the Scoop

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July 2009

MOREHOUSE SCHOOL OF MEDICINE

Morehouse School of Medicine
Pediatrics Residency Program
Newsletter

In This Issue. . .

Program Director's Corner – Yolanda Wimberly, MD, MSc

Hello everyone. I hope you are enjoying your summer. It is a great time of the year. Spring/ Summer is the time where we prepare for our new interns and orient them to the Morehouse School of Medicine family. We are anxiously preparing them for their new experience and look forward to teaching them the ropes of becoming a great Pediatrician.

It is also the time when I visit each course director of the residency program. It is my annual visit to discuss evaluations for the past year, review subtest scores, and discuss the residents' performance and ways to enhance the rotation. I enjoy visiting the course directors at their sites because it allows me an opportunity to get out in the city. Our course directors are really appreciated and doing a great job.

Dr. Moore and I are also meeting with the residents for their semi-annual evaluations. I enjoy these meetings because they allow us the opportunity to really sit down and talk with the residents about their future aspirations and give them feedback from the preceptors on their overall performance. We truly appreciate all that our preceptors and course directors do for our program! ✚

A Case from Our Chief Resident – Chevon Brooks, MD

A 7- year old male is in clinic with a chief complaint of a frontal headache. Mom reports low-grade fevers, nausea, headaches, myalgia, decreased activity, and poor feeding for 3 days. The child attends summer camp and several other campers have been diagnosed with influenza. The headaches became more severe and are not relieved with Tylenol. He also has an itchy rash on his ankles, which started this morning. His exam is normal except for a fever of 102F, a diffuse, erythematous, blanching, maculopapular rash including his palms and soles, and erythematous, enlarged tonsils. A nasal wash is sent for influenza and he is diagnosed with a viral illness, possibly influenza. He is sent home with Ibuprofen and Tamiflu. He returns 3 days later with lethargy and his rash has spread to his chest and face. On exam, his temperature is 103F, he is somnolent and difficult to arouse. His exam is also significant for photophobia, negative Kernig and Brudzinski signs, and a diffuse rash (pictured on page 3). The patient is sent to the emergency room for a lumbar puncture. The lumbar puncture reveals 27 WBCs, 40% neutrophils, 60% lymphocytes, 2 RBCs, glucose 60, protein 150. Additional labs reveal sodium 133, potassium 4.0, chloride 100, BUN 6, Cr 0.4, glucose 88, CBC- WBC 10, Hb 11, Hct 33, platelets 200, CSF gram stain negative. Blood, urine, and CSF cultures are pending.

Continued on page 3

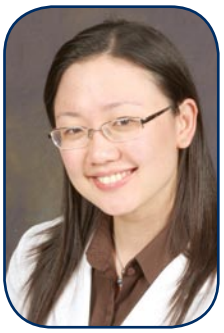
A Message from our Program Coordinator

As an old academic year closes and we approach a new year, we say our goodbyes to the graduating class and wish them well in all of their future endeavors and encourage them to keep it touch. We also are looking forward to the upcoming year, anticipating that it will be more productive than the last since we are constantly and consistently make improvements. We welcome our incoming class and remind them and all of our residents that support is always a phone call or email away. Remember, asking questions is never a weakness, but an indicator that you are trying to learn.

A new academic year means updating your information and records. Please make sure we have all of your current and correct information. The continuity clinic schedule for 2009-2010 is below for your review.

– Rashida Elliott

Chief Residents



Dr. Michelle Tan will serve as our Chief Resident for the 2009-2010 academic year. Michelle is originally from Kuala Lumpur, Malaysia and she attended medical school at the International Medical University in Calgary, Canada. Aside from medicine, Michelle's hobbies include reading, singing, dancing, swimming, and outside activities. Michelle's compassion for others is evident by her strong interest in medical missions.

Dr. Fredly Bataille will serve as Chief Resident for the 2009-2010 academic year. Fredly hails from Brooklyn, NY and completed his undergraduate studies at New York University, where he majored in Anthropology with a minor in Chemistry. After graduating from NYU, Fredly attended medical school at Morehouse School of Medicine. Dr. Bataille is an avid sports fan and loves comedy. In the future, Fredly is interested in pursuing General Pediatrics and/or becoming a Hospitalist in the Atlanta area.

Spotlight on ACGME competencies: Interpersonal & Communication Skills

By Dr. Sandra Moore- Associate Program Director

In each issue of the MSM Pediatric newsletter, we will focus on a core competency requirement for resident training. This quarter we will highlight Interpersonal and Communication Skills. Per the ACGME, "Interpersonal and Communication Skills should result in effective information exchange and teaming with patients, their families, and other health professionals".

Excellent communication skills are essential for effective patient care. Today, residents and physicians lead integrated teams (nurses, therapist, pharmacist, case managers, etc.) that work together to optimize patient care. Clear and effective lines of communication must be in place. In addition to the health care teams, physicians must learn to take care of a diverse group of patients, who represent a host of cultures, religions and belief systems. All physicians should strive to actively listen to patients (without preconceived ideas), involve patients in their care, and speak without using medical jargon. It is expected and our responsibility that all interactions are carried out in a sensitive manner. Most importantly, the faculty and preceptors should serve as role models for residents at all times.

Here are some tips for preceptors when helping residents with interpersonal and communication skills:

- Be a role model of excellent communication skills for the resident. Practice effective communication skills with other members of the health care team.
- Demonstrate active listening and counseling of patients. Remember, residents often take cues from preceptors.
- Encourage the residents to listen to the patients, with minimal interruption. Have them write and speak clearly.
- Encourage residents to have open dialogues with patients and their families about values which may impact medical decisions and communications.
- Directly observe a resident's interaction with other professionals and patients (we have specific forms if you would like to formally document this observation).

Continued on page 6

What is your next step?

A. Admit patient, start Ceftriaxone

B. Admit patient, obtain Head CT, consult neurosurgery

C. Admit patient, start Ceftriaxone and Doxycycline

D. Admit patient, start Doxycycline

E. Admit patient for observation

Answer and Explanation on page 8

Annual Leadership Retreat

Our annual leadership retreat was held on June 29, 2009 and it was a huge success. The retreat included discussions about:

- Review of ACGME competencies
- Information on how residents will be evaluated by their preceptors
- New rules and regulations for the residency program
- Tips on how to be a good senior and evaluate your resident
- Risk Management

Janet Tokos lead our Risk Management Session. The goal of Wellstar Physician Group's Risk Management team is to promote patient and staff safety and reduce the adverse consequences of accidental loss through effective loss prevention and claims management.

Our team is comprised of Janet Tokos (Director,) Sarah Riddick (Claims Coordinator,) and Dee Bergantino (Financial/Operations Analyst.)

Loss Prevention starts with every member of the healthcare team. This is accomplished through...

- *Identification of risks, hazards, process improvement opportunities and educational needs.*
- *Prompt notification to stakeholders and Risk Management of incidents and sentinel events.*
- *Institution of processes to optimize patient and staff safety.*
- *Effective utilization of RM resources to support operations.*

Franzelle Pertilla from Global Business Developers led the team building portion of the leadership retreat. A leadership retreat is a tool for getting the organization's work done. Unlike most regular meetings, a retreat allows for plenty of time to discuss issues and concerns. It is a time of reflection and analysis – teams can step back, take a look at the big picture and examine the way forward. Some groups use retreats as an opportunity to engage in team building and improve relationships while others focus more on planning for the future and addressing specific short- or long-term goals. In either case, the learning opportunities can be extremely beneficial if the retreat is properly planned. A skilled facilitator is often required to help plan the retreat to ensure that the time spent produces desired results. This was an invaluable session that will continue to throughout the year. ✚

"Sometimes, you need to retreat in order to move forward"

MSM Residency Program... Continuity Clinic Schedule 2009-2010

Monday	Tuesday	Wednesday	Thursday	Friday
Bogues (2) – Bentley (AM)	Payton (1) – Bentley (AM)	Virgil (2) – SWG (AM)	Mangham (1) – HSCH (AM)	Enmon (AM) – MMA
Tan (3) – Mason (AM)	Billingsly (2) – Flowers/ Woods (AM)		Ahmad (2) – HSCH (AM)	
	Bataille (3) – Sells (AM)		Jackson (2) – HSCH (AM)	
Thomas, R (2) – WEMC (AM)	Verma (3) – Wilson-Phillips (AM)		Roberts (3) – HSCH (AM)	
Campbell (3) – WEMC (AM)				
Elkhabier (3) – WEMC (AM)			Pearson (1) – SWG (PM)	
Ghuge (1) – HSCH (PM)				
Thomas, J (1) – HSCH (PM)				
Tejada (2) – HSCH (PM)				
Earles: Attending (WEMC) Tyler-Hill: Attending (HSCH)		Morris: Attending (SWG)	Brooks, Osko, Wimberly: Attending (HSCH) Moore: Attending (SWG)	Buchanan: Attending (MMA)

Community Service Hours

The MSM Pediatric Residency Program's mission is committed to training excellent clinical pediatricians with an expertise in community-based health delivery and advocacy. Our goal is aimed at promoting life-long health habits that decrease health disparities in geographically, racially, and economically disadvantaged populations. Since 2008, there has been a program requirement that all residents perform a minimum of 50 hours per year of community service.

This year we are proud to share that our residents are on track and have provided a total of **463.25** hours in services as a program. Some of the exciting places our residents have traveled include:

- 14th Street Clinic (Cervical Cancer Awareness Walk) – Doctor Salma Elkhabier
- Jean Child Young Middle School (Monthly Health Presentation) – Doctors Chevon Brooks, Kisha Wilson, Jihan Ahmad, Pragya Verma and Samantha Jackson
- Romar Science Enrichment Program (Botanical Gardens) – Doctors Tiffini Billingsly and Samantha Jackson
- Greenbriar Mall (Links Health Fair) – Doctors Latasha Bogues, Ruby Thomas, Charlaya Campbell, Chevon Brooks, Tyshantra Coleman and Kisha Wilson
- Clark Atlanta University (National Black HIV/AIDS Awareness Day) – Doctor Generose Tejada
- Maynard Jackson High School (Youth Motivation Day) – Doctors Emarcia Peete and Chevon Brooks
- Grady Memorial Hospital (Sickle Cell Transition Clinic) – Doctor Chevon Brooks and Michelle Tan
- East Point YMCA (Teen Summit, Health & Wellness Presentation) – Doctors Jihan Ahmad and Ruby Thomas
- South Dekalb Healthy Living Center – Doctors Generose Tejada, Pragya Verma, Tyshantra Coleman, Chevon Brooks and Charlaya Campbell

Dion Martin, MD

Dr. Dion Martin is from the suburbs of Chicago, IL. She is the daughter of James and Barbara Martin and granddaughter of Eunice Martin and the late William Martin. She has one sister, Lesley, and one brother, James Jr. She attended Xavier University for her Undergraduate degree and Indiana University for Medical School. She came to Morehouse School of Medicine Department of Pediatrics in July 2006. Her hobbies are shopping, hanging out with friends, and travelling. Dr. Martin will be a Pediatrician at Donaldsonville Pediatrics in Donaldsonville, GA.

Surinder Tank, MD

Dr. Surinder Tank is originally from Bhopal, India, but has been in the United States for six years. He is the son of Om and Shanti Tank. He has one brother, Mohinder and one sister,Yukpi. He has been married to Sapna for three years.He attended Gandhi Medical College in Bhopal, India. His hobby is reading. He left College Station,Texas to attend residency here at Morehouse School of Medicine in July 2006. Dr. Tank will be doing a Neonatal Intensive Care fellowship with the Medical College ofVirginia in Richmond.

Emarcia Peete, MD, PharmD

Dr. Emarcia Peete is originally from Waukegan, Illinois. She is the daughter of William and Ethel Peete. She has two brothers, Whalen and Wesley. She attended Xavier University for her pharmacy degree and Medical College of Wisconsin for medical school. Her hobbies are knitting, reading, and being active in church. She came to Morehouse School of Medicine Department of Pediatrics in July 2006. Dr. Peete will be headed back to the mid-west to Beloit, Wisconsin to practice in general pediatrics.

Tyshantra Coleman, MD

Dr. Tyshantra Coleman is from Gray, LA. She is the daughter of Donald and Gale Celestin. She has 2 brothers, Donald Jr. and Brandon. She is married to Demond Coleman and they have 3 children, Caleb (13), Chasity (12), and Christian (11). She attended Xavier University for her Undergraduate degree and St. Louis University Medical School for medical school. She came to Morehouse School of Medicine Department of Pediatrics in July 2006. Her hobbies are reading, shopping, movies and spending time with her family. Dr. Coleman will be staying in the Atlanta area and will be a Pediatrician at West End Medical Center.

Faculty Member Of The Quarter

Dr. Lynette Wilson-Phillips serves as a preceptor for our community medicine rotation, as well as our continuity clinic and has been an active participant with our program since its inception. Dr. Wilson-Phillips is also the President of the Decatur Pediatric Group, PA, which services greater Metro Atlanta with three locations. In addition, Dr. Wilson-Phillips serves on a number of boards including, The Metro Alliance of Minority Healthcare Providers, Inc. and The Children's Health Network. Some of her professional interests include asthma, eczema and dermatology disease processes and obesity.

Dr. Wilson-Phillips received her Bachelor's degree in Biology from Wofford College in Spartanburg, South Carolina and her Doctor of Medicine degree from the Medical University of South Carolina School of Medicine in Charleston, South Carolina. She then completed her Pediatric residency at Emory University.

Participation in the community and non-profit organizations is also important to Dr. Wilson-Phillips. She is currently providing monetary support and medical care to the outdoor and camp programs with the Boy Scouts of America, health maintenance and extensive medical services and classes to the children and staff of the YMCA Early Childhood Programs, and the Decatur Pediatric Group has an annual scholarship offered to a college bound graduating senior.

Dr. Wilson-Phillips enjoys sharing with future Pediatricians the clinical skills needed to become complete, clinically well-rounded pediatric providers. She emphasizes the importance of understanding the business of Pediatric medicine. Exposing the residents to these aspects of a community based pediatric practice is very important, valuable, and truly compliments the academic component of their training.

With all of these ventures, Dr. Wilson-Phillips makes time to enjoy with her husband, Jonathan C. Phillips, and their three daughters, Rochelle, Ryann, and Rhamsei and participating in three different tennis leagues. For your dedication to the Morehouse School of Medicine Community Pediatrics Residency Program, we thank you Dr. Wilson-Phillips; the spotlight is on you. ✚

Spotlight on ACGME competencies: Professionalism *(continued from page 2)*

- Give residents immediate feedback of an observed interaction. Let him or her know what he or she did well and what he or she needed to improve.

- Query other members of the health care team and patients about residents' communication skills. Often times they can provide good insight.

- Communicate early with the residents if you have concerns about their communication skills. At a minimum provide verbal feedback mid rotation.

- If you have ongoing concerns about a resident's communication and interpersonal skills contact the residency program directly.

- Lastly, but most importantly, complete your evaluation of the resident and return it the residency program. This enables the resident and program to know how well the resident is doing.

We hope this article has been helpful for you. We will continue to bring information about the six ACGME core competencies to the forefront. If you have an idea or topic about the competencies you would like to discussed, please email Dr. Sandra E. Moore, Associate Residency Program Director at smoore@msm.edu. ✚

Dr. Tiffini Billingsly joined our residency program as a native of Atlanta in July 2008 after attending Morehouse School of Medicine for her medical degree and UNC-Chapel Hill for her undergraduate degree, majoring in Psychology. She enjoys reading, amusement parks, and spending time with friends and family. Tiffini's strong interest and belief in education, healthcare, and mentorship is apparent by her love for reading and dedication to children. So strong in fact, that her future plans are to establish educational programs as it relates to classroom curriculum and healthcare. For example,

Tiffini was instrumental in establishing a science enrichment program at Romar Academy in East Point, where she implemented various interactive science activities, constructed curriculum based field trips, and taught sessions to strengthen the students' knowledge base of the sciences. In addition, Tiffini has served as a mentor to several teenage girls in the Atlanta area. We are certain that Tiffini will continue to make great contributions to healthcare and her community. We honor Tiffini as the MSM Pediatric resident of the quarter. ✚

A Mysterious Case of Vomiting in a 2 month old? Can you guess the diagnosis?

Submitted by Fabiola Balmir
3rd Year Medical School

Patient JB is a 2 month old Japanese boy brought to the Emergency Room because of vomiting for 3 days and difficulty feeding. 1 month prior, JB was adopted from Tokyo, Japan and flew back to Atlanta, GA with his adoptive mother and father. Three days ago JB began vomiting the majority of his feeds and becoming increasingly fussy. His adoptive mom denies any blood or greenish appearance to the vomit and reports that "JB just spits up his formula." He continues to have normal bowel movements but both mom and dad note decreased wet diapers. His diet consists of cow's milk based formula only at about 4 oz every 3 - 4 hrs. He is on no medications and has no known drug or food allergies. He is up to date on all of his immunizations (i.e. HepB, RV, DTap, Hib, PCV, IPV). Parents report that he lifts head when on his stomach; smiles; makes cooing sounds.

Review of systems is positive for decreased activity and sleeping frequently, and decreased appetite. Parents deny any fever, constipation, diarrhea, constipation, or difficulty breathing. Birth history is significant for birth at 40 weeks via spontaneous vaginal delivery to a mother with no known antenatal complications. He weighed 7lbs 3oz at birth and his APGARS were 8 and 9. Prior to his adoption from a reputable agency, the parents had read the file of the biological mother and not noted any history of recorded inheritable diseases. The biological mother was in excellent health and had been followed by the agency for prenatal care

The adoptive mother and father own and operate an online business that allows both to work from home and stay with JB all day. The family lives in a 3 bedroom newly built house in the suburbs of Atlanta. They are the only 3 in the home. There are no pets and neither parent smokes tobacco. No one in the home is experiencing any vomiting or diarrhea nor has anyone been sick.

Answer presented in October Newsletter

Vitals

Temperature: 36ºC
Pulse: 185 BPM
Respiratory Rate: 67 BPM
Blood Pressure: 75/50 mmHg
02% Saturation (Room Air) 90%
Weight: 8.8lbs (4000g) (3rd percentile)
Length: 57cm (25th percentile)
Head Circumference: 40 cm (50th percentile)

Physical Exam

General: patient was fussy and at times inconsolable; cried and produced no tears; fell asleep easily

Head: +Slightly sunken frontal fontanelle

Eyes: Pupils equal round and reactive to light and accommodation; conjunctiva pink; sclera were non-icteric and clear; +red reflex;

Ears: TM pearly gray with normal landmarks

Mouth: Pink mucous membranes with no signs of exudates; palate is well formed

Neck: Supple; full range of motion

Nodes: no tenderness or lymphadenopathy at cervical, axillary, or inguinal regions

Neck: Supple; full range of motion

Nodes: no tenderness or lymphadenopathy at cervical, axillary, or inguinal regions

Chest: Clear to auscultation bilaterally, normal respiratory effort

Cardiac: +Tachycardic, regular rhythm, no murmurs, rubs, or gallops, weak pulses on all four extremities

Abdomen: No scaring; no bruising; +bowel sounds; soft; non-tender and non-distended; 1cm x 1cm masses palated in both the left lower quadrant and the right lower quadrant; no organomegaly

Genitourinary: No discharge or bleeding from the urethral meatus; penis stretched length of 1.2cm; scrotal sac empty

Musculoskeletal: Full range of motion with all extremities; no swelling or edema noted on any extremity;

Skin: Tan-colored; capillary refill >2 sec; no areas of erythema; no jaundice

Neuro: Deep tendon reflexes normal and symmetrical; Moro reflex, palmar grasp, tonic neck flexion, and Babinski all present

What is on your differential so far? What are your initial labs?

A Case from Our Chief Resident *(continued from page 3)*

Answer: C

Rocky Mountain Spotted Fever

Rocky Mountain Spotted Fever(RMSF) is a tick- vectored disease caused by *Rickettsia ricketssi,* an intracellular obligate gram- negative bacteria. This disease poses a diagnostic challenge since it has a varied clinical presentation which overlaps with other tick- borne diseases (e.g. Ehrlichiosis). Most cases have been reported in the south Atlantic region, but cases have been reported in every state. Most cases occur April through October, but cases have been reported in every month. The majority of cases have been reported in children less than 15 years old with peak age 5- 9 years old. A tick bite history is illicited in 50-60% of cases. The incubation period is about 7 days (2-14 days), depending on the amount of inoculum. The first 3 days mimics a viral illness. The classic triad of fever, headache, and rash is not always present at the initial presentation. The rash appears at day 2-5 of illness and is the most characteristic finding. The rash initially appears around the ankles and feet as blanching, erythematous macules. The rash later involves the wrists and hands, including the palms and soles. The rash spreads to the trunk and head within hours. The characteristic petechial rash is not seen until the 6th day of illness or later and is present 35-60% of cases. Approximately 10-15% of patients do not have a rash. Laboratory findings can include hyponatremia, thrombocytosis, normal CSF or CSF with mononuclear pleocytosis, elevated CSF protein, normal, elevated, or decreased WBC, anemia, and elevated transaminases. RMSF cannot be clinically distinguished from Ehrlichiosis and they share similar laboratory findings. The differential diagnosis can include meningococcemia, Ehrlichiosis, Enterovirus, Kawasaki's disease, adenovirus, ITP, HSP, TSS, measles, Staphylococcal sepsis, infectious mononucleosis, and drug hypersensitivity. There is no widely used assay for early RMSF detection. Acute and convalescent IgG titers at least 3 weeks or more apart is required for a positive test. The drug of choice is doxycycline regardless of the patient's age. Mortality increases if treatment is delayed, therefore treatment should start immediately and should not be delayed for laboratory confirmation It is reasonable to treat for Neisseria meningitidis during initial treatment while determining diagnosis. Prevention includes checking pets for ticks, wearing protective clothing, using DEET and/or permethrin repellants when exposure cannot be avoided, and full body examinations after visiting tick- infested areas with prompt tick removal. Proper removal includes disinfecting the skin, pulling the tick straight out with forceps, then disinfecting the skin again. Petroleum jelly can also be used to stop the tick from moving. Isopropyl alcohol does not kill the tick and burning the tick is not recommended.

We should have a high suspicion of RMSF even without tick bite history, a rash, or a typical geographic location. If you suspect RMSF, start doxycycline! Let's inform our patients about tick bite exposure and proper removal, especially during these hot summer days when our children love to play outside and have increased risk. Have a great summer! ✚

- Chevon Brooks, MD (Special Thanks to Dr. Tyler-Hill)

AAP News PARENT PLUS
INFORMATION FROM YOUR PEDIATRICIAN

Bug off: Avoid tickborne diseases with these savvy strategies

The American Academy of Pediatrics offers the following tips to help families avoid tickborne diseases:

- Avoid tick-infested areas — typically wooded or high grass areas. Ticks also can be found in leaves, brush and tall grass in backyards.
- Wear closed-toe shoes, a hat, long sleeves and long pants tucked into socks. Put long hair up.
- Products with permethrin can be sprayed on clothing.
- Use insect repellant with no more than 30% DEET on the skin (for children 2 months and older), and reapply every one to two hours. Wash off after returning indoors.
- After possible tick exposure, examine the child, especially along the hairline and behind the ears.
- If a tick is found, remove it immediately with tweezers or fingers protected by a tissue. Grasp the tick as close to the skin as possible and pull it straight out. (Avoid folklore remedies such as petroleum jelly, gasoline or hot matches.)
- Flush the tick down a toilet or dispose of it in a bottle filled with rubbing alcohol.
- Wash hands after removing a tick.
- Seek medical care if a rash or suspicious symptoms appear after being exposed to a tick.

— *Lori O'Keefe*

Save The Date

ACGME SITE VISIT
We are preparing for our site visit on **Tues, September 8, 2009.** The ACGME will be visiting our program as part of the accreditation process and we may be asking for assistance with the process. We will be forwarding more information on the site visit closer to the date.

SAVE THE DATE
We have our annual residency program update meeting on Saturday, August 15, 2009 from 10am-2pm in the National Center for Primary Care on the MSM campus.

SEMI-ANNUAL RESIDENT RETREAT
October 9-10, 2009

Congratulations To...

Congratulations to our new intern, Jason Thomas, and his wife for the birth of their son, Jackson Grant Thomas, born July 30th weighing in at 6 lbs 13 oz.