

Pediatric Clerkship Guide to Golisano Children's Hospital of Southwest Florida – Fort Myers, Florida

About Golisano Children's Hospital and Lee Health

The Golisano Children's Hospital of Southwest Florida - a standalone, state-of-the-art facility that opened in 2017. The children's hospital is a standalone 300,000-square-foot, 7-story facility. It now provides a variety of specialized services – from emergency care to behavioral health, surgery to critical care, orthopedics, cancer treatment, cardiology, pediatric neurosurgery, and more.

Golisano Children's Hospital of Southwest Florida
9981 S Health Park Dr., Fort Myers, Florida 33908

Lee Health System - <https://www.leehealth.org/locations/find-a-location/golisano-childrens-hospital-of-southwest-florida>

Clinical Experience

- Extremely busy clinical service
- Average daily inpatient census is 30 patients per day
- Peds ED patient visits is over 45,000 per year

Educational Experience

- Has Family Medicine residency with residents on the Peds service
- Has students from Nova Southeastern and KCUMB on Peds service
- Hospitalists cover the inpatient ward and nursery
- Work directly with attending and see a lot and do a lot
- Large Spanish speaking patient population

Travel

- Students can choose their preferred mode of transportation
 - o Drive - Roughly 20 hours or two-day drive from Chicago – stipend can be used for overnight lodging and gas. It is strongly recommended that you have a car for this site.
 - o Fly - Flights should be taken to Fort Myers, Florida (RSW) and it is recommended to purchase round trip tickets.
 - o Train - Amtrak now offers direct services from Chicago to Miami. This option is best suited for students who are beginning their rotation at Lee Health immediately after a break. If interested, please use this [link](#) to find out more information on the train service and booking. Please note, you will need to get to Fort Myers from Miami, roughly a 3 hour drive.
 - For discount on car rentals, visit the link below (requires Loyola login). Enterprise and National offer a 5% discount for personal rentals. Reference account number **XZ78990** when booking direct through the link for personal rentals. Students will need to create a free account with the rental car service.
- Link: <https://www.luc.edu/secure/purchasing/rental-cars/index.shtml> **Travel stipend** for the student rotation will be **\$1,400**. This will be processed through The Financial Aid Office. It will appear on the student's account. If there is an outstanding balance that the student owes, it will show as a credit to that balance. If the student balance is \$0, then the student will see the added funds.
 - o Although they are not required at this time, please hold on to your receipts in case they are needed at a later date.

Lodging

- [Sanibel Straits Apartment Complex](#) located in Fort Myers, Florida – Fully furnished
 - o Address: 16110 Myraid Ln., Apt 1-406, Fort Myers, Florida 33908
 - o Amenities <https://sanibelstraitsapts.com/about>
 - o 2 Bed/2 Bath, fully furnished - toiletries not included
 - o No pets are allowed in the unit
 - o Additional information to follow under “Apartment Rules, Regulation, and Local Information”
- It is strongly encouraged that students get renters insurance for personal belongings.

For any additional questions or concerns please contact the following:

- Mike Budzynski, Vice Dean of Administration
 - o Email: mbudzyn@luc.edu
 - o Call/Text: 630.863.9878
- Dr. Ramzan Shahid, Pediatric Clerkship Director
 - o Email: rshahid@lumc.edu
- Natalie Hiller, Clerkship Coordinator
 - o Email: nhiller@luc.edu

Clerkship Expectations – More detail can be found in the orientation slides and Pediatric Clerkship Manual posted on Sakai

- Please note time zone difference (Eastern time is 1-hour ahead of Chicago time)
- Mandatory virtual attendance at Clerkship Orientation on Monday Week #1
- Mandatory virtual attendance for Friday afternoon lectures/quizzes
- Attend PCM3 day virtually
 - o Dates can be found on the Lumen calendar
 - o **Contact PCM3 coordinator to make arrangements**
- Assignments to complete:
 - o On Sakai – Posted with due dates under the assignments tab
 - SMART Goals – Due at end of week 1
 - EBM Summary
 - OHF Summary
 - 2 H&P Evaluations
 - Newborn Nursery Evaluation
 - Mommy Rounds Evaluation
 - Mid Clerkship Feedback form
 - Practice Exam (posted with due date under quizzes tab)
 - o On Aquifer
 - 32 CLIPP Cases
 - o On Lumen
 - Direct Observations – 1 history, 3 physical exams
 - Required Clinical Conditions
 - Clinical performance evaluations sent to preceptors via lumen for each clinical site serviced – It is recommended that you send evaluations weekly

Required Clinical Conditions

Students should make an effort to see a patient with each of the Required Clinical Conditions as outlined in the pediatric clerkship manual. The patient/condition can be seen in any clinical setting as appropriate (Inpatient, Outpatient, ED, or Nursery). Additional information can be found on in the Pediatric Clerkship Manual.

Direct Observation Requirement

Direct Observation of key components of taking a history and performing the physical examination is an important educational opportunity to receive individualized formative feedback and to continue to grow in these skills toward expertise. Additional information can be found on in the Pediatric Clerkship Manual.

During each core clerkship, you will be required to have a faculty physician or a resident:

1. Observe you take a key portion of one history.
2. Observe you perform a part of the physical examination. Each clerkship oversees a particular part of the exam and requires one or multiple observations as determined by the clerkship directors – 3 required physicals for pediatrics.

Services

Inpatient Ward

- Mon-Fri, no weekends
- Pre-round on patients
- Present patients on round
- Daily attending rounds with Attending
- Follow 2-4 patients per day (initially 1-2 patients per day)
- Write daily progress notes
- Write admit H&P for new admission

Outpatient Clinic

- Mon-Fri, no weekends
- See patient on your own first, then come out to present to the attending
- Write clinic note on any patient you see and present
- See Well Child visits, Newborn visits, Adolescent visits, acute/sick child visits
- Should see, present, and write note on several patients per day (2-4 patients in AM session, 2-4 patients in PM session)

Newborn Nursery

- Mon-Fri, no weekends
- Pre-round on your patients
- Present patients on round
- Daily attending rounds with Attending
- Follow 2-4 newborns per day (initially 1-2 newborns per day)
- Write daily progress notes
- Talk with their families at bedside
- Provide Discharge instructions and teaching
- Attend deliveries if possible

ASSIGNMENT

1. History and Physical Inpatient Write-Up #1
2. History and Physical Inpatient Write-Up #2
 - Each complete H&P write up must be formally reviewed by your or attending.
 - H&P must be uploaded to Sakai
 - H&P Evaluation Form Completed and Signed by Attending - Submit on Sakai.

ASSIGNMENT

1. Directly Observed Examination of Ear/Tympanic Membrane by Attending x 3
 - Must have 3 observed ear/TM exams
 - Describe position, color, opacity, mobility of the tympanic membrane
 - Insufflation technique of tympanic membrane

ASSIGNMENT

1. Directly Observed Newborn Nursery: Head-to-Toe Physical Exam reviewed and critiqued (checklist) by your Newborn Nursery attending. Submit on Sakai
2. Newborn Nursery "Mother Rounds" Communication checklist. Submit on Sakai

Pediatric ED

- Mon-Fri, no weekends
- Daytime or evening shift
- See patient on your own first, then come out to present to the attending
- Write ED note on any patient you see and present
- Should see, present, and write note on several patients per shift (5-8 patients per shift)

Example General Weekly Outline – Official schedule will come from Lee Health Coordinators

	Sun	Mon	Tue	Wed	Thurs	Fri	Sat
Week 1	Arrive in Ft. Meyers	Loyola Orientation via zoom	AM Lee Health On Boarding/ PM Ward	Ward	Ward	AM Ward PM Lectures via zoom	Off
Week 2	Off	Ward	Ward	Ward	Ward/ Nursery	AM Ward- Nursery PM Lectures via zoom	Off
Week 3	Off	Peds ED	Peds ED	Peds ED	Peds ED	AM Peds ED PM Lectures via zoom	Off
Week 4	Off	Outpatient Clinic	Outpatient Clinic	Outpatient Clinic	Outpatient Clinic	AM Clinic/ PM Lectures via zoom	Off
Week 5	Off	Outpatient Clinic	Outpatient Clinic	Outpatient Clinic	Outpatient Clinic	Outpatient Clinic	Travel Day
Week 6	Arrive back in Chicago	Off	OSCE at Loyola	Study Day	Study Day	NBME Exam	Off

Clinical Sites and Preceptors

Education Coordinator; Shannon Casey Email: Shannon.casey@leehealth.org, Phone: 239-343-7712

- Ward - Golisano Children's Hospital
 - o Dr. Yanet Rios
- Nursery – Golisano Children's Hospital
 - o Dr. Yanet Rios
- Peds ED - Golisano Children's Hospital
 - o Dr. Alfredo Vargas
- Outpatient
 - o Dr. Piedade Silva

Illness Protocol

- Email Clerkship Directors, Loyola education coordinator, Lee Health education coordinator
- Email local preceptor
- Visit Employee Health at Lee Health for clearance to return
- Send documentation from Employee Health

Additional Contact

Dr. George Harris is a physician at Lee Health and has an apartment in the Sanibel Straits apartment complex. He will likely reach out to you to make sure you are settling in! He and his wife Dawn can be excellent sources for the area.

- Dr. George Harris - c: 319-512-9993; e: gharrisiv@gmail.com
- Dawn Harris - c: 843-926-3296

Tropical Storms and Hurricanes

The education coordinator at Lee Health and/or the doctors you work with will let you know if and when any of your days on service are canceled or if evacuation is necessary because of a hurricane or tropical storm.

[Click Here](#) for the Lee County Hurricane Preparation Guide

The site includes evacuation zones, lists of public shelters, storm monitoring, and more. The area is divided into different evacuation zones which you can find mapped on the lee gov website. If evacuation in Fort Myers is necessary, it will likely be zone A. The hospital is in zone A and the apartments are in zone A. You will not be able to stay in the hospital if evacuation is needed.

[Click Here](#) for the checklist provided by the Florida Department of Emergency Management. A kit will be provided in the rental apartment with many of these recommended supplies.

If an evacuation is necessary at the Sanibel Straits apartment (Zone A) **during the first through third weeks of the rotation and an "all clear" is provided to return to the apartment prior to the end of the fourth week** of the rotation, the student should return to Lee Health/Fort Myers to complete the rotation.

If an evacuation is necessary at the Naples apartment (Zone A) **during the fourth or fifth weeks of the rotation**, the student should return to the Chicagoland area and await further notification from the Clerkship Director on instructions to complete the rotation locally.

These guidelines are subject to change based on specifics due to each storm, but in each case specifics regarding travel and reintegration into the clerkship will be communicated.



Apartment Rules, Regulations, and Local Information

Welcome to Sanibel Straits! Below are a few things to know about your new home:

Parking - If you choose to bring your own car or rent one while you are in Florida, you will need to register the car with the front office by the second weekday of the rotation. Unregistered vehicles may be considered abandoned and may be towed. On your first day at the apartment, you will not be able to go through the gate to closer parking. You will need to park by the front office and walk to the apartment. Once you have gotten into the apartment, you will find **the gate remote on the kitchen counter next to the sink.** Please note any lost or damaged remotes will cost \$100.

Apartment Keys - When you get to your unit, there will be a lockbox hanging around the door handle with a combination. The combination to open the lockbox for both units is 2160. Move the dial to 2160 and simply pull down on the grey portion of the lockbox. The lockbox will open and two sets of keys will be inside. Once all of you have your keys, please take the lockbox off the door.



A picture of the keys is attached. Big key is for entry into the mailroom area. Silver keys (one for each of you in your respective apartments) are for the mailbox. Gold keys are your apartment door keys.

Once in the unit, there will be an envelope on the counter. This envelope has your key fob. The key fob is your access to the pool and gym. It also allows you back into the property at one of the gates.



Front Office Phone Number - 239-481-0087

Your Mailbox Number is 1-406 and will be located left of the front office

Gate Code: 6041

Maintenance Requests - Maintenance requests can be made through the Resident Portal or through contacting the office. Our maintenance team is on property from 7AM – 4PM Monday through Friday. **For all emergency work orders**, please call our Maintenance OnCall line by dialing at **239-481-0087** and select **option 3**. Emergencies include an AC above 78 degrees, uncontrollable leaks, the refrigerator not working, a clogged toilet in 1bed/1bath ONLY, and a power outage if half or more of the apartment is out. Any other non-emergency maintenance requests will be responded to as soon as possible the following business day.

Courtesy Officer - We have a courtesy officer on site to assist with any safety-related concerns after office hours. To be connected, please dial **239-481-0087** and select **option 4**. Our current courtesy officer is **Caleb Smith**, a Deputy Sheriff

Indoor Bike Storage - Our Free Indoor Bike Storage is located on the first floor of each building - Code – 6840

Valet Trash - Each unit has been provided with a black trash can to use with the Valet Trash program on property. There is a compactor on the property to use for any overflow trash, recyclables, and cardboard.

- Valet trash will be provided for 5 nights per week (Sun, Mon, Tues, Wed, Thurs)
- Containers with bagged trash should be placed outside the front door only between the hours of 6pm-8pm – Valet service begins at 8pm, containers/trash may not be left out for any reason during non-designated times. Non-compliance may result in fine.
- All trash must be in bags and securely tied - No loose trash will be collected
- Bags must be placed inside the container - No trash will be collected without the use of the container
- All boxes must be broken down and flattened – Only one flattened box will be collected each night
- After collection, residents are required to bring containers inside by 9am the following morning
- Keep trash container clean

Pool - The pool deck and clubhouse are open from 7AM – 10PM

- Residents and guests will adhere to the rules and regulations posted in the pool area and Management policies.
- All Swimmers swim at their own risk. Owner is not responsible for accidents or injuries.
- For their safety, Residents should not swim alone.
- Pool hours are posted at the pool.
- No glass, pets, or alcoholic beverages are permitted in the pool area. Use paper or plastic containers only.
- Proper swimming attire is required at all times and a swimsuit “cover up” should be worn to and from the pool.
- No running or rough activities are allowed in the pool area. Respect others by minimizing noise, covering pool furniture with a towel when using suntan oils, leaving pool furniture in pool areas, disposing of trash, and keeping pool gates closed.
- Resident(s) must accompany their guests.
- Resident(s) must notify Owner any time there is a problem or safety hazard at the pool.

Fitness Center - 24 hour availability

- Residents and guests will adhere to the roles and regulations posted in the fitness center and Management policies.

- The Fitness Center is not supervised. Resident(s) are solely responsible for their own appropriate use of equipment.
- Resident(s) shall carefully inspect each piece of equipment prior to Resident's use and shall refrain from using any equipment that may be functioning improperly or that may be damaged or dangerous.
- Resident(s) shall immediately report to Management any equipment that is not functioning properly, is damaged or appears dangerous, as well any other person's use that appears to be dangerous or in violation of Management Rules and Policies.
- Resident(s) shall consult a physician before using any equipment in the Fitness Center and before participating in any aerobics or exercise class, and will refrain from such use or participation unless approved by Resident's physician.
- Resident(s) will keep Fitness Center locked at all times during Resident's visit to the Fitness Center.
- Resident(s) must accompany guests, and no glass, smoking, eating, alcoholic beverages, pets, or black sole shoes are permitted in the Fitness Center.

When your rotation is over -

- Tidy up unit
- Make sure any dirty dishes have been cleaned and put away
- Put linens in the washing machine - including sheets, bedspreads, pillow cases, towels - DO NOT START MACHINE
- **Place gate remote on the kitchen counter next to the sink**
- Make sure all garbage has been removed from the unit
- Lock the apartment and place keys back into the lockbox for the next students and scramble the numbers on the lock.



Student Recommendations:

- Take advantage of the pool at the apartment
- A car is necessary
- Visit the Everglades
- Go to the local beaches on weekends
- Trip to Disney World/Universal Studios
- Visit downtown Fort Myers
- Santa Bella Island - Check access availability before visiting
- Try the local restaurants

Tips From Other Medical Students

Inpatient

1. Day to Day

- a. Rounds are at 9:00 am. Ask your FM resident what time to arrive but typically I got there between 7:00 and 7:30am, unless there weren't any patients to see.
- b. Expectation is that you see any overnight admits who don't have an H&P written yet.
- c. Chart review, see patient, do physical exam, prepare brief presentation (see morning rounds for details)
- d. After rounds are over (usually 30 min, up to an hour) you will follow whichever attending decides to take you. You may or may not see your patient, but you will see about 15 patients with the attending and can learn a lot from that. Some attendings ask questions, others do not. You can ask questions between rooms if they don't seem like they are running behind. Sometimes you will wait next to a computer with them while they put orders in between patient rooms. This is a time to do anki on your phone or look up some information about the patients you've seen so you can ask questions later.
- e. After rounding, you usually eat lunch (I recommend sitting outside if the weather is nice). If an admit comes in, you will go down to the ED to see them.

2. Patient presentations

a. Morning rounds

- i. BRIEF presentations. These rounds are with an entire team, who are not all providers. Aim for 2-3 sentences if you can.
 1. Room XX is our X year old M/F here for XYZ. Admitted last night with (pertinent details like an O2 requirement or significant abdominal pain), treated with (what we've done so far, like 1 dose Rocephin or 2L 30% FiO2). Patient is doing (insert how they are today, ex: weaned off O2/back to baseline mental status/pain well controlled on current regimen). Goal for today is discharge/follow up on neuro consult/EEG/wean O2 as tolerated etc.
 2. I advise you to write down labs and current meds on your sheet but do not present those values in morning rounds, just have it handy in case they ask what the patient's current regimen is, or if they are afebrile etc.

b. Afternoon admits

- i. These presentations will be a bit longer. More standard SOAP fashion. Do include pertinent labs and pertinent physical exam findings.
- ii. Special things to include:
 1. Daycare/at home/in school
 2. Pets at home
 3. Check if they are up to date on vaccinations
 4. Ask who lives at home (siblings, parents, grandparents, etc)
- iii. Overall, they like an organized presentation so start formal and take feedback

as they give it. For assessment and plan, do problem based. You can include your reasoning here.

3. Newborn Nursery

- a. You will not automatically get to go to newborn nursery, I would ask your attendings or your residents to see who is on newborn nursery before you ask if you can spend a day there.
- b. Attendings who would love to have you if they are on newborn nursery:
 - i. Dr. Rios or Dr. Abitbol (he especially loves bringing students around for this)
 - ii. Dr. Gomez if she has time!
- c. You can learn newborn physical exam skills here, it's overall very fast paced. You see and discharge 20 babies or more per morning.

4. Expectations

- a. You are not expected to write notes unless the resident tells you to. I would plan to write a note for any afternoon admission if the resident is gone for the day, because the attending may pull from your note. It's especially important to get a good history for these new admits.
- b. You do not have a manage orders tab so you cannot help to place orders. To view meds, you can use "MAR by alpha" which I believe is under chart review or summary.
- c. If you do need to write a note, most residents use Dr. Abitbol's template which you can look up in SmartTools

5. Evaluations

- a. The main two people you can ask for evaluations are Dr. Rios and Dr. Abitbol. Both are very kind and love to teach and mentor.
- b. This might change, and if it does I highly encourage asking for evaluations from Dr. Yu and Dr. Gomez also, they are very great teachers!

Peds ED

1. Day to Day

- a. Shifts are from 6am to 4pm or 10am to 8pm
- b. You can be with a different attending every day
- c. Depends on your attending, but if you ask for independence they will usually give it to you.
- d. You are not guaranteed to have a computer!! You likely won't have remote epic access. In this case you will have your attending tell you the room number, name and age of the patient you are supposed to see. Ideally they will give you the CC but some did not. You go in pretty blind and stay focused on what they came in for, ED attendings do not want a lot of background information.

2. Presentations

- a. Present SOAP style but keep it brief (only pertinent family history or sick contacts, for example)
- b. For assessment and plan, you should have an idea of admit vs discharge, and if you aren't sure say that you want to run X test or give Y breathing treatment and reassess once that's done.
- c. One thing I found in the ED is that sometimes history was getting missed, so if you notice a family has come in about the same thing 3 times, assume there is a

disconnect between physician and family. This is a good opportunity as a medical student to try to figure out why they keep coming back, and to provide some education if you are able. If you aren't comfortable educating, you can at least bring up the family's concern and advocate for them to your attending.

3. Expectations
 - a. No note writing unless you are directly asked
 - b. You can't put orders in
4. Extra
 - a. The code to the carts with PPE is 1212
 - b. Ask on your first day for the door codes and write it down so you can collect supplies if there is a procedure you can help with

Outpatient

1. Page Field

- a. Day to Day attendings change
 - i. Monday - Dr. Silva
 - ii. Tuesday - Dr. Knight
 - iii. Wednesday - Dr. Loreda
 - iv. Thursday - Dr. Kiankhooy
 - v. Friday - I had Friday off, but double check with Dr. Silva on the Monday you arrive just to be sure. I came in on Friday and was sent home because no one had told me I had the day off.
- b. Workflow
 - i. Arrive by 8:00-8:15. First patient is usually at 8:30. You will have a place to set your things and usually can take a computer next to the resident but ASK FIRST (some computers are for attendings only or are for MAs)
 - ii. Some attendings will have you see patients yourself first, some will have you shadow the first few. Advocate for yourself if you want more independence
- c. Presentations
 - i. Well Child visits
 1. Still present as a SOAP style but typically the MA will ask most of the questions and it's already in the note for the attending, so what you need to touch on are if the family has any concerns, did you discuss it with them, any abnormalities in milestones or on physical exam, and then what still needs to be discussed (weight discussion or referral for autism assessment might be done by you but are most likely going to be handled by the attending)
 - ii. Sick visits
 1. Treat these like ED visits, stay focused and create a plan and make sure to include advice for follow up if these worsen or don't improve after supportive care or treatment
 - iii. Random
 1. There is a side door to the clinic you should have badge access to so you

don't have to walk in and out through patient facing areas. Ask staff where the lunch room is.

2. Coconut Point

- a. Arrive by 8:00am park in the physician parking lot by the side of the building, then ask one of the attendings to show you the side entrance on your first day to make it easier to come in and out, someone should give you a tour on the first day.
- b. You can shadow if you want but if you ask to see patients you will be seeing them while the attendings see other patients, this helps them keep up with their schedule which they appreciate!
- c. Similar style to Page Field, everyone at Coconut Point is really nice and just an overall very enjoyable experience
- d. You will not write notes, a few of the attendings are trying out AI notetaking, so they may have you take their phone in with you and it will record the visit for their own note writing purposes, it's really cool!
 - i. Dr. Reilley
 - ii. Dr. Drago
 - iii. Dr. Mote

Resources

1. Online MedEd videos for well child checks were very helpful
2. Emma Holiday early in the clerkship will help get you some pimping questions
3. You will see A LOT in Florida, that alone is going to prepare you well for the shelf exam!
4. Developmental milestones from a workbook an attending let me take photos of:

DEVELOPMENTAL MILESTONES CHART, BIRTH TO 2 MONTHS OF AGE
 Developmental milestones chart for birth to 2 months of age

AGE	LANGUAGE	GROSS MOTOR	FINE MOTOR	COGNITIVE	SOCIAL	RED FLAGS
Birth		Moro reflex. Fixates. Briefly follows objects.		Alert with voice/bell.	Sleeps ~18 hours/day.	
1 mo		Lifts head briefly while prone and looks at object.				
2 mo	COO	Lifts head & shoulders. Partial head lag (45°) with pull-to-sit at 2-3 mo. Visually tracks from one side to the other.	Palmar grasp reflex disappears by 2-3 mo.		Social smile. Cry 2-3 hours/day up until 2 months old.	Can't fixate. Poor visual attention.

MNEMONICS: COO rhymes with TWO. A 2-month-old lifts TWO body parts when prone (head and shoulders). He or she tracks in TWO directions (TWO sides or 180° at "1.8 mo").

MNEMONICS FOR CRYING BY AGE: By three months of age, babies cry approximately 1 hour/day. Use 1-2-3 and 3-2-1 to remember that at months 1, 2, and 3, babies usually cry a maximum of 3, 2, and 1 hours per day.

PEARL: (DOUBLE TAKE) Colic is defined by LOTS OF THREES! The infant will have a normal exam and normal lab values. Look for a baby who has been crying > 3 hours/day at least 3 times/week for at least 3 weeks. The age should be between 3 weeks and 3 months. This should resolve by 3-4 months of age. Recommend that the parents recruit help from family/friends so that they can get breaks.

PEARL: If a child presents like this after 4 months of age, do an aggressive workup.

MNEMONIC: Remember the "3's": > 3 hours per day, > 3 times per week, > 3 weeks and resolves by 3 months of age.

DEVELOPMENTAL MILESTONES CHART, 4 MONTHS OF AGE

AGE	LANGUAGE	GROSS MOTOR	FINE MOTOR	COGNITIVE	SOCIAL	RED FLAGS
4 mo "4attle"	Laugh, Squeal.	While prone, lifts hands, bears weight on forearms. Rolls front to back. Bears wt. on feet while being held by hands. Moro disappears by 3-6 months. Head lag disappears by 4 months with pull-to-sit. Sits in a tripod position.	Grasps a rattle ~3-4 months and places in mouth. Shakes a rattle at 4-6 months.	Turns to sound ~3 mo. Anticipates being lifted and reacts to peek-a-boo (but doesn't play it). Smiles with joy.	Minimally imitates social interaction. ~70% infants are sleeping through the night. Cry ~1 hour/day by 3 months.	Not tracking from side to side. Unsteady head control.

MNEMONICS: Spell Rattle with a 4 (4attle) for 4 months of age.

MNEMONIC STORY: Go over the following story over and over again! Imagine a 4-month-old baby wearing a shirt that has 4attles all over it. He loves his RATTLE, and his MOUTH. You see him lying on his belly holding a very thin RATTLE that is shaped like a 4 in his right hand. He LIFTS HIS HEAD while PUTTING WEIGHT ON HIS ARMS. Then, he TURNS in the only direction he can, from FRONT TO BACK. (Just like the rattle! If you lay a 4-shaped rattle on its pointy side, or "face-down," it will easily end up on its flat back. Once on its back, it is much more difficult to roll from back-to-front!) You now cover the infant's eyes and shake the rattle on his left side. He TURNS TO THE SOUND. You then place the rattle in his left hand and note that he is ABLE TO GRASP it well (but not reach for it). He SMILES WITH JOY, then LAUGHS and SQUEALS in delight as he SHAKES THE RATTLE and then MOUTHS it. When YOU PLAY PEEK-A-BOO, he SQUEALS in delight, but he cannot yet return the favor. You STAND him up, but he can only IMITATE a real stand with his stiff legs as you hold him (similar to a 4-shape RATTLE that cannot stand on its own or it will topple over!). You lay him back down, but then note that he's crying and getting fussy because he is ready for a nap. As you reach to pick him up, he stops crying because he can ANTICIPATE what you are about to do, but he still cannot participate and reach for you to help you lift him.

DEVELOPMENTAL MILESTONES CHART, 6 MONTHS OF AGE

AGE	LANGUAGE	GROSS MOTOR	FINE MOTOR	COGNITIVE	SOCIAL	RED FLAGS
6 mo "sitting in a high chair"	Babbles consonants, different cries, imitates speech.	Rolls in both directions. Sits using hand support. Stands with assist (not cruise). Transfers from one hand to other. Low crawl. Sits in a high chair. Mouths and bangs objects (on floor/table). Bounces when held standing. Radial-palmar grasp.	Reaches.	Turns directly to sound or voice. Opens mouth for food. Imitates familiar actions. Smiles at mirror (does NOT recognize self).	Sleeps ~12 hours/night plus 2 one-hour naps.	Not turning to sound.

MNEMONICS: Six = SIT = SWITCH hands (AKA TRANSFER). Once a baby can TRANSFER objects, he also has the motor skills to coordinate a REACH. If a Six-month-old is strong and coordinated enough to sit without support, he can also ROLL IN TWO DIFFERENT DIRECTIONS, CRY IN TWO DIFFERENT/UNIQUE WAYS and take TWO SEPARATE NAPS during the day. Also, his legs are no longer stiff like the 4attle of a 4-month-old, so he can now BOUNCE with excitement when being held on his feet.

MNEMONIC STORY: Go over the following story again and again! Imagine a Six-month-old SITTING in a HIGH CHAIR. He BANGS OBJECTS ON THE HIGH CHAIR'S TABLE. The table is made out of a MIRROR. He looks at the MIRROR and SMILES when he sees the other baby (not yet able to recognize himself). He BABBLES and thinks the other baby in the mirror is talking, so then he begins to IMITATE the other baby's SPEECH.

DEVELOPMENTAL MILESTONES CHART, 9 MONTHS OF AGE

AGE	LANGUAGE	GROSS MOTOR	FINE MOTOR	COGNITIVE	SOCIAL	RED FLAGS
9 mo "cat"	Nonspecific "mama" or "dada"	Bangs two blocks. Claps. Sits without support.	Develops parachute reflex around 6-9 mo.	Plays peek-a-boo. Turns to name.	Stranger anxiety (9- 12 mos.). Recognizes objects & people. Plays pat- a-cake.	No babbling

IMAGE: (PARACHUTE REFLEX) www.pbrlinks.com/MILESTONES9MO

MNEMONICS: 9eek-a-boo, 9at-a-cake, and 9arachute reflex.

MNEMONIC STORY: 9 = CAT with 9 lives! NINE-month-old infants are like CURIOUS LITTLE CATS. Imagine a 9-month-old baby being like a curious, yet scared little CAT. It can RECOGNIZE OBJECTS/PEOPLE, but typically has ANXIETY WHEN APPROACHED BY STRANGERS. It's a SCAREDY CAT! She says "Meow-Meow" NONSPECIFICALLY to her owners, like a baby says "MA MA" NONSPECIFICALLY to both mom and dad. Now imagine this black cat being scared of the growing 9-month-old baby boy who also lives in its home. She is scared of the boy because he likes to BANG BLOCKS TOGETHER or CLAP with the cat's head in the middle!

DEVELOPMENTAL MILESTONES CHART, 12 MONTHS OF AGE

AGE	LANGUAGE	GROSS MOTOR	FINE MOTOR	COGNITIVE	SOCIAL	RED FLAGS
12 mo "eggs"	Points. Shakes head. "Mama" and "Dada" are said specifically. Speaks one other word.	Few steps. Pulls to stand. Cruises with one hand. Possibly takes a few apprehensive steps. Waves bye-bye with one hand. Crawls on hands/knees.	Pincer grasp. Drinks from cup held by others. Points. Feeds self finger foods. Removes blocks or objects from a container.	Assists with dressing (offers feet). Responds to music. Object permanence (crawls to last place toy was seen). Follows 1-step commands with 1-finger gestures.	Knows family members' names. Cries if you cry. Shows affection. Raises arms to be picked up (anticipates + participates). ~90% infants sleep through night.	Can't crawl. Can't stand with support

MNEMONIC STORY: Peg for 12 is EGGS (as in a dozen eggs!). Imagine a weird little 12-month-old kid who LOVES EGGS. He always wears his favorite 12-egg omelet T-shirt. Imagine that his DADA has a CUP filled with a dozen egg yolks. Baby PULLS TO STAND and CRUISES WITH ONE HAND on a table all the way to DADA. He then takes **ONE APPREHENSIVE STEP** to and DRINKS FROM THE CUP full of eggs being held by his dad! To make things worse, the dad is a little odd, too. He loves wearing wigs that make him look like he has an egg-white-colored PERM (object PERManence)!

* NOTE: "ONE APPREHENSIVE STEP" refers to 1-step commands as well as the ability of a 12-month-old to take a few apprehensive steps.

DEVELOPMENTAL MILESTONES CHART, 15 MONTHS OF AGE

AGE	LANGUAGE	GROSS MOTOR	FINE MOTOR	COGNITIVE	SOCIAL	RED FLAGS
15 mo "pay-check"	4-6 words	Gives and takes an object. Stoops and recovers. Crawls up stairs.	Drinks from cup by self. Takes cube from cup. Stacks two cubes. Scribbles a vertical line (15-18 mos.)	Follows one-step commands without gesture (15-18 mos.). Knows at least ONE body part. Asks by pointing or vocalizing.	One nap per day	

MNEMONIC STORY: Peg for 15 is PAYCHECK or TAX DAY on April 15th. Imagine an IRS tax agent WALKING into your home with his pad of papers and an oversized red crayon. He SCRIBBLES jargon that you can't understand and GIVES it to you, and you TAKE it. While your attention is diverted because you are trying to read his scribbled mess, he takes a drink from *your* coffee CUP. He even takes out your single CUBE of sugar because he thinks your coffee is too sweet. He takes that cube and STACKS IT ON ANOTHER CUBE. He then notices your wallet on the ground, so he STOOPS/RECOVERS as he picks up your hard-earned money. You then notice what he has done, and you POINT TO ONE INAPPROPRIATE BODY PART and ASK HIM TO kiss your FOOT. You use several other FOUR-letter words. You then crumple his paper into a RED BALL and GIVE it back to him. You then grab your head in frustration and scream the word "OUT!" (He understands you even though you did NOT point.) After all of that madness, you are EXHAUSTED, SO YOU CRAWL UPSTAIRS and get into bed for your ONE NAP of the day.

* **NOTES:** Pointing to a body part refers to knowledge of at least one major body part. **ASK** refers to asking by pointing. "FOUR-letter words" refers to a 4-6 word vocabulary. Screaming "OUT!" refers to the tax man's ability to understand a one-step command without the need for a gesture.

DEVELOPMENTAL MILESTONES CHART, 18 MONTHS OF AGE

AGE	LANGUAGE	GROSS MOTOR	FINE MOTOR	COGNITIVE	SOCIAL	RED FLAGS
18 mo "voter"	10-15 words. Asks for mom or dad. Says "hi," "bye," and "please."	Takes off hat, mittens, and socks. Carries a doll. Runs stiffly. Walks up stairs with help (18-24 mos.). Tosses ball underhand. Climbs into an adult chair.	Feeds self with a spoon, or spoon (messy). Turns pages (3 at a time). Stacks 4 cubes. Scribbles.	Recognizes self in mirror/photos and objects in a book. Object permanence (now seeks out hidden objects). Trial and error. Recognizes named body parts. Follows one-step commands without gestures (15-18 mos.). Understands 75-100 words.	Shares toys with parents. Plays alone. Imitates simple chores (vacuuming or sweeping).	Not walking. No words.
21 mo	30-50 words					

MNEMONIC: 18 months = age at which a SPOON is used (which is usually shaped like an "8"). SP^{OO}N (note the 18 on its side)

MNEMONIC STORY: The PBR memory peg for the number 18 is VOTING (age in years when you can VOTE). Now imagine an 18-year-old African-American with dwarfism who lives with his parents. It's an election year and he sees a commercial of "Uncle Sam" asking him to vote with ONE FINGER pointed directly at him (one-step command). He looks at a book of presidential candidates and TURNS 3 PAGES AT A TIME because that's all he can do with his stubby fingers. He lives in the cold and windy city of Chicago and decides to vote for the Chicago candidate, Barack Obama. He goes to the polling site carrying a BOBBLE HEAD DOLL of Obama. Once there, he NEEDS HELP GOING UP THE BUILDING'S STAIRS and goes ONE STEP AT A TIME. He's being helped by a greeter who has been instructed to limit her vocabulary to 10-15 WORDS so as not to influence any voters. The dwarf is then helped into the actual booth up FOUR BLOCKS/CUBES being used as a stairs. He TAKES OFF HIS MITTENS and notices a mirror in front of him. He RECOGNIZES himself and makes himself look as nice as he can for his first voting experience. Then his stomach growls so he grabs some pudding from his coat because he doesn't want to disturb other voters. He eats the pudding using a FIGURE 8-SHAPED SPOON. It's too much for his tiny stomach, so he throws it away using an UNDERHAND FLIP/THROW. The pudding flies out of the booth and makes a mess on the floor. He looks at the ballot and is able to UNDERSTAND THE 75 - 100 WORDS/topics and eventually figures out how to vote for the first time using TRIAL & ERROR. As he's about to leave, he is asked to help SWEEP up his mess of pudding. Carrying his bobblehead doll, he goes home. As an 18-year-old dwarf carrying a doll, he's somewhat of an outcast. He usually only PLAYS BY HIMSELF, but at least he has his parents. He doesn't like anyone else, but he at least SHARES his doll WITH HIS PARENTS when it's their turn to go vote.

DEVELOPMENTAL MILESTONES CHART, 2-YEAR-OLD

AGE	LANGUAGE	GROSS MOTOR	FINE MOTOR	COGNITIVE	SOCIAL	RED FLAGS
2 yo	50-100 words. 2-3 word phrases. Says "me" and "mine." Starts using pronouns (2-3 yo). Speech is 50% intelligible to strangers.	Takes off all clothes. Tosses big ball overhead. Rolls ball. Climbs up/down stairs two feet per step. Walks backwards. (feet apart) Broad jump (2-3 yo). Kicks a big ball. Runs well.	Drinks from a straw. Puts arms in sleeves. Stacks 6 cubes. Puts cube into performance block. Opens boxes, cabinets, & drawers. Uses a spoon (less mess). Washes & dries hands with help.	Follows two-step commands. Points to named objects or photos. Sorts objects by color. Points to five body parts. Refers to self by name. Verbalizes feelings, wants, & toileting needs.	Parallel play (plays alongside others but not with them). Comforts distressed peers. Takes turns to play.	No phrases.

MNEMONICS: Half of their speech is intelligible to strangers. TWO-year-old children follow TWO-step commands. The peg for TWO is a light bulb. Imagine a 2-year-old child drinking out of a STRAW made out of a light bulb. Or try to associate the TWO ends, or TWO holes, of a straw with TWO years of age.

MNEMONIC STORY: Imagine a 2-year-old child in his "Terrible twos" RUNNING WELL all around the house after TAKING OFF ALL OF HIS CLOTHES. He then goes to the kitchen, uses his TWO feet to perform a BROAD JUMP over the pet dog, and KICKS the dog's food dish to make a mess. He then proceeds to make a bigger mess by OPENING ALL OF THE BOXES, CABINETS, and DRAWERS in the kitchen. His mom finally catches him, and she starts to cry. He COMFORTS HER. She then HOLDS HIS HAND as they go up 6 CUBE-SHAPED STAIRS (stack 6 cubes), which he is able to navigate with two feet on each step. His mom then helps him WASH/DRY his hands, feet, face, nose, and ears (FIVE BODY PARTS that he KNOWS he shouldn't have gotten dirty). As she helps him finally get some clothes on, he PUTS HIS ARMS THROUGH THE SLEEVES of a coat.

DEVELOPMENTAL MILESTONES CHART, 3-YEAR-OLD

AGE	LANGUAGE	GROSS MOTOR	FINE MOTOR	COGNITIVE	SOCIAL	RED FLAGS
3 yo	3-8 word sentences. Asks short questions. Uses plurals. Says "I," "you," "he," "she," & "it." 75% of language is intelligible. May ask "why?"	Stands on one foot for 1-2s. Hops on one foot 2-3x. Broad jump (2-3 yo). Throws regular-sized ball overhead. Uses toilet with help. Walks up steps with alternating feet. Jumps down from one step. Tiptoes. Kicks small ball. Rides a tricycle.	Draws a circle & a line. Stacks 8-10 cubes. Can button & unbutton large buttons. Puts on shirt, shoes, & shorts. Feeds self. Holds a glass in one hand. Uses crayon well. Washes hands by self. Draws a head.	Daytime continence. Remembers yesterday. Knows simple adjectives (hungry, tired). Understands "now," "soon," & "later." Can match circles & squares. Can ID one color. Knows first & last name. Counts to 4. Understands the idea of routines.	Some pretend play with imaginary friends. Imitates housework and helps with tasks. Makes others laugh. Plays spontaneously with random children.	Lacks 3-word phrases. Speech is unintelligible to strangers. Trouble with comprehension.

MNEMONIC STORY: The peg for three is a **STOOL** (with three legs). Now imagine a fictitious 3-year-old character named **CRAYALO**. Crayalo is a 3-legged orphaned stool. Her legs are made out of **THREE RED** crayons (ID one color), and she has a **CIRCULAR** seat (can draw a circle). Crayalo comes to life but only when she's alone. She is playful and can **DRAW USING HER CRAYON LEGS REALLY WELL**. She can also **RUN UP 8-10 CUBE-SHAPED** stairs **ALTERNATING HER FEET** and without any help. **COMING DOWN STAIRS IS AN ISSUE** because she's afraid of heights. Crayalo lives in a home with a 3-year-old girl who is very respectful of Crayalo whenever she climbs up the stool to **WASH/DRY HER HANDS BY HERSELF**, or to **GRAB A GLASS IN ONE HAND** from the cabinet before sitting to drink and **EAT BY HERSELF**. The girl can also do some other **BIG GIRL** things by herself, like using **BIG CIRCULAR BUTTONS** (shaped like the top of the stool), putting her feet into the **BIG CIRCULAR HOLES OF SHORTS**, putting her feet in **VELCRO® SHOES** (can't yet tie laces) that are shaped like **SKATES** (**EIGHT** is the number of blocks she can stack), and putting her head through the **BIG CIRCULAR HOLE** of a shirt. Even though she can't talk to the girl, Crayalo loves it when the girl **PRETEND PLAYS** with her **IMAGINARY FRIEND**, the stool.



MNEMONICS: Uses more pronouns. Use the picture to remember pronouns are now being commonly used at the age of three (note the three prongs).

DEVELOPMENTAL MILESTONES CHART, 4-YEAR-OLD

AGE	LANGUAGE	GROSS MOTOR	FINE MOTOR	COGNITIVE	SOCIAL	RED FLAGS
4 yo	3-5 word sentences clearly. Uses past tense. Asks questions like, "how," "what," "when," "where," & "why?" 100% intelligible. Rhymes (including nursery rhymes). Uses articles.	Balances on one foot for 4 seconds. Goes up AND down stairs easily and with alternating feet. Uses handrails on the way down.	Draws a plus sign (+) or cross. Draws a simple stick-person with four body parts. Dresses self completely without help. Brushes teeth without help.	Reads a Tumbling E chart (4-5 yo). Tells a story/recent event. Tries to bargain & change game rules. Knows age/city. Recognizes 3-4 colors. Understands more adjective (big, little, & tall). Follows three-step commands. Wants to know what's next. Knows opposites.	Plays interactively with peers. Prefers peer play. Separates from parents for a bit without crying. Plays dress-up. Participates in pretend play with imaginary and real friends. Shares when asked to do so. Enjoys rules-based games. Plays hide & seek. Plays tag. No longer takes naps.	No peer interaction. Trouble navigating stairs.

MNEMONIC STORY: Imagine a COMPASS that is sitting on a stack of SHARED newspapers at the airport (shares with strangers and now plays with peers). The compass is lying on an ARTICLE about CROSS-DRESSING men (plays dress-up) who CHEAT (change rules) on their wives. The compass has FOUR needles made out of "E" looking TOOTHBRUSHES. The compass can obviously answer the question of "WHERE?" Let this remind you that this is the age when children ask DIRECT questions, like who, what, where, why, and WHEN. WHEN reminds us that the child can now speak in PAST tense. Now imagine a child decides to STAND ON ONE FOOT FOR 4 SECONDS on the compass (just long enough to go around the compass once before falling off). Lastly, try to imagine that the BRUSHES are taken off of the compass, enlarged, and made into HANDRAILS to allow a 4-year-old child to walk DOWN STAIRS WITH ALTERNATING FEET USING HANDRAILS.



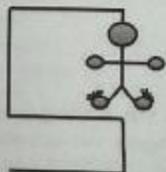
(Please note that the figure above is a special COMPASS with 4 brush-shaped needles. It is NOT the Hindu symbol called the Swastika.)

MNEMONIC: By remembering what a child can draw at 3 and 4 years of age (circle and line at 3, and then a cross at 4), you can assume that the child can now draw a stick figure with FOUR body parts. In the image below, the four parts are the head, arms, legs, and torso.

DEVELOPMENTAL MILESTONES CHART, 5-YEAR-OLD

AGE	LANGUAGE	GROSS MOTOR	FINE MOTOR	COGNITIVE	SOCIAL	RED FLAGS
5 yo		Walks backwards. HEEL to TOE. Skips.	Has kindergarten and school skills: Holds a pencil properly. Prints letters (not own name). Draws a person with SIX body parts. Draws a square. Ties a knot and laces (5-6 yo).	Names 4-8 colors. Defines words. Able to tell fantasy from reality. Can count to 10.	Plays board games.	

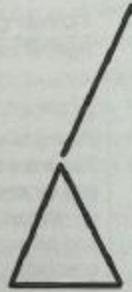
MNEMONIC: Look at the 5 made out of a square font below. It looks like a "hangman" drawing. It contains a stick figure that is more complicated than before. Note the HANDS AND FEET (two new body parts for a total of SIX BODY PARTS that the child can now draw. You cannot see the FIVE toes because there are SHOES on its feet. Imagine the LACES ARE TIED. Keep in mind this is a school-going age, and that is around the time that children learn how to tie their laces. It's also the time they learn how to WALK BACKWARDS TO AVOID YOUR KISSES WHILE BEING DROPPED OFF AT SCHOOL! At recess, they like to SKIP around as they show off to their friends, and after school they like to sit and play BOARD GAMES as they wait for their parents. The peg for 5 is a GLOVE or a HAND. Use that peg to imagine a child reaching out to catch a RAINBOW with his GLOVED FIVE FINGERS, and then NAMING MOST OF THE COLORS of the rainbow (4-8) before releasing it.



DEVELOPMENTAL MILESTONES CHART, 6-YEAR-OLD

AGE	LANGUAGE	GROSS MOTOR	FINE MOTOR	COGNITIVE	SOCIAL	RED FLAGS
6 yo		Rides a bicycle (tricycle at 3, bicycle at 6!).	Draws a triangle. Writes own name with a mature pencil grasp. Uses a knife to spread (can cut at ~7 yo). Ties own laces. Prepares a bowl of cereal.	Counts to 100. Knows right from left.		

MNEMONICS/STORY: A 6-year-old can draw a **TR**iangle and ride a **BI**cycle (TRicycle at 3, BIcycle at 6!). Imagine that the BICYCLE has a 6-year-old child's FULL NAME (writes full name) on the back (like a license plate). The child can turn the bike to the RIGHT to go home, or he can turn it to the LEFT to go to the candy store (able to tell RIGHT from LEFT).



In the image above, you simply add a line above the triangle to create SIX (the age at which a child should be able to draw a triangle).