

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

**FACULTY version**

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## **I. Program Overview**

The Pediatric Endocrinology Education Plan for Haiti (PEEP-H) 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). The program is supported by the European Society for Pediatric Endocrinology (ESPE). Its principal partner is Partners in Health/Zanmi Lasante (PIH/ZL), a non-governmental health care organization that works in close concert with the MSPP.

The program's 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 every 2 months (6 times per year) by a rotating body of francophone pediatric endocrinologists;
- (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. Faculty Participation**

There are several ways in which pediatric endocrinologists (and select senior fellows\*) can participate in PEEP. Faculty can opt to participate in one, several, or all of the activities listed and described in more detail below:

1. Preparation of Teaching Materials
2. Onsite Teaching Visits
3. Remote Lectures / Teleconferences
4. Remote Consultations

## Onsite Teaching Visits

### 1. Structure of Visits

Visiting faculty 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. Faculty may stay for a third teaching day at the medical schools and/or professional associations. The general structure of the visits will be as follows:

Day 1 (likely Sunday):

- Arrival at the airport in Port-au-Prince. Flights will be booked such that faculty arrive in the early afternoon to allow for ground transportation before dark. Faculty will be picked up by the local PEEP coordinator directly at the airport. Faculty will be given a local phone number for the coordinator (and back-up phone numbers for relevant contact persons) in advance such that they can CALL as soon as they land to ensure that the coordinator is on the way or has arrived. Faculty should not leave the airport building until they have confirmed coordinator arrival. The coordinator will hold a sign "PEEP-H Faculty" in the arrivals area.
- Faculty will be brought to their accommodation (hotel or hospital guest house) near Mirebalais (Central Plateau). A light dinner will be provided.

Days 2 and 3:

- Pick-up at the accommodation at approximately 7.30 am.
- Arrival at Mirebalais University Hospital or St. Damien Hospital before 8 am.
- Teaching Day Outline:
  - o 8am: Introductions and pre-test
  - o 8.15 am – 9.45 am: Faculty lecture
  - o 9.45 am – 10.15 am: Faculty case discussions
  - o 10.15 am – 10.30 am: Coffee break (optional)
  - o 10.30 am – 12 pm: Case-based discussion (resident)
  - o 12 pm – 1 pm: Lunch break
  - o 1pm – 2.30 pm: Bedside teaching and/or clinical case discussions
  - o 2.30pm – 3.30 pm: small group teaching (faculty)
  - o 3.30 pm – 4pm: post-test and post-test discussion
- Faculty will be accompanied to their accommodation in Port-au-Prince

Day 4, departure option:

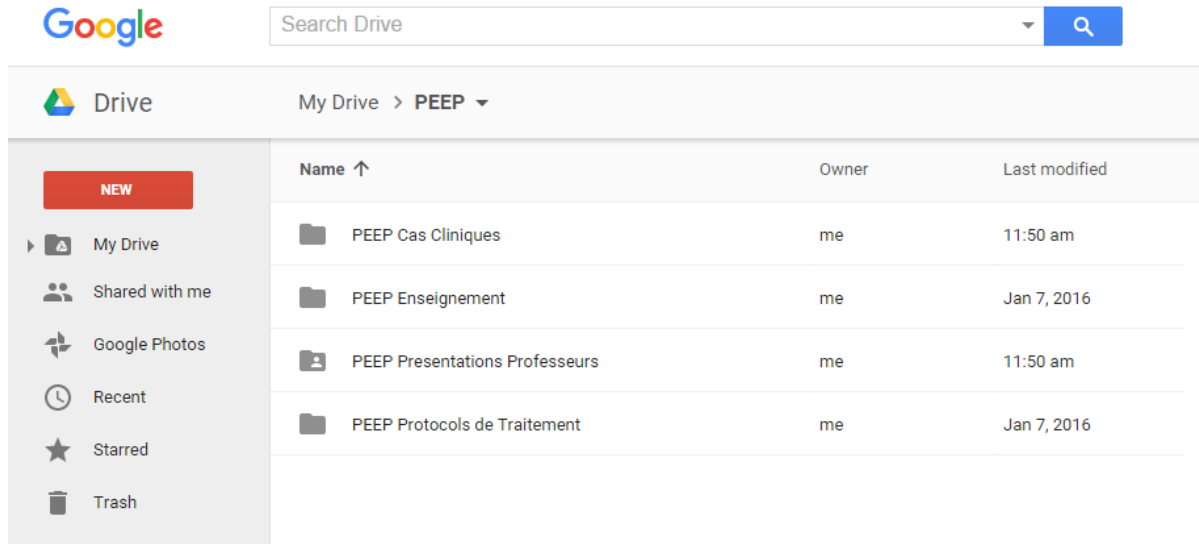
- Pick-up at accommodation 2-3 hours before planned flight departure.

Day 4, additional teaching option:

- Pick-up at accommodation 1 hour before scheduled lecture(s)
- Based on arrangement, 1-2 hour lectures and case reviews at professional society
- Alternatively, 1-2 hour lecture, small group teaching, or interactive cases at medical school
- Afternoon departure to airport 2-3 hours before flight, or the next morning

## 2. Content Description

An outline of the resident 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, and residents will receive an email with the assigned reading materials prior to the visit. Faculty are encouraged to plan their visit at least 1-2 months ahead of time. Once registered with PEEP, faculty will get access to the online platform (google drive folder) that contains relevant teaching materials for their own and all other topics. The folders are structured as follows:







- **Cas Cliniques**: Collection of clinical cases that are not yet assigned to teaching folders.
- **Enseignement**: Teaching materials for residents (this is the folder residents will have access to)
- **Presentations Professeurs**: Suggested lectures for visiting professors, sorted by topic. Lecturers can update and save modified version of their lecture in the same folder. PDF versions of lectures will be accessible to residents.
- **Protocoles de Traitement**: Folder with francophone endocrine/diabetes treatment protocols. Faculty are encouraged to add francophone materials, but are asked not to remove any items.

The **Enseignement** and **Presentation Professeurs** folders have the following topic subfolders:

Calcium et Os	Principes Endocrinologie
Croissance et Nutrition	Recherche en Endo Ped
Diabète	Reproduction
Équilibre hydrique / Diabète insipide	Séquelles endocriniennes
Hypoglycémie	Surrénale
Hypophyse	Thyroïde

- Each of the topic folders in the **Enseignement** folder has the following subfolders:

 Cas cliniques	me	Jan 7, 2016
 Lecture additionnelle	me	Jan 7, 2016
 Lecture requise	me	Jan 7, 2016
 Matériels pour Familles	me	Jan 7, 2016

1. **Cas Cliniques:** Residents may view these; faculty can add and modify cases but are requested not to remove any cases.
2. **Lecture Additionnelle:** Residents can opt to read materials contained in this folder. Faculty can add materials but are requested not to remove any.
3. **Lecture Requisite:** Residents are instructed to read all materials in this folder prior to the visit. Please review this folder and adapt its content to your visit. You can add materials, and move those you don't judge as required readings over to the "additional readings" folder.
4. **Mat. Pour Familles:** These are hand-outs for patients and families. You are encouraged to add any relevant francophone materials but are requested not to remove any.

### **3. Expectations for Residents**

Pediatric Residents will be given a manual prior to starting PEEP, which contains the following instructions for the onsite teaching visits:

- 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.

### **4. Expectations for Faculty**

Faculty will be expected to prepare the following teaching items, based on the materials provided on the online platform:

- 1-2 hours of lectures per assigned teaching topic, as outlined in the curriculum in appendix A.
- 1-hour case presentation(s)
- Case vignettes for small group teaching

## 5. Travel and Logistics

### 1. Transportation and Accommodation

All air and ground transportation (car and driver) will be arranged by the local PEEP coordinator, who will communicate with faculty by email regarding the details of their air transportation no less than 4 weeks prior to the visit. All flights will be booked in economy airfare, with major air carriers (Delta, American Airlines, Air Canada, Air Transat, Jet Blue). While the coordinator will attempt to book the flight with the shortest travel time, price and arrival times will be taken into consideration. For safety reasons, we will not book any flights that arrive in the evening (after dark).

Accommodation will be arranged for by the local coordinator. Faculty will stay in a hotel or local guest house, as available. Food will be provided at the guest house.

### 2. Travel Documents

You will need a passport that is valid for at least 6 more months. US citizens, Canadians, Europeans and citizens of most other countries do not need a visa to enter Haiti. For non-US, Canadian or European citizens, check with the Haitian embassy in your country about visa requirements. All foreign (non-Haitian) passport holders will need to pay USD 10, CAN\$ 10 or EUR 10 in cash upon arrival before going through immigration. Please make sure you bring this cash amount with you.

### 3. Health and Prevention of Disease

**Vaccines:** There are no vaccine requirements to enter Haiti. However, we suggest making an appointment with your local travel clinic to review your vaccine status, and discuss malaria prophylaxis. Given the short duration of stay, faculty may choose to forgo prophylaxis and instead execute extra caution towards prevention of mosquito bites.

**Vector-borne illnesses:** To prevent mosquito-borne illnesses, we recommend bringing 30-100% DEET insect repellent and to apply this twice daily (morning and evening). If you prefer to sleep under a mosquito net for added protection at night, you should bring your own. Bring light, long-sleeve clothing that you can wear after dusk to reduce skin exposure to mosquitos.

**Food-borne illnesses:** It is recommended that you drink only bottled water in Haiti. Beware of potential for contamination of ice cubes that may be added to your open drink, salads, and fruit without peel. However, at most upscale restaurants these are probably safe to consume. We do not recommend consuming any street food.

**Insurances:** We strongly recommend obtaining health and evacuation insurance, if you do not have such coverage in place (check with your local health insurance provider). Examples include MedJet ([www.medjetassist.com](http://www.medjetassist.com)) and Global Rescue ([www.globalrescue.com](http://www.globalrescue.com)). In case of a medical emergency, or any medical condition for which you need to consult a doctor, please contact the local coordinator immediately (see page 1). Dr. Eddy Jean-Baptiste is a US and Canadian embassy designated internal medicine doctor in Port-au-Prince who is part of the PEEP project and can also be contacted and assist with evaluation and/or coordination of medical care (cell phone: +509-37014243).

#### 4. Safety

**Before your trip:** The PEEP team will review the security situation in Haiti prior to arranging for any visiting faculty's travel. However, faculty will travel at their own risk. It is at the faculty member's discretion to decide for or against travel at a given time. Faculty are encouraged to familiarize themselves with the website of their country of citizenship's embassy in Haiti, which usually includes travel warnings and instructions. As an example, US faculty are strongly encouraged to register their trip at <http://haiti.usembassy.gov/register-your-trip.html>. Ideally, faculty should purchase a limited-time international phone plan or ensure that their cell/mobile phone works internationally for the airport arrival phone call and for emergency phone calls.

**While in Haiti:** When outside of their accommodation, faculty should be accompanied by a person associated with PEEP at all times. Do not take any trips outside your accommodation on your own. This includes not going for walks on your own, not going out to eat on your own, and certainly not going out alone after dark. As mentioned above, do not leave the airport arrivals hall until the coordinator has confirmed that he/she is waiting for you outside. While there have not been any reports of targeted violence against foreigners or tourists, these are to be taken as general precautions.

#### 5. Clothing and Attire

Attire tends to be relatively formal in Haiti. In the hospital setting, dress code is similar to North American institutions. We strongly recommend against jeans, shorts, above-knee skirts, and bare-shoulder shirts. However, short-sleeve shirts are acceptable. It is hot year-round, so light clothing is recommended.

#### 6. Malpractice Coverage

There is currently no system in place that requires international physicians to register or obtain a license while working / practicing in Haiti. PES will not provide malpractice coverage. There is currently no uniform policy in North American institutions and insurance providers as to how humanitarian work abroad should be covered. We suggest that you contact your insurance provider and/or your institution directly and inquire about possible coverage for short-term humanitarian work. Your involvement in Haiti is predominantly in medical education (vs. clinical care), but you may be asked to provide clinical advice on patients. Based on your comfort level and insurance status, is at your discretion to respond to these requests. We have had no report of litigation against foreign medical staff in Haiti to date, and would consider this to be an exceptional occurrence.

### Remote Lectures and Teleconferences

#### 1. General Description

Similar to the onsite visits, the remote teaching will follow the schedule outlined in the curriculum in Appendix A. Remote conferences include a monthly topic lecture given by faculty, and a monthly case discussion session, as well as videoconferences (to be set up).

## 2. Videoconferences

We are in the process of exploring options to videoconference into pediatric endocrine lectures given at pediatric endocrinology fellowship programs. We are currently looking for faculty interested in setting this up with their program. Please contact the PEEP coordinator if you are interested.

## 3. Remote lectures and case discussions

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. A timetable and sign-up sheet with topics will be circulated to all interested faculty. For lectures, residents will receive an email from [pesirc.peep@gmail.com](mailto: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](mailto:pesirc.peep@gmail.com) with questions or topics they would like to discuss during the conference. The PEEP coordinator will forward resident email to the faculty in charge of the respective conference date.

To start the remote conferences, log on to the PEEP skype account (peep.professor), password Prof2016, and wait for the residents' call-in, or call the residents' account at pesirc.peep (contact is installed on the professor's account).

## 4. Interactive cases

We are in the process of creating these. If you would like to contribute an interactive case, please contact the PEEP coordinator. In the meantime, residents will be encouraged to sign up for the ESPE interactive learning website ([www.espe-elearning.org](http://www.espe-elearning.org)).

## 5. Expectations for Residents

Pediatric Residents are expected to:

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

## 6. Expectations for Faculty

Faculty are expected to prepare the lecture and be available on the day that they have signed up for. For case discussions, faculty should prepare 1-2 case vignettes that align with the topic assigned to the respective month.

## Remote Consultations

PEEP participants will have the opportunity to consult pediatric endocrinologists for non-urgent consultations via an online platform called *Collegium Telemedicus*, a store-and-forward platform

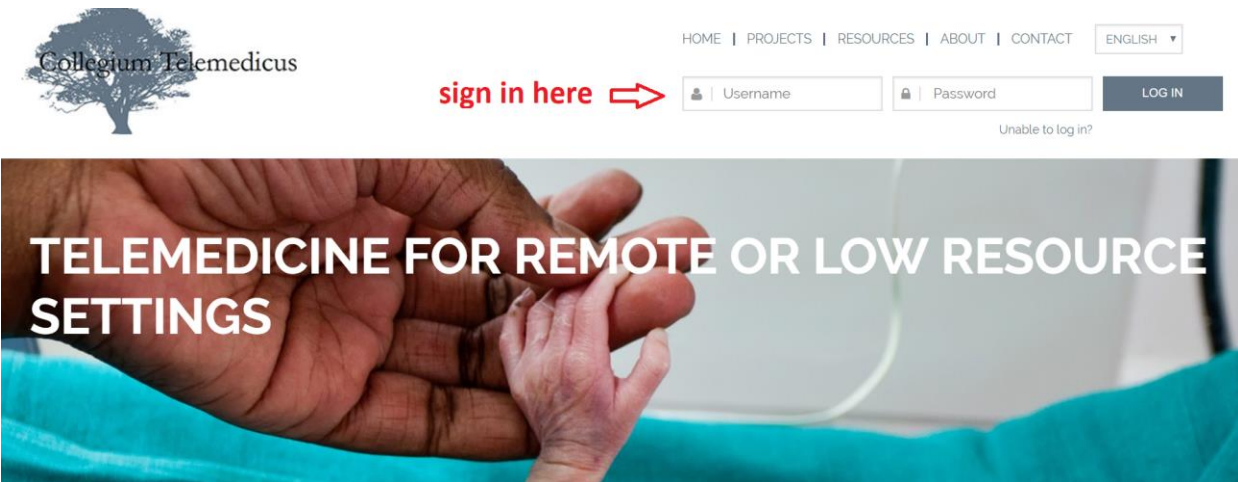


designed for teleconsultation (store-and-forward means that referring physicians create a referral form that is “stored” on the platform and “forwarded” to the specialist – this is in contrast to a real-time teleconsultation via, for example, a video conference call). For urgent consultations, they will be given an on-call hotline that is covered by volunteer faculty (expected volume: maximum 1 urgent consult per week).

**1. Non-urgent consultations:**

Interested faculty can sign up for the *Collegium Telemedicus* platform using below instructions. Once signed up, they will be part of the PEEP specialist network, and will receive email notifications when a consult case has been created by a PEEP resident or physician in Haiti. Referring physicians have been instructed to use the consult template in Appendix B.

PEEP specialists 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](http://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](http://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](#) [Help](#) [Logout](#)

■ Welcome Dr Julia von Oettingen (Specialist, PEEP) ■

## Main menu (Specialist)



To see your past cases, use option 1 • The times and dates shown are relative to the time zone recorded in your user profile, currently set to GMT-5 • You can alter your user profile (including password) using option 2 • Further information is available in the Help file (option 3).

Hide this text

1. [List my cases](#) / [Find cases](#)
2. [Network participation](#) / [Change my password](#) / [login name](#) / [email address](#) / [availability](#) / [language](#) / [time zone](#) / [Test my email](#) / [Display my personal data](#)
3. [Case reports](#) / [Useful links](#) / [About](#) / [Help](#)
4. [Logout](#)

1. **List my cases:** Here you can review the cases you have been consulted on.
2. **Network participation:** View a certificate of participation (PDF), change your password, login name, email address, availability, language and time zone
3. **Case reports:** See cases that have been created in the network
4. **Logout**

Once you have been allocated a consult, you will receive an automatic email from *Collegium Telemedicus* that reads:

Dear Dr \_\_\_\_\_,

A new referral has been received [PEEP]. We would be grateful for your expertise.  
 Click on this link <https://collegiumtelemedicus.org/> to review the case (case number X). If you experience any login difficulties, then you can request a new password to be sent to you by email. Failing that, please notify me at <r\_wootton@pobox.com>.  
 Thank you,  
 Network Coordinator

When you click on the link, you will be lead to the homepage. Once you have logged in, the main menu will show up. Click on List my Cases to see your consult request:

### Your cases

Click on the relevant case number to read the messages associated with that case. You can also send a further message to the referrer • Cases which have been answered have a **green** marker; those waiting for a response have a **yellow** marker • Cases are listed in date order and you can change the order by clicking at the top of the relevant column • After you have looked at a case, the details on this screen are shown in grey; if subsequently there are new messages for the case, it will be shown in black again and there will be a warning symbol to draw your attention.

#Hide this text

1-20 of 20 case(s) - sorted by Allocated At ascending

Status	Case no	Type	Query no	Last message	Allocated	Patient	Sex	Age	Referrer
<span style="color: green;">■</span>	<u>52 [FR]</u>	P	1	09-Apr-2019 08:53	07-Apr-2019 14:11	[Redacted]	Male	12 y	[Redacted]
<span style="color: yellow;">■</span>	<u>50 [FR]</u>	P		18-Jan-2019 19:01	29-Dec-2018 11:06	n/a	Male	2 m	[Redacted]

The status will indicate if you have completed the case (green) or if the case is waiting for a response (yellow). Click on the underlined case number to view the consult request:



Home Main menu Help Logout

Welcome Dr Julia von Oettingen (Specialist, PEEP)

### All messages for case no 50 - Patient-related clinical query (relating to a specific patient)

This listing shows the newest message at the top initially. You can change the order by clicking on the arrows at the head of each column • You can read the messages by clicking on the appropriate link at the right hand side • A paperclip symbol indicates that the message has attached files. Click on the **Read message** link to view them • Details about the person who sent a message are available by clicking on the link representing the person's name • You can send a response about this case by clicking on the **Respond** icon at the bottom of the page.

#Hide this text

Case no:	50	Age:	2 m
Nature of referral:	Patient-related clinical query (relating to a specific patient)	Bodyweight:	4.5 kg
Patient name:	n/a	Date of referral:	28-Dec-2018
Sex:	Male	City, country:	Port-au-Prince, Haiti
Referrer:	[Redacted]	Hospital:	Hopital St. Damien

0	28-Dec-2018 21:31	[Redacted]	[New referral] Nouvelle référence - Avis clinique requis pour un cas spécifique (concerne un patient en particulier)	Read message
Mark this case as "unread"				

Click on Respond to see the case. You will see the full consultation form, below which a text box will open for your response:

Your response

Who is this message for?

- Referrer (your message will be visible to other Specialists on this case, and to the Coordinator)
- Coordinator (your message will be visible to other Specialists on this case)
- Coordinator (your message will be private between you and the Coordinator)

Choose the recipient for your message

Your response:

Enter your message in the box above. You can resize the box by dragging the 'handle' in the bottom right-hand corner of the box

Attachments:

Choose file(s) to attach

... or drop files here

If you have files to attach (e.g. images), click the button above to select them, or drag them into the dotted area

Your email: julia.vonoettingen@mcgill.ca

Please change your email address if it is incorrect. If you have more than one email address, then separate the addresses with semi-colons, e.g. m.mouse@disney.com; d.duck@disney.com

Send Cancel

Once you have filled in your response (and uploaded any attachments, as indicated), click send. The referring physician will be notified of your response by an automatic email. They can reply back to you using the same form, and you can send messages back and forth, as needed. You can also add a message to the coordinator.

## 7. 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 of 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.

Faculty can sign up to take call for a week at a time. The residents are given a generic phone number that will be signed out to your phone. Please contact the PES coordinator (Julia von Oettingen: Julia.vonOettingen@mcgill.ca if you are interested, and let her know the weeks you are available.

#### IV. Appendix A: PEEP Resident Curriculum

Session	Topic	Format	Time
<b>Onsite 1</b>	I. PEEP Introduction and Endocrine Basics	Lecture	2 hours
	II. Growth	Lecture Case Presentation & Discussion (Resident) Case Presentation & Discussion (Faculty) Case Vignettes (bedside)	1 hour 1 hour 1 hour 2 hours
<b>Remote 1: Month 1</b>	II. Growth	Lecture Interactive Cases (Module 1) Case discussion	1 hour 1 hour 1 hour
<b>Remote 1: Month 2</b>	III. Reproductive	Lecture Interactive Cases (Module 2) Case discussion	1 hour 1 hour 1 hour
<b>Onsite 2</b>	III. Reproductive	Lecture Case Presentation & Discussion (Resident) Case Presentation & Discussion (Faculty) Case Vignettes (bedside)	1 hour 1 hour 1-2 hours 2 hours
<b>Remote 2: Month 3</b>	IV. Type 1 Diabetes	Lecture Interactive Cases (Module 3) Case discussion	1 hour 1 hour 1 hour
<b>Remote 2: Month 4</b>	IV. Type 2 and Other Types of Diabetes	Lecture Interactive Cases (Module 4) Case discussion	1 hour 1 hour 1 hour
<b>Onsite 3</b>	IV. Diabetes	Lecture Case Presentation & Discussion (Resident) Case Presentation & Discussion (Faculty) Case Vignettes (bedside: inpatient & clinic)	1 hours 1 hour 1 hour 3-4 hours
<b>Remote 3: Month 6</b>	V. Thyroid	Lecture Interactive Cases (Module 5) Case discussion	1 hour 1 hour 1 hour
<b>Remote 3: Month 6</b>	V. Thyroid	Lecture Interactive Cases (Module 6) Case discussion	1 hour 1 hour 1 hour
<b>Onsite 4</b>	V. Thyroid	Lecture Case Presentation & Discussion (Resident) Case Presentation & Discussion (Faculty) Case Vignettes (bedside)	1 hours 1 hour 1-2 hour 2 hours
<b>Remote 4: Month 7</b>	VI. Adrenal	Lecture Interactive Cases (Module 7) Case discussion	1 hour 1 hour 1 hour
<b>Remote 4: Month 8</b>	VI. Adrenal	Lecture Interactive Cases (Module 8) Case discussion	1 hour 1 hour 1 hour

<b>Onsite 5</b>	VI. Adrenal	Lecture Case Presentation & Discussion (Resident) Case Presentation & Discussion (Faculty) Case Vignettes (bedside)	1 hour 1 hour 1-2 hour 2 hours
<b>Remote 5: Month 9</b>	VII. Calcium/Bone	Lecture Interactive Cases (Module 9) Case discussion	1 hour 1 hour 1 hour
<b>Remote 5: Month 10</b>	VIII. Pituitary	Lecture Interactive Cases (Module 10) Case discussion	1 hour 1 hour 1 hour
<b>Onsite 6</b>	VII. Calcium/Bone VIII. Pituitary	Lecture Case Presentation & Discussion (Resident) Case Presentation & Discussion (Faculty) Case Vignettes (bedside)	1 hours 1 hour 1-2 hour 2 hours
<b>Remote 6: Month 11</b>	IX. Hypoglycemia: Neonatal	Lecture Interactive Cases (Modules 11,12) Case discussion	1 hour 1 hour 1 hour
<b>Remote 6: Month 12</b>	IX. Hypoglycemia: Infant and Child	Lecture Interactive Cases (Modules 11,12) Case discussion	1 hour 1 hour 1 hour
<b>Onsite 7</b>	IX. Hypoglycemia	Lecture Case Presentation & Discussion (Resident) Case Presentation & Discussion (Faculty) Case Vignettes (bedside)	1 hour 1 hour 1-2 hour 2 hours
<b>Remote 7: Month 13 (break) + 14</b>	X. Water Balance/Diabetes Insipidus	Lecture Interactive Cases (Module 13) Case discussion	1 hour 1 hour 1 hour
<b>Onsite 8</b>	X. Water Balance/ Diabetes Insipidus	Lecture Case Presentation & Discussion (Resident) Case Presentation & Discussion (Faculty) Case Vignettes (bedside)	1 hour 1 hour 1-2 hour 2 hours
<b>Remote 8: Month 15</b>	XI. Polyglandular Syndrome, endocrine cancers	Lecture Interactive Cases (Module 14) Case discussion	1 hour 1 hour 1 hour
<b>Remote 8: Month 16</b>	XII. Late Endocrine Effects of Cancer Treatment	Lecture Interactive Cases (Module 15) Case discussion	1 hour 1 hour 1 hour
<b>Onsite 9</b>	XI. Polyglandular Syndrome, endocrine cancers XII. Late Endocrine Effects of Cancer Treatment	Lecture Case Presentation & Discussion (Resident) Case Presentation & Discussion (Faculty) Case Vignettes (bedside)	1 hour 1 hour 1-2 hour 2 hours
<b>Remote 9: Months 17+18</b>	XIII. Research in Pediatric Endocrinology	Lecture Resident Research Project Proposal Research Project Presentations/Review	2 hours 10 hours 4 hours

## V. 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. Head, eyes, ears, nose, throat, including thyroid:
  - c. Cardiovascular:
  - d. Abdomen:
  - e. Genitourinary, including Tanner staging of breast, pubic hair, testicular volume (as indicated)
  - f. Skin:
  - g. Neurological:
7. INVESTIGATIONS
8. WORKING DIAGNOSIS
9. CURRENT MANAGEMENT / TREATMENT
10. OTHER

## VI. Appendix C: Diagnostic Tools in Haiti

The following diagnostic tools are generally available at public tertiary care centers (Hopital Universitaire de Mirebalais (HUM); Hopital General; Hopital St. Damien), although this is subject to change. Not all services are reliable at all times, thus before ordering a diagnostic test, availability should be confirmed with the respective care facility. Most endocrine labs can be obtained at high cost (similar to US prices) at private labs in Port-au-Prince (e.g. Bioendocrine Lab, Biomed Lab)

### 1. Laboratory Services

Laboratory Test	Availability	Turnaround time
CBC + differential	Reliably	Hours
Electrolytes	Almost always	Hours to 2 days
Blood sugar	Almost always	Immediately on glucometer Hours in serum
Calcium, phosphorus	Commonly	Hours to 2 days
Vitamin D	Private lab in PAP, costly	Days
Alkaline Phosphatase	Private lab in PAP, costly	Days
BUN/creatinine	Almost always	Hours to 2 days
Liver function tests	Commonly	Hours to 2 days
HbA1c	Lab: commonly Point-of-care: only at HUM	2 days Minutes using point-of-care testing
Urine Microalbumin/creat	Diabetes clinics FHADIMAC and Kay Mackenson	Run when sufficient patient numbers
Thyroid function (TSH, free T4)	Some labs	2 to several days
Steroid hormones	Some tests in some labs	2 to several days
Other endocrine labs	Not available	n/a

### 2. Imaging

Imaging Modality	Availability	Comment
X-ray	Almost always	Usually immediately available; need to give specific instructions for special exams such as bone ages
Ultrasound	Almost always	Dependent on operator, need to confirm that a skilled professional is available to perform the study.
CT scan	Public : Hôpital Bernard Mevs, HUM, HUEH Private : Hôpital St Damien, Radiolab, Imagerie Médicale de Pétiion-Ville	Only available at HUM and Hôpital General. Need to confirm availability as machines are frequently out of order.
MRI	Private : Centre de Scanner "computérisé" d'Haïti	For brain imaging only

Abbreviations : HUM= Hôpital Universitaire de Mirebalais ; HUEH : Hôpital Universitaire d'Etat Haïtien



## VII. Appendix D: Management Tools in Haiti

### 1. Medications:

Generally, the majority of endocrine medications are available in Haiti if purchased through private pharmacies in Port-au-Prince. Hôpital Universitaire de Mirebalais (HUM) provides patients with medications free of charge based on availability of their supply. The following contains a list of medications likely to be available at the above mentioned tertiary care centers (Hôpital Universitaire de Mirebalais and Hôpital Universitaire d'Etat Haïtien), as well as a list of endocrine medications that are NOT available in-country.

Medication	Availability	Comment
Insulin		
NPH	Widely available	At most hospitals and pharmacies. Available for children for FREE through the Life For a Child program (administered through FHADIMAC).
Regular	Widely available	At most hospitals and pharmacies. Available for children for FREE through the Life For a Child program (administered through FHADIMAC).
Mixtard (NPH/R 70/30 mix)	Widely available	At most hospitals and pharmacies. Available for children for FREE through the Life For a Child program (administered through FHADIMAC).
All other insulins, such as analogs	Private sector only	High cost
Glucagon	Private sector only	n/a
Hydrocortisone	Rarely	Available in private pharmacies
Dexamethasone	Usually	Available in private pharmacies
Prednisone	Usually	Available in private pharmacies
Levothyroxine	Usually	Available in private pharmacies. Pediatric doses not available.
Methimazole	Private sector only	n/a
Propylthiouracil	Occasionally	Available in private pharmacies
Testosterone	Private sector only	Available in some private pharmacies
Estrogen	Private sector only	Exception: oral contraceptive pill
Progesterone	Unsure	Available in private pharmacies
Fludrocortisone	Not available	n/a
Desmopressin	Not available	n/a
GnRH agonist (Lupron, Histrelin)	Not available	n/a
Estrace	Not available	n/a

### 2. Subspecialty Consultations

Several pediatric subspecialty consultants are available in-country. It is helpful to contact the pediatric program leadership at one of the tertiary care centers to find out if a subspecialist is available and arrange for an appointment. Pediatricians at tertiary care facilities may also be aware of out-of-country visiting subspecialists (e.g. arranged through non-governmental organizations) who may be available to

see referred patients on an ad-hoc basis. Adult-trained subspecialists may also be available to see pediatric patients.

<b>Pediatric Subspecialty</b>	<b>Availability</b>	<b>Comment</b>
Anesthesia	St. Damien's	
Cardiology	HUM, St. Damien's, Hopital General	Contact Haiti Cardiac Alliance to find out where to best refer patients.
Dermatology	Not available in-country.	Remote consultants available through Kay Mackenson Clinic. Adult dermatologists are available at all sites.
Endocrinology	Not available in-country.	Remote consultants (members of PES-IRC). Adult endocrinologist and diabetologist available through FHADIMAC.
Gastroenterology	Not available in-country.	Seen by adult gastroenterologists.
Human Immunodeficiency Virus / Tuberculosis	HUM, St. Damien's, Hopital General, Hôpital Général	
Infectious Diseases	Not available in-country.	Seen by adult providers or general pediatricians.
Nephrology	One pediatric nephrologist that covers HUM, SDH and Hopital General	Dr. Exavier
Neurology	Not available in-country.	Clinic in Port-au-Prince supported by the Université de Montréal is being supported by Haitian-born pediatric neurologist at Ste. Justine Hospital in Montreal.
Neurosurgery	Not available in-country.	Performed by adult trained neurosurgeons. Hopital General offers some services for hydrocephalus cases, and some pediatric trauma.
Ear, nose and throat	Not available in-country.	Seen by adult providers.
Orthopedics	Not available in-country.	Seen by adult providers.
Psychiatry	Not available in-country.	Seen by adult providers.
Pulmonary	Not available in-country.	Seen by adult providers.
Rheumatology	Not available in-country.	Seen by adult providers.
Surgery	HUM, St. Damien's, Hôpital Général	
Urology	Not available.	Seen by adult providers.