Advanced Clinical Clerkship  

Location: CHS  

**COURSE CHAIR:**  
Thomas S. Klitzner, M.D., Ph.D.  
(310)-825-5296

**SUPPORTING FACULTY:**  
Dr. Samuel Kaplan and other full time faculty

**STUDENT COORDINATOR:**  
Ava Yajima  
(310)-825-4128

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

**PREREQUISITES:**  
Pediatrics and Medicine

**AVAILABLE TO EXTERNS:**  yes

**STUDENTS / PERIOD:**  max 3  min 1

**DURATION:**  4 weeks

**1998-99 ELECTIVES BEGIN WEEKS:**  
1, 5, 9, 13, 17, 21, 25, 29, 33, 37, 41.

**LEARNING OBJECTIVES (in order of importance):**

1. Knowledge of cardiac and cardiovascular disease processes in pediatric age group.
2. Knowledge of persistence/sequelae of congenital heart disease into late adolescence and adulthood.
3. Learning/improving skills of history taking and physical examination of pediatric patients with cardiovascular disease.
4. Understanding of basic cardiovascular physiology/hemodynamics as reflected in clinical findings.
6. Understanding of hemodynamics as reflected in cardiac catheterization.
7. Learning medical management and pharmacology of cardiovascular drugs in pediatric cardiac patients.
8. Familiarity with surgical management of congenital heart disease.
9. Reviewing cardiac pathology.
10. Improving skills of patient presentation, and exposure to basic and clinical cardiology research.

**DESCRIPTION:**  
The student is expected to participate in all activities of the division of Pediatric Cardiology with an emphasis on the ambulatory pediatric cardiology clinics with some in-patient and laboratory (Echo and Cath) exposure. He/she participates in daily conferences including patient discussion, pre-op, Echo, Cath, and didactic conferences.

**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:** 25%  
**OUTPATIENT:** 75%

**CONSULTATION:** 25%  
**PRIMARY CARE:** 75%

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

**APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:** 107

**TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:** 75

**TYPICAL WEEKLY SCHEDULE**

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</table>
| AM   | 7:00 Case discussion conference  
8:30 Combined fac/cardiology clinic | 7:50 Echo conference  
8:30 Cardiology clinic  
Combined fac/cardiology clinic | 7:30 Cath conference  
Combined fac/cardiology clinic | Pre-op conference  
Ped/Cardiology clinic @ Olive View Med Ctr.  
Cardiac catheterization | Pediatric grand rounds  
Cardiac catheterization |
| PM   | 13:00 Didactic Conf.  
In-patient, cath, or echo observations | 12:15-12:45 Journal Club  
In-patient, cath or echo observations  
ECG review | Adult CHD Clinic @ 13:00 | 15:00 Patient presentation conference | 13:30 1st Pathology conf.  
2nd Quality assurance conf.  
EKG Reading Conf. Every 4th Friday |

**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.
Advanced Clinical Clerkship  

Location: HARBOR  

1998-99

COURSE CHAIR:  
Barry G. Baylen, M.D.  
(310)-222-4000

SUPPORTING FACULTY:  
George C. Emmanouilides, M.D., Robin W. Doroshow, M.D.,  
Twyman R. Owens, M.D.

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

REPORT TO:  
Barry G. Baylen, M.D., Harbor-UCLA Medical Center,

PREREQUISITES:  
Pediatrics, Medicine, Surgery

AVAILABLE TO EXTERNALS: yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 4 weeks

1998-99 ELECTIVES BEGIN WEEKS:  
1, 5, 9, 13, 17, 21, 25, 29, 33, 37, 41, 45, 49, by arrangement

LEARNING 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

7. 

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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<tr>
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<tbody>
<tr>
<td>AM</td>
<td>8:30 - 9:30 Work Rounds</td>
<td>8 - 12 Cardiac Catheterization Lab</td>
<td>8:30 - 9:30 Perinatal Case Conf.</td>
<td>8:30 - 9:30 Pediatric Grand Rounds</td>
<td>8:30-9:30 Pediatric Chief’s Rounds</td>
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<tr>
<td></td>
<td>9:30 - 12 Cardiology Clinic Cardiac Surgery</td>
<td>12 - 1 Critical Care Conf.</td>
<td>9:30-12 Attending Rounds</td>
<td>10 - 11:30 Work Rounds</td>
<td>10-11:30 Attending Rounds</td>
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<td>Noon Cardiology Case Conf Preop</td>
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<tr>
<td>PM</td>
<td>2 - 4 Cardiac Clinic Conference</td>
<td>2 - 4 Work Rounds</td>
<td>3 - 5 Cardiac Catheterization Conference</td>
<td>1 - 5 Pediatric Cardiology Clinic</td>
<td>3 - 5 Review of Echo and Cath Data</td>
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<td>4 – 5 Pediatric Cardiac Surgery Conf</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: This course is recommended for 4th year medical students only.
LEARNING 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 & 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. Hyperthyroidism & 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 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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<th>AM</th>
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<tr>
<td></td>
<td>9:00</td>
<td>Pituitary or thyroid nodule clinic</td>
<td>10:00</td>
<td>8:30 Pediatric Grand Rounds</td>
<td>8:30 Diabetes &amp; Metabolism clinic</td>
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<td></td>
<td>10:00</td>
<td>Attending Rounds</td>
<td>Review of thyroid biopsies</td>
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<tr>
<td>PM</td>
<td>12:00</td>
<td>Basic Science seminar lecture series</td>
<td>Endocrine clinical conference</td>
<td>1:00 Endocrine clinic</td>
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<tr>
<td></td>
<td>2:00</td>
<td>Attending rounds</td>
<td>Endocrine grand rounds</td>
<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.
LEARNING 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.

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

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 Endocrine Clinic (every other week)</td>
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<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>3:00 - 5:00 Inpatient ward rounds</td>
<td>1:30 - 3:00 Inpatient ward rounds</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:
Advanced Clinical Clerkship

Location: CHS

1998-99

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

SUPPORTING FACULTY:
Sue McDiarmid, M.D., Jorge Vargas, M.D., G. Martin, M.D., Ron Bahar, M.D., George Gershman, M.D.

STUDENT COORDINATOR:  
Ava Yajima  
PHONE #:  
(310)-825-4128

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

LEARNING 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 hepato biliary 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 a child.
5. To teach how to prescribe and manage parental nutrition in infants and children.

PREREQUISITES: Completion of either Medicine or Pediatric Clerkship.

STUDENTS / PERIOD:  
max 1  min 1

DURATION: 4 weeks

1998-99 ELECTIVES BEGIN WEEKS:
3, 7, 11, 15, 19, 25, 29, 33, 37, 41

DESCRIPTION:

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
9. Inflammatory bowel disease
10. Acute and chronic liver disease

INPATIENT: 50%
OUTPATIENT: 50%
CONSULTATION: 75%
PRIMARY CARE: 25%

CLOSE CONTACT WITH:
X FULL TIME FACULTY
X FELLOWS
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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<tr>
<td>AM</td>
<td>7:30</td>
<td>Divisional Mtg. (Haimer Conf. Room)</td>
<td>9:00 Resident Rounds/Procedures (Wright Library)</td>
<td>7:30 TPN rounds (Haimer Conf. Room.) (Mandatory)</td>
<td>7:30 Ped. Liver Trans. Mtg (MDCC Conf Rm 12-407) (Mandatory)</td>
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<td></td>
<td>9:00</td>
<td>GI Clinic Dr. Ament</td>
<td>9:00 Resident Rounds/Procedures (Wright Library)</td>
<td>8:30 Liver Clinic Drs. Vargas &amp; McDiarmid (CHC 200 Med.Plaza,Ste. 265)</td>
<td>8:00 Grand rounds (Moss Auditorium)</td>
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<td>Liver biopsy conference (1P-109B CHS)</td>
<td>(1P-109B CHS)</td>
<td>(CHC - 200 Medical Plaza, Suite 265)</td>
<td>(1P-109 CHS)</td>
<td>(Ever Other Friday)</td>
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<td>1:00 G.I. Clinics Drs. Ament &amp; Vargas Liver Clinic Dr. McDiarmid</td>
<td>1:00 TPN clinic Drs. Ament &amp; Vargas</td>
<td>3:00 GI Pathology Conf. (1P-109 CHS)</td>
<td>Dr. Martin (200 Med. Plaza, Suite 265)</td>
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<tr>
<td>PM</td>
<td>4:00</td>
<td>(CHC - 200 Medical Plaza, Suite 265)</td>
<td>(CHC - 200 Medical Plaza, Suite 265)</td>
<td>(3rd Wed. of Month-77-132 CHS)</td>
<td>1:00 Journal Club Haimer Conf. room</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

OUTSIDE CLINICS: BAKERSFIELD - 1st MONDAY OF EACH MONTH 8 AM-6 PM
VENTURA - 2nd MONDAY OF EACH MONTH 12-5 PM  OLIVE VIEW - 4th MONDAY OF EACH MONTH 8 AM-12PM
KMC - 3rd WED. OF EACH MONTH 8 AM-1PM  SANTA CLARITA - 1st MON & 3rd MON OF EACH MONTH 1-4:30 PM

ADDITIONAL COMMENTS & OTHER SPECIAL REQUIREMENTS:

OUTSIDE CLINICS: BAKERSFIELD - 1st MONDAY OF EACH MONTH 8 AM-6 PM
VENTURA - 2nd MONDAY OF EACH MONTH 12-5 PM  OLIVE VIEW - 4th MONDAY OF EACH MONTH 8 AM-12PM
KMC - 3rd WED. OF EACH MONTH 8 AM-1PM  SANTA CLARITA - 1st MON & 3rd MON OF EACH MONTH 1-4:30 PM
LEARNING 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.

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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.
Advanced Clinical Clerkship

COURSE CHAIR:
Adam J. Jonas, M.D.  
PHONE #: (310)-222-3673

LEARNING OBJECTIVES (in order of importance)
To gain experience and understanding with:
1. Evaluation of the patient with possible genetic disease
2. Current application of biochemical, molecular, and cytogenetics techniques
3. Aspects of prenatal diagnosis
4. Research conducted by the medical genetics faculty

SUPPORTING FACULTY:
B. Foley, R.N., & Drs. H. Lin, P. Yen, & E. Kakkis

STUDENT COORDINATOR:
Carol Rivera  
PHONE #: (310)-222-3673

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
X FELLOWS
X RESIDENTS
X INTERNS
X OTHER Genetic Counselor

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 25
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 100

TYPICAL WEEKLY SCHEDULE

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<tr>
<td>AM</td>
<td>9:00 Monday/month Genetics Clinic</td>
<td>8:30 Newborn Screening Meeting (Monthly)</td>
<td>8:30 - 9:30 Peds Chief Rounds</td>
<td>8:30 - 9:30 Pediatric Chiefs Rounds</td>
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<td>12:00 CPC</td>
<td>1 - 5 Genetics Clinic</td>
<td>4:00 p.m. 2nd &amp; 4th Friday/month Journal Club</td>
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<tr>
<td>PM</td>
<td>Genetics Consults (per request on a daily basis)</td>
<td>2:00 Clinic Review</td>
<td>2:00 Clinic Review</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:

1998-99 ELECTIVES BEGIN WEEKS:
1,5,9,13,17,21,25,29,33,37,41,45,49.

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 a seminar at the end of the elective.
Advanced Clinical Clerkship

Location: CS

1998-99

COURSE CHAIR:
John M. Graham, M.D., ScD.
(310)-855-2211

LEARNING 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 villas 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

SUPPORTING FACULTY:
D. Rimoin, R. Lachman, R. Falk, L. Raffel, W. Wilcox

STUDENT COORDINATOR:
Lisa Payne
(310)-855-4780

PREREQUISITES:

AVAILABLE TO EXTERNS: yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 4 weeks

1998-99 ELECTIVES BEGIN WEEKS:
1, 5, 9, 13, 17, 21, 25, 29, 33, 37, 41, 45, 49.

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

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

TYPICAL WEEKLY SCHEDULE

<table>
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<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
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<tbody>
<tr>
<td>AM</td>
<td>Prenatal diagnosis clinic</td>
<td>8:30 Pediatric Case Conference</td>
<td>9:00 Prenatal Review Conference</td>
<td>8:30 - 9:30 Pediatric Grand Rounds</td>
<td>9 - 12 Integrate Training Program Lecture Seminar</td>
</tr>
<tr>
<td></td>
<td>9:00 Genetics Clinic</td>
<td>9:30 - 11 Dismorphology Clinic or Helmet Clinic</td>
<td>9:30 Fetal Path.Conf. Genetics Conf.*</td>
<td>9:30 Fetal Path.Conf.</td>
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<tr>
<td></td>
<td>11:30 Radiology Conf.</td>
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<td>10:00 Integrate Training Seminar</td>
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<td></td>
<td>11:30 - 1 Clinical Conf. / Genetic Radiology Conf.</td>
<td>12:00 Craniofacial Conf. and Clinic</td>
<td>Informal Teaching</td>
<td>Informal Teaching</td>
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</tr>
<tr>
<td>PM</td>
<td>1 - 5 Genetics Clinic</td>
<td>1:00 Neurorad. Genetic Conf</td>
<td>Independent Study</td>
<td>Independent Study</td>
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<td>2:00 Cytogenetics Review Conf.</td>
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<td>and/or Consultation</td>
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</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
LEARNING 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%
X FULL TIME FACULTY
X CLINICAL FACULTY
X 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>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>8:30 - 12:00 New Patients Workup; Ward Rounds with Resident and Fellow</td>
<td>8:30 - 12:30 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>
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<tr>
<td></td>
<td>9:30 - 12:30</td>
<td>9:30 - 12:30 New Patients Workup; Ward Rounds</td>
<td>9:30 - 12:00</td>
<td>10:00 - 12:00 Patient Planning Conference</td>
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<tr>
<td></td>
<td>1:30 - 3:00 Attending Rounds; New Patient Workup</td>
<td>1:30 - 3:00 Attending Rounds; New Patient Workup</td>
<td>1:30 - 3:00</td>
<td>1:30 - 3:00 Combined Pediatric/Medical/Hematology Conf.</td>
<td>1:30 - 2:30 Attending Rounds</td>
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<td>3:00 - 4:30 Attending Rounds; New Patient Workup</td>
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<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)-825-4128

**SUPPORTING FACULTY:**  
Drs. Kathleen Sakamoto, Christopher Denny, Alexis Thompson, Stanley Nelson, Marcio Malogolowkin

**STUDENT COORDINATOR:** Ava Yajima  
PHONE #: (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:** 4 weeks

**1998-99 ELECTIVES 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 Division patients, supervised by the Division faculty.

## LEARNING 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.

**STUDENT EXPERIENCES**

**COMMON PROBLEMS/DISEASES**

<table>
<thead>
<tr>
<th></th>
<th>INPATIENT: 50%</th>
<th>OUTPATIENT: 50%</th>
<th>CLOSE CONTACT WITH:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Leukemia</td>
<td></td>
<td>X FULL TIME FACULTY</td>
</tr>
<tr>
<td>2</td>
<td>Solid tumors</td>
<td></td>
<td>X CLINICAL FACULTY</td>
</tr>
<tr>
<td>3</td>
<td>Sickle cell disease</td>
<td></td>
<td>X FELLOWS</td>
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<tr>
<td>4</td>
<td>Anemia</td>
<td></td>
<td>X RESIDENTS</td>
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<tr>
<td>5</td>
<td>Bleeding disorders</td>
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<td>X INTERNS</td>
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<tr>
<td>6</td>
<td>Transplants</td>
<td></td>
<td>X OTHER Allied Health</td>
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<tr>
<td>7</td>
<td>Aplastic anemia</td>
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</tbody>
</table>

**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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<tr>
<th>Hour</th>
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<td>AM</td>
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<tr>
<td>8:00-9:00</td>
<td>Morning Report</td>
<td>8:00-9:00</td>
<td>Morning Report</td>
<td>8:00-9:00</td>
<td>8:00-9:00</td>
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<tr>
<td>9:00-10:00</td>
<td>Conference</td>
<td>9:00-12:00</td>
<td>Hematology - Oncology Clinic</td>
<td>9:00 Ward Rounds</td>
<td>9:00 Ward Rounds</td>
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<tr>
<td>10:00</td>
<td>Ward Rounds</td>
<td>12:00</td>
<td>Ward Rounds</td>
<td>12:00-1:00 Research Conference</td>
<td>12:00-2:30</td>
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<td>PM</td>
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<td>PM</td>
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<tr>
<td>1:30-2:30</td>
<td>BMT team Rounds</td>
<td>2:00-4:00</td>
<td>Clinical Conference</td>
<td>1:00-5:00 Clinic</td>
<td>12:00-2:30</td>
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<tr>
<td>2:30-4:00</td>
<td>Ward Rounds</td>
<td></td>
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<td></td>
<td>Clinic Conference</td>
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</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  

Location: CS  

1998-99

**LEARNING 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

**INPATIENT:** 40%

**OUTPATIENT:** 60%

**CONSULTATION:** 50%

**PRIMARY CARE:** 50%

**CLOSE CONTACT WITH:**

- Full time faculty
- Clinical faculty
- Fellows
- Residents
- Interns
- Other: Nurses, social workers, play therapists, psychologists, psychiatrists

**APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:** 100

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

**TYPICAL WEEKLY SCHEDULE**

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<thead>
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<tbody>
<tr>
<td><strong>AM</strong></td>
<td>8:30 - 10:00 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>
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<td>10:00 - 11:15 Hem.-Onc. Team Conference</td>
<td>9:30 - 11:00 Ward Rounds</td>
<td>10:30 - 12:00 Hem.-Onc. Clinic</td>
<td>9:45 - 12:00 Ward Rounds</td>
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<tr>
<td><strong>PM</strong></td>
<td>12:00 Housestaff Conference</td>
<td>12:00 Housestaff Conference</td>
<td>12:00 Housestaff Conference</td>
<td>12:00 Housestaff Conference</td>
<td>12:00 Housestaff Conference</td>
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<td>1:00 - 5:00 Hem.-Onc. Clinic</td>
<td>Ped. Tumor Board (3rd Tuesday)</td>
<td>2:00 - 4:30 Clinic at CIGNA on Alternate Wednesdays</td>
<td>1:30 - 5:30 Hem.-Onc. Clinic</td>
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</table>

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

**ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:**
LEARNING OBJECTIVES (in order of importance)

1. To learn consultation practices in Infectious Disease problems.
2. Management of Pediatric patients with AIDS.
3. Current areas of research and journal club.
5. Use of the clinical laboratory.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Newborn infections
2. AIDS
3. Immuno compromised patients
4. Pneumonia
5. Septicemia
6. Pediatric Outpatient infective diseases

INPATIENT: 70%
OUTPATIENT: 30%
CONSULTATION: 100%
PRIMARY CARE: %
CLOSE CONTACT WITH:
X FULL TIME FACULTY
CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
X OTHER Social workers, Dietitians, Virology and Microbiology

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

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>Consultations</td>
<td>Clinic Conference/AIDS clinic</td>
<td>Consults</td>
<td>Pediatric grand rounds</td>
<td>Consults</td>
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<td></td>
<td>Microbiology rounds</td>
<td>Microbiology rounds</td>
<td>Microbiology rounds</td>
<td>Weekly consult review</td>
<td>Microbiology rounds</td>
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<tr>
<td>PM</td>
<td>12:15 - 1:00 Pediatrics Housestaff conference</td>
<td>12:15 - 1:00 Pediatrics Housestaff conference</td>
<td>12:15 - 1:00</td>
<td>12:15 - 1:00 Pediatrics Housestaff conference</td>
<td>12:15 - 1:00 Pediatrics Housestaff conference</td>
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<tr>
<td></td>
<td>Multidisciplinary AIDS conference Review consults</td>
<td>Consults</td>
<td>Review consults</td>
<td>1:00 Joint Med-Peds ID conference</td>
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</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
Advanced Clinical Clerkship

Location: CHS

1998-99

COURSE CHAIR: PHONE #:
James D. Cherry, M.D. (310)-825-5226

SUPPORTING FACULTY:
Yvonne J. Bryson, M.D., Paul Krogstad, M.D. Karen Neilsen, M.D.

STUDENT COORDINATOR: PHONE #:
Ara Yajima (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: 4 weeks

1998-99 ELECTIVES BEGIN WEEKS:
1,5,9,13,17,21,25,29,33,37,41,45,49.

LEARNING 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 septicia
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

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<tr>
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<th>Wednesday</th>
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<tbody>
<tr>
<td>AM</td>
<td>8 - 9 Intake Conf.</td>
<td>8 - 9 Intake Conf.</td>
<td>8 - 9 Intake Conf.</td>
<td>8 - 9 Intake Conf.</td>
<td>8 - 9 Grand Rounds</td>
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<td></td>
<td>9:30 - 10:15 Ward Rounds with ID Fellow</td>
<td>MCIC Clinic</td>
<td>9:30 - 10:15 Ward Rounds w/ID Fellow</td>
<td>10 - 11 Rounds w/attending</td>
<td>9:30 - 10:15 Ward Rounds with ID Fellow</td>
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<td>10 - 11 Rounds with attending</td>
<td>10 - 11 Rounds with attending</td>
<td>11:30 - 12:30 Micro Lab Rds, Brentwood</td>
<td>10 - 11 Rounds with attending</td>
<td>10 - 11 Rounds with attending</td>
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<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 - 3 ID Research Conference</td>
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<td>3:00 - 5:00 Patient Workups and Care</td>
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</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.
Advanced Clinical Clerkship  

Location: HARBOR  

1998-99

COURSE CHAIR:  
Joel I. Ward, M.D.  
PHONE #:  
(310)-222-2346

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

SUPPORTING FACULTY:  
J.J. Ward, Chris Mink, K.M. Zangwill

STUDENT COORDINATOR:  
Mary Magee  
PHONE #:  
(310)-222-2346

PREREQUISITES: Pediatrics

AVAILABLE TO EXTERNS: yes

STUDENTS / PERIOD: max 3 min 1

DURATION: 4 weeks

1998-99 ELECTIVES BEGIN WEEKS:
1, 5, 9, 13, 17, 21, 25, 29, 33, 37, 41, 45, 49.

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 immunocompromised host

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

CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
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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<tbody>
<tr>
<td>AM</td>
<td>8:30 Consultations</td>
<td>8:15 Journal club (3rd)</td>
<td>8:30 Consultations</td>
<td>8:30 Pediatric grand rounds</td>
<td>8:30 Chief’s rounds</td>
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<tr>
<td></td>
<td>8:50 Immunodeficiency clinic (2nd)</td>
<td>8:30 Consultations</td>
<td>11:00 Consultations</td>
<td>10:00 Infectious disease clinic (1st &amp; 3rd)</td>
<td></td>
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<tr>
<td></td>
<td>9:30 Morning report daily</td>
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<tr>
<td>PM</td>
<td>12:00 Residents’ ID lecture (1st &amp; 3rd)</td>
<td>1:00 Attending rounds</td>
<td>12:00 Clinical case reviews</td>
<td>1:00 Attending rounds</td>
<td>12:00 Infectious diseases grand rounds</td>
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<tr>
<td></td>
<td>2:00 Attending rounds</td>
<td></td>
<td>1:00 Attending rounds</td>
<td></td>
<td>1:30 Med-Pediatric Infectious disease conf. (2nd &amp; 4th)</td>
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<td>3:00 Attending rounds</td>
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</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.
Advanced Clinical Clerkship

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 EXTERNS: No

STUDENTS / PERIOD: max 3 min 1

DURATION: 4 weeks

1998-99 ELECTIVES BEGIN WEEKS: By Arrangement

DESCRIPTION:

LEARNING 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 FULL TIME 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>8:30 - 9:30 Work Rounds on I.D. Consultations</td>
<td>9:30 - 11:00 Work Rounds</td>
<td>11:00 - 12:00 Attending Rounds</td>
<td>8:30 - 11:00 Work Rounds</td>
<td>8:30 - 11:00 Work Rounds</td>
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<td></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>8:30 - 11:00 Work Rounds</td>
<td>8:30 - 11:00 Work Rounds</td>
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<td>10:00 - 11:30 Attending Rounds</td>
<td>11:00 - 12:00 Attending Rounds</td>
<td>11:00 - 12:00 Attending Rounds</td>
<td>8:30 - 11:00 Work Rounds</td>
<td>8:30 - 11:00 Work Rounds</td>
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<tr>
<td></td>
<td>1:00 - 3:00 Reading and/or new consuls</td>
<td>1:00 - 3:00 Reading and/or new consuls</td>
<td>1:00 - 3:00 Reading and/or new consuls</td>
<td>1:00 - 3:00 Reading and/or new consuls</td>
<td>1:00 - 4:00 Reading and/or new consuls</td>
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<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>
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<tr>
<td>PM</td>
<td>1:00 - 3:00 Reading and/or new consuls</td>
<td>1:00 - 3:00 Reading and/or new consuls</td>
<td>1:00 - 3:00 Reading and/or new consuls</td>
<td>1:00 - 3:00 Reading and/or new consuls</td>
<td>1:00 - 4:00 Reading and/or new consuls</td>
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<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>
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<td>3:00 - 4:00 Lecture on topics in I.D.</td>
<td>3:00 - 4:00 Lecture on topics in I.D.</td>
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</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
LEARNING OBJECTIVES (in order of importance)

1. To acquire knowledge of the social settings in which common pediatric diseases originate
2. To interact effectively with schools and other agencies which interface with a pediatric patient and family
3. To improve skills in eliciting and recording a social history from a patient with a common pediatric outpatient problem
4. To work effectively with community workers, social workers, and other members of the health care team
5. To function effectively in the office setting
6. To improve the doctor-patient relationship
7. To utilize a home visit to determine the outcomes of a health care visit
8. To improve skills in public health, environmental, and preventive medicine
9. To function effectively as a member of a mobile, continuous care team
10. To acquire skill in assessing status of well child care needs
11. To function effectively as a primary care provider for institutionalized children

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Adolescent with school problems
2. Adolescent who may be imprisoned
3. Family with multiple child problems
4. Child with developmental delay
5. Child with failure to thrive
6. Child with common problem--chr. otitis media
7. Adolescent with low self-esteem
8. Black-related problems

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 Community Workers, Social Workers, etc.

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 40
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 5000

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
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<tbody>
<tr>
<td>AM</td>
<td>PIP CLINIC (MLK)</td>
<td>Health Centers DHO</td>
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<td>Health Clinics</td>
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<td>SATURDAYS:</td>
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<td>Asthma Educati</td>
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<td>onal Program</td>
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<td>PM</td>
<td>Cayac</td>
<td>Developmental Testing</td>
<td>Child Institute</td>
<td>R.J. Schlegel</td>
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<td>Preservation Center</td>
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</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: The aforementioned is merely a sample schedule. The format may be changed according to a student's special interests. Time may be spent in school health, for example. Night & weekend calls are not required.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: Student must have transportation to make best use of this rotation. Flexible hours will increase the learning experience. To work effectively in the Community, one has to adapt to the hours of the Community.
PE250.03  ADOLESCENT HEALTH CARE

Advanced Clinical Clerkship  
Location: HARBOR  
1998-99

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

LEARNING 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.

SUPPORTING FACULTY:
Graydon Funke, M.D.

STUDENT COORDINATOR:  
Paul Shirts  
PHONE #:  
(310)-222-2168

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

PREREQUISITES: Pediatrics and Medicine

AVAILABLE TO EXTERNALS: yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 4 weeks

1998-99 ELECTIVES BEGIN WEEKS:
5, 9, 13, 23, 27, 31, 35, 39.

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

LEARNING 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.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES

1. Adolescent adjustment reaction
2. Birth Control
3. Obesity
4. Adolescent Pregnancy
5. Sexually Transmitted Disease
6. Acne
7. Psychophysiologic 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>
<th>Wednesday</th>
<th>Thursday</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>Student Health at Loyola Marymount University</td>
<td>Student Health at Loyola Marymount University</td>
<td>Juvenile Hall</td>
<td>Juvenile Hall</td>
<td>Student Health at Loyola Marymount University</td>
</tr>
<tr>
<td>PM</td>
<td>School Based Clinic</td>
<td>South Bay 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:

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  

1998-99

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

LEARNING OBJECTIVES (in order of importance)
1. Identify risk behaviors of adolescents
2. Understand normal sexual development and recognize variations in sexual identity such as transgender, bisexuality, etc
3. Identify environment factors that influence adolescent behavior
4. Identify and/or refer for appropriate management, issues of substance abuse, depression, suicide
5. Identify and manage sexually transmitted disease
6. Understand preventive health strategies
7. Identify etiology of menstrual irregularity and appropriate management
8. Appropriate counsel adolescent with obesity
9. Given a particular health issue, identify problems, resources, psycho-social effects on the adolescent patient and family

SUPPORTING FACULTY:
Francine Atterberry, M.D.

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

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

PREREQUISITES: Pediatric clerkship

AVAILABLE TO EXTERNS: No

STUDENTS / PERIOD: max 1 - 2 min 1

DURATION: 4 weeks

1998-99 ELECTIVES 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.

COMMON PROBLEMS/DISEASES
1. Adolescent Care
2. STDs
3. Menstrual irregularity
4. Depression/Dysthymia
5. Obesity
6. Headache
7. Substance Abuse
8. High Risk Youth

INPATIENT: 10%
OUTPATIENT: 90%
CONSULTATION: 30%
PRIMARY CARE: 70%
CLOSE CONTACT WITH:
X FULL TIME FACULTY
X RESIDENTS
FELLOWS
X INTERNS
CLINICAL FACULTY
OTHER

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 15
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 80

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>Grand Rounds</td>
<td>Consultation/Self-Study</td>
<td>Clinic</td>
<td>Self-Study</td>
</tr>
<tr>
<td></td>
<td>Chart Review</td>
<td>Consultation/Self-Study</td>
<td>Lecture/Didactics</td>
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<tr>
<td></td>
<td>Clinic</td>
<td>Chart Review</td>
<td>Clinic</td>
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<tr>
<td>PM</td>
<td>12:00 - 5:00 Clinic</td>
<td>Lecture &amp; Didactic</td>
<td>5:00 - 10:30 p.m. Adolescent Mobile Van</td>
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<td>Off</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Saturdays 9 am - 2:00 pm - Free Clinic

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
Advanced Clinical Clerkship

Location: KDMC

COURSE CHAIR: Kerry L. English, M.D. (310)-668-4872

SUPPORTING FACULTY: Dr. Delangel, Dr. Reid-Green, Ms. Owens-Collins, PA-C

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: 4 weeks

98-99 ELECTIVES BEGIN WEEKS: By Arrangement

LEARNING 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.

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.

LEARNING 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.

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 EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Developmental delay
2. Language problems
3. Physical abuse
4. Cerebral palsy
5. Failure to thrive
6. Attachment disorders
7. Learning problems
8. Parenting problems

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

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

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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<tbody>
<tr>
<td>AM</td>
<td>Patient workups</td>
<td>8:30 Peds grand rounds</td>
<td>8:30 Peds lecture</td>
<td>9:30 Community site visits to child development programs</td>
<td>8:30 Peds case conference</td>
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<td></td>
<td>11:00 Seminar</td>
<td>9:30 Child abuse evaluations in clinic</td>
<td>9:30 High risk infant follow-up clinic</td>
<td></td>
<td>Patient workups</td>
</tr>
<tr>
<td></td>
<td>1:30 Attending rounds</td>
<td>Work on learning packages</td>
<td>Work on learning packages</td>
<td>1:30 Infant follow-up clinic</td>
<td>1:30 Attending rounds and seminar</td>
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<tr>
<td>PM</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
Advanced Clinical Clerkship  
Location: KAISER.SUN  
1998-99

COURSE CHAIR:  
Steven D. Woods, M.D.  
(213)-783-5311

PHONE #:  
(213)-783-5311

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

STUDENT COORDINATOR:  
Beatriz Clark  
(213)-783-1432 or 4516

REPORT TO:  
Steven D. Woods, M.D., 4700 Sunset Blvd, 4B, (213) 667-8813, 9:00 AM.

PREREQUISITES:  
Pediatrics

AVAILABLE TO EXTERNS:  
yes

STUDENTS / PERIOD:  
max 1 min 1

DURATION:  
4 weeks

1998-99 ELECTIVES BEGIN WEEKS:  
1, 5, 9, 13, 17, 21, 25, 29, 33, 37, 41, 49 or by arrangement.

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.

LEARNING 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

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
X 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

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<tr>
<th>Hour</th>
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<tbody>
<tr>
<td>AM</td>
<td>9 - 12 Ambulatory Pediatric Clinic</td>
<td>8:30 - 9:15 OPD Conf.</td>
<td>9 - 12 Subspecialty Clinic</td>
<td>9 - 12 Ambulatory Pediatric Clinic</td>
<td>8 - 9 Pediatric Tumor Board (Optional)</td>
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<td>12 - 1:30 Peer review conference</td>
<td>9:15 - 12:00 Ambulatory Pediatric Clinic</td>
<td>12:00 - 1:30 Pediatric resident core curriculum conference</td>
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<td>9 - 12 Audiology (1 session)</td>
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<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 - 5 Pediatric Grand Rounds Visiting Professors Radiology Case Presentations and Discussions</td>
<td>1:30 - 5:00 Pediatric Ambulatory Clinic</td>
<td>1:30 - 3:00 Pediatric Ambulatory Clinic</td>
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<td>1:30 - 5:00 Learning Disorder Clinic (2 sessions)</td>
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<td>3:30 - 5:00 Pediatric Cardiology Conf.</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Not required to be present on weekends and bonafide 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-Onc, and Special Problems.
Advanced Clinical Clerkship

Location: CHS

1998-99

COURSE CHAIR: James D. Korb, M.D.
PHONE #: (310) 825 4128

LEARNING OBJECTIVES (in order of importance)
1. Increase skill in history taking, physical examinations, and oral presentations on pediatric patients.
2. Obtain broad exposure to pediatric problems that can be encountered in a subspecialty clinic.
3. Gain a better understanding of the role of the consulting subspecialist.

SUPPORTING FACULTY:
Stuart Slavin, M.D., Alfred J. Pennisi, M.D.

STUDENT COORDINATOR: Ava Yajima
PHONE #: (310) 825 4128

REPORT TO: Medical Education, Pediatrics; 12-355 MDCC

PREREQUISITES: Core Pediatrics Clerkship

AVAILABLE TO EXTERN: Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 4 weeks

1998-99 ELECTIVES BEGIN WEEKS:
weeks: 1, 5, 9, 13, 17, 21, 25, 29, 33, 37, 41, 45, 49.

DESCRIPTION: The objective of this course is to provide exposure to various outpatient subspecialties, with a primary emphasis on assessing clinical conditions for which specialists are consulted by a General Pediatrician.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Heart murmurs
2. Dysmorphic features
3. Diabetes mellitus
4. Chronic diarrhea/constipation
5. Hematuria/proteinuria
6. Asthma/allergic rhinitis
7. Seizures
8. Well child care of the adolescent

INPATIENT: 0%
OUTPATIENT: 100%
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: 60
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: Not known

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>Cardiology</td>
<td>Hematology/Oncology</td>
<td>Nephrology</td>
<td>Endocrinology</td>
<td>8:00 - 9:00 Grand Rounds</td>
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<tr>
<td>PM</td>
<td>Genetics</td>
<td>Gastroenterology</td>
<td>Allergy</td>
<td>Neurology</td>
<td>Adolescent Medicine</td>
</tr>
</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: None

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: None
Advanced Clinical Clerkship  

Location: CS  

1998-99

LEARNING 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.

DESCRIPTON: The newly established 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

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

INPATIENT: 50%
OUTPATIENT: 50%
CONSULTATION: 90%
PRIMARY CARE: 10%
CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
X OTHER Dialysis nurses/Transplant coordinators/nurses

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 10
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 20

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>7:30 Work Rounds</td>
<td>7:30 Work Rounds</td>
<td>7:30 Work Rounds</td>
<td>7:00 Work Rounds</td>
<td>7:30 Work Rounds</td>
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<td></td>
<td>8:00 Combined Adult/Peds nephrology case conference</td>
<td>8:30 Nephrology Grand Rounds (peds case conference)</td>
<td>8:30 Renal Immunology Lab Rounds</td>
<td>7:30 Nephrology (peds/adult) Journal Club</td>
<td>8:30 Peds Lab Rds</td>
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<td></td>
<td>9:00 Peds. Neph.Clinic</td>
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<tr>
<td>PM</td>
<td>12:00 Peds Conf</td>
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<td>1:00 Transplant Rds</td>
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<tr>
<td></td>
<td>3:00 Core Curriculum</td>
<td>3:00 Core Curriculum</td>
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<td>4:00 Sign-out Rounds</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
LEARNING OBJECTIVES (in order of importance)

1. Improved skill in neurological examination
   a. Orderly approach to the history and physical examination.

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.)

6. Broader exposure to problems in neuroradiology, neurosurgery, and other specialties.

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

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<tbody>
<tr>
<td>AM</td>
<td>10:30</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>
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<tr>
<td></td>
<td>Pediatric Neurology ward rounds</td>
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<td>10:00 - 11:00 Ped Neuro topics seminar</td>
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<tr>
<td>PM</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>
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</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.
PE262.02 PEDIATRIC NEUROLOGY

Advanced Clinical Clerkship Location: CHS 1998-99

COURSE CHAIR: PHONE #: W. Donald Shields, M.D. (310)825-6196

LEARNING OBJECTIVES (in order of importance)
1. Develop skill in taking a history and performing an examination in children with neurologic disorders.
2. Learn the course of development, both normal and disturbed.
3. Learn the appropriate use of diagnostic tests such as EEG, CT, and MRI scans, EMG, etc.
4. Learn to deal with the psychological aspects of pediatric neurologic disease.

SUPPORTING FACULTY: Raman Sankar, M.D., Ph.D., Harry Chugani, M.D.

STUDENT COORDINATOR: PHONE #: Ava Yajima (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: 4, 6, 8 weeks

1998-99 ELECTIVES 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.

LEARNING OBJECTIVES (in order of importance)
1. Develop skill in taking a history and performing an examination in children with neurologic disorders.
2. Learn the course of development, both normal and disturbed.
3. Learn the appropriate use of diagnostic tests such as EEG, CT, and MRI scans, EMG, etc.
4. Learn to deal with the psychological aspects of pediatric neurologic disease.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Seizures
2. Developmental Delay
3. Head Injuries
4. Mental Retardation
5. Hydrocephalus
6. Cerebral Palsy

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

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 30-40
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 170

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>PM</td>
<td>11:30 - 1 Pediatric Epilepsy Surgery Conf.</td>
<td>12 - 1 Pediatric Neurology Conference</td>
<td>12 - 1 Pediatric Conference</td>
<td>12 - 1 Pediatric Neurology Conference (Case Presentation)</td>
<td>12 - 1 Pediatric Conference</td>
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<td>1 - 5 Outpatient Clinic</td>
<td>2 - 4 Pediatric Neuro. Inpt. Rounds</td>
<td>2 - 4 Epilepsy Surgery Conference</td>
<td>1 - 5 Outpatient Clinic</td>
<td>2 - 4 Pediatric Neuro. Inpt. Rounds</td>
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</table>

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.
Advanced Clinical Clerkship  
Location: CHS  
1998-99

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

SUPPORTING FACULTY: 
Hooshang Kangarloo, M.D., Theodore Hall, M.D., 
John Curran, M.D., Sjirk Westra, M.D.

STUDENT COORDINATOR: Ava Yajima   
PHONE #: (310)-825-4128

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

PREREQUISITES: Pediatrics and Radiology

AVAILABLE TO EXTERNS: yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 4 weeks

1998-99 ELECTIVES BEGIN WEEKS: 
1,5,9,13,21,25,29,33,37,41,45,49.

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

LEARNING 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.

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

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<tbody>
<tr>
<td>8:30 AM</td>
<td>Neonatal ICU conf. MRI case review</td>
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<td>12:00 PM</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 daily) Review of ACR teaching file.
PE305.01 PEDIATRIC ALLERGY/IMMUNODEFICIENCY/RHEUMATOLOGY

Subinternship

Location: CHS

1998-99

COURSE CHAIR: PHONE #:
Robert L. Roberts, M.D., Ph.D. (310) 825-4128

SUPPORTING FACULTY:
E. Ricard Stiehm, M.D., David Rawlings, M.D.

STUDENT COORDINATOR: PHONE #:
Ava Yajima (310) 825-4128

REPORT TO: 22-387 MDCC at 8:00am to the attending on call.

COURSE OBJECTIVES (in order of importance)
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
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.

PREREQUISITES: Pediatrics

AVAILABLE TO EXTERNALS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 4 weeks

1998-99 ELECTIVES BEGIN WEEKS: 1, 5, 9, 13, 17, 21, 25, 29, 33, 37, 41, 45, 49

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 and pulmonary clinic may be arranged. Students will also be asked to do a presentation at our Friday afternoon conference.

STUDENT EXPERIENCES

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

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

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

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 9:00 Pulmonary Clinic 12:00-1:00 Noon Conference</td>
<td>8:00-9:00 Morning Report (Wright Library) 9:00 MCIC Clinic 12:00-1:00 Noon Conference</td>
<td>8:00-9:00 Morning Report 9:00 Rheumatology Clinic 12:00-1:00 Noon Conference</td>
<td>8:00-9:00 Morning Report (Wright Library) 9:00 Immunology/CF Clinic (200 Medical Plaza, Suite 265) 12:00-1:00 Noon Conference</td>
<td>8:00-9:00 Grand Rounds (Moss A-level) Inpatient Rounds</td>
</tr>
<tr>
<td>PM</td>
<td>1:00 Immunology Clinic (200 Medical Plaza, Suite 265) Private Practice Clinic (TBA)</td>
<td>1:00 Allergy Clinic (200 Medical Plaza, Suite 265) 5:30 Allergy Journal Club (Monthly)</td>
<td>Olive View Clinic (1st &amp; 3rd Thursday of every month)</td>
<td>Immunology Case Reports at 1:15 pm</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: N/A

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
LEARNING OBJECTIVES (in order of importance)
1. Knowledge of common acute ambulatory pediatric problems, such as upper respiratory infections, otitis media, gastroenteritis, rashes, asthma, trauma, etc.
2. Improved history-taking and physical examination.
3. Medical judgment, analysis of medical data, and synthesis of information.
4. Techniques or procedures (e.g., lumbar punctures, arterial blood gas).
5. Interpretation of tests and special skills such as CBC, blood smears, urinalysis, Sed rate, electrolytes, blood gases, reading of x-rays.
6. Knowledge of drugs frequently used in pediatrics, such as antimicrobials, anticonvulsants, antipyretics, and bronchodilators.
7. Medical record keeping (e.g., data collection and recording, appropriate format for writing consultations).
8. Public health, environmental, and preventive medicine.
9. Improving the doctor-patient relationship.
10. Oral presentation of clinical cases.

DESCRIPTON: 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 a public health clinic.

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

TYPICAL WEEKLY SCHEDULE

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<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 Rds 8:30-12:00 Peds ED</td>
<td>8:00-8:30 Chart Rds 8:30-12:00 Peds ED</td>
<td>8:00-8:30 Chart Rds 8:30-12:00 Peds ED</td>
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<td>8:30-12:00 Peds ED</td>
<td>8:30-12:00 Peds ED Conf.</td>
<td>9:30-12:00 Peds ED</td>
<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>1:00-3:00 Peds ED</td>
<td>1:00-5:00 Public Health Clinic/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: One to two nights per week (4pm-12pm) and one weekend day.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: One day is spent in a public health clinic with emphasis on general pediatric illnesses. One day every two weeks is spent riding with a paramedic unit. One full day is spent with the Sheriff’s Department child abuse unit. One half day every week is spent in an adolescent clinic.
LEARNING 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 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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<tr>
<td>AM</td>
<td>8:00 - 9:00 Morning Report 9:00 - 10:00 Conference</td>
<td>8:00 - 9:00 Morning Report 9:00 - 12:00 Hematology - Oncology Clinic 10:00 Ward Rounds</td>
<td>8:00 - 9:00 Morning Report 9:00 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 Pediatric Grand Rounds 9:00 - 12:00 Hematology - Oncology Clinic</td>
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<td>1:30 - 2:30 BMT Team Rounds</td>
<td>2:00 - 4:00 Clinical Conference</td>
<td>Ward/pt Work</td>
<td>1:00 - 5:00 Clinic</td>
<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 CHAIR: Jo Ann Dawson, M.D., M.P.H. (310)-206-6217


LEARNING OBJECTIVES (in order of importance)
1. Knowledge of disease processes common to the college-age population.
2. Improvement of interviewing skills as applied to this age group.
4. Patient education and preventative medicine.
5. Proper analysis of medical data, synthesis of information, and development of medical judgment.
6. Awareness of factors external to facility that affect cost of medical care.
7. Awareness of issues unique to ambulatory Primary Care.
8. Skill in oral presentation.
9. Ability to function as part of the health care team.
10. Use of appropriate medical record format.

REPORT TO: Dr. Dawson, Student Health Svc, SE-21 Arthur Ashe Student Health & Wellness Center, first day of rotation (Clinic) 8:00 AM or before.

PREREQUISITES: Medicine, Obstetrics and Gynecology, Surgery

AVAILABLE TO EXTERN: yes

STUDENT COORDINATOR: Jo Ann Dawson, M.D., M.P.H. (310)-206-6217

DESCRIPTION: The purpose of the elective is to provide an educational experience in the delivery of health care to adolescents and young adults. Medical students will be offered an opportunity to be involved in primary care and attend various specialty clinics. The student will also have the opportunity to do a brief subject review of case discussion. Hours 8 to 5 weekdays.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Respiratory
2. Gastrointestinal problems
3. Trauma
4. Dermatologic
5. Allergic problem
6.
7.
8

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

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

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

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>8:00 -12:00 Primary care</td>
<td>Primary care</td>
<td>To be determined</td>
<td>Primary care</td>
<td>To be determined</td>
</tr>
<tr>
<td>PM</td>
<td>Primary care</td>
<td>To be determined</td>
<td>Primary care</td>
<td>Primary care</td>
<td>Primary care</td>
</tr>
</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
COURSE CHAIR: Betti Jo Warren, M.D. (310)-668-4647

SUPPORTING FACULTY: Christiansen, Singleton, Beard & 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: 4 weeks

1998-99 ELECTIVES BEGIN WEEKS: By Arrangement

DESCRIPTION:

LEARNING 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

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
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<tbody>
<tr>
<td>AM</td>
<td>7:30 - 8:30 Work Rounds</td>
<td>7:30 - 8:30 Work Rounds</td>
<td>7:30 - 8:30 Work Rounds</td>
<td>7:30 - 8:30 Work Rounds</td>
<td>7:30 - 8:30 Work Rounds</td>
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<tr>
<td></td>
<td>10:30 - 11:00 X-ray Rounds</td>
<td>8:30 - 9:30 Grand Rounds</td>
<td>10:30 - 11:00 X-ray Rounds</td>
<td>10:30 - 11:00 X-ray Rounds</td>
<td>8:30 - 9:30 Case Conference</td>
</tr>
<tr>
<td></td>
<td>11:00 - 12:30 Attending Rounds</td>
<td>10:30 - 11:00 X-ray Rounds</td>
<td>11:00 - 12:30 Ward Rounds</td>
<td>10:30 - 11:00 X-ray Rounds</td>
<td>10:30 - 11:00 X-ray Rounds</td>
</tr>
<tr>
<td></td>
<td>Patient Care</td>
<td>2:00 - 4:00 Rounds with student attending</td>
<td>Patient Care</td>
<td>2:00 - 4:00 Rounds with student attending</td>
<td>Patient Care</td>
</tr>
</tbody>
</table>

For example of Clinic schedule, see PE 312.

For example of Nursery schedule, see PE 316.

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 (Subspecialty and Acute Care).
PE350.03 AMBULATORY PEDIATRICS

Subinternship

Location: OVH

1998-99

COURSE CHAIR:  PHONE #:  
Dr. Rona Molodow  (818)-364-3233

LEARNING OBJECTIVES (in order of importance)
1. Increase skill in history taking and physical examinations in pediatric patients.
2. Diagnose simple as well as complex diseases.
3. Gain comfort with management of acute illnesses in the pediatric age group.
4. Gain experience in simple procedures, including suturing and splinting.

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

STUDENT COORDINATOR:  PHONE #:  
Lisa Alegria  (818)-364-3233

REPORT TO: Lisa Alegria, 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: 4 weeks

1998-99 ELECTIVES BEGIN WEEKS:
1, 5, 9, 13, 21, 25, 29, 33, 37, 41, 45, 49.

DESCRIPTION: The student will see patients in the Pediatric clinic 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 Trauma
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 FELLOWS
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

| Hour   | Monday                                                                 | Tuesday                                                              | Wednesday                                                            | Thursday                                                             | Friday                                                                |
|--------|------------------------------------------------------------------------|                                                                     |                                                                     |                                                                     |                                                                       |
| AM     | 7:30 - 8:30 Ward rounds 8:30 - 9:00 Review of ER cases 9:00 - 12:00 Clinical work | 7:30 - 8:30 Ward rounds X-ray conference 9:00 - 12:00 Clinical work | 7:30 - 8:30 Ward rounds Grand rounds 9:00 - 12:00 Clinical work | 7:30 - 8:30 Ward rounds 9:00 - 12:00 Clinical work | 7:30 - 8:30 Ward rounds X-ray conference 9:00 - 12:00 Clinical work |
| PM     | 1:00 - 5:00 Clinical work                                               | 12:00 - 1:00 Noon Conference                                         | 1:00 - 5:00 Clinical work                                           | 1:00 - 5:00 Clinical work                                           | 12:00 - 1:00 Noon Conference                                         |

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Per individual agreement.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
COURSE CHAIR: Martin Anderson, M.D., M.P.H. (310)-825-5744

SUPPORTING FACULTY: Robert Morris, M.D. (213)226-8801

STUDENT COORDINATOR: Ava Yajima (310)-825-4128

REPORT TO: Central Juvenile Hall, 8:00 AM.

PREREQUISITES: Medicine, Surgery, Pediatrics, Ob/Gyn helpful.

AVAILABLE TO EXTERNS: yes

STUDENTS / PERIOD: max 2 min

DURATION: 4 weeks

1998-99 ELECTIVES BEGIN WEEKS: 1, 5, 9, 13, 17, 21, 25, 29, 33, 37, 41, 45, 49.

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 juvenile hall the student will evaluate adolescents whose previous medical care has often been inadequate, and who have a myriad of previously undiagnosed acute and chronic medical problems, as well as the emotional and social problems of the disenfranchised adolescent.

LEARNING 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.

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

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
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<tbody>
<tr>
<td>AM</td>
<td>8:00 - 12:00</td>
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<tr>
<td></td>
<td>Culver City Youth Health Center or Central Juvenile Hall</td>
<td>Central Juvenile Hall</td>
<td>Central Juvenile Hall</td>
<td>Central Juvenile Hall</td>
<td>Central Juvenile Hall</td>
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<tr>
<td>PM</td>
<td>1:00 - 5:00</td>
<td>1:00 - 5:00</td>
<td>1:00 - 5:00</td>
<td>1:00 - 5:00</td>
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<td></td>
<td>San Fernando High School or Culver City Youth Health Center or Venice Family Clinic</td>
<td>Educational Sessions and Venice Family Clinic</td>
<td>Covenant House</td>
<td>Adolescent Medicine Clinic</td>
<td></td>
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</tbody>
</table>

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.
LEARNING 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.

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)

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

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<tbody>
<tr>
<td>AM</td>
<td>8:00 - 9:00 Outpatient Conference</td>
<td>8:00 - 9:00 Outpatient Conference</td>
<td>8:00 - 9:00 Outpatient Conference</td>
<td>8:00 - 9:00 Morning Report</td>
<td>8:00 - 9:00 Grand Rounds</td>
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<td></td>
<td>10:00 Primary Care Clinic</td>
<td>10:00 Primary Care Clinic</td>
<td>10:00 Primary Care Clinic</td>
<td>10:00 Primary Care Clinic</td>
<td>10:00 Primary Care Clinic</td>
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<tr>
<td>PM</td>
<td>12:00 - 1:00 Noon Conferences</td>
<td>12:00 - 1:00 Noon Conferences</td>
<td>12:00 - 1:00 Noon Conference</td>
<td>1:00 - 5:00 Primary Care Clinic</td>
<td>12:00 - 1:00 Adolescent Lect.</td>
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<tr>
<td></td>
<td>1:00 - 4:00 Primary Care Clinic</td>
<td>1:00 - 5:00 Primary Care Clinic</td>
<td>1:00 - 5:00 Continuity Clinic</td>
<td>1:00 - 5:00 Adolescent Clinic</td>
<td>1:00 - 2:00 Derm.</td>
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<td><strong>SEE ADDITIONAL</strong></td>
<td>COMMENTS BELOW</td>
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</table>

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.
LEARNING OBJECTIVES (in order of importance)
1. To acquire knowledge of common pediatric outpatient problems, such as acute purulent otitis media, pneumonia, colds, diarrhea, and vomiting, etc.
2. To delineate the pathophysiology of common pediatric outpatient problems.
3. To improve in history-taking/recording skills.
4. To perform and record an improved physical exam.
5. To improve medical judgment in common pediatric outpatient problems.
6. To perform technical procedures instrumental in diagnosing and managing common pediatric outpatient problems, e.g., lumbar puncture, arterial blood gas sampling, intravenous fluid administration, etc.
7. To counsel parents/patients about common pediatric problems.
8. To recognize when a pediatric patient requires hospitalization.
9. To present cases orally.
10. To improve in interpretation of literature.

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

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>7:30 - 12:30 Episodic Area</td>
<td>8:30 - 9:30 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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<tr>
<td></td>
<td></td>
<td>Hudson Auditorium</td>
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<td></td>
<td></td>
<td>7:30 - 12:30 Subspecialty Clinic</td>
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<td>7:30 - 12:30 Episodic Area</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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<tr>
<td></td>
<td></td>
<td>1:30 - 5:00 Subspecialty Clinic</td>
<td></td>
<td>1:30 - 5:00 Episodic Area</td>
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<td>1:30 - 5:00</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.
**AMBULOATORY PEDIATRICS SUBINTERNSHIP**

**COURSE CHAIR:**
Rona Molodow, M.D.  (310) 794-2169

**SUPPORTING FACULTY:**
Drs. J. Korb, M. Anderson, S. Slavin, W. Slusser, J. Fricker

**STUDENT COORDINATOR:**
Ava Yajima  (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:**
4 weeks

**1998-99 ELECTIVES BEGIN WEEKS:**
weeks: 1,5,9,13,17,21,25,29,33,37,41,45,49

**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.

**LEARNING OBJECTIVES (in order of importance):**
1. Increase skill in history taking and examination of sick and well pediatric patients.
2. Improve ability to diagnose simple and complex diseases.
4. Perform independent study in issues in Community Health.

**STUDENT EXPERIENCES**

<table>
<thead>
<tr>
<th>COMMON PROBLEMS/DISEASES</th>
<th>INPATIENT: 0%</th>
<th>CLOSE CONTACT WITH:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Respiratory Tract Disease</td>
<td></td>
<td>X FULL TIME FACULTY</td>
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<tr>
<td>2. Gastrointestinal Disease</td>
<td></td>
<td>X CLINICAL FACULTY</td>
</tr>
<tr>
<td>3. Dermatologic Disease</td>
<td></td>
<td>X FELLOWS</td>
</tr>
<tr>
<td>4. Minor Trauma</td>
<td></td>
<td>X RESIDENTS</td>
</tr>
<tr>
<td>5. Communicable Diseases</td>
<td></td>
<td>X INTERNS</td>
</tr>
<tr>
<td>6. Child Abuse</td>
<td></td>
<td>OTHER</td>
</tr>
<tr>
<td>7. Developmental Delay</td>
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<td></td>
</tr>
<tr>
<td>8. Well Child Care</td>
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</table>

**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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<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>9:00 - 12:00 Pediatrics Clinic, Venice Family Health Clinic</td>
<td>Independent Study</td>
<td>9:00 - 12:00 Pediatrics Clinic, Burke Comprehensive Health Center</td>
<td>9:00 - 12:00 Pediatrics Clinic, Venice Family Health Clinic</td>
<td>8:00 - 9:00 Grand Rounds UCLA</td>
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<td>9:00-12:00 Pediatrics Clinic, Burke Comprehensive H.C.</td>
</tr>
<tr>
<td>PM</td>
<td>1:00 - 5:00 Pediatrics Clinic, Burke Comprehensive Health Center</td>
<td>Independent Study</td>
<td>1:00 - 5:00 Adolescent Clinic, Venice Family Health Clinic</td>
<td>9:00 - 12:00 Pediatrics Clinic, Burke Comprehensive Health Center</td>
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</tr>
</tbody>
</table>
PE360.01  PEDIATRIC NEPHROLOGY

Subinternship  Location:  CHS  1998-99

COURSE CHAIR:  PHONE #:  LEARNING OBJECTIVES (in order of importance)
Ora Yadin, M.D.  (310) 206-6987  1. Diagnosis and treatment of pediatric patients with a variety of
SUPPORTING FACULTY:  renal diseases
Pediatric Nephrology Faculty

STUDENT COORDINATOR:  PHONE #:  2. Technique of renal biopsy and interpretation of biopsy material
Ava Yajima  (310)-825-4128  3. Technique of peritoneal dialysis

REPORT TO:  4. Technique of hemodialysis
Pediatric Education Office, 12-335 MDCC, 8:00 AM.

PREREQUISITES:  Pediatrics, Medicine, Surgery

AVAILABLE TO EXTERNALS:  yes

STUDENTS / PERIOD:  max 1  min 1

DURATION:  4 weeks

1998-99 ELECTIVES BEGIN WEEKS:
1, 5, 9, 13, 17, 21, 25, 33, 37, 41, 45, 49.

DESCRIPTION:

LEARNING 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

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>
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<tr>
<th>Hour</th>
<th>Monday</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>7:30 - 8:30 Pediatric Urology/Radiology Conference (every other week) Pediatric Reading Room 8:30 - 12 Transplant Clinic - 200 Med Plaza</td>
<td>7:00 Patient Dropoff 4th Tues, Bakersfield Clinic, CHS 1st floor 7:30 - 8:30 2nd Wednesday Urology/Peds Nephrology/Radiology Conf - 200 Medical Plaza, Pediatric Nephrol. Case Conf &amp; Journal Club (every Tues, 200 Med Plaza, 5th Fl, Conf Rm)</td>
<td>7:45 1st Thursday of month: Ventura Clinic; CHS 1st fl Patient Dropoff 7-8 Combined Nephrol. Gr. Rds-WLA Va Bldg. 500, Rm 3400 9 - 12 Peritoneal Dialy. Clinic, 200 Med Plaza</td>
<td>7:15-8:15 Nephrology Core Conference - WLA VA (all Fellows to attend) 9:00 -11:00 Attending Rounds 3rd Floor</td>
<td>1:00 - 2:00 Patient Signout Rounds</td>
</tr>
<tr>
<td>PM</td>
<td>1:30 - 3:00 Post-Transplant Clinic Conf Pediatric Nephrology Fellows Conf. Room 3 - 4 Rounds</td>
<td>1:30 - 5:00 General Nephrology Clinic Post-Clinic Conf. Pediatric Nephrology Dr. Yadin’s Office MDCC A2-337</td>
<td>1:30 - 5:00 Peritoneal Dialysis Post-Clinic Conference - 200 Medical Plaza</td>
<td>1:00:00-2:00 Patient Signout Rounds</td>
<td></td>
</tr>
</tbody>
</table>

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.
PE420.01 PEDIATRIC CRITICAL CARE SUBINTERNSHIP

Subinternship/Inpatient Location: HARBOR 1998-99

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

SUPPORTING FACULTY:

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

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

PREREQUISITES: Pediatrics, Medicine, and Surgery

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 2-4 weeks

1998-99 ELECTIVES 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.

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 CLINICAL FACULTY
X FELLOWS
X RESIDENTS
OTHER

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

TYPICAL WEEKLY SCHEDULE

<table>
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<tr>
<th>Hour</th>
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<tbody>
<tr>
<td>AM</td>
<td>7:30 - 9:30 Rds &amp; Pt Care 9:30 Morning Report 10:30 - 11:00 X-Rays</td>
<td>7:30 - 9:30 Rds &amp; Pt Care 9:30 Chief Rds 10:30 - 11:00 X-Rays</td>
<td>7:30 - 9:30 Rds &amp; Pt Care 9:30 Chief Rds 10:30 - 11:00 X-Rays</td>
<td>7:30 - 8:30 Rds &amp; Pt Care 8:30 Dept. Grand Rounds 9:30 Chief Rds 10:30 - 11:00 X-Rays</td>
<td>7:30 - 8:30 Rds &amp; Pt Care 8:30 Dept. Grand Rounds 9:30 Chief Rds 10:30 - 11:00 X-Rays</td>
</tr>
<tr>
<td>PM</td>
<td>1:00 - 4:00 Patient Care 4:00 - 5:00 Evening Rounds</td>
<td>1:00 - 4:00 Patient Care 4:00 - 5:00 Evening Rounds</td>
<td>12:00 - 1:00 Div Critical Care Lecture Series 1:00 - 4:00 Patient Care 4:00 - 5:00 Evening Rounds</td>
<td>1:00 - 4:00 Patient Care 4:00 - 5:00 Evening Rounds</td>
<td>1:00 - 4:00 Patient Care 4:00 - 5:00 Evening Rounds</td>
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</table>

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:
LEARNING 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.

COMMON PROBLEMS/DISEASES
1. Acute respiratory disease, e.g., asthma
2. Acute/chronic GI
3. Meningitis/Sepsis
4. Neurologic disorders
5. Post-op surgical
6.
7.
8.

TEST EXPERIENCES
- OUTPATIENT: 0%
- CONSULTATION: 0%
- PRIMARY CARE: 100%

CLOSE CONTACT WITH:
- FULL TIME FACULTY
- CLINICAL FACULTY
- FELLOWS
- RESIDENTS
- INTERNS
- OTHER Social workers, Pharmacists, Respiratory Therapists

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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<tbody>
<tr>
<td>AM</td>
<td>7:30 - 8:00 Work rounds 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 Work rounds 8:00 - 9:00 Morning report 9:00 - 10:30 Attending rounds</td>
<td>7:30 - 8:00 Work rounds 8:00 - 9:00 Morning report 9:00 - 10:30 Attending rounds</td>
<td>7:30 - 8:00 Work rounds 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>
<td>12:00 - 1:00 Noon conference</td>
<td>12:00 - 1:00 Noon conference Pediatric case conference Patient care on ward</td>
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<td>12:00 - 1:00 Noon conference</td>
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<tr>
<td></td>
<td>Patient care on ward</td>
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<td>Patient care on ward</td>
<td>Patient care on ward</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: *Must be taken in consecutive weeks. For a 4 week course, list 2 consecutive time blocks; for a 6 week course, list 3 consecutive time blocks. Use INCLUSION GROUPS when pairing consecutive weeks.

(p.24)
Subinternship\Inpatient

Location: CS

COURSE CHAIR: Lee Todd Miller, M.D.
Lloyd J Brown, M.D.

PHONE #: (310)-855-4467
(310)-855-4467

LEARNING 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.

LEARNING OBJECTIVES (in order of importance)

SUPPORTING FACULTY:
David Rimoin, M.D., Ph.D., Kate Perkins, M.D., Ph.D.

STUDENT COORDINATOR:
Lisa Payne

PHONE #: (310)-855-4780

REPORT TO:
Lisa Payne at Room 4411, North Tower 8:30 am.

AVAILABLE TO EXTERNS: yes

PREREQUISITES:
Pediatrics, Medicine, Surgery

STUDENTS / PERIOD: max 2 min 1

DURATION: 4 weeks

1998-99 ELECTIVES BEGIN WEEKS:
1, 5, 9, 13, 21, 25, 29, 33, 37, 41, 45, 49

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 divided. 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. Sudden Anaphylaxis
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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<tr>
<td>AM</td>
<td>7:30 - 8:30 Work Rds</td>
<td>7:30 - 8:30 Work Rds</td>
<td>7:30 - 8:30 Work Rds</td>
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<td>7:30 - 8:30 Work Rds</td>
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<td>8:45 - 10 Morning Report and Attending Rounds</td>
<td>8:45 - 10 Morning Report and Attending Rounds</td>
<td>8:45 - 10 Morning Report and Attending Rounds</td>
<td>8:45 - 10 Morning Report and Attending Rounds</td>
<td>8:45 - 10 Morning Report and Attending Rounds</td>
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<td>10:30 - 11 Radiology Teaching Conference</td>
<td>10:30 - 11 Radiology Teaching Conference</td>
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<td>10:30 - 11 Radiology Teaching Conference</td>
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<td>PM</td>
<td>12:00 Noon Teaching Conference</td>
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<td>2:30 - 3:30 Neurology 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>
<td>1:30 - 2:30 Program Director’s Attending Rounds</td>
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<td>12:00 Noon Teaching Conference</td>
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<td>10:30 - 11 Radiology Teaching Conference</td>
<td>10:30 - 11 Radiology Teaching Conference</td>
<td>10:30 - 11 Radiology 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 very regular basis for “small group” teaching sessions.
LEARNING OBJECTIVES (in order of importance)
1. Refine techniques of history and physical examination.
2. Improve concepts of patient evaluation and management.
3. Acquire proficiency with common pediatric procedures.
4. Improve oral presentations of patient problems and clinical issues.
5. Develop sophisticated differential diagnosis.
6. Improve methods for retrieval of pertinent data from biomedical literature.
7. Strengthen links between basic biomedical science and clinical pediatrics.
8. Consolidate concepts of psychosocial and preventative pediatrics.
9. Learn the important roles of all health care professionals.
10. Develop an understanding of comprehensive medical 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. Life threatening infections
6. Growth, developmental & nutritional disorders
7. Congenital heart disease

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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<tbody>
<tr>
<td>PM</td>
<td>New patient work-ups</td>
<td>New patient work-ups</td>
<td>New patient work-ups</td>
<td>New patient work-ups</td>
<td>New patient work-ups</td>
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</table>

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

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
LEARNING OBJECTIVES (in order of importance)

1. Knowledge of the pathogenesis, natural history, diagnosis and management of a number of common pediatric problems such as diarrhea and dehydration, meningitis, pneumonia, acute respiratory distress, and the common infectious diseases of childhood.

2. An understanding of the physiologic basis for fluid and electrolyte diagnosis and management in infancy and childhood; practical experience in pediatric fluid and electrolyte problems.

3. An understanding of the causes, presentation, diagnosis and management of failure to thrive, with emphasis on the environmental and social aspects of this disorder.

4. Knowledge of the pathogenesis, natural history, diagnosis and management of the common infectious diseases of childhood.

5. Experience in the performance of venipuncture, lumbar puncture, suprapubic puncture and direct arterial puncture in infants and children.

6. Knowledge of the interpretation of arterial and venous blood gases and their use in planning appropriate supportive respiratory therapy.

7. Improved history and physical examinations.

8. Medical record keeping.


DESCRIPTON: This elective provides an excellent opportunity to learn about the presentation, diagnosis and management of common acute pediatric disorders. The student will personally learn to manage a multitude of health problems with particular emphasis on the problems encountered in the inner city. Experience interacting with other members of the health care team as well as members of the family unit will be provided.

COMMON PROBLEMS/DISEASES

1. Diarrhea and dehydration
2. Failure to thrive
3. Asthma
4. Meningitis
5. Sickle cell anemia
6. Pneumonia
7. Head trauma
8. Sepsis neonatorum

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 Nurse, social workers, resp
therapists, occupational
therapists, etc.

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 16-24

TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 120

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>AM</th>
<th>PM</th>
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<tbody>
<tr>
<td>Monday</td>
<td>7:30 - 8:30 Morning report</td>
<td>1:30 - 2:30 M&amp;M Conference</td>
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<td></td>
<td>8:00 - 10:30 X-ray Rds</td>
<td>3 - 4:30 Patient Work-up</td>
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<td>10 - 12 Attending Rds</td>
<td>and Care</td>
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<td>10:00 - 10:30 X-ray Rds</td>
<td>4:30 - 5:50 Sign-out Rounds</td>
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<td>10 - 12 Attending Rds</td>
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<td>Tuesday</td>
<td>7:30 - 8:30 Work Rds</td>
<td>1:30 - 3 Conference with</td>
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<td>8:30 - 9:30 Grand Rds</td>
<td>Ward Attending</td>
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<td></td>
<td>10:00 - 10:30 X-ray Rds</td>
<td>Patient Work-up and Care</td>
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<td>10 - 12 Attending Rds</td>
<td>6:30 - 7:30 Sign-out Rounds</td>
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<td>Wednesday</td>
<td>7:30 - 8:30 Work Rds</td>
<td>1:30 - 3 Conference with</td>
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<td>8:30 - 9:30 Conference</td>
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<td>10:00 - 10:30 X-ray Rds</td>
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<td>10 - 12 Attending Rds</td>
<td>6:30 - 7:30 Sign-out Rounds</td>
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<td>Thursday</td>
<td>7:30 - 8:30 Work Rds</td>
<td>Patient Work-up and Care</td>
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<td>8:30 - 9:30 Conference</td>
<td>6:30 - 7:30 Sign-out Rounds</td>
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<td>Patient Work-up and Care</td>
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<td>8:30 - 9:30 Conference</td>
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<td>10:00 - 10:30 X-ray Rds</td>
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<td>10 - 12 Attending Rds</td>
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</table>
**Learning 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

**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

**Approximate # of Patients Evaluated Each Month/Student:** 15-25

**Total # of Patients Evaluated Each Month by Entire Service:** 200

**Typical Weekly Schedule**

<table>
<thead>
<tr>
<th>Hour</th>
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<tbody>
<tr>
<td>AM</td>
<td>7:30 - 8:30 Work Rounds w/Housestaff</td>
<td>7:30 - 8:30 Work Rounds w/Housestaff</td>
<td>7:30 - 8:30 Work Rounds w/Housestaff</td>
<td>7:30 - 8:30 Work Rounds w/Housestaff</td>
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<td>8:30 - 11 Patient workups and care</td>
<td>10 - 11 Pediatric Cardiac Conference</td>
<td>8:30 - 11 Patient workups and care</td>
<td>8:30 - 12 Patient workups and care</td>
<td>8:30 - 12 Patient workups and care</td>
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<td>11 - 12 Attending Rds</td>
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<td>11 - 12 Attending Rds</td>
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<td>11 - 12 Attending Rds</td>
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<tr>
<td>PM</td>
<td>12 - 1:30 Peer Review Conference</td>
<td>12 - 1:30 Resident Conference</td>
<td>2 - 4:30 Pediatric Grand Rounds</td>
<td>12 - 1:30 Resident Conference</td>
<td>12 - 1:30 Pediatric Resident Journal Club</td>
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<td>1:30 - 4 Patient workups and care</td>
<td>1:30 - 4 Patient workups and care</td>
<td>4:30 - 5:30 Sign out rounds with housestaff</td>
<td>1:30 - 4 Patient workups and care</td>
<td>1:30 - 4 Patient workups and care</td>
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<td>4 - 5 Sign out rounds with housestaff</td>
<td>4 - 5 Sign out rounds with housestaff</td>
<td>4 - 5 Sign out rounds with housestaff</td>
<td>4 - 5 Sign out rounds with housestaff</td>
<td>4 - 5 Sign out rounds with housestaff</td>
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</tbody>
</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.
Subinternship\Inpatient Location: CS 1998-99

COURSE CHAIR: PHONE #:  
Harold Amer, M.D. (310)-855-4780

SUPPORTING FACULTY:  
Keith Kimble, M.D., Ira Horowitz, M.D., Kathy Reynolds, M.D.

STUDENT COORDINATOR: PHONE #:  
Lisa Payne (310)-855-4780

REPORT TO:  
PICU, Department of Pediatrics, 7:45 AM.

PREREQUISITES:  
Medicine, Surgery, & Pediatrics

AVAILABLE TO EXTERNS: yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 4 weeks

1998-99 ELECTIVES BEGIN WEEKS:  
By Arrangement

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 all other conferences and activities are secondary and optional unless specifically relevant to critical care.

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: %
CONSULTATION: 
PRIMARY CARE: 100%

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

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 15
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 50

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>
</table>
| AM   | 7:30 Sign-In and Work Rounds  
8:00 ICU Attending Rounds  
10:00 X-Ray Review | 7:30 Sign in and Work Rounds  
8:00 ICU Attending Rounds  
8:30-9:30 Break for case conference  
10:00 X-Ray Review | 7:30 Sign-In and Work Rounds  
8:00 ICU Attending Rounds  
10:00 X-Ray Review | 7:30 Sign-In and Work Rounds  
8:00 ICU Attending Rounds  
10:00 X-Ray Review | 7:30 Sign-In and Work Rounds  
8:00 ICU Attending Rounds  
10:00 X-Ray Review |
| PM   | 12:00 Pediatric Conf.  
**patient care** | 12:00 Pediatric Conf.  
**patient care** | 12:00 Pediatric Conf. | 12:00 Pediatric Conf. | 12:00 Pediatric Conf. |
|      | 4:30 Sign-Out Rounds  
**patient care** | 4:30 Sign-Out Rounds  
**patient care** | 4:30 Sign-Out Rounds | 4:30 Sign-Out Rounds | 4:30 Sign-Out Rounds |

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. *Weeend Attending Rounds excuse all housestaff not on call.
LEARNING OBJECTIVES (in order of importance)

1. An understanding of the pathogenesis, natural history, presentation, diagnosis and management of a number of conditions for which intensive care is required during infancy and childhood such as airway obstruction (croup, epiglottis), respiratory failure, coma, status epilepticus and a variety of other conditions.

2. An understanding of the physiologic and biochemical bases of intervention with specific reference to support of the respiratory and cardiovascular systems.

3. An understanding of the monitoring process, including the equipment used, the measurement made, the indications of use, and interpretation of results.

4. An understanding of the basic physiologic principles of fluid and electrolyte diagnosis and management.

5. An understanding of the basic principles of infectious disease as applied to intensive care.

DESCRIPTION: This course offers the student an excellent opportunity to become familiar with those conditions requiring intensive care during infancy and childhood. The student will become familiar with monitoring procedures and intervention modalities with emphasis on critical care. In addition, the student will be able to select some of the topics covered.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES

1. airway obstruction
2. status epilepticus with respiratory distress
3. asthma
4. meningitis
5. sickle cell anemia
6. pneumonia
7. head trauma
8. sepsis

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 Nurse, social workers, resp therapists, occupational therapists, etc.

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 8 - 16
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 30

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>7:30 - 8:30 Morning Report</td>
<td>7:30 - 8:30 Work Rnds</td>
<td>7:30 - 8:30 Morning Report</td>
<td>7:30 - 8:30 Work Rnds</td>
<td>7:30 - 8:30 Morning Report</td>
</tr>
<tr>
<td></td>
<td>10:00 - 10:30 Attending Rds</td>
<td>8:30 - 9:30 Grand Rds</td>
<td>8:30 - 9:30 Conference</td>
<td>10:00 - 10:30 Attending Rds</td>
<td>8:30 - 9:30 Conference</td>
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<tr>
<td></td>
<td>10:00 - 10:30 Attending Rds</td>
<td>10:00 - 10:30 Attending Rds</td>
<td>10:00 - 10:30 Attending Rds</td>
<td>10:30 - 11 X-ray Rds</td>
<td>10:00 - 10:30 Attending Rds</td>
</tr>
<tr>
<td>PM</td>
<td>1:30 - 2:30 PICU IOP (2nd Monday)</td>
<td>1:30 - 3 Conference with ICU Attending</td>
<td>Patient Work-up and Care</td>
<td>1:30 - 3 Conference with ICU Attending</td>
<td>Patient Work-up and Care</td>
</tr>
<tr>
<td></td>
<td>1:30 - 2:30 PICU IOP (2nd Monday)</td>
<td>1:30 - 3 Conference with ICU Attending</td>
<td>Patient Work-up and Care</td>
<td>1:30 - 3 Conference with ICU Attending</td>
<td>Patient Work-up and Care</td>
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<td></td>
<td>1:30 - 2:30 PICU IOP (2nd Monday)</td>
<td>1:30 - 3 Conference with ICU Attending</td>
<td>Patient Work-up and Care</td>
<td>1:30 - 3 Conference with ICU Attending</td>
<td>Patient Work-up and Care</td>
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<tr>
<td></td>
<td>3 - 4:30 Patient Work-up and Care</td>
<td>4:30 - 5:00 Sign-out Rounds</td>
<td>Patient Work-up and Care</td>
<td>4:30 - 5:00 Sign-out Rounds</td>
<td>Patient Work-up and Care</td>
</tr>
<tr>
<td></td>
<td>4:30 - 5:30 Sign-out Rounds</td>
<td>4:30 - 5:30 Sign-out Rounds</td>
<td>Patient Work-up and Care</td>
<td>4:30 - 5:30 Sign-out Rounds</td>
<td>Patient Work-up and Care</td>
</tr>
</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: On call schedules one per three evenings

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
LEARNING OBJECTIVES (in order of importance)
1. Improved history and physical examination of critically ill children.
2. Synthesis of history, physical examination, and laboratory data into a differential diagnosis.
3. Ability to analyze condition of patient and make appropriate therapeutic plans for complex ICU problems.
4. Learn and/or improve procedures, including IV’s, lumbar puncture, arterial catheters, and intubation.
5. Improve patient presentations.
6. Integrate basic ventilator function into therapy of respiratory failure.
7. Utilize physiologic principles to guide clinical interventions.
8. Work as part of a health care team, utilizing other health care professionals as appropriate.
9. Appreciate cost effectiveness of various laboratory and radiologic examinations.
10. Understand psychosocial issues related to caring for critically ill children.

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

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

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<tbody>
<tr>
<td>AM</td>
<td>6:30 - 7:30 Pre-Rounds</td>
<td>6:30 - 7:30 Morning Rds</td>
<td>6 - 7 Pre-Rounds</td>
<td>6:30 - 7:30 Pre-Rounds</td>
<td>6 - 7 Pre-Rounds</td>
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<tr>
<td></td>
<td>7:30 - 10 Morning Rds</td>
<td>7:30 - 10 Morning Rds</td>
<td>7 - 8:30 &amp; 9 - 10:30</td>
<td>7:30 - 10 Morning Rds</td>
<td>7 - 8 &amp; 9 - 10:30</td>
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<tr>
<td></td>
<td>10 - 11:30 Patient Care</td>
<td>10 - 11:30 Patient Care</td>
<td>8:30 - 9 PICU Patient</td>
<td>10 - 11:30 Patient Care</td>
<td>8 - 9 Grand Rounds</td>
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<td>11:30 - 12 X-ray Rds</td>
<td>11:30 - 12 X-ray Rds</td>
<td>Presentation</td>
<td>11:30 - 12 X-ray Rds</td>
<td>10:30 - 11:30 Patient Care</td>
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<tr>
<td>PM</td>
<td>12 - 1 Peds Noon Conf.</td>
<td>12 - 1 Peds Noon Conf.</td>
<td>12 - 1 Peds Noon Conf.</td>
<td>1 - 5 Patient Care</td>
<td>12 - 1 Peds Noon Conf.</td>
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<tr>
<td></td>
<td>1 - 2 &amp; 3 - 5 Patient</td>
<td>1 - 2 &amp; 3 - 5 Patient</td>
<td>1 - 2 &amp; 3 - 5 Patient</td>
<td>5 - 6:30 Evening Rds</td>
<td>1 - 2 Patient Care</td>
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<tr>
<td></td>
<td>Care</td>
<td>Care</td>
<td>Care</td>
<td>Rds</td>
<td>2 - 3 PICU Lecture</td>
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<td>2 - 3 PICU Lecture</td>
<td>2 - 3 PICU Lecture</td>
<td>2 - 3 PICU Lecture</td>
<td>5 - 6:30 Evening Rds</td>
<td>2 - 3 PICU Lecture</td>
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<td>5 - 6:30 Evening Rds</td>
<td>5 - 6:30 Evening Rds</td>
<td>5 - 6:30 Evening Rds</td>
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<td>5 - 6:30 Evening Rds</td>
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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.
LEARNING OBJECTIVES (in order of importance)
1. Learn major newborn diseases: pathophysiology, treatment, outcome.
2. Learn most frequent procedures: resuscitation, intubation, umbilical artery placement, venipuncture, I.V. placement, thoracentesis, chest tube placement, exchange transfusion.

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
X 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

<table>
<thead>
<tr>
<th>Hour</th>
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<th>Tuesday</th>
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<tbody>
<tr>
<td>AM</td>
<td>8:00 Work Rounds &amp; Attending Rounds</td>
<td>7:30 Work Rounds &amp; Attending Rounds</td>
<td>8:00 Work Rounds &amp; Attending Rounds</td>
<td>8:00 Work Rounds</td>
<td>7:30 Work Rounds</td>
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<tr>
<td></td>
<td>10:00 -12:00 NICU Work</td>
<td>8:30 Resident Conference</td>
<td>10:00 -12:00 NICU Work</td>
<td>10:00 - 12:00 NICU Work</td>
<td>8:00 Grand Rounds</td>
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<td>10:00 -12:00 NICU Work</td>
<td>10:00 - 12:00 NICU Work</td>
<td>10:00 - 12:00 NICU Work</td>
<td>10:00 - 12:00 NICU Work</td>
<td>10:00 - 12:00 NICU Work</td>
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<tr>
<td>PM</td>
<td>1:30 X-ray Conference</td>
<td>1:30 X-ray Conference</td>
<td>1:30 X-ray Conference</td>
<td>1:30 X-ray Conference</td>
<td>1:30 X-ray Rounds</td>
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<td>1:30 X-ray Conference</td>
<td>1:30 X-ray Conference</td>
<td>1:30 X-ray Conference</td>
<td>1:30 X-ray Conference</td>
<td>1:30 X-ray Rounds</td>
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</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: One week of night duty (8:00pm - 9:30 am)

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
LEARNING 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

DESCRIPTON:
STUDENT EXPERIENCES
COMMON PROBLEMS/DISEASES
1. Hyperbilirubinemia
2. Prematurity
3. Respiratory distress
4. Neonatal infection
5. Congenital anomalies
6. Birth asphyxia/trauma
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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<tr>
<th>Hour</th>
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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>9:30 - 10:30 Attending Rounds</td>
<td>8:30 - 9:30 Pediatric Grand Rounds</td>
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<tr>
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<td>6:30 - 8:30 Attending Rounds</td>
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<tr>
<td>PM</td>
<td>2 - 4 Physical Examination and Progress Note Completion</td>
<td>12:00 Didactic Academic Conference</td>
<td>2 - 4 Physical Examination and Progress Note Completion</td>
<td>10 - 11 Discharge Planning Conference</td>
<td>12:00 Didactic Academic Conference</td>
</tr>
<tr>
<td></td>
<td>12:00 - 2:00 Didactic Conference</td>
<td>2 - 4 Physical Examination and Progress Note Completion</td>
<td>1:00 - 2:00 Didactic Conference</td>
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<td></td>
<td>8:30 - 9:30 Attending Rounds</td>
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</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Every fourth night call

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
COURSE CHAIR: Steven D. Woods, M.D.  (213)-783-5311

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

STUDENT COORDINATOR: Beatriz Clark  (213)-783-1432 or 4516

REPORT TO: Steven D. Woods, M.D., 4700 Sunset Blvd. #4B, (213) 783-8813 at 9:00 AM.

PREREQUISITES: Pediatrics, OB/GYN

AVAILABLE TO EXTERNS: yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 4 weeks

1998-99 ELECTIVES BEGIN WEEKS: 1,5,9,13,17,21,25,29,33,37,41,45,49 and other dates by special arrangement.

DESCRIPTION: Students will assume responsibilities of an acting PL1 on the lower acuity care service. Other members of the service may include pediatric, family practice, and obstetrical interns, and an attending neonatologist.

LEARNING OBJECTIVES (in order of importance)
1. Clinical assessment of newborn infants
2. Delivery Room experience with emphasis on neonatal resuscitation and stabilization of the sick newborn
3. Diagnosis and management of the acutely ill newborn
4. Continuing care of premature infants
5. Improved clinical judgment, synthesis of information, and skill at common procedures
6. Pharmacology of commonly used drugs in infants

LEARNING OBJECTIVES (in order of importance)

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%
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 See Additional Comments

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

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

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
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</thead>
<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>
<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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<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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<tr>
<td>PM</td>
<td>12:00 - 1:30 Pediatric Conference</td>
<td>12:00 - 1:30 Pediatric Conference</td>
<td>12:00 - 1:30 Pediatric Conference</td>
<td>12:00 - 1:30 Pediatric Conference</td>
<td>12:00 - 1:30 Pediatric Conference</td>
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<td>4:30 Sign-out rounds</td>
<td>4:30 Sign-out rounds</td>
<td>4:30 Sign-out rounds</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 are: Ped-Nurse Practitioners, Ped-Social Workers, Ped-Nutritionists, Respiratory Therapists.
LEARNING 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, postsurgical 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

DESCRIPTON:

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

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

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
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<tbody>
<tr>
<td>PM</td>
<td>High Risk Neonatal Follow-up Clinic</td>
<td>Patient Care</td>
<td>Patient Care Faculty Teaching Rounds</td>
<td>Faculty Teaching Rds. Patient Care</td>
<td>Faculty Teaching Rounds</td>
</tr>
</tbody>
</table>

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:
LEARNING OBJECTIVES (in order of importance)
1. Given a maternal history, evaluate the potential risk to the neonate
2. Perform a physical examination recognizing abnormal signs including gestational (age assessment and congenital defects screen)
3. Recognize the major causes of prenatal asphyxia and be able to provide appropriate newborn resuscitation in Labor and Delivery
4. Given a history and physical on a sick newborn, be able to develop an appropriate differential diagnosis and care plan
5. Provide ongoing daily care for sick newborns and growing premature infants
6. Gain expertise in management of acute respiratory failure, including blood gases and conventional and high frequency ventilation
7. Provide education, including nutrition and normal developments to parents

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

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%

OUTPATIENT: 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: 150

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

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>Work Rounds NICU Conference</td>
<td>Work Rounds NICU Conference</td>
<td>Work Rounds NICU Conference</td>
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<td>Neonatal Attending Rounds Patient Care</td>
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<td>PM</td>
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<tr>
<td></td>
<td>Student Conference</td>
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<td>Student Conference</td>
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</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: On call once a week until midnight. No weekends

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
COURSE CHAIR:  
J. Usha Raj, M.D.  
PHONE #: (310)-222-1963

SUPPORTING FACULTY:  
Rosemary Leake, M.D., Lynne Berry, 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 EXTERNS: yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 4 weeks

1998-99 ELECTIVES BEGIN WEEKS:  
1, 5, 9, 13, 17, 21, 25, 29, 33, 37, 41, 45, 49.

LEARNING 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 INTERNES
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>
<th>Thursday</th>
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<tbody>
<tr>
<td>AM</td>
<td>OB Case Conference</td>
<td>Work Rounds</td>
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<td>Patient Care</td>
<td>Perinatal Case Conf.</td>
<td>Grand Rounds</td>
<td>Chief’s Rounds</td>
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<td>Neonatal X-ray Conf.</td>
<td>Patient Care</td>
<td>Neonatal X-ray conf.</td>
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<td>Faculty Attending Rounds</td>
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<tr>
<td>PM</td>
<td>High Risk Neonatal Follow-up Clinic</td>
<td>Faculty Attending Rounds</td>
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<td>Patient Care</td>
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<td>Patient Care</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: