

Pediatric Endocrine Society International Relations Council
Pediatric Endocrinology Education Program for Haiti (PEEP-H) – Program Information

RESIDENT version

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Emergency consultations: WhatsApp group PEEP (contact Lyvia Cantave to get access)

Pediatric Endocrine Society International Relations Council

Haiti Pediatric Endocrinology Comprehensive Education Program – Version March 2016

I. Program Overview

The Pediatric Endocrinology Education Plan (PEEP) for Haiti was developed by the Pediatric Endocrine Society's International Relations Council (PES-IRC), in collaboration with Haiti's medical schools, residency programs, professional associations, and the Ministère de la Santé Publique et de la Population (MSPP). Its objective is to provide training of health professionals at all levels in pediatric endocrinology. With regard to physicians in pediatric training, the specific aims are:

- (1) to establish a formal pediatric endocrinology curriculum as part of pediatric residency training.
- (2) to establish options for formal remote pediatric endocrine consultation services.

II. Implementation:

PEEP will offer:

- (1) Onsite teaching modules five times per year by a rotating body of francophone pediatric endocrinologists who commit to this program for 3 years;
- (2) Long distance education consisting of video conferences once per month, and one teleconference lecture or case discussion per month;
- (3) Access to an online platform containing interactive cases, practice questions and reading materials;
- (4) Opportunities for 2-3 month mini-fellowship training in pediatric endocrinology at North American host institutions. *(work on this is under way)*

III. Evaluation

PEEP will be evaluated by both participants (residents) and visiting faculty. We want to know if the program is helpful to you, if it adequately supports your learning, and what we can do to improve it. We ask that you participate in the following types of evaluation:

- (1) Pre-program demographic information questionnaire
- (2) Pre- and post- program knowledge test
- (3) Written on-paper evaluation forms after each onsite teaching visit
- (4) Online evaluation forms after each remote teaching event

IV. Onsite Teaching Visits

General Description

An outline of the yearly curriculum is shown in Appendix A. Each onsite visit will deal with 1-2 teaching topics. Reading materials will be made available on the online platform (google drive). Required readings also include the ESPE e-learning chapters (see instruction for sign-up under “Interactive cases below”). Chapters are referenced in Appendix A. Visiting professors will arrive 1-2 days prior to the visit. They will complete two full teaching days (8 am to 4 pm), one at St. Damien’s Hospital in Port-au-Prince and a second at Mirebalais University Hospital in Mirebalais. Visiting professors may stay a 3rd day to provide teaching at the medical schools and/or professional associations.

The general structure of the visits will be as follows:

- 8am: Introductions
- 8.15 am – 9.45 am: Professor’s lecture
- 9.45 am – 10 am: coffee break
- 10 am – 11 am: Case – based discussion (resident)
- 11am – 12 pm: Case –based discussions/small group teaching (teacher)
- 12 pm – 1 pm: Lunch break
- 1 pm – 4 pm: Bedside teaching and/or clinical case discussions

Expectations for Residents

Pediatric Residents are expected to:

- Read the assigned materials for each topic *prior* to the onsite visit in order to maximize their learning experience.
- Read any available family/patient handouts that pertain to the teaching topic and suggest modifications for their target audience and setting.
- Prepare two 20 minute clinical case presentations (+10 minutes discussion per case) that pertain to the onsite visit’s teaching topic(s).
- Keep a list of endocrine inpatients and outpatients on an ongoing basis, and prepare bedside/ambulatory cases to be seen with the visiting professor during the onsite visit. Ideally, cases that pertain to the visit’s teaching topic(s) will be presented and seen together.
- Actively participate in all teaching sessions during the onsite visit.

V. Remote Teaching

General Description

Similar to the onsite visits, the remote teaching will follow the schedule outlined in the curriculum in Appendix A. PEEP residents will have access to a monthly videoconference lecture (to be set up), as well as a monthly lecture and case discussion with a pediatric endocrinologist. Each residency site will be equipped with a laptop, and conferences will be set up via Skype.

1. Videoconferences

We are in the process of exploring options to videoconference into pediatric endocrine lectures given at pediatric endocrinology fellowship programs.

2. Remote lectures and case discussions

Each residency site will decide on a week day and one hour time slot that is reliably suitable for videoconferencing. Lectures and case discussions will be offered every other week on an alternating schedule, and will pertain to the topic at the upcoming onsite visit. For lectures, residents will receive an email from pesirc.peep@gmail.com at least one week prior to the scheduled conference with details about the lecture topic. For case discussion conferences, residents are encouraged to bring their own cases, and can email pesirc.peep@gmail.com with questions or topics they would like to discuss during the conference.

To start the remote conferences, log on to the residency program's Skype account. Start the call by clicking on the pesirc.peep contact.

3. Interactive cases

PEEP participants will use the ESPE e-learning platform for interactive cases. This platform contains chapters that concur with the curriculum outlined in Appendix A. Chapters are supposed to be reviewed *before* the onsite conference visit, interactive cases after the onsite visit but *before* the following remote teleconference.

Instructions for ESPE e-learning website sign-up:

1. Go to <http://www.espe-elearning.org/>
2. Click on "New Account Registration"

ESPE e-learning

Login to ILIAS

Username *

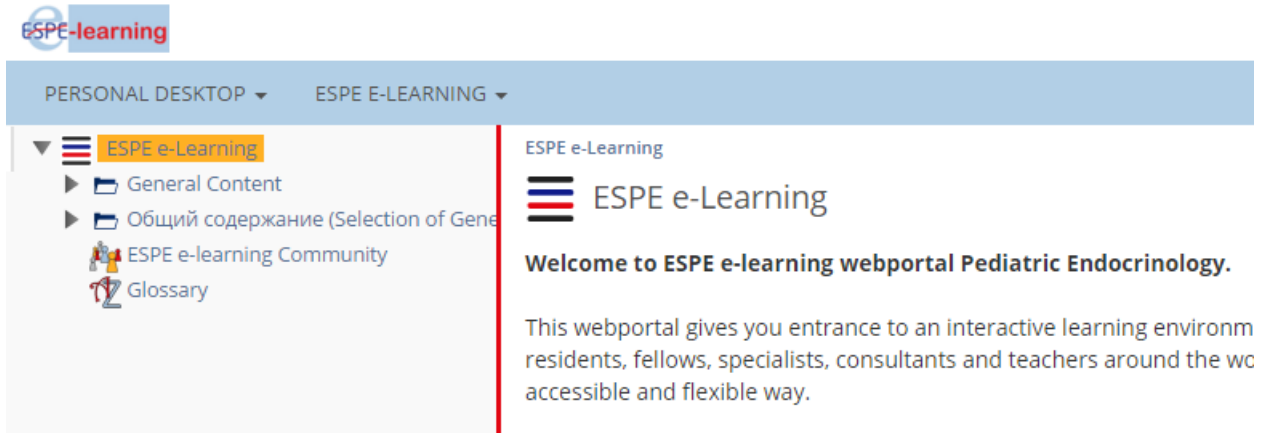
Password *

* Required

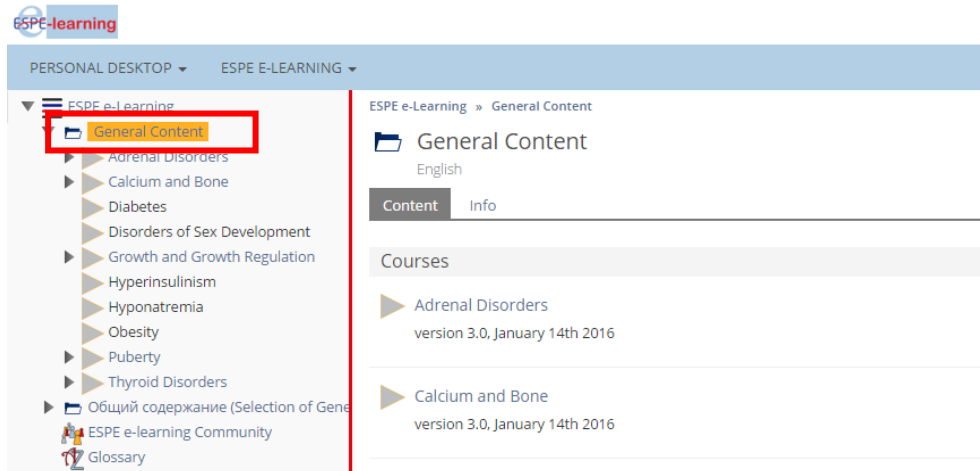
[New Account Registration](#) [Forgot your password?](#) [Forgot your username?](#)

[User Agreement](#)

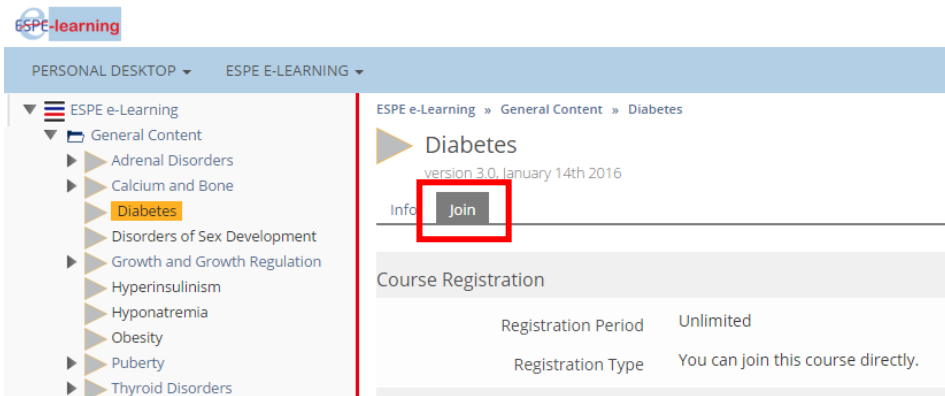
3. Fill in the form that appears next and click “Register”
4. You will receive a confirmation email. Your account should be created within 48 hours.
 - a. Contact the PEEP coordinator (send an email to pesirc.peep@gmail.com) if you are having problems registering.
5. Once you have a log in, you will be taken to the Homepage:



6. Click on “General Content”



7. Click on the topic you would like to read and click on “Join” – you can now open the chapter and cases.



Expectations for Residents

Pediatric Residents are expected to:

- Participate in scheduled conferences.
- Be familiar with the teaching topic to be discussed during a teleconference lecture.
- Present case vignettes during the teleconference case discussions and/or email questions, topics and case requests in the week preceding the conference call.

VI. Resources

Online Platform

PEEP participants will be invited to a google drive folder called "PEEP". The folder contains:

- Teaching topic folders with:
 - o Assigned reading materials
 - o Background literature: Articles, book chapters
 - o Teaching cases
 - o Teaching presentations
 - o Patient/Family materials and handouts

Consultations

PEEP participants will have the opportunity to consult pediatric endocrinologists.

1. Non-urgent consultations:

These should be done via the PEEP network created on the *Collegium Telemedicus* website, which is specifically designed for teleconsultation:

PEEP participants will be invited to join the *Collegium Telemedicus* PEEP network via email. You will be sent a username and temporary password, and will have to log in on the *Collegium Telemedicus* website by going to www.collegiumtelemedicus.org.



Collegium Telemedicus is a store-and-forward consultation platform available on the web (www.collegiumtelemedicus.org), also adapted for any mobile device, which is specifically designed for teleconsultation. Store-and-forward implies that the referring physician creates a consult that is *stored*

in the system until it is forwarded to a consultant. This is in contrast to platforms that work in real time.

Most endocrine consultations are amenable to *store-and-forward* consultation.

A common scenario is that one or more doctors visit colleagues in a developing country, usually to conduct teaching and training. Recognising the difficulties of obtaining specialist opinions there, they offer to support their colleagues by email on their return. Email support is duly provided, but proves not entirely satisfactory (confidentiality concerns, difficult to organise the right person to respond, no audit trail, etc). Establishing a formal telemedicine network is considered, but the initial start-up costs are prohibitive.

Interested participants will need to follow the below outlined process to join and use the platform.

Collegium Telemedicus offers a new approach. There is no start-up fee (although we reserve the right to invite a donation towards running costs at a later stage). The software is made available on a secure server and can be accessed using any web browser.

English | Français | Español | العربية

sign in here



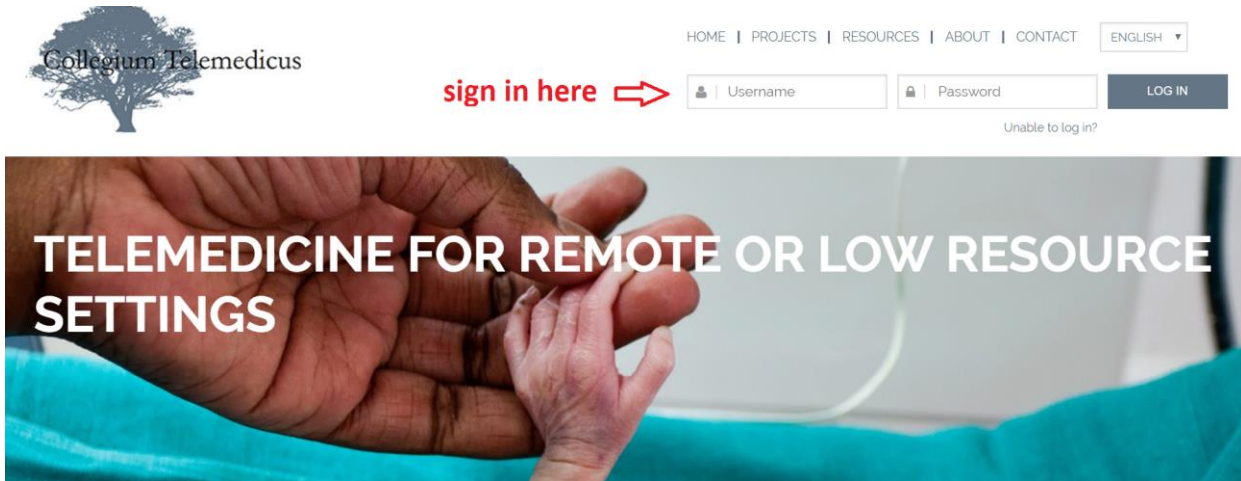
Username:
Password:

Log in

[Unable to log in?](#)

67 statistics
22 networks
1236 users
388 referral sites
2343 cases

1. Send an email to clinicalcases@globalpedendo.org. You will be sent a username and temporary password, and will have to log in on the *Collegium Telemedicus* website by going to www.collegiumtelemedicus.org. You may need to check your spam for the email message.



You will be led to a registration form which you will need to fill in. Instructions to fill in the form are below:

Title:	Choose “Dr” from the drop down menu
First name:	Fill in your first name
Initials:	If you have a middle name, fill in the initial
Family name:	Fill in your last name
Sex:	F for female, M for male
Organization:	Your organization
City:	Fill in the city where you work the majority of your time
Country:	Your country
Time zone:	Your time zone
Phone:	Phone number where you can be reached at during working hours
Fax:	Fax number, if available
Contact:	Leave blank
Email:	Email address where you can be contacted during working hours
Language:	Your preference for language of communication for consults
Postal address:	Your hospital address
Professional registration no:	Your medical license number, if any
Professional body:	
Employer	Name of your hospital or clinic

Once you have filled in the form, click the submit button. The following steps will happen next:

1. The coordinator will receive an automatic email and will authorize your account.
2. You will then receive an automatic email from *Collegium Telemedicus* that will notify you of the authorization.

3. You will need to log in again (www.collegiumtelemedicus.org) using your username and temporary password.
4. You will be led to a homepage where you need to change your temporary password to a new password of your choice. Click “change” when you’re done.
5. You will be lead to the Main Menu:

Main menu (Referrer)

To see your past cases, use option 1 • To create a new referral, select option 2 • The times and dates shown are relative to the time zone (including password) using option 3 • Further information is available in the Help file (option 4).

☞ Hide this text

1. [List my cases](#) / [List cases from my hospital](#)
2. [Create a new referral](#)
3. [Network participation](#) / [Change my password](#) / [login name](#) / [email address](#) / [language](#) / [time zone](#) / [Test my email](#)
4. [Case reports](#) / [Useful links](#) / [About](#) / [Help](#)
5. [Logout](#)

1. List your cases

Under 1. You can view your consult cases as well as the ones submitted from your hospital.

2. Create a new referral

Before creating a consult, inform your patient and their caregiver that you will be contacting an endocrine specialist via teleconsultation and get their specialist advice.

To create a new consult, follow these steps:

1. Click on “2. Create a new referral”
2. Chose the language of communication
3. Chose the consult type
4. Describe where the patient is located
5. Type the patient’s name and medical record number (this is needed to communicate with the consulting physician)
6. Type in the patient’s age and sex
7. Choose the reason for consultation
8. Check off the type of advice as “General”
9. Click “next”
10. To fill in the consult free text boxes, please follow the guideline in Appendix B
11. You can attach files (pictures, documents), as indicated

12. Click “next”
13. Check off the consent box, indicating that you have informed the patient about this teleconsultation. While the consult data will be stored in by Collegium Telemedicus, the patient identifiers will be stored in a separate encrypted file.

3. Network Participation

Not applicable.

4. Case reports

This tab serves to store additional information on cases, mainly for later review. Likely, you will not need this tab.

2. Urgent consultations

PEEP participants will have access to a 24 hour WhatsApp group for any life-threatening condition requiring advice on endocrine care within less than 2 hours. Examples for such consults include: Diabetic Ketoacidosis and coma/cerebral edema unresponsive to standard treatment, hypoglycemia unresponsive to standard therapy, thyroid storm, acutely decompensated diabetes insipidus, hyponatremic seizures unresponsive to standard therapy.

An on-call phone that is charged with sufficient funds to make calls to North America is being provided to the pediatric residency program at HUM and St. Damien Hospital.

To access the WhatsApp group contact Lyvie Cantave at pesirc.peep@gmail.com.

VII. Appendix A: PEEP Resident Curriculum

Session	Topic	Format	Readings: ESPE e-learning	Time
Onsite 1	PEEP Introduction and Endocrine Basics	Lecture		2 hours
	Growth	Lecture Case Presentation (Resident) Case Presentation (Faculty) Case Vignettes (bedside)	Growth and Growth Regulation CHAPTERS	1 hour 1 hour 1 hour 2 hours
Remote 1: Month 1	Growth	Review of Interactive Cases Clinical cases discussion	Growth and Growth Regulation CASES	1 hour
Onsite 2	Puberty	Lecture Case Presentation (Resident) Case Presentation (Faculty) Case Vignettes (bedside)	Puberty CHAPTERS	1 hour 1 hour 1-2 hours 2 hours
		Review of Interactive Cases Clinical cases discussion		Puberty CASES
Remote 2: Month 3	Puberty	Review of Interactive Cases Clinical cases discussion	Puberty CASES	1 hour
Onsite 3	Disorders of Sexual Developmt.	Lecture Case Presentation (Resident) Case Presentation (Faculty) Case Vignettes (bedside)	Disorders of Sexual Development CHAPTERS	1 hour 1 hour 1-2 hours 2 hours
		Review of Interactive Cases Clinical cases discussion		Disorders of Sexual Development CASES
Remote 3: Month 5	Disorders of Sexual Developmt.	Review of Interactive Cases Clinical cases discussion	Disorders of Sexual Development CASES	1 hour
Onsite 4	Diabetes	Lecture Case Presentation (Resident) Case Presentation (Faculty) Case Vignettes (bedside)	Diabetes CHAPTERS	1 hours 1 hour 1 hour 3-4 hours
		Review of Interactive Cases Clinical cases discussion		Diabetes CASES
Remote 4: Month 7	Diabetes	Review of Interactive Cases Clinical cases discussion	Diabetes CASES	1 hour
Onsite 5	Thyroid	Lecture Case Presentation (Resident) Case Presentation (Faculty) Case Vignettes (bedside)	Thyroid Disorders CHAPTERS	1 hour 1 hour 1-2 hours 2 hours
		Review of Interactive Cases Clinical cases discussion		Thyroid Disorders CASES
Remote 5: Month 9	Thyroid	Review of Interactive Cases Clinical cases discussion	Thyroid Disorders CASES	1 hour
Onsite 6	Adrenal	Lecture Case Presentation (Resident) Case Presentation (Faculty) Case Vignettes (bedside)	Adrenal Disorders CHAPTERS	1 hour 1 hour 1-2 hours 2 hours
		Review of Interactive Cases Clinical cases discussion		Adrenal Disorders CASES
Remote 6: Month 11	Adrenal	Review of Interactive Cases Clinical cases discussion	Adrenal Disorders CASES	1 hour
Onsite 7	Calcium/Bone	Lecture Case Presentation (Resident) Case Presentation (Faculty)	Calcium and Bone CHAPTER	1 hours 1 hour 1-2 hour

		Case Vignettes (bedside)		2 hours
Remote 7: Month 13	Calcium/Bone	Review of Interactive Cases Clinical cases discussion	Calcium and Bone CASES	1 hour
Onsite 8	Pituitary	Lecture Case Presentation (Resident) Case Presentation (Faculty) Case Vignettes (bedside)	Google Drive only	1 hour 1 hour 1-2 hour 2 hours
Remote 8: Month 15	Pituitary	Review of Interactive Cases Clinical cases discussion	Google Drive only	1 hour
Onsite 9	Hypoglycemia	Lecture Case Presentation (Resident) Case Presentation (Faculty) Case Vignettes (bedside)	Hyperinsulinism CHAPTER	1 hour 1 hour 1-2 hour 2 hours
Remote 9: Month 17	Hypoglycemia	Review of Interactive Cases Clinical cases discussion	Hyperinsulinism CASES	1 hour
Onsite 10	Water balance/DI	Lecture Case Presentation (Resident) Case Presentation (Faculty) Case Vignettes (bedside)	Hyponatremia CHAPTER	1 hour 1 hour 1-2 hour 2 hours
Remote 10: Month 19	Water balance/DI	Review of Interactive Cases Clinical cases discussion	Hyponatremia CASES	1 hour
Onsite 11:	Polyglandular Sx. / Late Endocrine Effects	Lecture Case Presentation (Resident) Case Presentation (Faculty) Case Vignettes (bedside)	Google Drive only	1 hour 1 hour 1-2 hour 2 hours
Remote 11: Month 21	Polyglandular Sx. / Late Endocrine Effects	Lecture Resident Research Project Proposal Research Project Presentations/Review	Google Drive only	2 hours 10 hours 4 hours
Onsite 12:	Research in Pediatric Endocrinology	Research Methods Review of Resident Research Projects Presentation of new projects	TBD	8 hours

VIII. Appendix B: PEEP Consult Template

1. PRESENTING COMPLAINT
2. HISTORY OF PRESENTING COMPLAINT
3. PAST MEDICAL HISTORY
 - a. Birth history:
 - i. Gestational age _____ (weeks)
 - ii. Birth weight _____ (gm)
 - iii. Birth length (if available) _____ (cm)
 - iv. Complications during pregnancy / delivery / perinatal period (specify):
 - b. Infancy:
 - i. Weight gain: average / slow / fast
 - ii. Growth in length: average / slow / fast
 - iii. Development: average / slow / fast
 - c. Childhood:
 - i. Weight gain: average / slow / fast
 - ii. Growth in height: average / slow / fast
 - iii. Development: average / slow / fast
4. FAMILY HISTORY
 - a. Diabetes
 - b. Other endocrine disorder
 - c. Autoimmune disorder
 - d. Mother's height (if consulting about growth problem, measure parent)
 - e. Father's height (if consulting about growth problem, measure parent)
5. ANTHROPOMETRICS and VITAL SIGNS
 - a. Age: (___ years, ___ months)
 - b. Weight (kg) ___
 - c. Length or height (cm) ___
6. PHYSICAL EXAMINATION
 - a. General appearance, including signs of dysmorphism:
 - b. HEENT, including thyroid:
 - c. CVR:
 - d. Abdomen:
 - e. Genitourinary, including Tanner staging of breast, pubic hair, testicular volume (as indicated)
 - f. Skin:
 - g. Neuro:
7. INVESTIGATIONS
8. WORKING DIAGNOSIS
9. CURRENT MANAGEMENT / TREATMENT
10. OTHER