Center at San Antonio (UTHSCSA) and Robert Hamilton, MD, Hospital Infantil de Tamaulipas, Mexico

Pediatric training and practice are shifting focus: from acute to chronic conditions, from a local to a broader global health perspective, and from individual patient care to advocacy and collaborative effort on behalf of entire communities of children. Living among and serving children and their families from South Texas’ Lower Rio Grande Valley (LRGV) and Mexico, we realized that there were tremendous opportunities for this kind of training very close to home. We were able to tap into long-standing relationships with colleagues at Hospital Infantil de Tamaulipas, the only children’s hospital in the State of Tamaulipas, Mexico. We also had access to a robust infrastructure for medical education and public health training located at the border through the regional campus of UTHSCSA. This including programs for upper level medical students and residents and a cadre of volunteer community-based faculty. In addition, the University of Texas School of Public Health-Houston’s Brownsville campus has faculty with extraordinary expertise in international public health.

With support from the UTHSCSA Department of Pediatrics leadership and in consultation with key stakeholders, the Community for Children international electives were established. The first elective was created for the LRGV and Northern Mexico as Community for Children: At the Border and Beyond, with plans for expansion to other international sites. Community for Children’s fundamental commitment is to the vision of a world where all children have the right to enjoy the highest attainable level of health, as outlined in the U.N. Convention on the Rights of the Child; the vision of a world where communities join together in partnership to assure that all children attain their fullest potential. Our overarching goal is to prepare future physicians to provide compassionate, effective leadership in advocating for all children.

Application is open to 2nd and 3rd year residents, 4th year medical students, graduate nursing and public health students. This four-week elective is designed as a field-based rotation to help participants develop leadership skills addressing seven key areas:

- children’s rights,
- social determinants of disease and health,
- clinical care in resource-poor communities,
- the face of poverty,
- preparing for advocacy,
- cultural competency and
- fostering a culture of compassion.

The curriculum provides didactic and experiential training in advocacy, working in partnership with community-based organizations, international public health experts, promotoras, (community members who serve as liaisons between their community and health, human and social health organizations), medical anthropologists, migrant and refugee health experts, and families on both sides of the Texas/Mexico border.

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Through Community for Children, participants leave the familiar clinic setting to explore the sources of health, disease and healing in the LRGV and to examine models of health delivery in Mexico. One full week is spent at a main state health clinic, Centro de Salud #1/Tamaulipas, where students are oriented each day to different public health programs in Mexico. They continue each day at Hospital Infantil in Ciudad Victoria and surrounding rural areas doing field work through Centro de Salud/Tamaulipas, as a public health component of the curriculum. In addition, they share emergency room duties with the Mexico physicians and attend rounds with the Mexican pediatric residents in Hospital Infantil.

Management of the elective requires significant collaboration and investment of time and resources. Eighteen faculty from South Texas and 15 faculty from Mexico serve voluntarily as educators. Six of these faculty provide intensive mentoring throughout the rotation. Participants encounter immigrant families closely, in relationship; a crucial aspect of the elective designed to help foster a culture of compassion. They experience the frustration felt by physicians and families when health care is inaccessible for children on both sides of the border. However, through mentoring and guided reflection, participants are given the tools to process their experiences and develop capacity to continue their advocacy when they return to their training programs. Six-month follow-up interviews indicate the ripple effect of their experiences. Participants have continued their advocacy through endeavors such as lecturing on the impact of immigration policy on children's health, organizing a food bank and peer teaching on the meaning of working with the poor in any country. "I started sharing immediately after I returned. I became adamant about the need for a level of understanding of language and culture of our patients. I was so intent on the importance of asking people if they were being served." D.H.

When Community for Children was implemented initially, the intent was to allow participants time to reflect on their own values, perceptions and cultural biases in further development of their role as physicians. "I now realize I need a better understanding of my patients' backgrounds in order to serve them well. I am a better physician, because I now go beyond the diagnoses of illness and include the concepts of circumstance." J.G.

The understanding that participants and faculty have more to learn from the community and families they serve than to teach remains at the core of this elective. “My experiences in Mexico proved reaffirming, yet redirecting... The gracious way I was accepted in Cd. Victoria taught me that I did not need to be less white for them. They were fine with my whiteness, my broken Spanish and my ignorance. I will learn; they will teach me.” D.O.

Faculty did not want to “use” the poor and any community's children in education of future physicians. The objective is that the community will truly benefit from the participants’ presence. Evaluation data from faculty, community-based organizations, families and participants indicate that we are adhering to this objective thus far. As one community site coordinator stated, “The advocacy projects completed by the Community for Children participants have and will continue to benefit a large number of children. The participants' medical education and backgrounds have brought a new and important dimension to the legal services our office provides to undocumented children seeking asylum.” D.E.

Community for Children: At the Border and Beyond has been supported with funds and in-kind contributions from the AAP’s Community Pediatrics Training Initiative/CATCH Residency Training Grant, UTHSCSA Department of Pediatrics and Regional Academic Health Center, the University of Texas Health Science Center-Houston School of Public Health at Brownsville, State of Tamaulipas Health Department, Hospital Infantil de Tamaulipas, Centro de Salud#1 in Tamaulipas, and numerous community-based organizations. Collaborative research efforts and information exchange among the faculty, partner organizations and participants have been fostered through these partnerships.

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Community for Children: At the Border and Beyond Continued from Page 13

Community for Children offers a structured international elective to participants at minimal cost. There is no registration fee. Housing is available and a modest travel stipend is provided. For more information, please visit http://www.communityforchildren.org. Interested students and residents should e-mail Dr. Stanley I. Fisch, Professor and Director, Community for Children, UTHSCSA Department of Pediatrics, Regional Academic Health Center at fisch@uthscsa.edu.

References

Canadian Paediatric Society
International Child Health Section
Laura J Sauvé, MD, MPH, FAAP

At the CPS annual conference, we had a session on Pediatric HIV treatment, presented by Dr. Jack Forbes and myself. We also had a fundraising dinner for the Don and Liz Hillman grant; these dinners provide a great networking opportunity for Canadian pediatricians interested in global health. Dina Kulik, one of the recent awardees, gave a presentation on her elective in Phnom Penh, Cambodia. For 2010, we are planning a session on armed conflict and its affect on children.

The Don and Liz Hillman Grant supports residents' international health electives. Over the last year grants were provided to four residents: Anita Cheng (Galmi, Niger), Kirsten Ebbert (Paarl, South Africa) will be leaving in the next few months, and Dina Kulik (Phnom Penh, Cambodia) and Julie Johnstone (Mbeya, Tanzania) completed their reports. In all of the centers there has been increasing interest amongst residents in doing international electives, and the residents who return from their experiences always report they have learned a great deal – and learned to appreciate the health care system we have here!

In her trip report, Dr Julie Johnston wrote: “In Canada, we have a health care system that helps so many people. We have become victims of our own success. It has been so long since we have seen such overwhelming and devastating disease, that we find fault in the imperfections of our system. We drive a BMW and are obsessed with its broken sunroof. It certainly is important that we fix the sunroof in order to keep out the rain, but it is a gift to remember that regardless, we are sheltered from the storm.”

Global Health Curriculum: A group led by Drs. Tobey Audcent, Heather MacDonnell and Jenn Brenner have been working on creating four educational modules for residents. These modules are design to teach all Canadian residents what they need to know about global health even if they never leave their city. The modules on introduction to global child health, approach to new Canadians, malnutrition and fever in the returned traveler have been developed and piloted at two centers. Over the next year the modules will be translated into French and presented and formally evaluated at five centers. Several members of this curriculum group have been participating in the AAP’s global health curriculum initiative as well. In the two pilot centers, even residents without a pre-existing interest in global health before valued the sessions and learned a great deal.

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