Advanced Clinical Clerkship                  Location: CHS

COURSE CHAIR:         PHONE #:         COURSE OBJECTIVES (in order of importance)
Thomas S. Klitzner, M.D., Ph.D. (310) 825-5296
         1. Identify and understand the health, including psychosocial, 
            issues of the young adult university population, such as sports 
            medicine, nutrition, skin and chronic health issues. 
         2. Learn about the organizational factors that influence delivery of 
            care in a managed care setting. 
         3. Learn the components of quality care for this population. 
         4. Learn to function on a health care team. 
         5. Further development of medical judgement, gathering, 
            analyzing, synthesizing information to apply to the needs of the 
            patient. 
         7. Apply interview skills and other clinical skills in a time-sensitive 
            ambulatory environment. 
         8. Participate in outreach programs.

SUPPORTING FACULTY:  
Full-time faculty in Cardiology

STUDENT COORDINATOR: PHONE #:  
Kesha Eason (310) 825-4128

REPORT TO:  
Pediatric Education Office, 12-335 MDCC, 8:00 AM.

PREREQUISITES:  Pediatrics and Medicine

AVAILABLE TO EXTERNALS:  Yes

STUDENTS / PERIOD:  max 3 min 1

DURATION:  3 weeks

2002-2003 ROTATIONS BEGIN WEEKS:  
By Arrangement

DESCRIPTION:  This elective allows the student to construct a unique educational experience in ambulatory university health services focused 
on the health issues of university student patient population. The student is expected to participate in all activities of the division of Pediatric 
Cardiology with an emphasis on the ambulatory pediatric cardiology clinics, ECG, and laboratory (Echo and Cath) exposure. He/she 
participates in daily conferences including patient discussion, pre-op, Echo, Cath, and didactic conferences. A brief didactic presentation is 
required.

COURSE OBJECTIVES (in order of importance)

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Congenital heart disease
2. Functional/innocent murmurs
3. Congestive heart failure
4. Arrhythmias
5. Infectious/inflammatory cardio-vascular disease

INPATIENT: 0%  CLOSE CONTACT WITH:
OUTPATIENT: 100%  X FULL TIME FACULTY
CONSULTATION: 25%  CLINICAL FACULTY
PRIMARY CARE: 75%  X FELLOWS

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 107
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 75

TYPICAL WEEKLY SCHEDULE

<table>
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<tr>
<th>Hour</th>
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<tbody>
<tr>
<td>AM</td>
<td>7:00 Case Discussion Conference 8:30 Combined Fac/Cardiology Clinic</td>
<td>7:30 Echo Conference 8:30 Cardiology Clinic - Combined Fac/Cardiology Clinic</td>
<td>7:00 Quality Improvement Conf. (1st Wed./month) 7:30 Cath Conference Combined Fac/Cardiology Clinic</td>
<td>Pre-Op Conference Ped/Cardiology Clinic @ Olive View Med Ctr. Cardiac Catheterization</td>
<td>Transplant Conference Pediatric Grand Rounds Cardiology Clinic Cardiac Catheterization</td>
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<tr>
<td>PM</td>
<td>13:00 Didactic Conf. In-Patient, Cath, or Echo Observations</td>
<td>In-Patient, Cath or Echo Observations ECG Review</td>
<td>12:15 – 12:45 Journal Club Adult CHD Clinic @ 13:00</td>
<td>15:00 Patient Presentation Conference w/Dr. Perloff 13:30 4th Pathology Conf.</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  *See additional comments

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:  Overall picture of distribution of students’ time on our service:  
50-60% direct patient contact; 10-15% interpretation non-invasive studies; 15-20% clinical conference.  *On Call: The student is encouraged 
to participate in our call schedule with and under supervision of our fellows and faculty in that a significant aspect of our initial patient 
contact is emergency care of the cyanotic newborn or the infant or young children with severe failure or arrhythmias.
COURSE OBJECTIVES (in order of importance)

1. Knowledge of the pathophysiology and clinical aspects of diagnosis and management of infants and children with heart disease and particularly those with congenital heart disease

2. Obtain history and physical examination on pediatric cardiac patients

3. Interpretation of pediatric electrocardiograms as well as familiarization with other non-invasive diagnostic techniques, such as M-mode and two-dimensional and Doppler echocardiography

4. Knowledge of pharmacology of drugs used in the management of infants and children with cardiovascular disease (i.e., digitalis, diuretics, prostaglandins, etc.)

5. Interpretation of cardiac catheterization and angiographic data and their correlation with clinical findings

6. Indications for surgery and post-operative management of infants and children with heart disease

DESCRIPTION: The student is expected to participate in all activities of the Division of Pediatric Cardiology: on the wards, cardiac clinic, and laboratory. He or she functions as a subintern under supervision of a senior house officer who is assigned to the Division of Pediatric Cardiology. He or she participates in daily bedside rounds as well; attends the weekly combined Pediatric and Adult Cardiology and Cardiothoracic Surgery Conferences. Special patients and patients requiring cardiac surgery are discussed during these conferences.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES

1. Acyanotic congenital heart disease
2. Cyanotic congenital heart disease
3. Infant or child with a heart murmur
4. Newborn with suspected CHD
5. Rheumatic heart disease
6. Arrhythmia

INPATIENT: 30%
OUTPATIENT: 70%
CONSULTATION: 70%
PRIMARY CARE: 30%
CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
X OTHER Technicians

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 25
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 150

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>8:30 - 9:30 Work Rounds</td>
<td>9:00 Cardiac Catheterization. Lab</td>
<td>7:30 Pre-Surgical Conference</td>
<td>8:30 Pediatric Grand Rounds</td>
<td>8:30 Clinical Case Conference</td>
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<td></td>
<td>9:30 - 12:00 Cardiology Clinic</td>
<td>1:00 Clinical Care Conference</td>
<td>9:00 Cardiac Surgery</td>
<td>9:00 Cardiac Catheterization</td>
<td>10:00 Attending Rounds</td>
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<tr>
<td></td>
<td>2:00 - 4:00 Cardiac Clinic Conference and Cardiac Surgery Conference</td>
<td>3:00 Catheterization Conference</td>
<td>1:00 Cardiology Clinic</td>
<td>12:00 Cardiology Case Conference</td>
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</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: This course is recommended for 4th year medical students only.
Advanced Clinical Clerkship

Location: HARBOR

COURSE CHAIR: J.A. Brasel, M.D.
PHONE #: (310) 222-1971

SUPPORTING FACULTY:
Drs. Ipp, Lee, Mao, Salameh, Smith, Swerdloff, & Wang

STUDENT COORDINATOR: Sally Avancena
PHONE #: (310) 222-2503

REPORT TO: Clinical Fellow in Endocrinology (5th floor, GCRC Office) 0900 on the first day.

PREREQUISITES: Completed Medicine and/or Pediatric Clinical clerkship

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2002-2003 ROTATIONS BEGIN WEEKS: By Arrangement

COURSE OBJECTIVES (in order of importance)

To become familiar with the following:
1. Pathogenesis and natural history, the orderly investigation, differential diagnosis and management of thyroid disease, diabetes mellitus, adrenal disorders, pituitary disorders, reproductive abnormalities, and parathyroid disorders
2. Medical interviewing and physical examination skills
4. Interpretation of endocrine tests: Thyroid function tests, glucose tolerance tests, hormonal measurements, stimulation and suppression tests
5. Appropriate format for writing consultations
6. Basic science foundations of pathophysiologic mechanisms underlying diseases of the thyroid, adrenal, pituitary, pancreas, gonads, parathyroid, and other metabolic disorders, including nutritional disorders
7. Diag. & mgmt. of complex in-patient problems such as diabetic ketoacidosis, thyrotoxicosis, thyroid nodules, goiter, hypothyroidism, obesity, Cushing’s disease, Addison’s disease, etc.
8. Oral presentation of clinical cases
9. Library research and interpretation of the literature
10. Outcome of health care, e.g., patient compliance & satisfaction

DESCRIPTION: Students function as subinterns on the in-patient Endocrine consult service and in the out-patient Endocrine, Thyroid, Pituitary, & Diabetes clinics. They function as members of a team consisting of 1 pediatric resident, 2-3 medicine residents, the Endocrine Clinical Fellow, and the Endocrine Faculty Attending. Students also attend the Endocrine Division Conferences and Seminars and Attending Rounds.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Diabetes mellitus & hypoglycemia
2. Disorders of growth
3. Hypothyroidism & Thyrotoxicosis
4. Thyroid nodule & cancer
5. Hypocalcemia & Hypercalcemia
6. Disorders of puberty
7. Obesity, R/O Cushing’s disease
8. Pituitary tumors

INPATIENT: 20%
OUTPATIENT: 80%
CONSULTATION: 80%
PRIMARY CARE: 20%
CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
X OTHER Diabetes Nurse Educators

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 20 -25
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 200-250

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>9:00 Pituitary or Thyroid Nodule Clinic</td>
<td>10:00 Review of Thyroid Biopsies</td>
<td>8:30 Pediatric Grand Rounds</td>
<td>8:30 Diabetes &amp; Metabolism Clinic</td>
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<td></td>
<td>12:00 Basic Science Seminar Lecture Series</td>
<td>12:00 Endocrine Clinical Conference 1:00 Endocrine Clinic</td>
<td>1:00 Chart Review</td>
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<tr>
<td>PM</td>
<td>2:00 Attending Rounds</td>
<td>2:00 Attending Rounds</td>
<td>2:00 Endocrine Grand Rounds</td>
<td>2:00 Endocrine Grand Rounds</td>
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<td>3:30 Attending Rounds</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: None

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: This elective provides an outstanding opportunity for the student to see a broad spectrum of endocrine disorders. The student participates in an organized program of conferences, outpatient clinics, subspecialty consultations, and attending rounds, supervised at all times by a senior endocrine fellow. The student also has significant contact with the full-time faculty.

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Advanced Clinical Clerkship

LOCATION: CHS

COURSE CHAIR: Mitchell E. Geffner, M.D.
PHONE #: (310) 825-6496

SUPPORTING FACULTY:
Pinchos Cohen, M.D., S. Douglas Frasier, M.D., Jon M. Nakamoto, M.D., Ph.D., & Kevin Kaiserman, M.D.

STUDENT COORDINATOR: Kesha Eason
PHONE #: (310) 825-4128

REPORT TO:
Pediatric Endocrinology Office, 22-315 MDCC, 8:00 AM, first day

AVAILABLE TO EXTERNALS: Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2002-2003 ROTATIONS BEGIN WEEKS: By Arrangement

DESCRIPTION: The elective provides an excellent opportunity to learn about disorders of the endocrine system in pediatrics. Practical experience and direct contact with patients is the setting in which the learning process takes place.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Diabetes mellitus and hypoglycemia
2. Growth disorders
3. Thyroid disorders
4. Parathyroid disorders
5. Adrenal disorders
6. Ovarian disorders
7. Testicular disorders
8. 

INPATIENT: 10%
OUTPATIENT: 90%
CONSULTATION: 80%
PRIMARY CARE: 20%

CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
X OTHER Dietitian, Nurse Specialist, Psychologist

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 30
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 160

TYPICAL WEEKLY SCHEDULE

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<tr>
<td>AM</td>
<td>8:00 - 9:00 Pediatric Intake Rounds</td>
<td>8:00 - 9:00 Preclinic Case Discussions</td>
<td>8:00 - 9:00 Preclinic Case Discussions</td>
<td>8:00 - 9:00 Preclinic Case Discussions</td>
<td>8:00 - 9:00 Pediatric Grand Rounds</td>
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<td>9:00 - 12:00 Procedures on In- and Out-Patients</td>
<td>9:00 - 2:00 Diabetes And Endocrine Clinic</td>
<td>9:00 - 12:00 Endocrine Clinic</td>
<td>9:00 - 1:00 Endocrine Clinic</td>
<td>9:00 - 12:00 Review of Cases with Students</td>
</tr>
<tr>
<td>PM</td>
<td>1:00 - 4:00 Endocrine Clinic</td>
<td>2:00 - 3:00 Inpatient Ward Rounds</td>
<td>12:00 - 1:00 Joint Conf. w/ Internal Med. &amp; Gynecologic Endocrinology</td>
<td>2:00 - 3:00 Inpatient Ward Rounds</td>
<td>1:30 - 2:30 Inpatient Ward Rounds</td>
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<td>3:00 - 5:00 Chart Review</td>
<td>1:30 - 3:00 Inpatient Ward Rounds</td>
<td>3:00 - 5:00 Free Time For Study</td>
<td>3:00 - 5:00 Free Time For Study</td>
<td>2:30 - 4:30 Free Time for Study</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: N/A

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:

COURSE OBJECTIVES (in order of importance)
1. Knowledge of pediatric endocrine disorders including diabetes mellitus, hypoglycemia, disorders of the pituitary, thyroid, parathyroid, adrenals, ovaries, testes, and hypothalamus.
2. Instruction in appropriate history taking and physical examination.
3. Instruction in the physical performance of endocrine tests.
4. Supervision and discussion of interpretation of laboratory tests of endocrine function.
5. Familiarity with current literature in the field of pediatric endocrinology.
6. Coordination of Pediatric Endocrinology with Internal Medicine and Gynecologic Endocrinology.
PE235.01 MEDICAL GENETICS

Advanced Clinical Clerkship

LOCATION: CHS

2002-2003
12/5/2001

COURSE CHAIR: Stephen Cederbaum, M.D
PHONE #: (310) 825-0402

COURSE OBJECTIVES (in order of importance)
1. Genetic approach to clinical problems.
2. Review of genetic principles applicable to clinical situations.
4. Use and interpretation of special laboratory diagnostic tests.
5. Gain experience with specific genetic diseases through participation in the genetics clinic and ward consults.

SUPPORTING FACULTY: W. W. Grody, M.D., Ph.D., E. McCabe, M.D., Ph.D., B. Crandall, M.D., L. Schimmenti, M.D., C. Schanen, M.D., Ph.D., E. Vilain, M.D., Ph.D.

STUDENT COORDINATOR: Kesha Eason
PHONE #: (310) 825-4128

AVAILABLE TO EXterns: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2002-2003 ROTATIONS BEGIN WEEKS:
By Arrangement

DESCRIPTION: The student will function as a member of the genetics team. He/she will see patients independently, present them to the faculty and be responsible for the report. There will be extensive exposure to a variety of genetic patients and laboratory methods, and hands on laboratory experience as desired.

STUDENT EXPERIENCES
COMMON PROBLEMS/DISEASES
1. Birth Defects
2. Mental Retardation
3. Chromosome Disorders
4. Inborn Errors of Metabolism
5. Genetic Neurological Disease
6.
7.
8.

INPATIENT: 35%
OUTPATIENT: 65%
CONSULTATION: 100%
PRIMARY CARE: 0%
CLOSE CONTACT WITH:
FULL TIME FACULTY
CLINICAL FACULTY
FELLOWS
RESIDENTS
INTERNS
OTHER

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 6
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 25

TYPICAL WEEKLY SCHEDULE

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<tr>
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<tbody>
<tr>
<td>AM</td>
<td>Independent Study (Reading, Consults, Lab Experience)</td>
<td>Independent Study and consults</td>
<td>9:00 - 10:30 Chromosome Review</td>
<td>7:30 - 9:30 Tay-Sachs Screening Clinic</td>
<td>9:00 - 12:00 Prenatal Genetics Clinic</td>
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<td>11:30 - 12:30 Seminar</td>
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<td>9:00 – 12:00 Prenatal Genetics Clinic</td>
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<tr>
<td>PM</td>
<td>1:00 - 4:00 Genetics Clinic</td>
<td>Genetics Clinic Cedars - Sinai (optional)</td>
<td>1:00 - 4:00 Craniofacial</td>
<td>1:30 – 3:00 Clinical Molecular Genetics Lab Meeting</td>
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<td>4:00 - 5:00 Clinic Review</td>
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<td>11:00 - 5:00 Kaiser Metabolic Clinic</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: There are no night or weekend call responsibilities

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: Attempts are made to individualize the experience based upon the student's background, interest, and plans for use of genetics in the future.

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Advanced Clinical Clerkship

Location: HARBOR

COURSE CHAIR:
Henry J. Lin, M.D.
(310) 222-3756

SUPPORTING FACULTY:
B. Foley, R.N., Dr. A. Jonas & Dr. P. Yen

STUDENT COORDINATOR:
Carol Rivera
(310) 222-3756

COURSE OBJECTIVES (in order of importance)
To gain experience and understanding with:
2. Current application of biochemical, molecular, and cytogenetics techniques.
3. Aspects of prenatal diagnosis.

PREREQUISITES: None

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2002-2003 ROTATIONS BEGIN WEEKS:
2,5,8,11,14,17,20,27,30,33,36,39,42,45,48

DESCRIPTION: The student will be exposed to various aspects of clinical genetics, including diagnosis, treatment, counseling, and screening. Application of biochemical, molecular, and cytogenetics to patient care will be emphasized. Patients will be evaluated in both out- and inpatient settings. Students will be expected to accompany fellows and faculty for inpatient consultations. Students are required to present and discuss cases in regularly scheduled conferences. There may be opportunities for focused research projects.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Dysmorphic syndromes
2. Chromosomal Disorders
3. Inborn errors of metabolism
4. Teratogens
5. Genetic counseling
6. Genetic screening
7. Prenatal diagnosis

INPATIENT: 50%
OUTPATIENT: 50%
CONSULTATION: 100%
PRIMARY CARE: 0%

CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
FELLOWS
RESIDENTS
INTERNS
OTHER Genetic Counselor

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 20/elective period
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 60+

TYPICAL WEEKLY SCHEDULE

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<td>9:45 – 10:45 Morning Report</td>
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<tr>
<td>PM</td>
<td>Genetics Consults (per request on a daily basis)</td>
<td>12:00 CPC 2:00 Clinic Review</td>
<td>1:00 – 5:00 Genetics Clinic</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
Advanced Clinical Clerkship

Location: CS

2002-2003
1/28/2002

COURSE CHAIR: John M. Graham, M.D., Sc.D. (310) 423-9909

SUPPORTING FACULTY: D. Rimoin, R. Lachman, R. Falk, W. Wilcox, M. Schemer

STUDENT COORDINATOR: Lisa Payne (310) 423-4780

REPORT TO: Lisa Payne, Cedars-Sinai Medical Center, Room 4400, 8:45 AM.

PREREQUISITES:

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2002-2003 ROTATIONS BEGIN WEEKS:
2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48 (By Arrangement)

COURSE OBJECTIVES (in order of importance)
1. Counseling techniques and the approach to the patient and family with hereditary diseases
2. Historical, physical, and laboratory evaluation of the patient with possible genetic disease, including patients with congenital anomalies, dysmorphic features, and mental retardation
3. Prenatal diagnosis, including amniocentesis and chorionic villus sampling and discussion of risk factors and teratogenesis
4. Laboratory techniques in genetics
5. Current topics in genetics and research interests of the department
6. Opportunities are available for interested students to become involved in research or case reporting
7. Application of genetics to common disease

DESCRIPTION: The student will obtain a broad exposure to the clinical aspects of medical genetics, especially in regard to the diagnosis of genetic disease, dysmorphology, genetic counseling, prenatal diagnosis, treatment of genetic disease, and community genetic screening programs. Work up inpatient genetic consultations; see patients in genetic clinic. Relative emphasis on Pediatric vs. Reproductive Genetics vs. Internal Medicine genetics will be tailored to student needs.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Chromosomal syndromes
2. Skeletal dysplasias
3. Syndrome identification/Dysmorphic
4. Genetic counseling
5. Congenital anomalies
6. Prenatal diagnosis
7. Carrier detection/screening
8. Teratogens

INPATIENT: 25%
OUTPATIENT: 75%
CONSULTATION: 100%
PRIMARY CARE: 0%
CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS (ONLY)
X OTHER: Genetic Counselors

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 25
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 125

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>9:00 – 1:00 Genetics Training Program Lectures</td>
<td>8:30 Pediatric Case Conference</td>
<td>9:00 Genetics Clinic</td>
<td>8:30 – 9:30 Pediatric Grand Rounds</td>
<td>Metabolic Clinic</td>
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<td>9:00 Genetics Clinic</td>
<td>9:00 Cytogenetic Review Conf.</td>
<td>9:30 – 11:00 Dysmorphology Clinic or Helmet Clinic</td>
<td>9:30 – 10:30 Ward Rounds</td>
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<td>12:00 – 1:00 Clinical Conference</td>
<td>12:00 Craniofacial Conf. and Clinic</td>
<td>1:00 – 5:00 Dysmorphology Clinic</td>
<td>10:30 – 11:30 Genetics Seminar</td>
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<tr>
<td>PM</td>
<td>Genetic Risk Clinic 4:00 – 5:00 Prenatal Case Review Conference</td>
<td>1:00 – 5:00 Genetics Clinic</td>
<td>1:00 – 5:00 Genetics Clinic</td>
<td>Informal Teaching Independent Study 3:00-4:00 Genetic Risk Conference</td>
<td>Genetic Risk Clinic</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
Advanced Clinical Clerkship

Location: HARBOR

COURSE CHAIR: Pamelyn Close, M.D.  PHONE #: (310) 222-4154

SUPPORTING FACULTY: Lance Sieger, M.D.

STUDENT COORDINATOR: Iris Mau  PHONE #: (310) 222-2301

REPORT TO: Harbor-UCLA Medical Center-Bldg. N-25, Hematology/Oncology Office, 9:00 am (1st day only).

PREREQUISITES: Third Year Pediatrics

AVAILABLE TO EXTERNALS: Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2002-2003 ROTATIONS BEGIN WEEKS: By Arrangement

COURSE OBJECTIVES (in order of importance)

1. Knowledge of the pathogenesis, natural history, clinical investigation, differential diagnosis, and management of children with Acute Leukemia, other malignancies, and hematological diseases.

2. The interpretation of laboratory studies in the diagnosis of hematologic and oncologic disorders

3. Knowledge of the pharmacology of antineoplastic agents

4. Familiarity with the pathophysiology of hematologic and oncologic disorders

5. Familiarity with the psychosocial problems associated with life-threatening illnesses

6. Diagnosis and management of complex and multi-system problems in the pediatric patient

7. Medical decision making: Analysis of medical data and synthesis of information

8. Knowledge of research techniques, including literature research and interpretation

9. Familiarity with procedures (e.g., bone marrow aspiration, intrathecal drug administration, catheter care)

DESCRIPTION: This course serves as an introduction to pediatric hematology/oncology and stresses basic principles of pathophysiology necessary to understand hematologic and oncologic disorders in neonates, children, and adolescents. There is close interaction with resident and staff.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES

1. Acute Leukemia/Lymphoma
2. Anemia - General Workup
3. Sickle Cell Anemia & Complications
4. Common Childhood Solid Tumors
5. Granulocyte Function Disorders
6. Evaluation for Immunodeficiency
7. Coagulopathies
8. Neonatal Hematology

INPATIENT: 40%
OUTPATIENT: 60%
CONSULTATION: 70%
PRIMARY CARE: 30%
CLOSE CONTACT WITH:
X FULL TIME FACULTY
CLINICAL FACULTY
FELLOWS
X RESIDENTS
X INTERNS
OTHER

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 30
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 120

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>8:30 - 12:00 New Patients Workup; Ward Rounds with Resident and Fellow</td>
<td>8:30 - 12:00 Pediatric Hematology/Oncology Clinic</td>
<td>8:30 - 12:00 New Patients Workup; Ward Rounds</td>
<td>8:30 - 9:30 Pediatric Grand Rounds</td>
<td>8:00 - 9:00 Chief of Service Rounds</td>
</tr>
<tr>
<td></td>
<td>9:30 - 12:30 New Patients Workup; Ward Rounds</td>
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<td></td>
<td>9:30 - 12:30 New Patients Workup; Ward Rounds</td>
<td>10:00 - 12:00 Patient Planning Conference</td>
</tr>
<tr>
<td>PM</td>
<td>1:30 - 3:00 Attending Rounds; New Patient Workup</td>
<td>1:30 - 2:30 Attending Rounds; New Patient Workup</td>
<td>1:30 - 3:00 Attending Rounds</td>
<td>1:30 - 3:00 Combined Pediatric/Medical/Hematology Conf.</td>
<td>1:30 - 2:30 Attending Rounds</td>
</tr>
<tr>
<td></td>
<td>3:00 - 4:30 Attending Rounds; New Patient Workup</td>
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</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: None

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: Attend Hematology/Oncology Procedure Clinic held daily. Assist with patients scheduled for clinic on Tuesdays (i.e., physical exams, bone marrow procedures, intrathecal/intravenous administration of chemotherapy) as necessary. Additional teaching conferences are held bi-monthly at Miller Children’s Hospital, Long Beach, CA.
Advanced Clinical Clerkship

COURSE CHAIR: Stephen A. Feig, M.D
PHONE #: (310) 825-6708

SUPPORTING FACULTY:
Drs. Kathleen Sakamoto, Christopher Denny, Theodore Moore, Jacqueline Casilllas, Wendy Tchang

STUDENT COORDINATOR: Kesha Eason
PHONE #: (310) 825-4128

REPORT TO:
Pediatric Education Office. 12335 MDCC, 8:00 a.m.

AVAILABLE TO EXTERNALS: Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2002-2003 ROTATIONS BEGIN WEEKS:
2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

COURSE OBJECTIVES (in order of importance)
1. Knowledge of the pathogenesis and natural history, the orderly investigation, differential diagnosis and management of certain disease processes or problems, such as leukemia, sickle cell disease, hemophilia and common solid tumors of children.
3. Performance and interpretation of bone marrow aspiration, bone marrow biopsy, and lumbar puncture. Also, the interpretation of blood smears.
4. Basic science foundation of pathophysiologic mechanisms.
5. Diagnosis and management of complex inpatient problems.
6. Team approach and utilization of allied health personnel.

DESCRIPTION:
The goal of this rotation is that the student develop a systematic approach to the analysis of hematologic and oncologic problems and the infectious and metabolic disorders which complicate their treatment. The student will assume primary responsibility for all Division patients, supervised by the Division faculty.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Leukemia
2. Solid tumors
3. Sickle cell disease
4. Anemia
5. Bleeding disorders
6. Transplants
7. Aplastic anemia
8.

INPATIENT: 50%
OUTPATIENT: 50%
CONSULTATION: NA%
PRIMARY CARE: NA%
CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
X OTHER Allied Health

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 50
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 200

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>8:00 - 9:00 Morning Report</td>
<td>8:00 - 9:00 Morning Report</td>
<td>8:00 - 9:00 Morning Report</td>
<td>8:00 - 9:00 Morning Report</td>
<td>8:00 - 9:00 Pediatric Grand Rounds</td>
</tr>
<tr>
<td></td>
<td>9:00 - 10:00 Conference</td>
<td>9:00 - 12:00 Hematology – Oncology Clinic</td>
<td>9:00 Ward Rounds</td>
<td>9:00 Ward Rounds</td>
<td>9:00 - 12:00 Hematology - Oncology Clinic</td>
</tr>
<tr>
<td></td>
<td>10:00 Ward Rounds</td>
<td>12:00 Ward Rounds</td>
<td>Ward/patient Work</td>
<td>12:00 - 1:00 Research Conference</td>
<td></td>
</tr>
<tr>
<td>PM</td>
<td>1:30 - 2:30 BMT team Rounds</td>
<td>2:00 - 4:00 Clinical Conference</td>
<td>Ward/Patient Work</td>
<td>1:00 - 5:00 Clinic</td>
<td>12:00 - 2:30 Clinic Conference</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2:30 - 4:00 Ward Rounds</td>
</tr>
</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: If student elects call every 4th night, the course switches to PE340.0

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: We aim for the student to become proficient in the diagnostic and therapeutic subspecialty procedures (chemotherapy administration and a familiarity with the pathophysiology of hematology-oncology and the principles of chemotherapy). The student will meet regularly with a member of the Division of review teaching materials and discuss specific subjects. The student will attend the various Division conferences and review topics of current interest with the group.
Advanced Clinical Clerkship

COURSE CHAIR: Carole Hurvitz, M.D.  PHONE #: (310) 423-4423


STUDENT COORDINATOR: Lisa Payne  PHONE #: (310) 423-4780

REPORT TO: Lisa Payne, North Tower, Room 4400, 8:30 AM.

AVAILABLE TO EXTERNALS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2002-2003 ROTATIONS BEGIN WEEKS: By Arrangement

DESCRIPTION:

COURSE OBJECTIVES (in order of importance)
1. Gain basic understanding of normal and abnormal hematologic problems in children.
3. Inpatient and outpatient management of children with cancer and hematologic problems.
4. Observation of cohesive team approach to management of above disorders.
5. Psychosocial implications of these conditions.
6. Introduction to clinical cancer research via NIH protocols.
7. How to do consultations.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Acute lymphocytic leukemia
2. Pediatric solid tumors
3. Thalassemia
4. Other anemias
5. Neutropenia & sepsis
6. Coagulation disorders
7. 
8.

INPATIENT: 30%
OUTPATIENT: 70%
CONSULTATION: 20%
PRIMARY CARE: 80%

CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
X OTHER Nurses, Social Workers, Play Therapists

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 100
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 175

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>9:00 - 10:30 Ward Rounds</td>
<td>8:30 - 9:30 Clinical Conference</td>
<td>8:30 - 10:30 Ward Rounds</td>
<td>8:30 - 9:30 Grand Rounds</td>
<td>8:30 - 10:00 Ward Rounds</td>
</tr>
<tr>
<td></td>
<td>10:30 - 11:30 Hem.-Onc Team Conference</td>
<td>9:30 - 11:00 Ward Rounds</td>
<td>10:30 - 12:00 Hem.-Onc Clinic</td>
<td>9:30 - 11:00 Ward Rounds</td>
<td>10:00 - 11:00 Hem-Onc Clinic</td>
</tr>
<tr>
<td>PM</td>
<td>12:00 Housestaff /Student Conference</td>
<td>12:00 Housestaff /Student Conference</td>
<td>12:00 - 1:00 Tumor Board</td>
<td>12:00 Housestaff /StudentConference</td>
<td>12:00 Housestaff /StudentConference</td>
</tr>
<tr>
<td></td>
<td>2:00 - 6:00 Hem.-Onc Clinic</td>
<td>2:00 - 6:00 Hem.-Onc Clinic</td>
<td>2:00 - 3:30 Hem-Onc Teaching Rounds</td>
<td>2:00 - 6:00 Hem.-Onc Clinic</td>
<td>3:00 - 4:00 Hem-Onc Rounds</td>
</tr>
</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
### PE245.01 PEDIATRIC INFECTIOUS DISEASES

**Advanced Clinical Clerkship**

**Location:** CS  
**2002-2003**  
**12/5/2001**

**COURSE CHAIR:**  
Deborah Lehman, M.D.  
PHONE #: (310) 423-4471

**SUPPORTING FACULTY:**  
Drs. Moshe Arditi and Ozlem Equils

**STUDENT COORDINATOR:**  
Lisa Payne  
PHONE #: (310) 423-4780

**REPORT TO:**  
Room 4400, North Tower, 8:30 a.m.

**PREREQUISITES:** Pediatrics

**AVAILABLE TO EXTERNS:** Yes

**STUDENTS / PERIOD:** max 2 min 1

**DURATION:** 3 weeks

**2002-2003 ROTATIONS BEGIN WEEKS:**  
2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

**DESCRIPTION:** During the rotation in pediatric infectious diseases, you will be exposed to a variety of inpatient and outpatient disease issues. You will learn to approach infectious disease problems in an organized and systematic way and learn rational use of antibiotics. This will benefit you in any medical specialty and expose you to all parts of the pediatric service: wards, NICU, PICU, and Infectious Diseases Outpatient Clinic.

### COURSE OBJECTIVES (in order of importance)

1. Exposure to infectious disease problems of pediatric inpatients and outpatients.
2. Management of Pediatric patients with AIDS.
4. Use of the clinical microbiology laboratory.
5. Judicious use of antimicrobial agents.

### STUDENT OBJECTIVES

1. Exposure to infectious disease problems of pediatric inpatients and outpatients.
2. Management of Pediatric patients with AIDS.
4. Use of the clinical microbiology laboratory.
5. Judicious use of antimicrobial agents.

### STUDENT EXPERIENCES

#### COMMON PROBLEMS/DISEASES

<table>
<thead>
<tr>
<th>#</th>
<th>Problem/Infection</th>
<th>INPATIENT</th>
<th>OUTPATIENT</th>
<th>CONSULTATION</th>
<th>PRIMARY CARE</th>
<th>CLOSE CONTACT WITH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Newborn infections</td>
<td>70%</td>
<td>30%</td>
<td>100%</td>
<td>0%</td>
<td>X FULL TIME FACULTY</td>
</tr>
<tr>
<td>2</td>
<td>Pediatric HIV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X FELLOWS</td>
</tr>
<tr>
<td>3</td>
<td>Immuno compromised patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X RESIDENTS</td>
</tr>
<tr>
<td>4</td>
<td>Pneumonia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X OTHER Social workers, Dietitians, Virology and Microbiology</td>
</tr>
<tr>
<td>5</td>
<td>Septicemia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Meningitis</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7</td>
<td>Endocarditis</td>
<td></td>
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</tr>
<tr>
<td>8</td>
<td>Bone and soft tissue infections</td>
<td></td>
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</tbody>
</table>

#### APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 30

#### TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 65

### TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>Morning Report</td>
<td>Clinical Conference Pediatric HIV Clinic ID Clinic</td>
<td>Morning Report</td>
<td>Pediatric Grand Rounds</td>
<td>Morning Report</td>
</tr>
<tr>
<td></td>
<td>12:00 - 1:00 Pediatrics Housestaff Conference</td>
<td>12:00 - 1:00 Pediatrics Housestaff Conference</td>
<td>12:00 - 1:00 Pediatrics Housestaff Conference</td>
<td>12:00 - 1:00 Pediatrics Housestaff Conference</td>
<td>12:00 - 1:00 Pediatrics Housestaff Conference</td>
</tr>
<tr>
<td>PM</td>
<td>ID Divisional Journal Club</td>
<td>Weekly Consult Review Multidisciplinary HIV Conference</td>
<td>1:00 Joint Med-Peds ID Conference</td>
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</tr>
</tbody>
</table>

**ON-CALL SCHEDULE & WEEKEND ACTIVITIES:** None

**ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:**
PE245.02  PEDIATRIC INFECTION DISEASES

Advanced Clinical Clerkship  Location: CHS  2002-2003
1/28/2002

COURSE CHAIR:  PHONE #:  
Yvonne J. Bryson, M.D.  (310) 825-5235

SUPPORTING FACULTY:  
Drs. James Cherry, Paul Krogstad, Karen Neilsen, Jaime Deville

STUDENT COORDINATOR:  PHONE #:  
Kesha Eason  (310) 825-4128

REPORT TO:  
Pediatric Medical Education Office, 12-335 MDCC, 8:00 AM.

PREREQUISITES:  None

AVAILABLE TO EXTERNS:  Yes

STUDENTS / PERIOD:  max 1 min 1

DURATION:  3 weeks

2002-2003 ROTATIONS BEGIN WEEKS:
2,5,8,11,14,17,20,27,30,33,36,39,42,45,48

COURSE OBJECTIVES (in order of importance)
1. Knowledge of the pathogenesis, natural history, differential diagnosis and management of children with acute and chronic infectious disease problems
2. Interpretation of laboratory studies in the diagnosis of infectious diseases.
3. Knowledge of doing selected laboratory procedures (gram stains, skin scrapings, fungal and pneumocystis preparations, tissue culture reading for viral cytopathic effect, and interpretation of other stain preparations)
4. Knowledge of the pharmacology of antibiotics
5. Medical judgement analysis of medical data and synthesis of information
6. Specific knowledge of the management of infectious diseases emergencies such as meningitis, acute epiglottis and septicemia
7. Improved history and physical examination
8. Appreciation of the role of the pediatric infectious diseases consultant

DESCRIPTION:  This elective offers the student the opportunity to function as a member of the pediatric infectious diseases consulting team.
The student will have the opportunity to participate in consultations, infectious diseases conferences, and research discussions related to ID problems. Students will also have the option of attending the Maternal Child Immunology Clinic (MCIC) on Tuesday where we evaluate mothers and children with HIV-1 infection. Students will function as members of the clinical Infectious Diseases team as subconsultants. They will be under the guidance of the ID research fellow and ID attending physician. Students will be expected to present and discuss their cases and participate in discussion of other infectious disease problems

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Infection in immunocompromised host
2. Meningitis
3. FUO
4. Osteomyelitis and arthritis
5. Antibiotic management for difficult to treat problems
6. Pneumonias
7. The child with frequent infections
8. Tuberculosis and fungal disease
9. HIV-1

INPATIENT:  80%
OUTPATIENT:  20%
CONSULTATION:  100%
PRIMARY CARE:  0%

CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
X OTHER Microbiology lab personnel

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:  30
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:  100

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>8:00 – 9:00 Intake Conference</td>
<td>8:00 – 9:00 Intake Conf.</td>
<td>8:00 – 9:00 Intake Conf.</td>
<td>8:00 - 9:00 Intake Conf.</td>
<td>8:00 - 9:00 Grand Rounds</td>
</tr>
<tr>
<td></td>
<td>9:30 - 10:15 Ward Rounds w/ ID Fellow</td>
<td>9:30 - 10:15 Ward Rounds w/ ID Fellow</td>
<td>9:30 - 10:15 Ward Rounds w/ ID Fellow</td>
<td>9:30 - 10:15 Ward Rounds w/ ID Fellow</td>
<td>9:30 - 10:15 Ward Rounds w/ ID Fellow</td>
</tr>
<tr>
<td></td>
<td>10:00 - 11:00 Rounds with Attending</td>
<td>10:00 - 11:00 Rounds with Attending</td>
<td>10:00 - 11:00 Rounds with Attending</td>
<td>10:00 - 11:00 Rounds with Attending</td>
<td>10:00 - 11:00 Rounds with Attending</td>
</tr>
<tr>
<td>PM</td>
<td>1:30 - 5:00 Patient Workups and Care</td>
<td>1:30 - 5:00 Patient Workups and Care</td>
<td>1:30 - 5:00 Patient Workups and Care</td>
<td>1:30 - 5:00 Patient Workups and Care</td>
<td>2:00 - 3:00 ID Research Conference</td>
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<tr>
<td></td>
<td>1:30 - 5:00 Patient Workups and Care</td>
<td>1:30 - 5:00 Patient Workups and Care</td>
<td>1:30 - 5:00 Patient Workups and Care</td>
<td>1:30 - 5:00 Patient Workups and Care</td>
<td>3:00 - 5:00 Patient Workups and Care</td>
</tr>
</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  On call every day for new patient consultations. Night call and weekend call are to be arranged with fellow and attending physician.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:  They will be expected to investigate one clinical infectious diseases problem in depth and present it to other members of the consulting team
PE245.03  PEDIATRIC INFECTIOUS DISEASES

Advanced Clinical Clerkship  Location: HARBOR

COURSE CHAIR: Margaret A. Keller, M.D.  PHONE #: (310) 222-4175
SUPPORTING FACULTY: Drs. J.I. Ward, K.M. Zangwill, B. Kennedy, M. Keller, S. Yeh
STUDENT COORDINATOR: Iris Mau  PHONE #: (310) 222-2301

REPORT TO: Mary Magee, Bldg. E-6, Room 102, at 8:30 a.m.

LOCATION: HARBOR

COURSE OBJECTIVES (in order of importance)
1. Evaluation of child and infant with suspected infection.
2. Appropriate antibiotic therapy.
4. Optimal use of clinical microbiology laboratory.
5. Evaluation and management of suspected neonatal and congenital infections.
8. Management of infections in the immunocomprised child.
10. Control of hospital infections.

PREREQUISITES: Pediatrics
AVAILABLE TO EXTERNALS: Yes
STUDENTS/PERIOD: max 1 min 1
DURATION: 3 weeks

2002-2003 ROTATIONS BEGIN WEEKS:
2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

DESCRIPTION:

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Meningitis
2. Neonatal sepsis
3. Bone and joint infections
4. Pneumonia
5. Acute gastroenteritis
6. Tuberculosis
7. Congenital syphilis
8. Infection in immunocomprised host

INPATIENT: 80%
OUTPATIENT: 20%
CONSULTATION: 100%
PRIMARY CARE: 0%

CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
INTERNS
OTHER

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 20
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 45

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>8:30 Consultations</td>
<td>8:30 Consultations</td>
<td>8:30 Consultations</td>
<td>8:30 Pediatric Grand Rounds</td>
<td>8:30 Chief’s Rounds</td>
</tr>
<tr>
<td></td>
<td>8:30 Immunodeficiency Clinic (2nd)</td>
<td>9:30 Morning Report Daily</td>
<td>11:00 Consultations</td>
<td>10:00 Infectious Disease Clinic (1st &amp; 3rd)</td>
<td></td>
</tr>
<tr>
<td>PM</td>
<td>12:00 Residents’ ID Lecture (1st &amp; 3rd)</td>
<td>12:00 Attending Rounds</td>
<td>12:00 Clinical Case Reviews</td>
<td>1:00 Attending Rounds</td>
<td>12:00 Infectious Diseases Grand Rounds</td>
</tr>
<tr>
<td></td>
<td>2:00 Attending Rounds</td>
<td>1:00 Attending Rounds</td>
<td>1:00 Attending Rounds</td>
<td>3:00 Attending Rounds</td>
<td></td>
</tr>
</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: The student is directed to the most pertinent textbooks and scientific literature but independent and critical inquiry is encouraged. The student may prepare an informal seminar on a subject of the student’s choice. Library and laboratory research and chart reviews are available for students with special interests.
PE245.04  PEDIATRIC INFECTIOUS DISEASES

Advanced Clinical Clerkship  
Location:  KDMC

2002-2003
1/28/2002

COURSE CHAIR:
Stephen Taylor, M.D.  
PHONE #:  
(213) 563-5952 (lab)  
(310) 668-4870 (ofc)

SUPPORTING FACULTY:  
Dr. S. Shacks

STUDENT COORDINATOR:  
Marilyn Jones  
PHONE #:  
(310) 668-4664

REPORT TO:  
Stephen Taylor, M.D., Room 5G-22, KDMC

PREREQUISITES:  Core Pediatric Clerkship

AVAILABLE TO EXTERNALS:  No

STUDENTS / PERIOD:  max 3 min 1

DURATION:  3 weeks

2002-2003 ROTATIONS BEGIN WEEKS:  
By Arrangement

DESCRIPTION:

COURSE OBJECTIVES (in order of importance)
1. To delineate the epidemiology, pathogenesis, pathophysiology, etiologic agents, clinical manifestations, and sequelae of common pediatric infectious disorders.
2. To obtain a working knowledge of the concept of the immunocompromised host, e.g., AIDS, SCID, etc., and the resultant opportunistic infections.
3. To develop thought processes for the rational selection of specific and empiric antibiotics.
4. To appropriately evaluate a pediatric patient with a given clinical presentation, e.g., fever of unknown origin, recurrent infections, TORCH infections, etc.
5. To review some fundamental microbiology and virology for practical use in clinical practice.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Fever of unknown origin
2. Meningitis
3. Pneumonia
4. Soft tissue infections
5. Osteomyelitis/septic arthritis
6. Immunocompromised hosts
7. Mononucleosis syndromes
8. TORCH infections

INPATIENT:  80%
OUTPATIENT:  20%
CONSULTATION:  100%
PRIMARY CARE:  0%
CLOSE CONTACT WITH:  
X  FULL TIME FACULTY  
X  CLINICAL FACULTY  
X  FELLOWS  
X  RESIDENTS  
X  INTERNS  
OTHER

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:  8-10
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:  50-70

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>9:00 - 10:00 Work Rounds on I.D. Consultations</td>
<td>8:00 - 9:00 Grand Rounds</td>
<td>9:30 - 11:00 Work Rounds</td>
<td>8:30 - 11:00 Work Rounds</td>
<td>8:30 - 11:00 Work Rounds</td>
</tr>
<tr>
<td></td>
<td>10:00 - 11:30 Attending Rounds</td>
<td>9:30 - 11:00 Work Rounds</td>
<td>11:00 - 12:00 Attending Rounds</td>
<td>11:00 - 12:00 Attending Rounds</td>
<td>11:00 - 12:00 Attending Rounds</td>
</tr>
<tr>
<td>PM</td>
<td>1:00 - 3:00 Reading and/or new Consults</td>
<td>1:00 - 3:00 Reading and/or new Consults</td>
<td>1:00 - 5:00 Pediatrics Oasis Clinic</td>
<td>1:00 - 3:00 Reading and/or new consults</td>
<td>1:00 - 4:00 Reading and/or new consults</td>
</tr>
<tr>
<td></td>
<td>3:00 - 4:00 Lecture on topics in I.D.</td>
<td>3:00 - 4:00 Lecture on topics in I.D.</td>
<td>3:00 - 4:00 Lecture on topics in I.D.</td>
<td>3:00 - 4:00 Lecture on topics in I.D.</td>
<td>3:00 - 4:00 Lecture on topics in I.D.</td>
</tr>
</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  None

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:  None
Advanced Clinical Clerkship

COURSE CHAIR: Tony Greenberg, M.D.    PHONE #: (310) 222-2168

SUPPORTING FACULTY: Monica Sifuentes, M.D.

STUDENT COORDINATOR: Mele Lei-Sam    PHONE #: (310) 222-2168

REPORT TO: Tony Greenberg, M.D., Harbor-UCLA Medical Center, 1000 W. Carson St., Torrance, Bldg. N-25.

COURSE OBJECTIVES (in order of importance)

An overview of:
1. The physical and psychological aspects of adolescence
2. The common disorders of adolescents
3. The approach to the health assessment of the adolescent
4. There will be opportunities to work on adolescent health care teams in diverse settings such as a hospital adolescent clinic, a university, a high school, a runaway home, and a free clinic.

PREREQUISITES: Pediatrics and Medicine

AVAILABLE TO EXTERNALS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2002-2003 ROTATIONS BEGIN WEEKS: 2,5,8,11,14,17,20,27,30,33,36,39,42,45,48

DESCRIPTION: The course gives students an opportunity to interact with adolescents and learn about the most common health-related concerns involving them.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Adolescent adjustment reaction
2. Birth Control
3. Obesity
4. Adolescent Pregnancy
5. Sexually Transmitted Disease
6. Acne
7. Psychophysiolgic reaction
8. Depression

INPATIENT: 0%
OUTPATIENT: 100%
CONSULTATION: 0%
PRIMARY CARE: 100%

CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
X OTHER Personnel in community agencies

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 64
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: NA

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>School-based Clinic</td>
<td>School-based Clinic</td>
<td>School-based Clinic</td>
<td>Student Health Clinic</td>
<td>Seminar in Adolescent Medicine</td>
</tr>
<tr>
<td>PM</td>
<td>School Based Clinic</td>
<td>Los Angeles Free Clinic</td>
<td>Adolescent Clinic Harbor-UCLA Medical Center</td>
<td>Los Angeles Free Clinic</td>
<td>UCLA Adolescent Clinic</td>
</tr>
</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: N/A

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: Students must have own transportation. The students who enroll should call Dr. Greenberg at least two weeks prior to the start of the elective.
Advanced Clinical Clerkship

**Location:** KDMC

**COURSE CHAIR:** Michele' J. Gains, M.D.  
PHONE #: (310) 668-3850

**SUPPORTING FACULTY:**  
Glenda Lindsey, M.D., Kimberly J. West, M.D.

**STUDENT COORDINATOR:** Marilyn Jones  
PHONE #: (310) 668-4664

**REPORT TO:**  
Dr. Gains @ MLK/Drew Med. Ctr. Room 5101

**PREREQUISITES:** Pediatric clerkship

**AVAILABLE TO EXTERNALS:** No

**STUDENTS / PERIOD:** max 2 min 1

**DURATION:** 3 or 4 weeks (2 weeks with approval)

**2002-2003 ROTATIONS BEGIN WEEKS:**  
By Arrangement

**DESCRIPTION:** The Adolescent Medicine Rotation offered at KDMC has an emphasis on the diverse nature of adolescent healthcare. Patient interaction focuses on identification of high risk behaviors, preventive and intervention strategies, and effects of environment on adolescent health. Student will interact with adolescents in traditional and non-traditional settings. Independent study of adolescent topics and problems is an important component.

---

**STUDENT EXPERIENCES**

**COMMON PROBLEMS/DISEASES**

1. Adolescent Care
2. STDs
3. Menstrual irregularity
4. Depression/Dysthmania
5. Obesity/ Eating DIS
6. Headache
7. Substance Use
8. High Risk Youth, Violence

**INPATIENT:** 20%  
**OUTPATIENT:** 80%  
**CONSULTATION:** 40%  
**PRIMARY CARE:** 60%

**CLOSE CONTACT WITH:**

- FULL TIME FACULTY
- CLINICAL FACULTY
- RESIDENTS
- INTERNS
- OTHER

**APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:** 15

**TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:** 80 - 100

**TYPICAL WEEKLY SCHEDULE**

<table>
<thead>
<tr>
<th>Hour</th>
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<th>Wednesday</th>
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</tr>
</thead>
</table>
| AM   | Morning Report  
Chart Review  
Clinic | School Base  
High School | Consultation/Self- 
Study  
Lecture/Didactics | School Base  
High School | Adolescent Clinic |
| PM   | 12:00 - 5:00  
Adolescent Clinic | Schedule B Clinics | UMMA Free Clinic | Lecture  
Chart Ref. | Off |

**ON-CALL SCHEDULE & WEEKEND ACTIVITIES:** Saturdays 9 am - 2:00 pm - Free Clinic - 3rd Saturday

**ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:** Consultations on demand. Presentation on adolescent/community/advocacy issue at end of rotation.
**COURSE CHAIR:**
Kerry L. English, M.D.  
(310) 668-4872

**SUPPORTING FACULTY:**
Drs. Calmes, Delangel, and Reid-Green

**STUDENT COORDINATOR:**
Carmen Guerrero  
(310) 668-4872

**REPORT TO:**
Kerry English, Room 5F-13, 9:00 am.

**PREREQUISITES:**  None

**AVAILABLE TO EXTERNS:**  No

**STUDENTS / PERIOD:**  max 2 min 1

**DURATION:**  3 weeks

**2002-2003 ROTATIONS BEGIN WEEKS:**
By Arrangement

**DESCRIPTION:**
The course will focus on those issues of developmental pediatrics essential for providing comprehensive care to well children as well as to children with specific developmental diagnoses.

**STUDENT OBJECTIVES (in order of importance)**
1. To develop a working knowledge of normal child development as it relates to the primary care of children.
2. To be able to diagnose developmental disabilities and suggest intervention strategies.
3. To be able to describe different intervention strategies for a variety of developmental problems including cerebral palsy, behavioral problems, mental retardation, and language difficulties.
4. To be able to counsel and advise parents of well children in common areas of child growth and development including child care, sleep problems, discipline, sibling rivalry, toilet training and developmental stimulation.
5. To develop a working knowledge of the differences between primary care intervention and psychiatric intervention in the management of behavioral problems and to be able to use that knowledge in making a competent psychiatric referral where appropriate.
6. To develop a knowledge of the roles and capabilities of the various professionals working with handicapped children and to be able to use such knowledge in participating on a service team.
7. To develop an understanding of the influences of culture, race and economics on the development of children within their families and in relationship to the wider society.

**COURSE OBJECTIVES (in order of importance)**
1. To develop a working knowledge of normal child development as it relates to the primary care of children.
2. To be able to diagnose developmental disabilities and suggest intervention strategies.
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7. To develop an understanding of the influences of culture, race and economics on the development of children within their families and in relationship to the wider society.

**STUDENT EXPERIENCES**

<table>
<thead>
<tr>
<th>COMMON PROBLEMS/DISEASES</th>
<th>INPATIENT: 20%</th>
<th>CLOSE CONTACT WITH:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental delay</td>
<td></td>
<td>X FULL TIME FACULTY</td>
</tr>
<tr>
<td>Language problems</td>
<td></td>
<td>CLINICAL FACULTY</td>
</tr>
<tr>
<td>Physical abuse</td>
<td></td>
<td>X FELLOWS</td>
</tr>
<tr>
<td>Cerebral palsy</td>
<td></td>
<td>X RESIDENTS</td>
</tr>
<tr>
<td>Failure to thrive</td>
<td></td>
<td>INTERNS</td>
</tr>
<tr>
<td>Attachment disorders</td>
<td></td>
<td>OTHER</td>
</tr>
<tr>
<td>Learning problems</td>
<td></td>
<td></td>
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<tr>
<td>Parenting problems</td>
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</tr>
</tbody>
</table>

**APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:** 25

**TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:** 250

**TYPICAL WEEKLY SCHEDULE**

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>Patient Workups</td>
<td>8:00 Peds Grand Rounds</td>
<td>8:30 Peds Lecture</td>
<td>9:30 Community Site Visits to Child Development Programs or Child Life on ward</td>
<td>8:30 CCS Clinic for children with cerebral palsy</td>
</tr>
<tr>
<td></td>
<td>11:00 Seminar</td>
<td>9:00 – 12:00 Development Clinic</td>
<td>9:30 High Risk Infant Follow-up Clinic</td>
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</tr>
<tr>
<td>PM</td>
<td>1:30 Attending Rounds and Scan Team Meeting</td>
<td>1:30 PIP Child Abuse Clinic</td>
<td>2:00 Child Life on ward</td>
<td>1:30 Infant Follow-up Clinic</td>
<td>1:30 Attending Rounds and Seminar</td>
</tr>
</tbody>
</table>

**ON-CALL SCHEDULE & WEEKEND ACTIVITIES:**

**ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:**
Advanced Clinical Clerkship

Location: KAISER.SUN

2002-2003
12/5/2001

COURSE CHAIR: Steven D. Woods, M.D.
PHONE #: (323) 783-5311

SUPPORTING FACULTY: Cindy Baker, M.D., and Staff

STUDENT COORDINATOR: Elka Croomes
PHONE #: (323) 783-4516

REPORT TO: Center for Medical Education, 4733 Sunset Blvd., West Mezzanine, 3rd floor at 8:30 a.m. Then report to Dr. Woods, 4700 Sunset Blvd, 4B, (323) 667-8813, 9:00 a.m.

PREREQUISITES: Pediatrics

AVAILABLE TO EXTERN: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2002-2003 ROTATIONS BEGIN WEEKS:
2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45

COURSE OBJECTIVES (in order of importance)
1. To familiarize students with the concept of comprehensive health care, including well child care, acute care, subspecialty referral, and continuity of care
2. To improve pediatric history and physical examination appropriate to various levels of care (e.g., well child care, acute care, etc.)
3. To emphasize the importance of the doctor-patient relationship and the improvement of those skills (with videotaping)
4. To allow the students an opportunity to participate in regularly scheduled discussions on issues in pediatric ambulatory care
5. To give exposure to a unique type of health care delivery (pre-paid health plan)
6. To enhance judgment, analysis of medical data, and synthesis of information
7. To familiarize with the utilization of the health care team
8. To improve medical record keeping
9. To enhance knowledge of the pharmacology of drugs commonly used in the pediatric ambulatory setting

DESCRIPTION:
Students will have the experience of working with a number of pediatricians and pediatric subspecialists in a prepaid health care delivery system offering comprehensive health care in one center. The emphasis will be in the areas of well child care and acute care, including interaction with subspecialists to provide appropriate referral and added follow-up of interesting cases.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Well child care
2. Acute viral syndromes
3. Nutrition problems - failure to thrive, obesity
4. Behavior and development problems
5. Fever in a child with no infection source
6. Infant feeding problems
7. Exanthems
8. Reactive airway disease

INPATIENT: 0%
OUTPATIENT: 100%
CONSULTATION: 0%
PRIMARY CARE: 100%

CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
FELLOWS
X RESIDENTS
X INTERNS
X OTHER PNP, Social Worker

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 25-40
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 5,000

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>9:00 - 12:00 Ambulatory Pediatric Clinic</td>
<td>8:30 - 9:15 OPD Conference</td>
<td>9:00 - 12:00 Subspecialty Clinic</td>
<td>9:00 - 12:00 Ambulatory Pediatric Clinic</td>
<td>8:00 - 9:00 Pediatric Tumor Board (Optional)</td>
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<tr>
<td></td>
<td>12:00 - 1:30 Peer Review Conference</td>
<td>9:15 - 12:00 Ambulatory Pediatric Clinic</td>
<td></td>
<td>12:00 - 1:30 Pediatric Resident Core Curriculum Conference</td>
<td>9:00 - 12:00 Discussion Prep Time (2 session)</td>
</tr>
<tr>
<td>PM</td>
<td>1:30 - 5:00 Child Psychiatry (2 sessions)</td>
<td>1:30 - 5:00 Ambulatory Pediatric Clinic (Resident’s clinic with Drs. Baker and Woods)</td>
<td>2:00 - 5:00 Pediatric Grand Rounds Visiting Professors Radiology Care Presentations and Discussions</td>
<td>1:30 - 5:00 Pediatric Ambulatory Clinic</td>
<td>1:30 - 5:00 Pediatric Ambulatory Clinic</td>
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<tr>
<td></td>
<td>1:30 - 5:00 Learning Disorder Clinic (2 sessions)</td>
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</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Not required to be present on weekends and Medical Center holidays.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: Parking is provided. Students will have a choice of the following subspecialties for the Wednesday morning clinic: cardiology, endocrinology, GI, neurology, teen clinic, Hem-Onco, and Special Problems.
The Pediatric Nephrology Center at Cedars-Sinai provides quality programs in teaching, research, and patient care. Students are expected to be knowledgeable in Pediatrics and to have an interest in general nephrology, transplantation immunology, autoimmunity, renal physiology, dialysis, and areas of renal immunology research.

### COMMON PROBLEMS/DISEASES
1. Acute renal failure
2. Obstructive Uropathy
3. Hematuria/Proteinuria
4. Hypertension
5. Systemic lupus erythematosus
6. Urinary tract infection
7. Acid base and electrolyte imbalance
8. Hemolytic-uremic syndrome
9. Glomerulonephritis

### COURSE OBJECTIVES (in order of importance)
1. Obtaining a basic fund of knowledge in the pathophysiology, differential diagnosis, medical management, and current research of pediatric kidney diseases.
2. Clinical skills: obtaining a complete history and physical exam from pediatric patients with renal disease. Analysis and differential diagnosis of fluid and electrolyte problems, management of acute and chronic renal failure, management of hypertension, glomerulonephritis, and renal transplants.
3. Diagnosis and management of both inpatient and outpatient pediatric nephrology problems, including complex ICU cases.
4. Oral presentation of clinical cases.
5. Participation in rounds, clinical conferences, and research conferences.
6. Knowledge of the pharmacology of anti-hypertensive drugs, immunosuppressive agents, drugs used in the management of acute and chronic renal failure, and drug alterations in renal failure.
7. Familiarity with hemodialysis, acute peritoneal dialysis, chronic ambulatory dialysis (CAPD), and continuous arteriovenous hemoperfusion (CAVH).
8. Basic science foundation in fluid and electrolyte disorders, acute renal failure, chronic renal failure, mechanisms of hypertension, transplant immunology, and immunoregulation.
9. Optional exposure and participation in renal immunology research lab.

### DESCRIPTION:
The Pediatric Nephrology Center at Cedars-Sinai provides quality programs in teaching, research, and patient care. Students are expected to be knowledgeable in Pediatrics and to have an interest in general nephrology, transplantation immunology, autoimmunity, renal physiology, dialysis, and areas of renal immunology research.

### STUDENT EXPERIENCES

<table>
<thead>
<tr>
<th>COMMON PROBLEMS/DISEASES</th>
<th>INPATIENT: 50%</th>
<th>OUTPATIENT: 50%</th>
<th>CONSULTATION: 90%</th>
<th>PRIMARY CARE: 10%</th>
<th>CLOSE CONTACT WITH:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Acute renal failure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X FULL TIME FACULTY</td>
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<tr>
<td>2. Obstructive Uropathy</td>
<td></td>
<td></td>
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<td></td>
<td>X CLINICAL FACULTY</td>
</tr>
<tr>
<td>3. Hematuria/Proteinuria</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X FELLOWS</td>
</tr>
<tr>
<td>4. Hypertension</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X RESIDENTS</td>
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<tr>
<td>5. Systemic lupus</td>
<td></td>
<td></td>
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<td></td>
<td>X INTERNS</td>
</tr>
<tr>
<td>6. Urinary tract infection</td>
<td></td>
<td></td>
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<td></td>
<td>X OTHER Dialysis nurses/Transplant coordinators/nurses</td>
</tr>
<tr>
<td>7. Acid base and electrolyte imbalance</td>
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<td></td>
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<tr>
<td>8. Hemolytic-uremic syndrome</td>
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<tr>
<td>9. Glomerulonephritis</td>
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</table>

### APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 30

### TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 150

### TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>7:30 Work Rounds</td>
<td>7:30 Work Rounds 10:00 Renal Immunology Lab Rounds</td>
<td>7:30 Work Rounds</td>
<td>7:00 Work Rounds 11:30 Nephrology (peds/adult) Journal Club</td>
<td>7:30 Work Rounds</td>
</tr>
<tr>
<td></td>
<td>8:30 Pediatric Nephrology Clinic</td>
<td>8:00 Nephrology Grand Rounds (peds case conference)</td>
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<tr>
<td>PM</td>
<td>12:00 Peds Conf 1:00 Inpatient Rds 3:00 Core Curriculum 4:00 Sign-out Rounds</td>
<td>12:00 Peds Conf 1:00 – 3:00 Post Clinic Conference 3:00 Core Curriculum 4:00 Sign-out Rounds</td>
<td>12:00 Peds Conf 1:00 Inpatient Rds</td>
<td>12:00 Peds Conf 5:00 Sign-out Rounds</td>
<td>12:00 Peds Conf 5:00 Sign-out Rounds</td>
</tr>
<tr>
<td></td>
<td>1:00 Inpatient Rds Post Clinic Conference</td>
<td>3:00 Core Curriculum</td>
<td>4:00 Sign-out Rounds</td>
<td></td>
<td>4:00 Sign-out Rounds</td>
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</table>

### ON-CALL SCHEDULE & WEEKEND ACTIVITIES:
No call required - optional

### ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
Advanced Clinical Clerkship

Location: HARBOR

2002-2003

COURSE CHAIR: Kenneth R. Huff, M.D.
PHONE #: (310) 222-4168

SUPPORTING FACULTY: Kian Ti Yu, M.D.

STUDENT COORDINATOR: Iris Mau
PHONE #: (310) 222-2301

REPORT TO: Hospital 6E Pediatric Department 6th floor Lobby office @ 8:30 am

PREREQUISITES: Neurology or Pediatrics

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2002-2003 ROTATIONS BEGIN WEEKS: By Arrangement

COURSE OBJECTIVES (in order of importance)

1. Improved skill in neurological examination
   a. Orderly approach to the history and physical examination.
   b. Ability to perceive and understand physiological significance of neurological manifestations.
   c. Formulation of findings according to system involvement, regional localization, and disease etiology.

2. Understanding of normal and disturbed development and function of the nervous system.

3. Understanding of management and psychosocial impact of neurological disorders.

4. Understanding of neurodiagnostic procedures (electroencephalogram, electromyogram, intracranial pressure monitors, cerebral blood flow, neuroradiology, including computerized tomograms, other diagnostic studies, echoencephalograms).

5. Facility with simple neurodiagnostic procedures (Lumbar punctures, visual field assessment, etc.)

DESCRIPTION: This clerkship is aimed at beginning an understanding of the developing nervous system and the realm of problems children experience with disorders in that system. Emphasis will be placed on age-related norms of function, diagnosis by lesion localization, and practical aspects of paroxysmal disorder therapy; but discussions of basic neuroscience implications for clinical problems will also occur. Clinical clerks will work in close cooperation with the house staff in child neurology, answering consultations to the acute care clinic, on the ward, and working with patients in the Pediatric Neurology and Learning Clinics.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES

1. Seizures
2. Mental Retardation
3. Hydrocephalus
4. Head injuries
5. Coma
6. Meningitis complications
7. Learning disability
8. Brain tumors

INPATIENT: 50%
OUTPATIENT: 50%
CONSULTATION: 50%
PRIMARY CARE: 50%

CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
OTHER

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 35
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 140

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
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<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>10:30 Pediatric Neurology Ward Rounds</td>
<td>Assigned In-Patient Consultations New &amp; Follow-Up</td>
<td>Assigned In-Patient Consultations New &amp; Follow-Up</td>
<td>8:30 - 10:00 Pediatric Grand Rounds</td>
<td>8:00 - 9:00 Neuro- Radiology 9:30 - 11:00 Adult/Ped/Surg Neuro Grand Rounds 11:00 - 12:00 Brain Cutting</td>
</tr>
<tr>
<td></td>
<td>1:00 - 3:30 Learning Clinic</td>
<td>1:00 - 5:00 Pediatric Neurology Clinic</td>
<td>2:00 - 4:00 Pediatric Neurology Ward Rounds</td>
<td>Independent Study</td>
<td>2:00 - 4:00 Pediatric Neurology Ward Rounds</td>
</tr>
</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Optional on-call with pediatric neurology fellow and optional weekend on-call.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: They will take night call with house staff every fourth night at clinical clerk's option. In-depth study sessions will involve detailed discussions by students, residents, and staff based on selections from the literature and relevant clinical material. Topics of pediatric interest will be covered, such as neurological correlates of growth & development, degenerative disorders, seizures, coma, and neuromuscular problems.
Advanced Clinical Clerkship  |  Location: CHS  |  2002-2003  
|  |  |  1/28/2002  
COURSE CHAIR:  |  PHONE #:  |  COURSE OBJECTIVES (in order of importance)  
Raman Sankar, M.D., Ph.D.  |  (310) 825-6196  |  1. Develop skill in taking a history and performing an examination in children with neurologic disorders.  
SUPPORTING FACULTY:  |  |  2. Learn the course of development, both normal and disturbed.  
Drs. Susan Koh, Harley Kornblum, W. Donald Shields, Sarah Spence, Chris Giza and Joyce Wu  |  |  3. Learn the appropriate use of diagnostic tests such as EEG, CT, and MRI scans, EMG, etc.  
STUDENT COORDINATOR:  |  PHONE #:  |  4. Learn to deal with the psychological aspects of pediatric neurologic disease.  
Kesha Eason  |  (310) 825-4128  |  
REPORT TO:  
Pediatric Medical Education Office, 12-335 MDCC, 8:00 AM.  
PREREQUISITES:  Neurology, Pediatrics  
AVAILABLE TO EXTERNALS:  Yes  
STUDENTS / PERIOD:  max 2 min 1  
DURATION:  3-6 weeks  
2002-2003 ROTATIONS BEGIN WEEKS:  
By Arrangement  
DESCRIPTION:  Students work in close cooperation with the Pediatric Neurology Attendings and Fellows by evaluating patients on the inpatient ward and in the outpatient clinic.  
STUDENT EXPERIENCES  
COMMON PROBLEMS/DISEASES  |  INPATIENT:  50 %  |  CLOSE CONTACT WITH:  
1. Seizures  |  OUTPATIENT:  50 %  |  X FULL TIME FACULTY  
2. Developmental Delay  |  CONSULTATION:  50 %  |  X FULL TIME FACULTY  
3. Head Injuries  |  PRIMARY CARE:  50 %  |  X FULL TIME FACULTY  
4. Mental Retardation  |  OTHER  |  X FELLOWS  
5. Hydrocephalus  |  |  X RESIDENTS  
6. Cerebral Palsy  |  |  X INTERNS  
7.  
8.  
APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:  30-40  
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:  170  
TYPICAL WEEKLY SCHEDULE  
|  Hour  |  Monday  |  Tuesday  |  Wednesday  |  Thursday  |  Friday  
|  |  8:30 - 9:30  |  8:30 - 9:30  |  8:30 - 9:30  |  8:30 - 9:30  |  8:30 - 9:30  
|  |  9:30 - 11:30  |  OR  |  |  |  9:30 – 12:00  
|  |  Pediatric Neuro. Inpatient. Ward Rounds  |  8:30 – 12:00  |  Pediatric Neurology Inpatient Rounds  |  Pediatric Neurology Inpatient Rounds  |  Independent Study  
|  |  (2, 4th Week) Olive View Clinic  |  10:00 – 12:00  |  |  |  
|  PM  |  11:30 – 1:00  |  12:00 – 1:00  |  12:00 – 1:00  |  12:00 – 1:00  |  12:00 – 1:00  
|  |  Pediatric Epilepsy Surgery Conference  |  Pediatric Neurology Conference  |  Pediatric Conference  |  Pediatric Neurology Conference  |  Pediatric Conference  
|  |  1:00 – 5:00 Outpatient Clinic  |  2:00 – 4:00  |  2:00 – 4:00  |  2:00 – 4:00  |  2:00 – 4:00  
|  |  |  Pediatric Neuro. Inpatient. Rounds  |  Epilepsy Surgery Conference  |  (Case Presentation)  |  
|  |  |  |  1:00 – 5:00 Outpatient Clinic  |  |  
ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  Optional on-call with Pediatric Neurology fellow and optional weekend on-call  
ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:  The student will attend conferences and teaching sessions with the Pediatric Neurology fellows and the Neurology and Pediatric residents. A syllabus that contains pertinent articles from the literature will be provided.
PE280.01  PEDIATRIC RADIOLOGY

Advanced Clinical Clerkship  Location:  CHS  2002-2003
7/16/2002

COURSE CHAIR:  PHONE #:  
M. Ines Boechat, M.D., PACR  (310) 825-6798

SUPPORTING FACULTY:  
Drs. John Curran and Theodore Hall

STUDENT COORDINATOR:  PHONE #:  
Lara Gold  (310) 825-5806

REPORT TO:  
Pediatric Medical Education Office, 12-335 MDCC, 8:00AM.

PREREQUISITES:  Pediatrics and Radiology

AVAILABLE TO EXTERNALS:  Yes

STUDENTS / PERIOD:  max 2  min 1

DURATION:  3 weeks

2002-2003 ROTATIONS BEGIN WEEKS:  
2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

COURSE OBJECTIVES (in order of importance)

1. To familiarize students with the various modalities available for evaluation of pediatric patients and to encourage them to select the proper modality in order of importance, taking into consideration the following:  a) the non-invasive nature of the examination; b) cost effectiveness; and c) the most specific modality for a given disease process.

2. To stimulate the students’ curiosity by participating in and discussing difficult cases.

3. To encourage the students to observe decision making processes made by residents and faculty in Pediatric Radiology.

DESCRIPTION:  This course is specifically designed for students who are planning to deal with children following completion of their residency.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES

1. Congenital heart diseases
2. Transplant program (liver, kidney)
3. Neonatal pathology in ICU
4. Tumors of childhood
5. Patient management decisions
6.  
7.  
8.

INPATIENT:  75%
OUTPATIENT:  25%
CONSULTATION:  NA%
PRIMARY CARE:  NA%
CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
INTERNS
OTHER

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:  NA
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:  2000

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
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<td>7:00</td>
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<tr>
<td>12:00 PM</td>
<td>MRI Case Review</td>
<td>MRI Case Review</td>
<td>MRI Case Review</td>
<td>MRI Case Review</td>
<td>MRI Case Review</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:  Required attendance - Departmental Conferences

1) Radiology Morning Lectures for Residents (Dowdy Classroom, 7:00-8:00, Mon-Wed 2) Noon Case Conferences (Dowdy Classroom, 12:00-1:00 Monday - Thursday) Review of ACR teaching file.
1. Knowledge of common problems and diseases listed below and other immunologic disorders.

2. Knowledge of how to evaluate patients with the following presenting problems:
   a) recurrent infection
   b) joint pain
   c) asthma or chronic cough
   d) eczema
   e) urticaria
   f) fever

3. Basic knowledge of immune mechanisms leading to immunodeficiency or allergic or autoimmune disease.

4. Ability to perform pulmonary function tests and allergy skin testing.

5. Ability to perform rheumatologic exam.

6. Knowledge of drugs used to treat asthmatic and allergic patients.

7. Knowledge of drugs to treat rheumatologic disorders.

DESCRIPTION: We anticipate this will be primarily an outpatient rotation although the students are welcome to participate in inpatient care, particularly those patients that may have been admitted from the clinic. A reading list will be provided prior to starting the rotation if desired. It would also be recommended that students check with the Allergy/Immunology/Rheumatology Office in advance so arrangements for private practice visits may be arranged. Students may be asked to do a clinical presentation.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Asthma
2. Allergic rhinitis
3. Eczema
4. JRA
5. Lupus
6. Hypogammaglobulinemia
7. Urticaria
8. Other immunodeficiency disorders

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 40
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 250

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>8:00-9:00 Morning Report Inpatient Rounds</td>
<td>8:00-9:00 Morning Report (Wright Library) Inpatient Rounds</td>
<td>8:00-9:00 Morning Report Inpatient Rounds</td>
<td>8:00-9:00 Morning Report (Wright Library) 9:00 Immunology/CF Clinic (200 Medical Plaza, Suite 265)</td>
<td>8:00-9:00 Grand Rounds (Moss A-level)Inpatient Rounds Inpatient Rounds</td>
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<td></td>
<td>12:00-1:00 Noon Conference 1:00 Immunology Clinic (200 Medical Plaza, Suite 265)</td>
<td>12:00-1:00 Noon Conference 1:00 Rheumatology Clinic</td>
<td>12:00-1:00 Noon Conference 1:00 Allergy Clinic (200 Medical Plaza, Suite 265) 5:30 Allergy Journal Club (Monthly)</td>
<td></td>
<td>12:00-1:00 Noon Conference Immunology Case Reports at 1:00 pm</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: N/A

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
COURSE CHAIR:  
Drs. S. Inkelis & J. Seidel  
(310) 222-3501 or  
(310) 222-6745  

SUPPORTING FACULTY:  
Drs. Carol Berkowitz, Monica Sifuentes and Kelly Young  

STUDENT COORDINATOR:  
Iris Mau  
(310) 222-2301  

REPORT TO:  
Stanley Inkelis, M.D., Pediatric Emergency  
Department, 1st Floor, Harbor-UCLA Medical Center.  

PREREQUISITES:  
Pediatrics, Medicine, Surgery  

AVAILABLE TO EXTERNS:  
Yes  

STUDENTS / PERIOD:  
max 1  
min 1  

DURATION:  
3 weeks  

2002-2003 ROTATIONS BEGIN WEEKS:  
8,11,14,17,20,27,30,33,36,39,42,45  

DESCRIPTION:  
The elective in Pediatric Emergency Medicine is designed to familiarize the student with care of the acutely ill pediatric patient. In addition, the student will be exposed to a paramedic unit, a child abuse team, and an adolescent clinic.  

STUDENT EXPERIENCES  
COMMON PROBLEMS/DISEASES  
1. URI/Otitis media  
2. Skin diseases  
3. Gastroenteritis  
4. Asthma  
5. Abdominal pain  
6. Pneumonia  
7. Trauma -- lacerations, fractures  
8. Urinary tract infections  

INPATIENT:  
0%  

OUTPATIENT:  
100%  

CONSULTATION:  
0%  

PRIMARY CARE:  
100%  

CLOSE CONTACT WITH:  
X FULL TIME FACULTY  
X CLINICAL FACULTY  
X FELLOWS  
X RESIDENTS  
X INTERNS  
X OTHER Nurses, Paramedics  

APPROXIMATE # OF PATIENTS EVALUATED EACH ROTATION/STUDENT:  
75  

TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:  
2000  

TYPICAL WEEKLY SCHEDULE  

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<tbody>
<tr>
<td>AM</td>
<td>8:00 - 8:30 Chart Rounds</td>
<td>8:00 - 8:30 Chart Rounds</td>
<td>8:00 - 8:30 Chart Rounds</td>
<td>8:00- 8:30 Chart Rounds</td>
<td>8:00- 8:30 Chart Rounds</td>
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<tr>
<td></td>
<td>8:30 - 12:00 Peds ED</td>
<td>8:30 - 9:30 Peds ED Conference</td>
<td>8:30 - 12:00 Peds ED</td>
<td>8:30 - 9:30 Grand Rounds</td>
<td>8:30 - 9:30 Case Conference</td>
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<td>9:30 - 12:00 Peds ED</td>
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<td>9:30 - 12:00 Peds ED</td>
<td>9:30 - 12:00 Peds ED</td>
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<tr>
<td>PM</td>
<td>1:00 - 5:00 Peds ED</td>
<td>1:00 - 5:00 Peds ED</td>
<td>1:00 - 5:00 Adolescent Clinic</td>
<td>1:00 - 5:00 Paramedic Ride Along</td>
<td>1:00 - 5:00 Peds ED</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  
Two to three night shifts per week (4pm-12pm) in place of daytime shifts and one weekend shift.  

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:  
One is spent riding with a paramedic unit. One day is spent with the Sheriff's Department child abuse unit. One half day every week is spent in an adolescent clinic. Attendance at noon time resident conference is encouraged.
COMMON PROBLEMS/DISEASES
1. Reactive airway disease
2. Abdominal pain/acute abdomen
3. Acute infectious disease
4. Pediatric fever evaluation
5. Minor trauma: including suspected child abuse
6. Seizures
7. Toxicology
8. Neonatal emergencies

COURSE OBJECTIVES (in order of importance)
1. Gain comfort with the evaluation, diagnosis, and management of pediatric emergency complaints.
2. Gain experience in minor emergency procedures, including suturing, splinting, IV access, lumbar puncture, etc.
3. Gain experience in efficiently managing multiple emergency dept. patients simultaneously (according to the skills of the student).

DESCRIPTION: The Pediatric Emergency Medicine subinternship allows the student to experience and participate in the care of acutely ill and emergent pediatric patients under the supervision of both the Pediatric Dept. and Emergency Dept. faculty and residents at Olive View-UCLA Medical Center. The schedule is a mix of day, evening, and night shifts in the Pediatric Urgent Care Clinic (day shift) and Main Emergency Department (evening and night shifts), with attendance at both departments' resident didactic educational conferences. The opportunity also exists to participate in the SCAN Clinic, paramedic ride-along, and community health vans.

STUDENT EXPERIENCES
INPATIENT: 0%
OUTPATIENT: 100%
CONSULTATION: 0%
PRIMARY CARE: 100%
CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
INTENS
OTHER

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 120
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 3000

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>7:30 Pediatric Rounds</td>
<td>8:00 - 11:00 EM Conferences</td>
<td>8:30 - 9:30 Peds Grand Rounds</td>
<td>1 pm - 8 pm Peds Education</td>
<td>8:00 - 11:00 EM Co</td>
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<tr>
<td></td>
<td>9:00 am - 4:00 pm SCAN Clinic</td>
<td>9:00 am - 12:00 Peds Noon Conference</td>
<td>9:30 am - 5:00 pm Peds Urgent Care Clinic</td>
<td></td>
<td>12-4 Peds Urgent Care conferences</td>
</tr>
<tr>
<td>PM</td>
<td>9:00 am - 4:00 pm SCAN Clinic</td>
<td>1:00 - 8:00 Peds ED</td>
<td>9:30 am - 5:00 pm Peds Urgent Care Clinic</td>
<td>10:00 pm - 7:00 am Peds ED night shift</td>
<td>Off</td>
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</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: No call, only shifts as described. Saturday or Sunday: 8am – 8 pm Peds ED shift

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
- Peds/EM combined Conference on 3rd Thursday of each month 8:15 - 9:15
- EM Journal Club, 7pm on 3rd Wednesday of each month
- Peds Journal Club (TBA, monthly)
- 1 paramedic ride-along. (in lieu of shift)
Subinternship: PE330.01  PEDIATRIC GASTROENTEROLOGY AND NUTRITION

Location: CHS

2002-2003
12/5/2001

COURSE CHAIR: Marvin E. Ament, M.D.  (310) 206-6134

SUPPORTING FACULTY: Drs. Mini Mehra, Martin Martin, Suzanne McDiarmid, Jorge Vargas, & Steve Wu

STUDENT COORDINATOR: Kesha Eason  (310) 825-4128

REPORT TO: TBA, Pediatric Education Office, 12-335 MDCC, 8:00 a.m.

PREREQUISITES: Medicine or Pediatrics

AVAILABLE TO EXTERNALS: Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2002-2003 ROTATIONS BEGIN WEEKS:
2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

COURSE OBJECTIVES (in order of importance)
1. To teach the diagnosis and management of common pediatric gastroenterological problems.
2. To teach the diagnosis and management of hepatobiliary disease as it affects the pediatric patient.
3. To teach indications and contraindications of various pediatric gastroenterology procedures: panendoscopy, small intestinal biopsy, rectal biopsy, liver biopsy, ERCP, polypectomy, proctosigmoidoscopy, transhepatic percutaneous cholangiography.
4. To teach how to perform a nutritional assessment in either an infant or child.
5. To teach how to prescribe and manage parenteral and extended nutrition in infants and children.

DESCRIPTION: The subinterns will function as core members of the inpatient Pediatric Gastroenterology & Nutrition Service. They will be responsible for the care and management of patients, and be expected to present and discuss their cases in daily attending rounds. They will complement their inpatient responsibilities by attending outpatient clinics (Bakersfield Digestive Disease Center, Kern County Sagebrush Medical, and the Ventura Pediatric Clinic) to create a true experience similar to residency. At the completion of the rotation, the subinterns will be required to present a topic of their choice relevant to Pediatric Gastroenterology and Nutrition.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Chronic diarrhea
2. Chronic abdominal pain
3. Acute gastroenteritis
4. Acute abdominal pain
5. Chronic vomiting
6. Constipation
7. Fecal incontinence
8. Hepatomegaly/chronic liver disease

INPATIENT: 70%
OUTPATIENT: 30%
CONSULTATION: 75%
PRIMARY CARE: 25%

CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
OTHER

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 16
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 250

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>0800 Morning Report</td>
<td>0800 Morning Report</td>
<td>0730 TPN Rounds (Haimer 22-426 MDCC)</td>
<td>0730 Ped Liver Transplant Meeting (12-341 MDCC)</td>
<td>0800 Morning Report</td>
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<tr>
<td></td>
<td>0900 Rounds/ Procedures</td>
<td>0900 GI Clinic (Ament)</td>
<td>*Various Outreach Clinics</td>
<td>0800 Pediatric liver Transplant Clinic</td>
<td>(0900 GI Clinic (Martin)</td>
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<td>*Various Outreach Clinics</td>
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<tr>
<td>PM</td>
<td>1200 Noon Lecture</td>
<td>1200 Noon Conference</td>
<td>1200 Noon Conference</td>
<td>1200 Noon Conference</td>
<td>1230 Adult/Ped Journal Club (Haim, 2nd Fl.)</td>
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<tr>
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<td>1700 Liver Biopsy Conference (1P-329 CHS)</td>
<td>1300 GI Clinic (Ament &amp; Vargas)</td>
<td>1300 TPN Clinic (Ament &amp; Vargas)</td>
<td>1700 GI Path Conference (1P-329 CHS)</td>
<td>1330 Ped GI Teaching Conference (Haimer 22-426 MDCC)</td>
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<td></td>
<td>1300 GI Clinic (Ament &amp; Vargas)</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: None/Weekend duties to be arranged with housestaff.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
**Outreach clinics:
1) Bakersfield Digestive Disease Center (1st Monday of each month, 800-1800, Drs. Vargas & Ament);
2) Kern County Sagebrush Medical (3rd Wednesday of each month, 0800-1300, Drs. Vargas & Ament);
3) Ventura Pediatric Clinic (2nd Monday of each month, 1300-1600, Dr. Ament)
PE340.01 PEDIATRIC HEMATOLOGY-ONCOLOGY SUBINTERNSHIP

Subinternship  Location: CHS  2002-2003

1/28/2002

COURSE CHAIR:  PHONE #:  
Stephen A. Feig, M.D (310) 825-4128

SUPPORTING FACULTY:  
Drs. Kathleen Sakamoto, Christopher Denny, Theodore Moore, Jacqueline Casillas, Wendy Tchang, Sinisa Devat

STUDENT COORDINATOR:  PHONE #:  
Kesha Eason (310) 825-4128

REPORT TO:  
Pediatric Education Office, 12335 MDCC, 8:00 a.m.

PREREQUISITES:  Pediatrics

AVAILABLE TO EXTERNALS:  Yes

STUDENTS / PERIOD:  max 2 min 1

DURATION:  3 weeks

2002-2003 ROTATIONS BEGIN WEEKS:  
By Arrangement

DESCRIPTION:  The goal of this rotation is that the student develop a systematic approach to the analysis of hematologic and oncologic problems, and the infectious and metabolic disorders which complicate their treatment. The student will assume primary responsibility for all assigned patients, supervised by the Pediatric faculty.

1. Knowledge of the pathogenesis and natural history, the orderly investigation, differential diagnosis and management of certain disease processes or problems, such as leukemia, sickle cell disease, hemophilia and common solid tumors of children.
3. Performance and interpretation of bone marrow aspiration, bone marrow biopsy, and lumbar puncture. Also, the interpretation of blood smears.
4. Basic science foundation of pathophysiologic mechanisms.
5. Diagnosis and management of complex inpatient problems.
6. Team approach and working with allied health personnel.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Leukemia
2. Solid tumors
3. Sickle cell disease
4. Anemia
5. Bleeding disorders
6. Transplants
7. Aplastic anemia
8. 

INPATIENT:  50%
OUTPATIENT:  50%
CONSULTATION:  NA%
PRIMARY CARE:  NA%

CLOSE CONTACT WITH:
X  FULL TIME FACULTY
X  CLINICAL FACULTY
X  FELLOWS
X  RESIDENTS
X  INTERNS
X  OTHER Allied Health

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:  50
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:  200

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>8:00 - 9:00 Morning Report 9:00 - 10:00 Conference 10:00 Ward Rounds</td>
<td>8:00 - 9:00 Morning Report 9:00 - 12:00 Hematology - Oncology Clinic 12:00 Ward Rounds</td>
<td>8:00 - 9:00 Morning Report 9:00 Ward Rounds Ward/pt Work 12:00 - 1:00 Research Conference</td>
<td>8:00 - 9:00 Morning Report 9:00 Ward Rounds Ward/pt Work 12:00 - 1:00 Research Conference</td>
<td>8:00 - 9:00 Pediatric Grand Rounds 9:00 - 12:00 Hematology - Oncology Clinic</td>
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<tr>
<td>PM</td>
<td>1:30 - 2:30 BMT Team Rounds 2:00 - 4:00 Clinical Conference Ward/pt Work 1:00 - 5:00 Clinic</td>
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<td>12:00 - 2:30 Clinic Conference 2:30 - 4:00 Ward Rounds</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  Call every 4th night.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:  We aim for the student to become proficient in the diagnostic and therapeutic subspecialty procedures (chemotherapy administration, & a familiarity with the pathophysiology of hematology-oncology and the principles of chemotherapy). The student will meet regularly with a member of the Division of review teaching materials and discuss specific subjects. The student will attend the various Division conferences and review topics of current interest with the group.
COURSE OBJECTIVES (in order of importance)

1. Learn how to deliver quality care in a managed care environment.
2. Develop interviewing skills for this age group. Skill in oral presentation.
3. Ability to function as part of the health care team.
4. Identify components of medical care quality.
5. Medical Judgment Analysis of Medical data & Synthesis of Information
6. Learn about nutrition and adolescent obesity.
7. Learn about young adult dermatological problems.
8. Learn about young adult sexual problems, STD's birth control, sexual issues

DESCRIPTION: This elective allows the student to construct a unique educational experience within the college aged student population tailored to the students needs. Sports medicine, dermatology, behavioral issues, nutritional and other issues of young adults is unique.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Respiratory
2. Dermatologic
3. Minor trauma
4. Psychosocial/developmental
5. Allergic problem
6. Gastrointestinal problems
7. Genito-urinary

INPATIENT: 0%  CLOSE CONTACT WITH:
OUTPATIENT: 100%  X FULL TIME FACULTY
CONSULTATION: 20%  X CLINICAL FACULTY
PRIMARY CARE: 80%  FELLOWS

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 200
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 4500

TYPICAL WEEKLY SCHEDULE

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<td>AM</td>
<td>8:00 - 12:00 Primary care Clinic</td>
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<tr>
<td>PM</td>
<td>Primary care</td>
<td>To be determined</td>
<td>Outreach Program</td>
<td>Outreach Program</td>
<td>Primary care</td>
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</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
SUBINTERNSHIP

COURSE CHAIR: Frederick W. James, M.D. (310) 668-4641

SUPPORTING FACULTY: Drs. Bean, Christiansen, Singleton, & Staff

STUDENT COORDINATOR: Marilyn Jones (310) 668-4664

REPORT TO: MLK Room SF-27.

PREREQUISITES: Pediatrics, Medicine, Surgery

AVAILABLE TO EXTERNS: No

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2002-2003 ROTATIONS BEGIN WEEKS: By Arrangement

DESCRIPTION:

COURSE OBJECTIVES (in order of importance)

1. To acquire knowledge of common pediatric problems -- respiratory distress syndrome, necrotizing enterocolitis, sepsis, meningitis, etc.
2. To improve history-taking and physical examination skills.
3. To collect specimens for blood gases, spinal fluid examination, blood culture, etc.
4. To accurately record findings in history, physical examination, laboratory testing.
5. To diagnose and manage patient problems, such as those listed in #1.
6. To improve in oral presentation of patient histories.
7. To present literature reviews of assigned subjects, e.g., those listed in #1.
8. To counsel parent/patient having common pediatric problem.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Meningitis
2. Croup
3. Head trauma
4. Child abuse
5. Diabetes mellitus (ketoacidosis)
6. Sepsis
7. Respiratory distress syndrome
8. Otitis media

INPATIENT: 75%
OUTPATIENT: 25%
CONSULTATION: 0%
PRIMARY CARE: 100%
CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
X OTHER Social Workers

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 30
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 5,000

TYPICAL WEEKLY SCHEDULE

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<td>For example of Clinic</td>
<td>schedule, see PE 312.</td>
<td>For example of Nursery schedule, see PE 316.</td>
<td>Patient Care</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Every third night. On-call rooms available. On weekends and holidays, call is from 7:30 am. to 5:00 p.m.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: Student will spend two weeks on the Inpatient Ward (and ICU), one week on the Nursery, and one week in the Clinic (Subspeciality and Acute Care).
COURSE CHAIR:  
Rona Molodow, M.D.  
(818) 364-3233

SUPPORTING FACULTY:  
M. Malekzadeh, G. Defendi, H. Vandeweghe

STUDENT COORDINATOR:  
Adrianna Gonzales  
(818) 364-3233

REPORT TO:  Adrianna Gonzales, Room 3A108, Olive View-UCLA Medical Center, 14445 Olive View Dr., Sylmar, CA 91342.

PREREQUISITES:  Completed third year of Medical School, including Core Pediatrics Clerkship

AVAILABLE TO EXTERNS:  Yes

STUDENTS / PERIOD:  max 1  min 1

DURATION:  3 weeks

2002-2003 ROTATIONS BEGIN WEEKS:  
2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

DESCRIPTION:  The student will see patients in the Pediatric Clinic and ER at OVMC, under the supervision of faculty physicians. The clinic sees about 90 patients/day, with a wide mix of acute and chronic medical problems. If desired, rotations in subspecialty clinics, including a suspected Child Abuse and Neglect Clinic, may be arranged. Overnight call & attendance at ward rounds are optional.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Respiratory tract diseases
2. Gastrointestinal diseases
3. Dermatologic diseases
4. Child abuse
5. Minor Trasma
6. Communicable diseases
7. Developmental delay
8. Well Child Clinic

INPATIENT:  5%
OUTPATIENT:  95%
CONSULTATION:  10%
PRIMARY CARE:  90%
CLOSE CONTACT WITH:
X  FULL TIME FACULTY
X  CLINICAL FACULTY
X  RESIDENTS
X  INTERNS
X  OTHER Social workers

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:  100
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:  2700

TYPICAL WEEKLY SCHEDULE

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<td>AM</td>
<td>7:30 - 8:30 Ward Rounds</td>
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<td>8:30 - 9:00 X-ray conference</td>
<td>9:00 - 12:00 Clinical Work</td>
<td>9:00 - 12:00 Grand Rounds</td>
<td>9:00 - 12:00 Clinical Work</td>
<td>9:00 - 12:00 Clinical Work</td>
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<td>9:00 - 12:00 Clinical Work</td>
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<td>12:00 - 1:00 Noon Conference</td>
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<td>12:00 - 1:00 Noon Conference</td>
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<td>PM</td>
<td>1:00 - 5:00 Clinical Work</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  Per individual agreement.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
PE350.04  ADOLESCENT MEDICINE

Subinternship

Location:  CHS

COURSE CHAIR:  
Martin Anderson, M.D., M.P.H.  
(310) 825-5744

SUPPORTING FACULTY:  
Robert Morris, M.D.  
(213) 742-1194
Charlene Huang, M.D., M.P.H.  
(310) 794-1294

STUDENT COORDINATOR:  
Kesha Eason  
(310) 825-4128

REPORT TO:  
Dr. Anderson  
(310) 825-6301 #11676

COURSE OBJECTIVES (in order of importance)
1. To learn the approach to the adolescent patient and how it differs from that of the child or adult.
2. Ability to take a psychosocial history and screen for the major causes of morbidity and mortality in adolescents.
4. Performance of a pelvic exam in both the context of screening for STDs and cervical dysplasia and in the evaluation of the acute abdomen.
5. Reproductive health care, including diagnosis and treatment of menstrual disorders, sexually transmitted diseases (males & females), and contraceptive counseling.
6. Performance of pre-participation athletic exams and the management of common, acute, and chronic orthopedic injuries.
7. Exposure to the common adolescent problems, such as acne, anemia, asthma, chronic somatic complaints, eating disorders, hypertension, thyroid disorders, sexually transmitted diseases, depression, and suicide.

DESCRIPTION:  The school-based clinics provide access to common adolescent health problems, while the UCLA Adolescent Medicine clinic exposes the student to adolescents referred for complex medical problems. In Orthopedic Hospital the students will evaluate patients with common orthopedic and sports medicine problems as well as complex neuromuscular diseases. The UCLA Student Health Center provides opportunities to evaluate common health problems of college-age and young adult populations.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Acute infectious disease
2. Sexually transmitted disease
3. Dermatologic disorders
4. Menstrual disorders
5. Abnormalities of growth and development
6. Substance use and abuse
7. Sports and over-use injuries
8. Depression

INPATIENT:  0%
OUTPATIENT:  100%
CONSULTATION:  0%
PRIMARY CARE:  100%
CLOSE CONTACT WITH:
X  FULL TIME FACULTY
X  CLINICAL FACULTY
X  FELLOWS
X  RESIDENTS
X  INTERNS
X  OTHER  Nurse practitioner,
Physician’s assistant

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:  75
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:  750

TYPICAL WEEKLY SCHEDULE

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</table>
| AM   | Culver City Youth Health Center  
San Fernando HS Orthopedic Hospital | Culver City Orthopedic Hospital | Culver City Orthopedic Hospital | San Fernando HS Orthopedic Hospital | UCLA Grand Rounds  
and Adolescent Medicine Lectures |
| PM   | San Fernando HS  
Venice Health Center Orthopedic Hospital | Culver City Youth Orthopedic Hospital | Venice Health UCLA Adolescent Clinic | | UCLA Adolescent Clinic |

ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:  This elective attempts to stimulate the interest of students in the health care of adolescents. The training sites have been chosen to provide the widest exposure to adolescent problems possible in a 4 week rotation. The student must be willing to travel to several different sites during this week.
Subinternship

COURSE CHAIR: John Fricker, M.D. (310) 825-4128

SUPPORTING FACULTY: Martin Anderson, M.D., Karen Fond, P.N.P., Jim Korh, M.D., Alfred Pennisi, M.D., Stuart Slavin, M.D. & Claudia Wang, M.D.

STUDENT COORDINATOR: Kesha Eason (310) 825-4128

REPORT TO: Pediatric Medical Education Office, 12-335 MDCC, 8:00 AM.

PREREQUISITES: Pediatrics, Medicine, Surgery

AVAILABLE TO EXTERNALS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2002-2003 ROTATIONS BEGIN WEEKS: 2,5,8,11,14,17,20,27,30,33,36,39,42,45,48

COURSE OBJECTIVES (in order of importance)

1. Basic knowledge of children in different age groups including newborn, infant, toddler, preschool, school age, and adolescent. Basic psychosocial development of immunization schedule.
2. Improved history, physical examination, and presentation of pediatric patients.
3. Ability to treat common pediatric problems, including otitis media, diarrhea, urinary tract infections, asthma, seizures, etc.
4. Ability to judge severity of illness in a child and when a child should be hospitalized.
5. Ability to interpret laboratory data in pediatric patients.
6. Obtain ability to perform common procedures in infants and children including venipunctures, lumbar punctures, etc.
8. Immunizations in children.
9. Utilization of pediatric health care team including pediatric nurse practitioner.

DESCRIPTION: The clerkship provides a wide variety of experience with outpatient pediatric medical problems. Students function in the Children's Center as subinterns in the pediatric emergency room, primary care center, and subspecialty clinics. Students have responsibility for diagnosis, treatment, and follow up of their patients. Close supervision is provided by full-time faculty and fellows. Students participate in all primary care departmental conferences and Grand Rounds.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Respiratory illness, including pneumonia
2. Otitis media
3. Diarrhea with/without dehydration
4. Asthma
5. Seizure disorders
6. Urinary tract infection
7. Well child care - immunizations
8. Trauma (Head and Musculoskeletal injuries)

INPATIENT: 0% 
OUTPATIENT: 100%
CONSULTATION: 30%
PRIMARY CARE: 70%

CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INterns
X OTHER Pediatric nurse practitioner

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 100
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 2000

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>8:00 - 9:00 Outpatient Conference</td>
<td>8:00 - 9:00 Morning Report</td>
<td>8:00 - 9:00 Outpatient Conference</td>
<td>8:00 - 9:00 Outpatient Conference</td>
<td>8:00 - 9:00 Grand Rounds</td>
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<td>9:00 Primary Care Clinic</td>
<td>9:00 Primary Care Clinic</td>
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<td>9:00 Primary Care Clinic</td>
<td>9:00 – 10:00 Peds Dermatology</td>
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<td>Noon Conferences</td>
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<td>10:00 Primary Care Clinic</td>
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<td>12:00 - 1:00 Noon Conferences</td>
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<td>12:00 - 1:00 Noon Conference</td>
<td>12:00 - 1:00 Noon Conference</td>
<td>12:00 - 1:00 Adolescent Lecture</td>
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<td>1:00 - 5:00 Primary Care Clinic</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Night call once a week, 5 - 11 p.m., in Pediatric Emergency Room

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: **After two weeks the clerk may wish to spend time in subspecialty clinics including cardiology, renal, allergy/immunology, cystic fibrosis, hematology, endocrinology, neurology, etc.
Subinternship

Location: KDMC

2002-2003
12/5/2001

Subinternship:

Location: KDMC

COURSE CHAIR:
Alice Faye Singleton, M.D., M.P.H. (310) 668-4644

SUPPORTING FACULTY:
Drs., Anidi, Lindsey, Mehta, Robinson, and Warren

STUDENT COORDINATOR:
Marilyn Jones (310) 668-4664

REPORT TO:
Attending in Pediatric Clinic, First Floor of Main Hospital Building. (Denzel Washington Pediatric Pavilion)

PREREQUISITES:
Core Pediatric Clerkship, Medicine, Surgery (Successfully completed)

AVAILABLE TO EXTERNS: No

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2002-2003 ROTATIONS BEGIN WEEKS:
By Arrangement

DESCRIPTION: The student rotates, every third day, through each of the areas of the Clinic. In the Episodic Area, (s)he works under direct supervision of faculty members. In the Hold Area, (s)he works under the supervision of a PL-II/PL-III licensed pediatric resident. In the subspecialty clinics, (s)he is again under the supervision of an attending.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Otitis media
2. Upper respiratory infection
3. Exudative tonsillitis
4. Gastroenteritis
5. Asthma
6. Febrile convulsion
7. Fever
8. Dermatitis

INPATIENT: 0%
OUTPATIENT: 100%
CONSULTATION: 0%
PRIMARY CARE: 100%
CLOSE CONTACT WITH:
X FULL TIME FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
X OTHER

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 50-100
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 1,200

TYPICAL WEEKLY SCHEDULE

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<tr>
<td>AM</td>
<td>7:30 - 12:30 Episodic Area</td>
<td>8:00 - 9:00 Grand Rounds</td>
<td>7:30 - 12:30 Hold Area</td>
<td>7:30 - 12:30 Episodic Area</td>
<td>7:30 - 12:30 Subspecialty Clinic</td>
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<td>Hudson Auditorium</td>
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<td>9:00 - 12:30 Subspecialty Clinic</td>
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<tr>
<td>PM</td>
<td>1:30 - 5:00 Episodic Area</td>
<td>1:30 - 5:00 Subspecialty Clinic</td>
<td>1:30 - 5:00 Hold Area</td>
<td>1:30 - 5:00 Episodic Area</td>
<td>1:30 - 5:00 Triage, Hold, or Episodic Area</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:
Optional call in Pediatric E.R.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
There are on-call rooms available (if students stay overnight). Parking and meal tickets are also provided. Subspecialty clinics are: Nephrology, Chest, Dermatology, Neurology, PIP Clinic (sexual abuse follow-ups), Cardiology, Hematology-Sickle-Cell Clinic, G.I., Endocrine-Metabolic, Allergy-Immunology, Infant follow-up, and Genetics, Child Development High-risk IFU.
Subinternship

Location: ASSOC

COURSE CHAIR: Stuart Slavin, M.D.  
PHONE #: (310) 825-4128

SUPPORTING FACULTY: 
Drs. M. Anderson, W. Slusser, J. Fricker

STUDENT COORDINATOR: Kesha Eason  
PHONE #: (310) 825-4128

REPORT TO: Venice Family Health Clinic, 604 Rose Avenue, Venice @ 9:00

PREREQUISITES: Core Pediatrics Clerkship

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2002-2003 ROTATIONS BEGIN WEEKS: 2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

DESCRIPTION: This rotation provides an opportunity for students to work with UCLA Pediatric faculty in a community-based setting. Patients will be seen at Venice Family Health Clinic and Burke Comprehensive Health Center. Independent study time permits students to explore topics in Community Health.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Respiratory Tract Disease
2. Gastrointestinal Disease
3. Dermatologic Disease
4. Minor Trauma
5. Communicable Diseases
6. Child Abuse
7. Developmental Delay
8. Well Child Care

INPATIENT: 0%  
OUTPATIENT: 100%  
CONSULTATION: 0%  
PRIMARY CARE: 100%

CLOSE CONTACT WITH:

X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
OTHER

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 100
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 450

TYPICAL WEEKLY SCHEDULE

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<td>AM</td>
<td>9:00 - 12:00</td>
<td>Independent Study</td>
<td>9:00 - 12:00</td>
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<td>8:00 - 9:00</td>
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<td></td>
<td>Pediatrics Clinic, Venice Family Health Clinic</td>
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<td>Pediatrics Clinic, Burke Comprehensive Health Center</td>
<td>Pediatrics Clinic, Venice Family Health Clinic</td>
<td>Grand Rounds UCLA</td>
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<td>9:00 - 12:00 Pediatrics Clinic, Burke Comprehensive Health Center</td>
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<tr>
<td>PM</td>
<td>1:00 - 5:00</td>
<td>Independent Study</td>
<td>1:00 - 5:00</td>
<td>9:00 - 12:00</td>
<td>Independent Study</td>
</tr>
<tr>
<td></td>
<td>Pediatrics Clinic, Burke Comprehensive Health Center</td>
<td>Adolescent Clinic, Venice Family Health Clinic</td>
<td>Pediatrics Clinic, Venice Family Health Clinic</td>
<td>Pediatrics Clinic, Burke Comprehensive Health Center</td>
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</tr>
</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: None

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: None
# PE360.01 PEDIATRIC NEPHROLOGY

**Subinternship**

**Location:** CHS  
**2002-2003**  
**1/28/2002**

**COURSE CHAIR:**  
Ora Yadin, M.D.  
PHONE #: (310) 206-6987

**SUPPORTING FACULTY:**  
Pediatric Nephrology Faculty

**STUDENT COORDINATOR:**  
Kesha Eason  
PHONE #: (310) 825-4128

**COURSE OBJECTIVES (in order of importance)**

1. Diagnosis and treatment of pediatric patients with a variety of renal diseases  
2. Technique of renal biopsy and interpretation of biopsy material  
3. Technique of peritoneal dialysis  
4. Technique of hemodialysis  
5. Management of the child with End-stage renal disease  
6. Management of the child pre- and post-renal transplantation

**PREREQUISITES:** Pediatrics, Medicine, Surgery

**AVAILABLE TO EXTERNALS:** Yes

**STUDENTS / PERIOD:** max 1 min 1

**DURATION:** 3 weeks

**2002-2003 ROTATIONS BEGIN WEEKS:**

2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

**DESCRIPTION:**

## STUDENT EXPERIENCES

**COMMON PROBLEMS/DISEASES**

1. Nephrotic Syndrome  
2. Hematuria  
3. Urinary Tract Infections  
4. Chronic Renal Disease  
5. Hemodialysis  
6. Peritoneal Dialysis  
7. Renal Transplantation  
8. Hypertension

**INPATIENT:** 50%  
**OUTPATIENT:** 50%  
**CONSULTATION:** 10%  
**PRIMARY CARE:** 90%

**CLOSE CONTACT WITH:**  
X FULL TIME FACULTY  
X CLINICAL FACULTY  
X FELLOWS  
X RESIDENTS  
X INTERNS  
X OTHER Psychosocial Team

**APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:** 10  
**TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:** 130

## TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
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</thead>
</table>
| AM   | 8:30 - 12:00 | 7:00 Patient Dropoff  
Transplant Clinic – 200 Med Plaza | 9:00 – 12:00  
Peritoneal Dialysis Clinic | 9:00 – 12:00  
General Nephrology Clinic | 8:00 - 9:00  
Pediatric Grand Rounds  
Moss Clinic  
9:00 -11:00  
Attendings Rounds 3rd Floor |
|      | 4th Tues, Bakersfield Clinic | 7:30 Pod. Adult Nephrol.  
Case Conf & Journal Club (200 Med Plaza, 5th Fl. Conf Room) | 1:00 - 2:00  
Didactic Conf./Journal Club Moss Auditorium | 1:30 - 3:00  
Post-Clinic Conf.  
Pediatric Nephrology Dr. Yadin’s Office  
MDCC A2-337 | 1:00 - 2:00  
Patient Signout Rounds |
| PM   | 1:30 - 3:00  
Post-Transplant Clinic  
(200 Med Plaza 5th FloorConf. Room) | 1:00 - 2:00  
Didactic Conf./Journal Club Moss Auditorium | 1:30 - 3:00  
Post-Clinic Conf.  
Pediatric Nephrology Dr. Yadin’s Office  
MDCC A2-337 | | |

**ON-CALL SCHEDULE & WEEKEND ACTIVITIES:** None

**ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:** Students will be required to give one journal club/Seminar during the rotation.
Subinternship/Inpatient

LOCATION: HARBOR

COURSE CHAIR:
Olga E. Mohan, M.D.
(310) 222-4002

SUPPORTING FACULTY:
Drs. Richard Mink and Bonnie Rachman

STUDENT COORDINATOR:
Iris Mau
(310) 222-2301

REPORT TO: PICU 6th Floor @ 8:00 a.m.

PREREQUISITES: Pediatrics, Medicine, and Surgery

AVAILABLE TO EXTERN: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2002-2003 ROTATIONS BEGIN WEEKS: By Arrangement

DESCRIPTION: The PICU at Harbor-UCLA is a 10 bed multidisciplinary unit. We have fellows and faculty who participate in our 3 hospital wide fellowship program, which includes Harbor-UCLA, King/Drew Medical Center, and Children's Hospital of Orange County. The team includes attendings, fellow, senior resident, and two interns in addition to the medical student.

COURSE OBJECTIVES (in order of importance)
1. Learn how to recognize and treat early/late shock, respiratory failure, and sepsis.
2. Understand the different modalities of therapy for respiratory failure.
3. Acquire airway management skills, i.e., bag valve mask ventilation and intubation
4. Participate in the multidisciplinary approach to the management and treatment of acute trauma.
5. Learn the management of post-op cardiac patients.
6. Understand the surgical and intensive care management of increased intracranial pressure.
7. Gain better understanding of the pharmacology of the therapeutic agents often used in the ICU setting.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Respiratory Failure
2. Cardiac Disease
3. Shock
4. Sepsis
5. Trauma

INPATIENT: 100%
OUTPATIENT: 0%
CONSULTATION: 0%
PRIMARY CARE: 100%

CLOSE CONTACT WITH:
X FULL TIME FACULTY
X FELLOWS
X RESIDENTS

COMMON PROBLEMS/DISEASES

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 12
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 50-70

TYPICAL WEEKLY SCHEDULE

Hour Monday Tuesday Wednesday Thursday Friday
AM 7:30 -9:30 Rounds & Patient Care 7:30 -9:30 Rounds & Patient Care 7:30 -9:30 Rounds & Patient Care 7:30 -8:30 Rounds & Patient Care 7:30 -8:30 Rounds & Patient Care
10:30 - 11:00 X-Rays 10:30 - 11:00 X-Rays 10:30 - 11:00 X-Rays 10:30 - 11:00 X-Rays 10:30 - 11:00 X-Rays
PM 1:00 - 4:00 Patient Care 1:00 - 4:00 Patient Care 12:00 - 1:00 Div Critical Care Lecture Series 1:00 - 4:00 Patient Care 1:00 - 4:00 Patient Care
4:00 - 5:00 Evening Rounds 4:00 - 5:00 Evening Rounds 1:00 - 4:00 Patient Care 4:00 - 5:00 Evening Rounds 4:00 - 5:00 Evening Rounds

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: In-house overnight call every 4th night (w/a resident). One weekend day, each week

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
**COURSE Chair:**
Stuart Slavin, M.D.

**SUPPORTING Faculty:**
Pediatric Staff

**STUDENT COORDINATOR:**
Kesha Eason  
PHONE #: (310) 825-4128

**REPORT TO:**
Pediatric Education Office, 12-335 MDCC, 8:00 AM.

**PREREQUISITES:**
Pediatrics, Medicine, Surgery

**AVAILABLE TO EXterns:**
Yes

**STUDENTS / PERIOD:**
max 1 min 1

**DURATION:**
3 weeks

**2002-2003 ROTATIONS BEGINWEEKS:**
2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

**COURSE OBJECTIVES (in order of importance):**
1. Facility in the evaluation of the pediatric patient.
2. Understanding of the pathophysiology, differential diagnosis, and management of common pediatric problems.
3. Learning how to participate as a member of a broad team of physicians and allied health personnel in a comprehensive approach to health care in Pediatrics.
4. Acceptance of primary responsibility for care of the pediatric patient (under supervision).

**DESCRIPTION:**
Students will function on the Pediatric Inpatient Service as subinterns and will be part of the ward team consisting of interns, a senior resident, and attending physician. The student will take full responsibility for the care and management of her/his patients and will be expected to present and discuss their cases and participate in attending rounds.

**STUDENT EXPERIENCES**

<table>
<thead>
<tr>
<th>COMMON PROBLEMS/DISEASES</th>
<th>INPATIENT: 100%</th>
<th>OUTPATIENT: 0%</th>
<th>CLOSE CONTACT WITH:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Acute respiratory disease, e.g., asthma</td>
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<td>X FULL TIME FACULTY</td>
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<tr>
<td>2. Acute/chronic GI</td>
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<td>X CLINICAL FACULTY</td>
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<tr>
<td>3. Meningitis/Sepsis</td>
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<td>X FELLOWS</td>
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<tr>
<td>4. Neurologic disorders</td>
<td></td>
<td></td>
<td>X RESIDENTS</td>
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<tr>
<td>5. Post-op surgical</td>
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<td></td>
<td>X INTERNS</td>
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<tr>
<td>6.</td>
<td></td>
<td></td>
<td>X OTHER Social workers, Pharmacists, Respiratory Therapists</td>
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</tbody>
</table>

**APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:**
20

**TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:**
175

**TYPICAL WEEKLY SCHEDULE**

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<tr>
<th>Hour</th>
<th>Monday</th>
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<tbody>
<tr>
<td>AM</td>
<td>7:30 - 8:00 Pre-Round 8:00 - 9:00 Morning Report 9:00 - 10:30 Attending Rounds 11:30 - 12:00 X-ray Rounds</td>
<td>7:30 - 8:00 Pre-Round 8:00 - 9:00 Morning Report 9:00 - 10:30 Attending Rounds</td>
<td>7:30 - 8:00 Pre-Round 8:00 - 9:00 Morning Report 9:00 - 10:30 Attending Rounds</td>
<td>7:30 - 8:00 Pre-Round 8:00 - 9:00 Morning Report 9:00 - 10:30 Attending Rounds</td>
<td>7:30 - 8:00 WorkRounds 8:00 - 9:00 Grand Rounds 9:00 - 10:30 Attending Rounds</td>
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<tr>
<td>PM</td>
<td>12:00 - 1:00 Noon Conference</td>
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**ON-CALL SCHEDULE & WEEKEND ACTIVITIES:**
On call every 4th night. Weekend duties to be arranged with housestaff.

**ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:**
### COURSE OBJECTIVES (in order of importance)
1. Managing a mix of “bread and butter” inpatients requiring tertiary and quaternary care.
2. Knowledge of normal human growth and development from birth to 17 years.
3. Knowledge of the pathogenesis and natural history, the orderly investigation, differential diagnosis, and management of disease of infants, children, and adolescents, both inpatient and outpatient.
4. Improved case presentations and discussion at ward rounds and teaching conferences.
5. Understanding doctor-patient relationships and the inter-relationships between physicians, nurses, social service workers, play therapists, and ancillary personnel to achieve the best in pediatric care.

### DESCRIPTION:
The medical students will function as interns. Each student will meet with Dr. Miller and/or Dr. Brown on the first day to determine how the rotation is to be structured with educational goals and objectives. Rotations are based on the individual interests and needs of the student. Students will care for patients of all socioeconomic backgrounds.

### STUDENT EXPERIENCES

#### COMMON PROBLEMS/DISEASES
1. Fever, Sepsis, Meningitis, Pneumonia, Bronchiolitis
2. Diarrhea and Dehydration
3. Scurvy Achyris
4. Seizure Disorders
5. Acute Abdomen
6. Trauma
7. Active Oncology Service
8. End-State Renal Failure
9. Sickle Cell Anemia

#### INPATIENT: 90%  
OUTPATIENT: 10%  
CONSULTATION: 0%  
PRIMARY CARE: 100%

#### CLOSE CONTACT WITH:
- X FULL TIME FACULTY
- X CLINICAL FACULTY
- X FELLOWS
- X RESIDENTS
- X INTERNS
- X OTHER Social Workers, Nurses, Dietitians, Play Therapists, Pharmacists

#### APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 20-30

#### TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 160-180

### TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>7:30 - 8:30 Work Rounds</td>
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<td>8:45 - 10:00 Morning Report &amp; Attending Rounds</td>
<td>8:30 - 9:30 Clinical Conference</td>
<td>8:45 - 10:00 Morning Report &amp; Attending Rounds</td>
<td>8:30 - 9:30 Pediatric Grand Rounds</td>
<td>8:30 - 9:30 Pediatric Grand Rounds</td>
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<tr>
<td></td>
<td>Radiology Teaching Conference</td>
<td>Radiology Teaching Conference</td>
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<tr>
<td>PM</td>
<td>12:00 Noon Teaching Conference</td>
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<td>12:00 Noon Teaching Conference</td>
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<tr>
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<td>1:30 - 2:30 Program Director’s Attending Rounds</td>
<td>1:30 - 2:30 Subspecialty Rounds</td>
<td>1:30 - 2:30 Program Director’s Attending Rounds</td>
<td>1:30 - 2:30 Program Director’s Attending Rounds</td>
<td>1:30 - 2:30 Program Director’s Attending Rounds</td>
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<td>Teaching Rounds</td>
<td>Teaching Conference</td>
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#### ON-CALL SCHEDULE & WEEKEND ACTIVITIES:
- Every Fourth Night

#### ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
The student will meet with Dr. Miller and Dr. Brown on a regular basis for “small group” teaching sessions.
Subinternship/Inpatient  Location: HARBOR

COURSE CHAIR:  
Monica Sifuentes, M.D.  (310) 222-3080

SUPPORTING FACULTY:  
Dr. Kenneth Zangwill (Children's Ward Director), other pediatric faculty

STUDENT COORDINATOR:  
Iris Mau  (310) 222-2301

REPORT TO:  
6th Floor - East-Ward

PREREQUISITES:  Pediatrics, Medicine, Surgery, Obstetrics-Gynecology

AVAILABLE TO EXTERNS:  Yes

STUDENTS / PERIOD:  max 2 min 1

DURATION:  3 weeks

2002-2003 ROTATIONS BEGIN WEEKS:  
2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48 (No students week 1)

COURSE OBJECTIVES (in order of importance)

1. Refine techniques of history and physical examination.
2. Improve concepts of patient evaluation and management.
3. Diagnose and manage complex inpatient problems, such as sepsis, respiratory distress.
5. Strengthen links between basic biomedical science and clinical pediatrics.
6. Acquire proficiency with common biomedical procedures.
7. Improve oral presentations of patient problems and clinical issues.
8. Improve methods for retrieval of pertinent data from biomedical literature.
9. Recognize the important roles of all health care professionals in patient care.

DESCRIPTION:  The student will function as a sub-intern, assuming the duties and responsibilities of a pediatric intern, including night call every 4 evenings, but with a lighter patient load. Students will be assigned to the Children's Ward.

COMMON PROBLEMS/DISEASES

1. Acute respiratory disorders
2. Acute gastroenteritis & dehydration
3. Emergent trauma
4. Acute pediatric surgical conditions
5. Serious infections
6. Growth, developmental & nutritional disorders
7. Congenital heart disease

INPATIENT:  90%  
OUTPATIENT:  10%  
CONSULTATION:  0%
PRIMARY CARE:  100%
CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNs
OTHER

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:  20
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:  60

TYPICAL WEEKLY SCHEDULE

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<tr>
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<td>Attending Rounds</td>
<td>X-ray Conference &amp; Attending Rounds</td>
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</table>

PM  
New patient work-ups  New patient work-ups  New patient work-ups  New patient work-ups  New patient work-ups

ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  Every four evenings and weekend days; attending rounds on Saturday or Sunday morning.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
**PE452.02 PEDIATRICS**

**Subinternship/Inpatient**  
**Location:** KAISER.SUN  
**COURSE CHAIR:**  
Steven D. Woods, M.D.  
**(323) 783-5311**

**SUPPORTING FACULTY:**  
Ronald Rosengart, M.D., Chairman, Dept. of Pediatrics, Steven Woods, M.D., and Staff

**STUDENT COORDINATOR:**  
Clerkship Coordinator  
**(323) 783-4516**

**REPORT TO:** Center for Medical Education, 4733 Sunset Blvd., West Mezzanine, 3rd floor at 8:30 a.m. Then report to Dr. Woods, 4700 Sunset Bl. #4B, (323) 783-8813 at 9:00 a.m.

**PREREQUISITES:**  
Pediatrics, Medicine, Surgery

**AVAILABLE TO EXTERNS:** Yes

**STUDENTS / PERIOD:** max 1 min 1

**DURATION:** 3 weeks

**2002-2003 ROTATIONS BEGIN WEEKS:** 2,5,8,11,14,17,20,27,30,33,36,39,42,45,48

**COURSE OBJECTIVES (in order of importance)**

1. Experience with a wide variety of acute and chronic inpatient pediatric cases
2. Diagnosis and management of major pediatric illnesses
3. Exposure to a unique type of delivery of health care (prepaid health plan)
4. An approach to the ill child
5. Improved history and physical examination
6. Enhanced judgment, analysis of medical data, and synthesis of information
7. An increased familiarity with techniques and procedures
8. Utilization of the health care team
9. Medical record keeping
10. Knowledge of the pharmacology of drugs commonly used in pediatrics

**DESCRIPTION:**  
Students will assume responsibilities similar to those of an intern. The student will be a member of the ward service, consisting of Pediatric Housestaff and an attending pediatrician. Participation in the extensive pediatric teaching program will be required, with students presenting and discussing patients on a regular basis.

**STUDENT EXPERIENCES**

**COMMON PROBLEMS/DISEASES**

1. Infection of CNS
2. Status Asthmaticus
3. Acute and Chronic Gastro-enteric diseases
4. Pneumonia and other Respiratory infections
5. Oncological diseases
6. Acute and Chronic surgical diseases
7. Pediatric ICU Cases
8. Neurological and Neurosurgical Diseases

**INPATIENT:** 100%  
**OUTPATIENT:** 0%

**CONSULTATION:** 0%  
**PRIMARY CARE:** 100%

**CLOSE CONTACT WITH:**  
X FULL TIME FACULTY
CLINICAL FACULTY
X RESIDENTS
X INTERNS
X OTHER **

**APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:** 15-25

**TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:** 200

**TYPICAL WEEKLY SCHEDULE**

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<tr>
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<th>Monday</th>
<th>Tuesday</th>
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<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>7:30 - 8:30</td>
<td>Work Rounds w/ Housestaff</td>
<td>7:30 - 8:30</td>
<td>Work Rounds w/ Housestaff</td>
<td>7:30 - 8:30</td>
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<tr>
<td></td>
<td>Patient Workups &amp; Care 11:00 - 12:00</td>
<td>and Care</td>
<td>Patient Workups &amp; Care 11:00 - 12:00</td>
<td>and care</td>
<td>Patient Workups &amp; Care 11:00 - 12:00</td>
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<td>Attending Rounds</td>
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<td>8:30 - 11:00</td>
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<td>8:30 - 11:00</td>
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<tr>
<td>PM</td>
<td>12:00 - 1:30</td>
<td>Peer Review Conference 1:30 - 4:00</td>
<td>12:00 - 1:30</td>
<td>Resident Conference 1:30 - 4:00</td>
<td>2:00 - 4:30</td>
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<td></td>
<td>Patient Workups &amp; Care 4:00 - 5:00</td>
<td>and Case</td>
<td>Patient Workups &amp; Care 4:00 - 5:00</td>
<td>and care</td>
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<td>Sign Out Rounds w/ Housestaff</td>
<td>4:00 - 5:00</td>
<td>Sign Out Rounds w/ Housestaff</td>
<td>4:00 - 5:00</td>
<td>Sign Out Rounds w/ Housestaff</td>
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<td>2:00 - 4:30</td>
<td>Pediatric Grand Rounds</td>
<td>1:30 - 4:00</td>
<td>Patient Workups &amp; Care 1:30 - 4:00</td>
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<td>1:30 - 4:00</td>
<td>Resident Conference</td>
<td>1:30 - 4:00</td>
<td>Patient Workups &amp; Care 1:30 - 4:00</td>
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<td>1:30 - 4:00</td>
<td>Peer Review Conference</td>
<td>1:30 - 4:00</td>
<td>Patient Workups &amp; Care 1:30 - 4:00</td>
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</table>

**ON-CALL SCHEDULE & WEEKEND ACTIVITIES:**  
On call every fourth night until 10:00 p.m.; weekends and holidays off

**ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:**  
Parking is provided. * In addition to the Pediatric Grand Rounds on the Wednesday-PM schedule, activities include Visiting Lecturers, Quality Assurance, Morbidity/Mortality Conf, Radiology Teaching Conf, and Case Presentations and discussion.** Other Health Care Providers with whom students have close contact: Ped-Nurse Practitioners, Ped-Social Workers, Ped-Nutritionists, Inhalation Therapists.

281
PE455.01  PEDIATRIC INTENSIVE CARE UNIT

Subinternship/Inpatient  Location: CS


COURSE CHAIR:  PHONE #:  COURSE OBJECTIVES (in order of importance)
Harold Amer, M.D.  (310) 423-4780  1. Recognition and immediate stabilization of the critically ill or
injured pediatric patient.

SUPPORTING FACULTY:  
Gary Goulin, M.D., Yonca Balut, M.D.

STUDENT COORDINATOR:  PHONE #:  2. Understanding physiological principles and their bedside
Lisa Payne  (310) 423-4780  application to the care of critically ill children.

REPORT TO:  
North Tower, Room 4400 at 8:45 AM.

PREREQUISITES:  Medicine, Surgery, & Pediatrics

AVAILABLE TO EXterns:  Yes

STUDENTS / PERIOD: max 1 min 1

DURATION:  3 weeks

2002-2003 ROTATIONS BEGIN WEEKS:
2,5,8,11,14,17,20,27,30,33,36,39,42,45,48

DESCRIPTION:  This clerkship offers basic pediatric critical care experience: recognition and management of the seriously ill or injured child.

The student will be a member of the multidisciplinary team that addresses medical, surgical, and psychosocial aspects of pediatric intensive care. The emphasis of this rotation is on primary patient care and bedside teaching, thus other conferences and activities are secondary and optional unless specifically relevant to critical care.

COURSE OBJECTIVES (in order of importance)

1. Recognition and immediate stabilization of the critically ill or injured pediatric patient.
2. Understanding physiological principles and their bedside application to the care of critically ill children.
3. Appropriate use of life support technology.
4. Learn how to manage enteral and parenteral nutrition in the pediatric ICU patient.
5. Gain experience with psychosocial and medicolegal issues encountered in an ICU setting.
6. Perform some procedures: IV’s, (scalp vein, angiocath), airway management, arterial puncture, etc.
7. Improve history taking and physical exam skills.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES

1. Post-Operative cardiac care
2. Respiratory failure
3. Cardiac failure, shock
4. Life threatening infections
5. Trauma, near drowning
6. Overdose, ingestions
7. Status epilepticus, seizures
8. Fluid, electrolyte imbalance

INPATIENT:  100%
OUTPATIENT:  0%
CONSULTATION:  0%
PRIMARY CARE:  100%

CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
X OTHER Nurses, Pharmacists, Respiratory Therapists, Physical Therapists, Social Services, Radiology

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:  15
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:  40

TYPICAL WEEKLY SCHEDULE

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<tr>
<td>AM</td>
<td>7:30 Sign-In and Work Rounds 8:00 ICU Attending Rounds 10:15 X-Ray Review 11:15 Interdisciplinary Care</td>
<td>7:30 Sign-in and Work Rounds 8:00 ICU Attending Rds 8:30 - 9:30 Break for Case Conference 10:15 X-Ray Review</td>
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<td>7:30 Sign-In and Work Rounds 8:00 ICU Attending Rds 8:30 - 9:30 Break for Grand Rounds 10:15 X-Ray Review 10:30 IDC</td>
<td>7:30 Sign-In and Work Rounds 8:00 ICU Attending Rounds 10:15 X-Ray Review 10:30 IDC</td>
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<tr>
<td>PM</td>
<td>12:00 Pediatric Conf. <strong>Patient Care</strong> 4:30 Sign-Out Rounds</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  The Sub I takes in-house overnight call every 4th night (w/a resident). Attending Rounds are made 7 days a week. All on call housestaff (includes the Sub I) are excused following Attending Rounds the next day. *

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:  Cedar-Sinai Medical center has an 8-bed Pediatric Intensive Care Unit. Patient ages range from one month to 17 years. All pediatric patients are "teaching cases". Patient turnover is generally rapid with a wide variety of diagnoses. *Weekend Attending Rounds excuse all housestaff not on call.
PE455.03  PEDIATRIC INTENSIVE CARE UNIT SUBINTERNSHIP

Subinternship/Inpatient   Location:  CHS

COURSE CHAIR:           PHONE #:          COURSE OBJECTIVES (in order of importance)
Rick Harrison, M.D.      (310) 825-4128

SUPPORTING FACULTY:
Judith Brill, M.D., Irwin Weiss, M.D., Andranik Madikians, M.D.
Lorraine Weiss, M.D.   1.  Improved history and physical examination of critically ill

STUDENT COORDINATOR:   PHONE #:    children.
Kesha Eason            (310) 825-4128    2.  Synthesis of history, physical examination, and laboratory data

REPORT TO:  UCLA Pediatric Intensive Care Unit, Rm. 36-214 CHS, 7:00 AM.

PREREQUISITES:  Medicine, Surgery, Pediatrics

AVAILABLE TO EXTERNALS:  Yes

STUDENTS / PERIOD:  max 1 min 1 (2 w/approval by dir. only)

DURATION:  3 weeks for 2 weeks use Drop/Add Petition

2002-2003 ROTATIONS BEGIN WEEKS:
5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

DESCRIPTION:  The pediatric intensive care unit (PICU) at UCLA is a 20 bed multidisciplinary intensive care unit. The PICU Service follows all patients in the PICU often with multiple other medical and/or surgical services involved. The service consists of one faculty member, one PICU fellow, one senior pediatric resident, one anesthesia resident, and two pediatric interns, in addition to the medical student(s) on the team.

STUDENT EXPERIENCES
COMMON PROBLEMS/DISEASES
1. Respiratory failure
2. Shock
3. Sepsis
4. Liver failure
5. Complex congenital heart disease
6. Seizures
7. Trauma
8. Organ transplantation

INPATIENT:  100%
OUTPATIENT:  0%

CONSULTATION:  50%
PRIMARY CARE:  50%

CLOSE CONTACT WITH:
X  FULL TIME FACULTY
X  FELLOWS
X  RESIDENTS
X  INTERNS
X  OTHER Respiratory Therapists, Nurses

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:  10
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:  90

TYPICAL WEEKLY SCHEDULE

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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  No night call. On weekends, student is expected to round on his/her patients, provide daily care, write daily notes, and then may check out to senior resident.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:  The student will be the direct care provider to a wide range of critically ill children. This will entail extremely close interaction with PICU faculty and fellows, with ample time for 1:1 teaching.
PE485.01  NEONATAL MEDICINE


COURSE CHAIR:  PHONE #:  COURSE OBJECTIVES (in order of importance)
Sherin Devaskar, M.D.  (310) 825-9357  1.  Learn major newborn diseases: pathophysiology, treatment, outcome.

SUPPORTING FACULTY:
Neonatology Faculty

STUDENT COORDINATOR:  PHONE #:
Kesha Eason  (310) 825-4128

REPORT TO:
Fellow or Senior Resident, Neonatal Intensive Care Unit - 2 West,

PREREQUISITES:  Medicine, Pediatrics, Surgery, and Obstetrics

AVAILABLE TO EXTERNALS:  Yes

STUDENTS / PERIOD:  max 1 min 1

DURATION:  3 weeks

2002-2003 ROTATIONS BEGIN WEEKS:
By Arrangement

DESCRIPTION:

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Respiratory distress syndrome
2. Congenital malformations
3. Congenital heart disease
4. Prematurity
5. Perinatal asphyxia
6. Jaundice
7.
8.

INPATIENT:  100%
OUTPATIENT:  0%
CONSULTATION:  0%
PRIMARY CARE:  100%

CLOSE CONTACT WITH:
X  FULL TIME FACULTY
CLINICAL FACULTY
X  FELLOWS
X  RESIDENTS
INTERNS
OTHER

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:  10
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:  30

TYPICAL WEEKLY SCHEDULE

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<td>7:30 Work Rounds</td>
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<td>10:00 - 12:00 NICU Work</td>
<td>11 AM X-Ray Rounds</td>
<td>11 AM X-Ray Rounds</td>
<td>11 AM X-Ray Rounds</td>
<td>8:00 Grand Rounds 10:00-12:00 NICU Work</td>
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<td>11 AM X-Ray Rounds</td>
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<td>5:00 PM Sign Out Rounds</td>
<td>11 AM X-Ray Rounds</td>
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<td>11 AM X-Ray Rounds</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  Call schedule will be made for 2 nights/week 5PM to 9AM weekends when on should attend rounds

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
**Subinternship/Inpatient**

**Location:** CS

**COURSE CHAIR:**
- Charles Simmons, M.D. (310) 423-4434
- Asha Puri, M.D. (310) 423-4423

**SUPPORTING FACULTY:**
- Drs. A. Alkalay, S. Austin, S. Sehgal, and A. Vanderhal

**STUDENT COORDINATOR:**
- Lisa Payne (310) 423-4780

**REPORT TO:**
- Lisa Payne, 8:30 AM, North Tower, Room 4400.

**PREREQUISITES:** Pediatrics, Medicine, Surgery

**AVAILABLE TO EXTERNS:** Yes

**STUDENTS / PERIOD:** max 1 min 1

**DURATION:** 3 weeks

**2002-2003 ROTATIONS BEGIN WEEKS:**
- By Arrangement

**DESCRIPTION:**

**COURSE OBJECTIVES (in order of importance):**
1. Become familiar with and competent in managing common neonatal problems requiring an intermediate level of care
2. Enteral and parenteral nutrition
3. Develop competence in delivery room resuscitation
4. Develop competence in stabilization and transport of high risk newborns

**STUDENT EXPERIENCES**

**COMMON PROBLEMS/DISEASES**
1. Hyperbilirubinemia
2. Prematurity
3. Respiratory distress
4. Neonatal infection
5. Congenital anomalies
6. Birth asphyxia/truma
7. 8.

**INPATIENT:** 100%

**OUTPATIENT:** 0%

**CONSULTATION:** 0%

**PRIMARY CARE:** 100%

**CLOSE CONTACT WITH:**
- X FULL TIME FACULTY
- X CLINICAL FACULTY
- X FELLOWS
- X RESIDENTS
- X INTERNS
- X OTHER Social worker, dietitian

**APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:** 10-15

**TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:** 30 - 45

**TYPICAL WEEKLY SCHEDULE**

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<tbody>
<tr>
<td>AM</td>
<td>7:30 Sign-in Rounds</td>
<td>8:30 - 9:30 Pediatric Clinical Conference</td>
<td>8:30 - 9:30 Attending Rounds</td>
<td>8:30 - 9:30 Pediatric Grand Rounds</td>
<td>7:30 Sign-in rounds</td>
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<td>8:30 - 9:30 Attending Rounds</td>
<td>9:30 - 10:30 Attending Rounds</td>
<td>10:00 - 1100 Discharge Planning Conference</td>
<td>8:30 - 9:30</td>
<td>8:15 - 9:15 Perinatal Statistics Conference</td>
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<td>2:00 - 4:00 Physical Examination and Progress Note Completion</td>
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**ON-CALL SCHEDULE & WEEKEND ACTIVITIES:** Every fourth night call

**ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:**
Subinternship/Inpatient Location: KAISER.SUN

COURSE CHAIR: PHONE #:  
Steven D. Woods, M.D. (323) 783-5311

SUPPORTING FACULTY:  
R. Franceschini, M.D., Director of Nurseries, R. Rosengart, M.D., Chairman, Dept. of Peds, & Staff

STUDENT COORDINATOR: PHONE #:  
Clerkship Coordinator (323) 783-4516

REPORT TO: Center for Medical Education, 4733 Sunset Blvd., West Mezzanine, 3rd floor at 8:30 a.m. Then report Dr. Woods, 4700 Sunset Blvd. #4B, (323) 783-8813 at 9:00 a.m.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Prematurity
2. Sepsis Neonatorum
3. Normal Newborn Assessment
4. Hyaline Membrane Disease
5. Transient Tachypnea
6. Apnea of Prematurity
7. Congenital/Chromosomal anomalies
8. Labor and delivery room experience

INPATIENT: 100%  close contact with:
OUTPATIENT: 0% full time faculty
CONSULTATION: 0% clinical faculty
PRIMARY CARE: 100% residents

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 15 - 25
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 200

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>7:30 Pre-Round and begin work  8:00 Sign-In Rounds  9:30 X-ray Rounds  10:00 Attending Rounds</td>
<td>7:30 Pre-Round and begin work  8:00 Sign-In Rounds  9:30 X-ray Rounds  10:00 Attending Rounds</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: On call every fourth night until 10:00 p.m.; Weekends and holidays off.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: Parking is provided. * In addition to the Pediatric Grand Rounds on the Wednesday-PM schedule, activities include Visiting Lecturers, Quality Assurance, Morbidity/Mortality Conf, Radiology Teaching Conf, and Case Presentations and discussion. ** Other Health Care Providers with whom students have close contact are: Ped-Nurse Practitioners, Ped-Social Workers, Ped-Nutritionists, Respiratory Therapists.
COURSE CHAIR: J. Usha Raj, M.D.  
PHONE #: (310) 222-1963

SUPPORTING FACULTY: Lynne Smith, M.D., Solomon Laktineh, M.D., Virender Rehan, M.D.

STUDENT COORDINATOR: Iris Mau  
PHONE #: (310) 222-2301

REPORT TO: 6th Floor Lobby Office - 8:00 a.m.

PREREQUISITES: Pediatrics, Medicine, Surgery, Obstetrics/Gynecology

AVAILABLE TO EXTERNALS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2002-2003 ROTATIONS BEGIN WEEKS: By Arrangement

COURSE OBJECTIVES (in order of importance)

1. Experience in the primary management of complicated neonatal disease as a member of the NICU team.
2. Techniques of management of tiny premature infants, infants with RDS and other lung disease, infants with sepsis, post-surgical neonatal management, and neonatal asphyxia.
3. Knowledge of approaches to neonatal nutrition.
4. Experience participating in neonatal transport.
5. Experience in performing umbilical artery catheterization, spinal taps, intubations, chest tubes, and other procedures in newborns.
6. Experience in interacting with parents with sick infants.
7. Experience in delivery room resuscitation techniques.
8. Experience in dealing with the complex ethical issues that surround the care of the tragic infant.
9. The opportunity to integrate complicated obstetric and neonatal histories

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES

1. Premature infants
2. RDS
3. Other neonatal lung diseases
4. Neonatal asphyxia
5. Bilirubin problems
6. Nutritional problems
7. Neonatal surgery
8. Congenital malformations

INPATIENT: 95%
OUTPATIENT: 5%
CONSULTATION: 0%
PRIMARY CARE: 100%
CLOSE CONTACT WITH:
X FULL TIME FACULTY
X FELLOWS
X RESIDENTS
INFO
OTHER

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 20
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 80

TYPICAL WEEKLY SCHEDULE

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Faculty Teaching Rds.  
Neonatal X-Ray Conf.  
Patient Care | Work Rounds  
Faculty Teaching Rds.  
Patient Care | Work Rounds  
Perinatal Case Conf.  
Neonatal X-Ray Conf.  
Patient Care | Work Rounds  
Grand Rounds  
Patient Care | Work Rounds  
Chief's Rounds  
Neonatal X-Ray Conf.  
Patient Care |
| PM   | Patient Care  
Faculty Teaching Rds. | Patient Care  
Faculty Teaching Rds. | Patient Care  
Faculty Teaching Rds. | Faculty Teaching Rds.  
Patient Care | High-Risk Neonatal  
Follow-up Clinic |

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: On call every 4th night; weekends free except for on call and review of patient progress each morning.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
NEONATOLOGY

Subinternship/Inpatient  Location: KDMC  2002-2003

COURSE CHAIR:  PHONE #:  COURSE OBJECTIVES (in order of importance)
Xylina Bean, M.D.  (310) 668-3150

1. Given a maternal history, evaluate the potential risk to the neonate

SUPPORTING FACULTY:
Dr. Mena Garg, Dr. Belli, Dr. Findlay, Dr. Walthers

2. Perform a physical examination recognizing abnormal signs including gestational (age assessment and congenital defects screen)

STUDENT COORDINATOR:  PHONE #:
Ayesha Islain  (310) 668-4657

3. Recognize the major causes of prenatal asphyxia and be able to provide appropriate newborn resuscitation in Labor and Delivery

REPORT TO:
NICU, 5th Floor

4. Given a history and physical on a sick newborn, be able to develop an appropriate differential diagnosis and care plan

PREREQUISITES:  3rd Year Pediatric Clerkship Medicine

5. Provide ongoing daily care for sick newborn and growing premature infants

AVAILABLE TO EXTERNs:  No

6. Gain expertise in management of acute respiratory failure, including blood gases and conventional and high frequency ventilation

STUDENTS / PERIOD:  max 2  min 1

7. Provide education, including nutrition and normal developments to parents

DURATION:  3 weeks

2002-2003 ROTATIONS BEGIN WEEKS:
By Arrangement

DESCRIPTION: Learning experience for the 4th year student includes observation in the labor and delivery room (resuscitation of high risk newborns) special studies, screening newborns in the observation nursery during the first six hours of life, well child exams, and care of patients in the Intensive and Intermediate Nursery.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES

1. Neonatal Asphyxia
2. Perinatal Infections
3. Respiratory Distress Syndrome
4. Congenital Abnormalities
5. Congenital Heart Disease
6. Surgical Post-op Care
7.  
8. 

INPATIENT:  100%  CLOSE CONTACT WITH:

OUTPATIENT:  0%  X  FULL TIME FACULTY

CONSULTATION:  0%  X  CLINICAL FACULTY

PRIMARY CARE:  100%  X  FELLOWS

X  RESIDENTS

X  OTHER

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:  150

TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:  550

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
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<tbody>
<tr>
<td>PM</td>
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<td>Student Conference</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  On call once a week until midnight.  No weekends

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
COURSE OBJECTIVES (in order of importance)
1. Experience in management of intermediate level newborn infants as a member of the nursery team.
2. Experience in neonatal resuscitation techniques.
3. Experience in correlating neonatal disease with obstetric histories and maternal diseases.
5. Experience in performing arterial catheterization, spinal tap, septic workup, intubation.
6. Experience in the care of growing premature infants.
7. Learning the skills to distinguish sick from suspect newborn infants.
8. Taking night call in the neonatal ICU.

STUDENT EXPERIENCES
COMMON PROBLEMS/DISEASES
1. Premature infants
2. Neonatal resuscitation
3. Suspected sepsis
4. Mild neonatal lung disease
5. Congenital malformation
6. Bilirubin problems
7. Weight gain in premature infants
8. Hypoglycemia

INPATIENT: 95%
OUTPATIENT: 5%
CONSULTATION: 0%
PRIMARY CARE: 100%
CLOSE CONTACT WITH:
X FULL TIME FACULTY
CLINICAL FACULTY
X FELLOWS
X RESIDENTS
INTERNS
OTHER

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 30
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 150

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<tbody>
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<td>Work Rounds</td>
<td>Perinatal Case Conf.</td>
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<td>Faculty Attending Rounds</td>
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</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: On call every 4th night in neonatal ICU; weekends free except for on call and review of patient progress each morning.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: