

**UPDATED**

## **3/3/26 "At A Diagnostic Crossroads: Navigating Complex Multisystem Disease Through a Case-Based Approach"**

Presented by: UCSF Benioff Children's Hospitals

**Prachi Singh, DO**, Pediatric infectious disease specialist; **Edmund Burke, MD**, Pediatric cardiologist and critical care specialist; **Sara Kuo, MD**, Pediatrician; **Teresa Skelly, MD**, Pediatrician; **Daniel Soulsby, MD**, Pediatric rheumatologist

*Planners expect learners to:*

1. Differentiate infectious, inflammatory/rheumatologic, cardiopulmonary, and toxicologic etiologies in children presenting with complex multisystem findings using a structured diagnostic framework.
2. Apply multidisciplinary clinical reasoning to prioritize diagnostic testing and consultations in a pediatric patient with overlapping pulmonary and cardiac manifestations.
3. Interpret key diagnostic data (including imaging, laboratory markers, and microbiologic testing) to refine differential diagnoses and guide management decisions.
4. Evaluate opportunities for antimicrobial de-escalation based on diagnostic probability, test performance characteristics, and evolving clinical data.

## **3/10/26 "A Team Around the Child: Integrating Medical and Educational Support for Hearing Loss"**

Presented by:

**Joy Murdock Kearns, MS, CCC-SLP, LSLC Cert AVEd.**

Speech-Language Pathologist &  
Auditory Verbal Educator  
Audiology Program Clinical Liaison  
UCSF Benioff Children's Hospital Oakland

*Planners expect learners to:*

1. Utilize medical workflows from hearing loss diagnosis to treatment or intervention in children.
2. Identify ways in which clinical and educational providers can collaborate in the care of young children who have been diagnosed with hearing loss.
3. Describe at least 2 benefits of the Deaf and Hard of Hearing (DHH) patient navigation system.

## **3/17/26 "Staying Healthy with Down Syndrome - We'll Give it a Shot!"**

Presented by: Noemi Spinazzi, MD

Director-Down Syndrome Center of Excellence  
Children's Specialized Hospital, New Jersey

*Planners expect learners to:*

1. Recognize that infections are a leading cause of morbidity and mortality in individuals with Down syndrome.
2. Identify the increased risk of hospitalization and mechanical ventilation in this population when exposed to vaccine-preventable illnesses.
3. Describe the biological and developmental risk factors contributing to infection severity, including immune system differences, anatomic vulnerabilities, and cognitive/developmental considerations.
4. Analyze common barriers to vaccination among individuals with Down syndrome and discuss potential clinical and public health strategies to overcome them.

**Grand Rounds is by Zoom only. 8-9 am. Contact [cristina.fernandez@ucsf.edu](mailto:cristina.fernandez@ucsf.edu) for log-in information**

UCSF Benioff Children's Hospital Oakland is accredited by the California Medical Association to provide continuing medical education for physicians.

UCSF Benioff Children's Hospital Oakland designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For CME credit, evaluations must be completed and sent to [Cristina.Fernandez@ucsf.edu](mailto:Cristina.Fernandez@ucsf.edu) by 12pm the Friday after Grand Rounds.

**3/24/26 "Food Protein-Induced Enterocolitis Syndrome: A Non-IgE Mediated Food Allergy Requiring New Perspectives"**

Presented by: **Syantani Sindher, MD**

Clinical Associate Professor  
Allergy & Immunology  
Stanford Medicine-Children's Health

*Planners expect learners to:*

1. Recognize and diagnose acute, chronic and atypical FPIES (Food Protein-Induced Enterocolitis Syndrome) using current evidence-based clinical criteria.
2. Differentiate FPIES from common mimickers (viral gastroenteritis, IgE-mediated food allergy, functional GI disorders).
3. Apply culturally sensitive, family-centered dietary counseling that addresses nutrition adequacy, growth monitoring, and psychosocial burden while recognizing and addressing implicit biases that may label FPIES families as overprotective or cause unnecessary parental guilt.

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