PREREQUISITES: Pediatrics and Medicine

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

STUDENT COORDINATOR: PHONE #:
Kesha Eason (310) 825-4128
E-MAIL: keason@mednet.ucla.edu

PE210.01 PEDIATRIC CARDIOLOGY
Advanced Clinical Clerkship Location: CHS

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

SUPPORTING FACULTY: Full-time faculty in Cardiology

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 3 min 1

DURATION: 3 weeks

2003-2004 ROTATIONS BEGIN WEEKS: By Arrangement

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

STUDENT EXPERIENCES

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

INPATIENT: 0%
OUTPATIENT: 100%
CONSULTATION: 25%
PRIMARY CARE: 75%
CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
INTERNS
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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<th>Hour</th>
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<tr>
<td>AM</td>
<td>7:00 Case Discussion Conference 8:30 Combined Fac/Cardiology Clinic</td>
<td>7:30 Echo Conference 8:30 Cardiology Clinic - Combined Fac/Cardiology Clinic</td>
<td>7:00 Quality Improvement conf. (1st Wed./month) 7:30 Cath Conf. Combined Fac/Cardiology Clinic</td>
<td>Pre-Op Conference Ped/Cardiology Clinic @ Olive View Med Ctr. Cardiac Catheterization</td>
<td>Transplant Conference Pediatric Grand Rds Cardiology Clinic Cardiac Catheterization</td>
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<tr>
<td>PM</td>
<td>13:00 Didactic Conf. In-Patient, Cath, or Echo Observations</td>
<td>In-Patient, Cath or Echo Observations 1300 - 1400 Journal Club Adult CHD Clinic @ 13:00</td>
<td>15:00 Patient Presentation Conference w/Dr. Perloff</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: *See additional comments

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

COURSE OBJECTIVES (in order of importance)
1. Identify and understand the health, including psychosocial, issues of the young adult university population, such as sports medicine, nutrition, skin and chronic health issues.
2. Learn about the organizational factors that influence delivery of care in a managed care setting.
3. Learn the components of quality care for this population.
4. Learn to function on a health care team.
5. Further development of medical judgement, gathering, analyzing, synthesizing information to apply to the needs of the patient.
7. Apply interview skills and other clinical skills in a time-sensitive ambulatory environment.
8. Participate in outreach programs.
COURSE CHAIR:  Barry G. Baylen, M.D.  
PHONE #:  (310) 222-4000

SUPPORTING FACULTY:  
Dr. George C. Emmanouilides and Dr. Wyman R. Owens

STUDENT COORDINATOR:  Iris Mau  
PHONE #:  (310) 222-2301  
E-MAIL:  huclapeds@aol.com

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

PREREQUISITES:  Pediatrics, Medicine, Surgery

AVAILABLE TO EXTERNS:  Yes

STUDENTS / PERIOD:  max 2 min 1

DURATION:  3 weeks

2003-2004 ROTATIONS BEGIN WEEKS:  
2,5,8,11,14,17,20,27,30,33,36,39,42,45,48

COURSE OBJECTIVES (in order of importance)

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

2. Obtain history and physical examination on pediatric cardiac patients.

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

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

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

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

DESCRIPTION:  The student is expected to participate in all activities of the Division of Pediatric Cardiology: on the wards, cardiac clinic, and laboratory. He/she functions as a subintern under supervision of a senior house officer who is assigned to the Division of Pediatric Cardiology. He/she participates in daily bedside rounds as well as 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>
<td>AM</td>
<td>8:30 - 9:30 Work Rounds</td>
<td>9:00 Cardiac Catheterization Lab</td>
<td>8:30 Combine Perinatal Cardiology Conference</td>
<td>8:30 Pediatric Grand Rounds</td>
<td>8:30 Clinical Case Conference</td>
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<td></td>
<td>9:30 - 12:00 Cardiology Clinic</td>
<td>1:00 Clinical Care Conference</td>
<td>9:00 Cardiac Catheterization</td>
<td>10:00 Attending Rounds</td>
<td>10:00 Attending Rounds</td>
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<tr>
<td></td>
<td>2:00 - 4:00 Cardiac Clinic Conference and Cardiac Surgery Conference</td>
<td>3:00 Cardiology Clinic Conference</td>
<td>1:00 Cardiology Clinic</td>
<td>12:00 Cardiology Case Conference</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.
COURSE OBJECTIVES (in order of importance)

To become familiar with the following:

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

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

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES

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

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

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

TYPICAL WEEKLY SCHEDULE

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

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: This elective provides an outstanding opportunity for the student to see a broad spectrum of endocrine disorders. The student participates in an organized program of conferences, outpatient clinics, subspecialty consultations, and attending rounds, supervised at all times by a senior endocrine fellow. The student also has significant contact with the full-time faculty.
PE225.03 PEDIATRIC ENDOCRINOLOGY


COURSE CHAIR: Phillip D.K. Lee, M.D., (310) 825-6244

SUPPORTING FACULTY: Drs. Pinchas Cohen, S. Douglas Frasier, Solomon Kaplan, and Kuk-Wha Lee

STUDENT COORDINATOR: Kesha Eason (310) 825-4128 E-MAIL: keason@mednet.ucla.edu

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

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2003-2004 ROTATIONS BEGIN WEEKS: By Arrangement

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

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

STUDENT EXPERIENCES

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

INPATIENT: 5% OUTPATIENT: 95% 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, Nurse Practitioners, Research Personnel

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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<tbody>
<tr>
<td>AM</td>
<td>9:30 - 12:00</td>
<td>8:00 - 12:00 Diabetes Or Obesity Clinic</td>
<td>8:00 - 12:00 Endocrine Clinic</td>
<td>8:00 - 12:00 Endocrine Or Diabetes Clinic</td>
<td>8:00 - 9:00 Pediatric Grand Rounds</td>
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<td>Journal Club</td>
<td>1:00 - 5:00 Endocrine Clinics</td>
<td>12:00 - 1:00 Joint Conf. w/ Internal Med. &amp; Gynecologic Endocrinology</td>
<td>1:00 - 5:00 Inpatient Ward Rounds, Free Time For Study and Charting</td>
<td>1:30 - 5:00 Inpatient Ward Rounds, Free Time for Study and Charting</td>
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<tr>
<td>PM</td>
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<td>1:00 - 5:00 Diabetes, Praderwilli and/or Growth Hormone Clinic</td>
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<td>1:30 - 5:00 Inpatient Ward Rounds, Chart Reviewing</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: N/A

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
**PE235.01  MEDICAL GENETICS**

**Advanced Clinical Clerkship**

**Location:** CHS

**2003-2004**

**1/02/2003**

<table>
<thead>
<tr>
<th>COURSE CHAIR:</th>
<th>PHONE #:</th>
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<tr>
<td>Stephen Cederbaum, M.D</td>
<td>(310) 825-0402</td>
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**SUPPORTING FACULTY:** W. W. Grody, M.D., Ph.D., E. McCabe, M.D., Ph.D., B. Crandall, M.D., K. Dipple, M.D., Ph.D.

**STUDENT COORDINATOR:**

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<th>PHONE #:</th>
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<tr>
<td>(310) 825-4128</td>
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**E-MAIL:** keason@mednet.ucla.edu

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

**PREREQUISITES:** Medicine and Pediatrics Clerkships

**AVAILABLE TO EXterns:** Yes

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

**DURATION:** 3 weeks

**2003-2004 ROTATIONS BEGIN WEEKS:**
By Arrangement

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

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

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

**STUDENT EXPERIENCES**

<table>
<thead>
<tr>
<th>COMMON PROBLEMS/DISEASES</th>
<th>INPATIENT:</th>
<th>OUTPATIENT:</th>
<th>CLOSE CONTACT WITH:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Defects</td>
<td>35%</td>
<td>65%</td>
<td>FULL TIME FACULTY</td>
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<tr>
<td>Mental Retardation</td>
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<td>CLINICAL FACULTY</td>
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<tr>
<td>Chromosome Disorders</td>
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<td>FELLOWS</td>
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<tr>
<td>Inborn Errors of Metabolism</td>
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<td>RESIDENTS</td>
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<tr>
<td>Genetic Neurological Disease</td>
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<td>INTERNS</td>
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<td>OTHER</td>
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**APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:** 6

**TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:** 25

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<th>TYPICAL WEEKLY SCHEDULE</th>
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<td><strong>Hour</strong></td>
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<td>PM</td>
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**ON-CALL SCHEDULE & WEEKEND ACTIVITIES:** There are no night or weekend call responsibilities

**ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:** Attempts are made to individualize the experience based upon the student’s background, interest, and plans for use of genetics in the future.
PREREQUISITES: None

STUDENT COORDINATOR: PHONE #: Carol Rivera (310) 222-3756
E-MAIL: crivera@rei.edu

REPORT TO: Dr. Henry J. Lin, Bldg. E-4, Division of Medical Genetics, Harbor, 9:00 AM.

PE235.02 MEDICAL GENETICS
Advanced Clinical Clerkship Location: HARBOR 2003-2004
12/5/2001

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

COURSE OBJECTIVES (in order of importance)
To gain experience and understanding with:
1. Expand fund of knowledge on the most common chromosomal, Mendelian (including biochemical), and sporadic malformation syndromes. Gain experience in the diagnosis and medical management of such patients, including newborn screening strategies and genetic counseling.
2. Become proficient in obtaining family histories and recognizing Mendelian patterns of inheritance (dominant, recessive, x-linked, mitochondrial).
3. Become proficient with assessment of dysmorphic features, including use of standard measurements and terminology.
4. Become familiar with laboratory tests used in clinical practice for diagnosis of genetic disorders, such as chromosomes, spectral karyotypes, FISH, DNS tests for specific mutations, and DNA sequencing tests.
5. Become familiar with standard textbooks, journals and electronic databases in medical genetics through performing literature searches and preparing discussions

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

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

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

STUDENT EXPERIENCES
COMMON PROBLEMS/DISEASES
INPATIENT: 50%
OUTPATIENT: 50%
CONSULTATION: 100%
PRIMARY CARE: 0%

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:
20/elective period

TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 60+

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>7:45 - 8:00 Morning Report</td>
<td>7:45 - 8:00 Morning Report</td>
<td>7:45 - 8:00 Morning Report</td>
<td>7:45 - 8:00 Morning Report</td>
<td>7:45 - 8:00 Morning Report</td>
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<td>10:00 - 10:30 Case Review with Attending</td>
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<td></td>
<td>Genetics Rounds (hour varies)</td>
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<tr>
<td>PM</td>
<td>Genetics Rounds (hour varies)</td>
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<td>12 noon Genetics Conference 1:30 - 2:00 Clinic Preview</td>
<td>1:00 – 5:00 Genetics Clinic</td>
<td>Genetics Rounds (hour varies)</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
PE235.03  MEDICAL GENETICS

Advanced Clinical Clerkship  Location:  CS  2003-2004
12/03/2002

COURSE CHAIR:  PHONE #:
John M. Graham, M.D., ScD.  (310) 423-9909

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

STUDENT COORDINATOR:  PHONE #:
Lisa Payne  (310) 423-4780
E-MAIL:  lisa.payne@cshs.org

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

AVAILABLE TO EXterns:  Yes

PREREQUISITES:

STUDENTS / PERIOD:  max 2  min 1

DURATION:  3 weeks

2003-2004 ROTATIONS BEGIN WEEKS:
2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48 (By Arrangement)

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

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

STUDENT EXPERIENCES

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

INPATIENT:  25%
OUTPATIENT:  75%
CONSULTATION:  100%
PRIMARY CARE:  0%

CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS (ONLY)
X OTHER:  Genetic Counselors

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:  25

TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:  125

TYPICAL WEEKLY SCHEDULE

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

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
PE240.01  PEDIATRIC HEMATOLOGY-ONCOLOGY

Advanced Clinical Clerkship  Location: HARBOR  2003-2004
12/5/2002

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

SUPPORTING FACULTY:  
Lance Sieger, M.D.

STUDENT COORDINATOR:  PHONE #:  E-MAIL:  
Iris Mau  (310) 222-2301  huclapeds@aol.com

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

PREREQUISITES:  Third Year Pediatrics

AVAILABLE TO EXTERN:  Yes

STUDENTS / PERIOD:  max 2 min 1

DURATION:  3 weeks

2003-2004 ROTATIONS BEGIN WEEKS:  
By Arrangement

COURSE OBJECTIVES (in order of importance)
1. Knowledge of the pathogenesis, natural history, clinical investigation, differential diagnosis, and management of children with Acute Leukemia, other malignancies, and hematological diseases.
2. The interpretation of laboratory studies in the diagnosis of hematologic and oncologic disorders.
3. Knowledge of the pharmacology of antineoplastic agents.
4. Familiarity with the pathophysiology of hematologic and oncologic disorders.
5. Familiarity with the psychosocial problems associated with life-threatening illnesses.
6. Diagnosis and management of complex and multi-system problems in the pediatric patient.
7. Medical decision making: Analysis of medical data and synthesis of information.
8. Knowledge of research techniques, including literature research and interpretation.
9. Familiarity with procedures (e.g., bone marrow aspiration, intrathecal drug administration, catheter care).

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

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES  INPATIENT:  40%  CLOSE CONTACT WITH:
1. Acute Leukemia/Lymphoma  OUTPATIENT:  60%  X FULL TIME FACULTY
2. Anemia -General Workup  CONSULTATION:  70%  CLINICAL FACULTY
3. Sickle Cell Anemia & Complications  PRIMARY CARE:  30%  FELLOWS
4. Common Childhood Solid Tumors  X RESIDENTS
5. Granulocyte Function Disorders  X INTERNS
6. Evaluation for Immunodeficiency  OTHER
7. Coagulopathies  
8. Neonatal Hematology  

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:  30

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

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>8:30 - 12:00 New Patients Work-up; Ward Rounds with Resident and Fellow</td>
<td>8:30 - 12:30 Pediatric Hematology/Oncology Clinic</td>
<td>8:30 - 12:00 New Patients Work-up; 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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<td></td>
<td>9:30 - 12:30 New Patients Work-up; Ward Rounds</td>
<td>10:00 - 12:00 Patient Planning Conference</td>
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<tr>
<td>PM</td>
<td>1:30 - 3:00 Attending Rounds; New Patient Work-up</td>
<td>1:30 - 2:30 Attending Rounds; New Patient Work-up</td>
<td>1:30 - 3:00 Attending Rounds</td>
<td>1:30 - 3:00 Combined Pediatric/Medical/Hematology Conf.</td>
<td>1:30 - 2:30 Attending Rounds</td>
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<td>3:00 - 4:30 Attending Rounds; New Patient Work-up</td>
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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.
PE240.02 PEDIATRIC HEMATOLOGY-ONCOLOGY

Advanced Clinical Clerkship

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

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

STUDENT COORDINATOR: Kesha Eason (310) 825-4128 E-MAIL: keason@mednet.ucla.edu

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

PREREQUISITES: Pediatrics

AVAILABLE TO EXTERNALS: Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2003-2004 ROTATIONS BEGIN WEEKS:
2,5,8,11,14,17,20,27,30,33,36,39,42,45,48

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

STUDENT EXPERIENCES

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

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

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 to review teaching materials and discuss specific subjects. The student will attend the various Division conferences and review topics of current interest with the group.
PE240.04  PEDIATRIC HEMATOLOGY-ONCOLOGY

Advanced Clinical Clerkship  Location: CS  2003-2004
1/28/2002

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

SUPPORTING FACULTY:
M. Kallus, M.D., L. Sloninsky, M.D., C. Hyman, M.D., N. Fischel-Ghodsian, M.D., C. Bajck, R.N., S. Arrighi, M.B.A.

STUDENT COORDINATOR:  Lisa Payne
PHONE #:  (310) 423-4780
E-MAIL:  lisa.payne@cshs.org

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

PREREQUISITES:  Medicine, Pediatrics

AVAILABLE TO EXTERNS:  Yes

STUDENTS / PERIOD:  max 1 min 1

DURATION:  3 weeks

2003-2004 ROTATIONS BEGIN WEEKS:
By Arrangement

DESCRIPTION:

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

STUDENT EXPERIENCES

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

INPATIENT:  30%  
OUTPATIENT:  70%  
CONSULTATION:  20%  
PRIMARY CARE:  80%  
CLOSE CONTACT WITH:
X  FULL TIME FACULTY
X  CLINICAL FACULTY
X  FELLOWS
X  RESIDENTS
X  INTERNS
X  OTHER  Nurses, Social Workers, Play Therapists

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:  100

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

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>9:00 - 10:30 Ward Rounds</td>
<td>8:30 - 9:30 Clinical Conference</td>
<td>8:30 - 10:30 Ward Rounds</td>
<td>8:30 - 9:30 Grand Rounds</td>
<td>8:30 - 10:00 Ward Rounds</td>
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<td>10:30 - 11:30 Hem.-Onc Team Conference</td>
<td>9:30 - 11:00 Ward Rounds</td>
<td>10:30 - 12:00 Hem.-Onc Clinic</td>
<td>9:30 - 11:00 Ward Rounds</td>
<td>10:00 - 11:00 Hem-Onc Clinic</td>
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<tr>
<td>PM</td>
<td>12:00 Housestaff/Student Conference</td>
<td>12:00 Housestaff/Student Conference</td>
<td>12:00 - 1:00 Tumor Board</td>
<td>12:00 Housestaff/StudentConference</td>
<td>12:00 Housestaff/StudentConference</td>
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<td>2:00 - 6:00 Hem.-Onc Clinic</td>
<td>2:00 - 6:00 Hem.-Onc Clinic</td>
<td>2:00 - 3:30 Hem-Onc Teaching Rounds</td>
<td>2:00 - 6:00 Hem.-Onc Clinic</td>
<td>3:00 - 4:00 Hem-Onc Rounds</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

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


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

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

SUPPORTING FACULTY:
Drs. Moshe Arditi and Ozlem Equils

STUDENT COORDINATOR:  PHONE #:
Lisa Payne  (310) 423-4780  E-MAIL: lisapayne@cshs.org

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

PREREQUISITES: Pediatrics

AVAILABLE TO EXTERNALS: Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2003-2004 ROTATIONS BEGIN WEEKS:
2,5,8,11,14,17,20,27,30,33,36,39,42,45,48

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

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Newborn infections
2. Pediatric HIV
3. Immuno compromised patients
4. Pneumonia
5. Septicemia
6. Meningitis
7. Endocarditis
8. Infections in intensive care patients
9. Infections in intensive care patients

INPATIENT: 70%
OUTPATIENT: 30%
CONSULTATION: 100%
PRIMARY CARE: 0%
CLOSE CONTACT WITH:
X FULL TIME FACULTY
X FELLOWS
X RESIDENTS
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: 65

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>Morning Report</td>
<td>Clinical Conference</td>
<td>Morning Report</td>
<td>Pediatric Grand Rounds</td>
<td>Morning Report</td>
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<td></td>
<td>Pediatric HIV Clinic</td>
<td>ID Clinic</td>
<td>ID Divisional Journal Club</td>
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<td>ID Clinic</td>
<td>ID Clinic</td>
<td>Weekly Consult Review</td>
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<td>ID Clinic</td>
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<tr>
<td>PM</td>
<td>12:00 - 1:00 Pediatrics Housestaff Conference</td>
<td>12:00 - 1:00 Pediatrics Housestaff Conference</td>
<td>12:00 - 1:00 Pediatrics Housestaff Conference</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: None

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

Advanced Clinical Clerkship  Location: CHS  2003-2004
12/05/2002

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

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

STUDENT COORDINATOR:  PHONE #:  (310) 825-4128
E-MAIL:  keason@mednet.ucla.edu

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

STUDENT COORDINATOR: PHONE #:
Kesha Eason  (310) 825 -4128
E-MAIL:  keason@mednet.ucla.edu

PREREQUISITES: None

AVAILABLE TO EXTERNALS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2003-2004 ROTATIONS BEGIN WEEKS:
2,5,8,11,14,17,20,27,30,33,36,39,42,45,48

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. They 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

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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<tbody>
<tr>
<td>AM</td>
<td>6:00 - 9:00 Intake Conference 9:30 - 10:15 Ward Rounds w/ ID Fellow 10:00 - 11:00 Rounds with Attending</td>
<td>8:00 – 9:00 Intake Conf.</td>
<td>8:00 - 9:00 Intake Conf. 9:30 - 10:15 Ward Rounds w/ID Fellow 10:00 – 11:00 Rounds with Attending 11:30 - 12:30 Micro Lab Rds, Brentwood</td>
<td>8:00 - 9:00 Intake Conf.</td>
<td>8:00 - 9:00 Grand Rounds 9:30 - 10:15 Ward Rounds w/ID Fellow 10:00 - 11:00 Rounds with Attending</td>
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<td>1:30 - 5:00 Patient Workups and Care</td>
<td>1:30 - 5:00 Patient Workups and Care</td>
<td>1:30 - 5:00 Patient Workups and Care</td>
<td>1:30 - 5:00 Patient Workups and Care</td>
<td>2:00 - 3:00 ID Research Conference 3:00 - 5:00 Patient Workups and Care</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: On call every day for new patient consultations. Night call and weekend call are to be arranged with fellow and attending physician.

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

Advanced Clinical Clerkship  Location:  HARBOR

COURSE CHAIR:  
Margaret A. Keller, M.D.  
PHONE #:  
(310) 222-4175

SUPPORTING FACULTY:  
Drs. J.I. Ward, K.M. Zangwill, B. Kennedy, M. Keller, S. Yeh

STUDENT COORDINATOR:  
Iris Mau  
PHONE #:  
(310) 222-2301  
E-MAIL:  huclapeds@aol.com

REPORT TO:  
Mary Magee, Lin Research Bldg., at 8:30 a.m.

PREREQUISITES:  
Pediatrics

AVAILABLE TO EXTERNS:  
Yes

STUDENTS / PERIOD:  
max 1 min 1

DURATION:  3 weeks

2003-2004 ROTATIONS BEGIN WEEKS:  
2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

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

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
INTERNS
OTHER

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

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>8:30 Consultations</td>
<td>8:30 Consultations</td>
<td>8:30 Consultations</td>
<td>8:30 Pediatric Grand Rounds</td>
<td>8:30 Chief's Rounds</td>
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<td>8:30 8:30 Immunodeficiency Clinic (2nd)</td>
<td>11:00 Consultations</td>
<td>10:00 Infectious Disease Clinic (1st &amp; 3rd)</td>
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<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>12:00 Attending Rounds</td>
<td>12:00 Clinical Case Reviews</td>
<td>1:00 Attending Rounds</td>
<td>12:00 Infectious Diseases Grand Rounds</td>
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<td>2:00 Attending Rounds</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

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


COURSE CHAIR:  PHONE #:  COURSE OBJECTIVES (in order of importance)
Stephen Taylor, M.D.  (213) 563-5952 (lab)
(310) 668-4870 (ofc)
1. To delineate the epidemiology, pathogenesis,
   pathophysiology, etiologic agents, clinical manifestations,
   and sequelae of common pediatric infectious disorders.

SUPPORTING FACULTY:  Dr. S. Shacks

STUDENT COORDINATOR:  PHONE #:  2. To obtain a working knowledge of the concept of the
Marilyn Jones  (310) 668-4664  immunocompromised host, e.g., AIDS, SCID, etc., and the
   resultant opportunistic infections.

PREREQUISITES: Core Pediatric Clerkship  3. To develop thought processes for the rational selection of

AVAILABLE TO EXTERNS: No  specific and empiric antibiotics.

STUDENTS / PERIOD: max 3 min 1  4. To appropriately evaluate a pediatric patient with a given

DURATION: 3 weeks  clinical presentation, e.g., fever of unknown origin,

2003-2004 ROTATIONS BEGIN WEEKS:  recurrent infections, TORCH infections, etc.
   By Arrangement

DESCRIPTION:

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES  INPATIENT: 80%  CLOSE CONTACT WITH:
1. Fever of unknown origin  X FULL TIME FACULTY
2. Meningitis  CLINICAL FACULTY
3. Pneumonia  X FELLOWS
4. Soft tissue infections  X RESIDENTS
5. Osteomyelitis/septic arthritis  X INTERNS
6. Immunocompromised hosts  OTHER
7. Mononucleosis syndromes
8. Torch infections

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 8-10

TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 50-70

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>9:00 - 10:00 Work Rounds on I.D. Consultations</td>
<td>8:00 - 9:00 Grand Rounds</td>
<td>9:30 - 11:00 Work Rounds</td>
<td>8:30 - 11:00 Work Rounds</td>
<td>8:30 - 11:00 Work Rounds</td>
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<td>10:00 - 11:30 Attending Rounds</td>
<td>9:30 - 11:00 Work Rounds</td>
<td>11:00 - 12:00 Attending Rounds</td>
<td>11:00 - 12:00 Attending Rounds</td>
<td>11:00 - 12:00 Attending Rounds</td>
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<tr>
<td></td>
<td>Reading and/or new Consults</td>
<td>11:00 - 12:00 Attending Rounds</td>
<td>11:00 - 12:00 Attending Rounds</td>
<td>11:00 - 12:00 Attending Rounds</td>
<td>11:00 - 12:00 Attending Rounds</td>
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<tr>
<td>PM</td>
<td>1:00 - 3:00 Reading and/or new Consults</td>
<td>1:00 - 3:00 Reading and/or new Consults</td>
<td>1:00 - 5:00 Pediatrics Oasis Clinic</td>
<td>1:00 - 3:00 Reading and/or new Consults</td>
<td>1:00 - 4:00 Reading and/or new Consults</td>
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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>
<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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</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  None

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:  None
PE250.03  ADOLESCENT HEALTH CARE


COURSE CHAIR:  PHONE #:  COURSE OBJECTIVES (in order of importance)
Tony Greenberg, M.D.  (310) 222-2168  An overview of:

SUPPORTING FACULTY:  
Monica Sifuentes, M.D.

STUDENT COORDINATOR:  PHONE #:  
Mele Lei-Sam  (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 EXternS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2003-2004 ROTATIONS BEGIN WEEKS:
2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

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

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Adolescent adjustment reaction
2. Birth Control
3. Obesity
4. Adolescent Pregnancy
5. Sexually Transmitted Disease
6. Acne
7. Psychophysiological 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>
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<tr>
<th>Hour</th>
<th>Monday</th>
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<tbody>
<tr>
<td></td>
<td>School-based Clinic</td>
<td>School-based Clinic</td>
<td>School-based Clinic</td>
<td>Student Health Clinic</td>
<td>Seminar in Adolescent Medicine</td>
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<tr>
<td>PM</td>
<td>School Based Clinic</td>
<td>Los Angeles Free Clinic</td>
<td>Adolescent Clinic Harbor-UCLA Medical Center</td>
<td>Los Angeles Free Clinic</td>
<td>UCLA Adolescent Clinic</td>
</tr>
</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: N/A

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: Students must have own transportation. The students who enroll should call Dr. Greenberg at least two weeks prior to the start of the elective.
COURSE 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 transgender, bisexuality, etc.
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.

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

STUDENT EXPERIENCES
COMMON PROBLEMS/DISEASES
1. Adolescent Care
2. STDs
3. Menstrual irregularity
4. Depression/Dysthymia
5. Obesity/ Eating DIS
6. Headache
7. Substance Use
8. High Risk Youth, Violence

INPATIENT: 20%
OUTPATIENT: 80%
CONSULTATION: 40%
PRIMARY CARE: 60%
CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
FELLOWS
X RESIDENTS
INTERNS
OTHER

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 15
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 80 - 100

TYPICAL WEEKLY SCHEDULE

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

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

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

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

STUDENT COORDINATOR: Carmen Guerrero (310) 668-4872 E-MAIL: cguerrero@dhs.co.la.ca.us

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

PREREQUISITES: None

AVAILABLE TO EXTERNS: No

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2003-2004 ROTATIONS BEGIN WEEKS: By Arrangement

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

COURSE OBJECTIVES (in order of importance)
1. To develop a working knowledge of normal child development as it relates to the primary care of children.
2. To be able to diagnose developmental disabilities and suggest intervention strategies.
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.

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

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 25

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

TYPICAL WEEKLY SCHEDULE

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

ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

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

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

STUDENT EXPERIENCES

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

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

CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
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>
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<td>AM</td>
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<tr>
<td></td>
<td>9:00 - 12:00 Ambulatory Pediatric Clinic</td>
<td>8:30 - 9:15 OPD Conference</td>
<td>9:00 - 12:00 Subspecialty Clinic</td>
<td>9:00 - 12:00 Ambulatory Pediatric Clinic</td>
<td>8:00 - 9:00 Pediatric Tumor Board (Optional)</td>
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<td>12:00 - 1:30 Peer Review Conference</td>
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<td>12:00 - 1:30 Pediatric Resident Core Curriculum Conference</td>
<td>9:00 - 12:00 Discussion Prep Time (2 session)</td>
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<td>PM</td>
<td>1:30 - 5:00 Child Psychiatry (2 sessions)</td>
<td>1:30 - 5:00 Ambulatory Pediatric Clinic (Resident's clinic with Drs. Baker and Woods)</td>
<td>2:00 - 5:00 Pediatric Grand Rounds Visiting Professors Radiology Case Presentations and Discussions</td>
<td>1:30 - 5:00 Pediatric Ambulatory Clinic</td>
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<tr>
<td></td>
<td>1:30 - 5:00 Learning Disorder Clinic (2 sessions)</td>
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<td>1:30 - 5:00 Pediatric Ambulatory Clinic</td>
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</table>

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

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: Parking is provided. Students will have a choice of the following subspecialties for the Wednesday morning clinic: cardiology, endocrinology, GI, neurology, teen clinic, Hem-Onc, and Special Problems.
**PE260.01 ADVANCED PEDIATRIC NEPHROLOGY**

Advanced Clinical Clerkship  
Location: CS  
2003-2004  
4/28/2003

### COURSE CHAIR:
Elaine Kamil, M.D.  
PHONE #: (310) 423-4780

### SUPPORTING FACULTY:
Drs. Stanley Jordan, Elaine Kamil, Dechu Puliyanda, and Gail Rodich

### STUDENT COORDINATOR:
Lisa Payne  
PHONE #: (310) 423-4780  
E-MAIL: lisapayne@cshs.org

### REPORT TO:
CSMC North Tower 4400 at 8:30 a.m.

### PREREQUISITES:
Pediatrics

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

### 2003-2004 ROTATIONS BEGIN WEEKS:
2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

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

### STUDENT EXPERIENCES

| 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:
30

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

### TYPICAL WEEKLY SCHEDULE

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<tr>
<td>7:30</td>
<td>Work Rounds</td>
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<td>Work Rounds</td>
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<tr>
<td>8:30</td>
<td>Pediatric Nephrology Clinic</td>
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<td>8:00</td>
<td>Nephrology Grand Rounds (peds case conference)</td>
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<td><strong>PM</strong></td>
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<tr>
<td>1:00</td>
<td>Inpatient Rds</td>
<td>1:00 – 3:00</td>
<td>Post Clinic Conference</td>
<td>1:00</td>
<td>Inpatient Rds</td>
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<td>3:00</td>
<td>Core Curriculum</td>
<td>3:00</td>
<td>Core Curriculum</td>
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<tr>
<td>4:00</td>
<td>Sign-out</td>
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### ON-CALL SCHEDULE & WEEKEND ACTIVITIES:
- No call required - optional
- Optional exposure and participation in renal immunology research lab.

### ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
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 COORDINATOR: Iris Mau  (310) 222-2301  E-MAIL: huclapeds@aol.com

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

PREREQUISITES: Neurology or Pediatrics

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2003-2004 ROTATIONS BEGIN WEEKS: By Arrangement

COURSE OBJECTIVES (in order of importance)
1. Improved skill in neurological examination.
   a. Orderly approach to the history and physical examination.
   b. Ability to perceive and understand physiological significance of neurological manifestations.
   c. Formulation of findings according to system involvement, regional localization, and disease etiology.
2. Understanding of normal and disturbed development and function of the nervous system.
3. Understanding of management and psychosocial impact of neurological disorders.
4. Understanding of neurodiagnostic procedures (electroencephalogram, electromyogram, intracranial pressure monitors, cerebral blood flow, neuroradiology, including computerized tomograms, other diagnostic studies, echoencephalograms).
5. Facility with simple neurodiagnostic procedures (Lumbar punctures, visual field assessment, etc.).
6. Broader exposure to problems in neuroradiology, neuropathology, and neuro-oncology-neurosurgery as part of the neuro-science program. Selected references, neuropathology slides, and neuroanatomical material will be made available to those students interested.

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

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 Pediatric Neurology Ward Rounds</td>
<td>Assigned In-Patient Consultations New &amp; Follow-Up</td>
<td>Assigned In-Patient Consultations New &amp; Follow-Up</td>
<td>8:30 - 10:00 Pediatric Grand Rounds</td>
<td>8:00 - 9:00 Neuro- Radiology 9:30 - 11:00 Adult/Ped/Surg Neuro Grand Rounds 11:00 - 12:00 Brain Cutting</td>
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<tr>
<td></td>
<td>10:30 Pediatric Neurology Ward Rounds</td>
<td>8:30 Neonatal Cases 9:30 Pediatric Neurology Ward Rounds</td>
<td>10:00 - 11:00 Ped Neuro Topics Seminar</td>
<td>6:00 - 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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<td>1:00 - 3:30 Learning Clinic Or Neuro GI Clinic</td>
<td>1:00 - 5:00 Pediatric Neurology Clinic</td>
<td>2:00 - 4:00 Independent Study</td>
<td>1:30 Pediatric Neurology Ward Rounds</td>
<td>2:00 - 4:00 Pediatric Neurology Ward Rounds</td>
</tr>
<tr>
<td>PM</td>
<td>1:00 - 3:30 Learning Clinic Or Neuro GI Clinic</td>
<td>1:00 - 5:00 Pediatric Neurology Clinic</td>
<td>2:00 - 4:00 Independent Study</td>
<td>1:30 Pediatric Neurology Ward Rounds</td>
<td>2:00 - 4:00 Pediatric Neurology Ward Rounds</td>
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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

COURSE CHAIR: Raman Sankar, M.D., Ph.D. PHONE #: (310) 825-6196

SUPPORTING FACULTY: Drs. Susan Koh, Harley Kornblum, W. Donald Shields, Sarah Spence, Chris Giza and Joyce Wu

STUDENT COORDINATOR: Kesha Eason PHONE #: (310) 825-4128 E-MAIL: keason@mednet.ucla.edu

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

COURSE 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.

PREREQUISITES: Neurology, Pediatrics

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 3-6 weeks

2003-2004 ROTATIONS BEGIN WEEKS: By Arrangement

DESCRIPTION: Students work in close cooperation with the Pediatric Neurology Attendings and Fellows by evaluating patients on the inpatient ward and in the outpatient clinic.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
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
X 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>AM</td>
<td>8:30 - 9:30 Pediatric. Inpatient Morning Report</td>
<td>8:30 - 9:30 Pediatric Inpatient Morning Report</td>
<td>10:00 – 12:00 Pediatric Neurology Inpatient Rounds</td>
<td>8:30 - 9:30 Pediatric Inpatient Morning Report</td>
<td>8:30 - 9:30 Pediatric Grand Rounds</td>
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<tr>
<td></td>
<td>9:30 - 11:30 Pediatric. Neuro. Inpatient. Ward Rounds</td>
<td>or 8:30 – 12:00 (2, 4th Week) Olive View Clinic</td>
<td>10:00 – 12:00 Pediatric Neurology Inpatient Rounds</td>
<td></td>
<td>9:30 – 12:00 Independent Study</td>
</tr>
<tr>
<td>PM</td>
<td>11:30 – 1:00 Pediatric Epilepsy Surgery Conference</td>
<td>12:00 – 1:00 Pediatric Neurology Conference</td>
<td>12:00 – 1:00 Pediatric Conference</td>
<td>12:00 – 1:00 Pediatric Neurology Conference (Case Presentation)</td>
<td>12:00 – 1:00 Pediatric Conference</td>
</tr>
<tr>
<td></td>
<td>1:00 – 5:00 Outpatient Clinic</td>
<td>2:00 – 4:00 Pediatric Neuro. Inpatient. Rounds</td>
<td>2:00 – 4:00 Epilepsy Surgery Conference</td>
<td>1:00 – 5:00 Outpatient Clinic</td>
<td>2:00 – 4:00 Pediatric Neuro. Inpatient. Rounds</td>
</tr>
</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Optional on-call with Pediatric Neurology fellow and optional weekend on-call

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: 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.
COURSE CHAIR:  M. Ines Boechat, M.D., FACR  
PHONE #:  (310) 825-6798

SUPPORTING FACULTY:  Dr. Theodore Hall

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

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:  3 weeks

2003-2004 ROTATIONS BEGIN WEEKS:
2,5,8,11,14,17,20,27,30,33,36,39,42,45,48

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

STUDENT EXPERIENCES
COMMON PROBLEMS/DISEASES
1. Congenital heart diseases
2. Transplant program (liver, kidney)
3. Neonatal pathology in ICU
4. Tumors of childhood
5. Patient management decisions

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

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

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:  NA

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

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
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<tbody>
<tr>
<td>7:00</td>
<td>A.M. Resident Conf.</td>
<td>A.M. Resident Conf.</td>
<td>A.M. Resident Conf.</td>
<td>A.M. Resident Conf.</td>
<td>Resident Review &amp; Performing Procedures</td>
</tr>
</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:  Required attendance - Departmental Conferences:
1) Radiology Lectures for Residents (1:00-4:00 pm) Noon Case Conferences (Dowdy Classroom, 12:00-1:00 Monday - Thursday)
PE305.01  PEDIATRIC ALLERGY/IMMUNODEFICIENCY/RHEUMATOLOGY

Subinternship: Location: CHS

2003-2004
3/4/2003

COURSE CHAIR: PHONE #:
Robert L. Roberts, M.D., Ph.D. (310) 825-6481

SUPPORTING FACULTY:
E. Richard Stiehm, M.D.

STUDENT COORDINATOR: PHONE #:
Kesha Eson (310) 825-4128
E-MAIL: keason@mednet.ucla.edu

REPORT TO:
22-387 MDCC at 9:00am 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
   d) eczema
   e) urticaria
   f) fever
3. Basic knowledge of immune mechanisms leading to immunodeficiency or allergic or autoimmune disease.
4. Ability to perform pulmonary function tests and allergy skin testing.
5. Ability to perform rheumatologic exam.
6. Knowledge of drugs used to treat asthmatic and allergic patients.
7. Knowledge of drugs to treat rheumatologic disorders

PREREQUISITES: Pediatrics

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2003-2004 ROTATIONS BEGIN WEEKS:
2,5,8,11,14,17,20,27,30,33,36,39,42,45,48

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

STUDENT EXPERIENCES

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

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

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</td>
<td>8:00-9:00 Morning Report</td>
<td>8:00-9:00 Morning Report</td>
<td>8:00-9:00 Morning Report (Wright Library)</td>
<td>8:00-9:00 Grand Rounds (Moss A-level)</td>
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<td></td>
<td>Inpatient Rounds (Wright Library)</td>
<td>Inpatient Rounds</td>
<td>Inpatient Rounds</td>
<td>9:00 Immunology/CF Clinic (200 Medical Plaza, Suite 265)</td>
<td>9:00 Rheumatology Clinic</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</td>
<td>12:00-1:00 Noon Conference</td>
<td>12:00-1:00 Noon Conference</td>
</tr>
<tr>
<td></td>
<td>1:00 Immunology Clinic (200 Medical Plaza, Suite 265)</td>
<td>1:00 Rheumatology Clinic (200 Medical Plaza, Suite 265)</td>
<td>1:00 Allergy Clinic (200 Medical Plaza, Suite 265)</td>
<td>1:00 Allergy Journal Club (Monthly)</td>
<td>1:00 Immunology Care</td>
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<tr>
<td></td>
<td>5:30 Allergy Journal Club (Monthly)</td>
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<td></td>
<td>2:00-5:00 Allergy Clinic</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: N/A

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
REPORT TO: Stanley Inkelis, M.D., Pediatric Emergency Department, 1st Floor, Harbor-UCLA Medical Center.

PREREQUISITES: Pediatrics, Medicine, Surgery

COURSE OBJECTIVES (in order of importance)
1. Recognize common acute ambulatory pediatric problems, such as upper respiratory infections, otitis media, gastroenteritis, rashes, asthma, trauma, etc.
2. Demonstrate improved history-taking and physical examination.
3. Perform oral presentation of clinical cases.
4. Demonstrate medical judgment, analysis of medical data, and synthesis of information.
5. Perform techniques or procedures (e.g., lumbar punctures, arterial blood gas).
6. Interpret tests and special skills such as CBC, blood smears, urinalysis, Sed rate, electrolytes, blood gases, reading of x-rays.
7. Recognize drugs frequently used in pediatrics, such as antimicrobials, anticonvulsants, antipyretics, and bronchodilators.
8. Demonstrate medical record keeping (e.g., data collection and recording, appropriate format for writing consultations).
10. Improve the doctor-patient relationship.

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

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

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

APPROXIMATE # OF PATIENTS EVALUATED EACH ROTATION/STUDENT: 75
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 2000

TYPICAL WEEKLY SCHEDULE

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

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: One is spent riding with a paramedic unit. One day is spent with the Sheriff's Department child abuse unit. One half day every week is spent in an adolescent clinic. Attendance at noon time resident conference is encouraged.
PE320.02  PEDIATRIC EMERGENCY MEDICINE

Subinternship  Location: OVH

COURSE CHAIR:   PHONE #:
Pamela D. Dyne, M.D.  (818) 364-3108
Rona Molodow, M.D.  (818) 364-3233

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

SUPPORTING FACULTY:
Olive View-UCLA Departments of Emergency Medicine and Pediatrics faculty

STUDENT COORDINATOR:   PHONE #:
Lilia Curiel  (818) 364-3268
E-MAIL: lcuriel@dhs.co.la.ca.us

REPORT TO:  Olive View-UCLA Medical Center, 14445
Olive View Dr., Sylmar, CA Pediatrics Clinic

PREREQUISITES:  Pediatrics, Medicine, Surgery

AVAILABLE TO EXTERNALS:  Yes

STUDENTS / PERIOD:  max 1  min 1

DURATION:  2 or 3 weeks

2003-2004 ROTATIONS BEGIN WEEKS:
By Arrangement

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

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES

1. Reactive airway disease
2. Abdominal pain/acute abdomen
3. Acute infectious disease
4. Pediatric fever evaluation
5. Minor trauma: including suspected child abuse
6. Seizures
7. Toxicology
8. Neonatal emergencies

INPATIENT:  0%
OUTPATIENT:  100%
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:  120

TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:  3000

TYPICAL WEEKLY SCHEDULE

<table>
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<tr>
<th>Hour</th>
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<tbody>
<tr>
<td>AM</td>
<td>7:30 Pediatric Rounds</td>
<td>8:00 - 11:00 EM Conferences</td>
<td>8:30 - 9:30 Peds Grand Rounds</td>
<td>1 pm - 8 pm Peds Education</td>
<td>8:00 - 11:00 EM Co</td>
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<tr>
<td></td>
<td>9:00 am - 4:00 pm SCAN Clinic</td>
<td>12:00 - 1:00 Peds Noon Conference</td>
<td>9:30 am - 5:00 pm Peds Urgent Care Clinic</td>
<td>12:4Peds Urgent Care conferences</td>
<td></td>
</tr>
<tr>
<td>PM</td>
<td>9:00 am - 4:00 pm SCAN Clinic</td>
<td>1:00 - 8:00 Peds ED</td>
<td>9:30 am - 5:00 pm Peds Urgent Care Clinic</td>
<td>10:00 pm – 7:00 am Peds ED night shift</td>
<td>Off</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  No call, only shifts as described. Saturday or Sunday: 8 am – 8 pm Peds ED shift

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


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

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

STUDENT COORDINATOR:  PHONE #:
Kesha Eason  (310) 825-4128
E-MAIL: keason@mednet.ucla.edu

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

PREREQUISITES:  Medicine or Pediatrics

AVAILABLE TO EXTERNS:  Yes

STUDENTS / PERIOD:  max 2 min 1

DURATION:  3 weeks

2003-2004 ROTATIONS BEGIN WEEKS:
2,5,8,11,14,17,20,27,30,33,36,39,42,45,48

DESCRIPTION:  The subinterns will work primarily in the outpatient setting where they will be exposed to pediatric patients with gastrointestinal, hepatic and nutritional problems. They will complement their outpatient UCLA experience by attending satellite (outreach) clinics (Bakersfield Digestive Disease Center, Kern County Sagebrush Medical, Santa Barbara Cottage Hospital and the Ventura Pediatric Clinic) to create a true experience similar to residency. At the completion of the rotation, the subinterns will be required to present a topic of their choice relevant to Pediatric Gastroenterology and Nutrition.

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

STUDENT EXPERIENCES

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

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:  30

TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:  400

TYPICAL WEEKLY SCHEDULE:

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<tbody>
<tr>
<td>AM</td>
<td>0800 Morning Report 0900 GI Clinic (Ament) *Various Outreach Clinics</td>
<td>0800 Morning Report 0900 GI Clinic (Ament)</td>
<td>0730 TPN Rounds (Haimer 22-426 MDCC) GI Clinic (Mehra) *Various Outreach Clinics</td>
<td>0700 Ped Liver Transplant Meeting (12-341 MDCC)</td>
<td>0800 Morning Report 0900 GI Clinic (Martin &amp; Wu)</td>
</tr>
<tr>
<td>PM</td>
<td>1200 Noon Lecture 1700 Liver Biopsy Conference (1P-329 CHS)</td>
<td>1200 Noon Lecture 1200 Noon Conference (Ament, Vargas &amp; Edelstein) 1300 Liver Clinic (McDiarmid)</td>
<td>1200 Noon Conference 1300 TPN Clinic (Ament &amp; Vargas) 1300 GI Clinic Mehra</td>
<td>1200 Noon Conference 1700 GI Path Conference (1P-329 CHS)</td>
<td>1230 Adult/Ped Journal Club (Hanx, 2nd Fl.) 1330 Ped GI Teaching Conference (Haimer 22-426 MDCC)</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  None.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
**Outreach clinics:
1) Bakersfield Digestive Disease Center (1st Monday of ea,1ch month, 800-1800, Drs. Vargas & Ament); 2) Kern County Sagebrush Medical (1st & 3rd Wednesday of each month, 0800-1300, Drs. Vargas & Ament); 3) Ventura Pediatric Clinic (2nd Monday & 3rd Thursday of each month, 1300-1600, Dr. Ament); 4) Santa Barbara Cottage (2nd & 3rd Wednesday & 4th Monday of each month, Drs.Ament, Vargas & Edelstein)
PE340.01 PEDIATRIC HEMATOLOGY-ONCOLOGY SUBINTERNSHIP

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

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

STUDENT COORDINATOR: PHONE #:  
Kesha Eason  (310) 825-4128  
E-MAIL: keason@mdnet.ucla.edu

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

PREREQUISITES: Pediatrics

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2003-2004 ROTATIONS BEGIN WEEKS:  
By Arrangement

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

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 10:00 Ward Rounds</td>
<td>8:00 - 9:00 Morning Report 9:00 - 12:00 Hematology - Oncology Clinic 12:00 Ward Rounds</td>
<td>8:00 - 9:00 Morning Report 9:00 Ward Rounds Ward/patient Work 12:00 - 1:00 Research Conference 12:00 - 2:30 Clinic Conference</td>
<td>8:00 - 9:00 Pediatric Grand Rounds 9:00 - 12:00 Hematology - Oncology Clinic 2:30 - 4:00 Ward Rounds</td>
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</tr>
<tr>
<td>PM</td>
<td>1:30 - 2:30 BMT Team Rounds</td>
<td>2:00 - 4:00 Clinical Conference</td>
<td>Ward/patient Work 1:00 - 5:00 Clinic</td>
<td>12:00 - 2:30 Clinic Conference</td>
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</table>

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, 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.
PE350.01 YOUNG ADULT MEDICINE

Subinternship: PHONE #:  
Jo Ann Dawson, M.D., M.P.H. (310) 206-6216

COURSE OBJECTIVES (in order of importance)
1. Learn how to deliver quality care in a managed care environment.
2. Develop interviewing skills for young adults. Skill in oral presentation.
3. Ability to function as part of the health care team.
4. Identify components of medical care quality.
5. Medical Judgment, Analysis of Medical data & Synthosis of Information
6. Learn about nutrition and young adult weight management.
7. Learn about young adult dermatological problems.
8. Learn about young adult sexuality, STD's birth control, sexual issues

COURSE CHAIR: PHONE #:  
Jo Ann Dawson, M.D., M.P.H. (310) 206-6216

SUPPORTING FACULTY:  
Drs. E. Axe, K. Ullis, S. Lai and others per arrangement

STUDENT COORDINATOR: PHONE #:  
Alex Lopez (310) 206-6217
E-MAIL: mlopez@saonet.ucla.edu

REPORT TO: Dr. Dawson, Student Health Arthur Ashe Student Health & Wellness Center, first day of rotation (Clinic) 8:00 AM or before. To 3rd floor, Room 317

PREREQUISITES: Medicine, Obstetrics and Gynecology, Surgery

AVAILABLE TO EXTERNALS: Yes

STUDENTS PERIOD: max 1 min 1

DURATION: 3 weeks

2003-2004 ROTATIONS BEGIN WEEKS:
14,17,20,27,30,33,36,39,42

DESCRIPTION: This elective allows the student to construct a unique educational experience tailored to the student's needs within the college-age student population. Sports medicine, dermatology, behavioral issues, nutritional and other issues unique to young adults.

COMMON PROBLEMS/DISEASES
1. Respiratory
2. Dermatologic
3. Minor trauma
4. Psychosocial /developmental
5. Allergic problem
6. Gastrointestinal problems
7. Genito-urinary
8

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

CLOSE CONTACT WITH:
FULL TIME FACULTY
CLINICAL FACULTY X
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

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<td>AM</td>
<td>8:00 -12:00 Primary Care Clinic</td>
<td>Primary Care</td>
<td>Primary Care Clinic</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>Outreach Program</td>
<td>Outreach Program</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) 668-4641

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

STUDENT COORDINATOR:  
Marilyn Jones  
(310) 668-4664

REPORT TO:  
MLK Room SF-27.

PREREQUISITES:  
Pediatrics, Medicine, Surgery

AVAILABLE TO EXTERNALS:  
No

STUDENTS/PERIOD:  
max 1 min 1

DURATION:  
3 weeks

2003-2004 ROTATIONS BEGIN WEEKS:  
By Arrangement

COURSE OBJECTIVES (in order of importance)  
1. To acquire knowledge of common pediatric problems, including 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.

DESCRIPTION:

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES

1. Meningitis
2. Group
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>
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<tr>
<th>Hour</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>
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<td>10:30 - 11:00 X-ray Rounds</td>
<td>10:30 - 11:00 X-ray Rounds</td>
<td>11:00-12:30 Attending Rounds</td>
<td>11:00-12:30 Attending Rounds</td>
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<td></td>
<td>For example of Clinic</td>
<td>schedule, see PE 312.</td>
<td>For example of Nursery schedule, see PE 316.</td>
<td>For example of Nursery schedule, see PE 316.</td>
<td>For example of Nursery schedule, see PE 316.</td>
</tr>
</tbody>
</table>

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:  
The 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).
COURSE CHAIR: Rona Molodow, M.D.  
PHONE #: (818) 364-3233  
SUPPORTING FACULTY: M. Malekzadeh, G. Defendi, H. Vandeweghe  
STUDENT COORDINATOR: Adrianna Gonzales  
PHONE #: (818) 364-3233  
E-MAIL: adgonzales@dhs.co.la.ca.us  
REPORT TO: Adrianna Gonzales, Room 3A108, Olive View-UCLA Medical Center, 14445 Olive View Dr., Sylmar, CA

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

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2003-2004 ROTATIONS BEGIN WEEKS: 2,5,8,11,14,17,20,27,30,33,36,39,42,45,48

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

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<tbody>
<tr>
<td>AM</td>
<td>7:30 - 8:30 Ward Rounds</td>
<td>7:30 - 8:30 Ward Rounds</td>
<td>7:30 - 8:30 Ward Rounds</td>
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<td>8:30 - 9:00 Conference</td>
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<td>8:30 - 9:00 Conference</td>
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<td></td>
<td>9:00 - 12:00 Clinical Work</td>
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<td>9:00 - 12:00 Clinical Work</td>
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<tr>
<td>PM</td>
<td>1:00 - 5:00 Clinical Work</td>
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</table>

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

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

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

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

STUDENT EXPERIENCES

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

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 75

TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 750

TYPICAL WEEKLY SCHEDULE

<table>
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<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>Culver City Youth Health Center</td>
<td>Culver City Orthopedic Hospital</td>
<td>Orthopedic Hospital</td>
<td>San Fernando HS</td>
<td>UCLA Grand Rounds and Adolescent Medicine Lectures</td>
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<tr>
<td></td>
<td>San Fernando HS</td>
<td>Venice Health Center</td>
<td>Orthopedic Hospital</td>
<td>Venice Health Clinic</td>
<td>UCLA Adolescent Clinic</td>
</tr>
<tr>
<td>PM</td>
<td>San Fernando HS</td>
<td>Venice Health Center</td>
<td>Orthopedic Hospital</td>
<td>Venice Health Clinic</td>
<td>UCLA Adolescent Clinic</td>
</tr>
</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 four-week rotation. The student must be willing to travel to several different sites during this week.
PE351.01 AMBULATORY PEDIATRICS

Subinternship  Location: CHS  2003-2004  12/05/2002

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

SUPPORTING FACULTY:
Martin Anderson, M.D., Karen Fond, P.N.P., Alfred Pennisi, M.D., Stuart Slavin, M.D. & Claudia Wang, M.D., Patricia Barreto, M.D. and Paul Chung, M.D.

STUDENT COORDINATOR: PHONE #:  E-MAIL:
Kesha Eason  (310) 825-4128  keason@mednet.ucla.edu

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

PREREQUISITES:
Pediatrics, Medicine, Surgery

AVAILABLE TO EXTERN:
Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2003-2004 ROTATIONS BEGIN WEEKS:
2,5,8,11,14,17,20,27,30,33,36,39,42,45,48

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

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

STUDENT EXPERIENCES

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

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

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

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 100

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

TYPICAL WEEKLY SCHEDULE

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

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: **After two weeks the clerk may wish to spend time in subspecialty clinics including cardiology, renal, allergy/immunology, cystic fibrosis, hematology, endocrinology, neurology, etc.
COURSE 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, he/she works under direct supervision of faculty members. In the Hold Area, he/she works under the supervision of a PL-II/PL-III licensed pediatric resident. In the subspecialty clinics, he/she 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

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

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>7:30 - 12:30 Episodic Area</td>
<td>8:00 - 9:00 Grand Rounds Hudson Auditorium</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>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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</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Optional call in Pediatric E.R.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: There are on-call rooms available (if students stay overnight). Parking and meal tickets are also provided. Subspecialty clinics are: Nephrology, Chest, Dermatology, Neurology, PIP Clinic (sexual abuse follow-ups), Cardiology, Hematology-Sickle-Cell Clinic, G.I., Endocrine-Metabolic, Allergy-Immunology, Infant follow-up, and Genetics, Child Development High-risk IFU.
PE351.03 AMBULATORY PEDIATRICS

Subinternship Location: ASSOC

2003-2004
1/28/2003

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

1. Increase skill in history taking and examination of sick and well pediatric patients.

SUPPORTING FACULTY:
Drs. Kuo and Uyeda

2. Improve ability to diagnose simple and complex diseases.

STUDENT COORDINATOR:  PHONE #:  E-MAIL:
Kesha Eason  (310) 825-4128  keason@mednet.ucla.edu


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

PREREQUISITES:  Core Pediatrics Clerkship

AVAILABLE TO EXTERNALS:  Yes

STUDENTS / PERIOD:  max 2 min 1

DURATION:  3 weeks

2003-2004 ROTATIONS BEGIN WEEKS:
2,5,8,11,14,17,20,27,30,33,36,39,42,45,48

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

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES

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

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

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:  100

TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:  450

TYPICAL WEEKLY SCHEDULE

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<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>
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<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>
<td>Independent Study</td>
</tr>
</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  None

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

Subinternship  Location: CHS  2003-2004  12/05/2002

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

SUPPORTING FACULTY:  
Pediatric Nephrology Faculty

STUDENT COORDINATOR:  PHONE #:  
Kesha Eason  (310) 825-4128  E-MAIL: keason@mednet.ucla.edu

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

PREREQUISITES:  Pediatrics, Medicine, Surgery

AVAILABLE TO EXTERNS:  Yes

STUDENTS / PERIOD:  max 1 min 1

DURATION:  3 weeks

2003-2004 ROTATIONS BEGIN WEEKS:  
2,5,8,11,14,17,20,27,30,33,36, 39,42,45,48

COURSE OBJECTIVES (in order of importance)
1. Diagnosis and treatment of pediatric patients with a variety of renal diseases, in both the inpatient and outpatient setting.
3. Learn to integrate theoretical knowledge of mechanisms and therapies with practical patient care.
4. Research, prepare and present a seminar on a pediatric-technology subject.
5. Management of the child pre- and post-renal transplantation.

DESCRIPTION:

STUDENT EXPERIENCES

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

INPATIENT: 50%
OUTPATIENT: 50%
CONSULTATION: 10%
PRIMARY CARE: 90%
CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
X OTHER Psychosocial Team

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 10

TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 130

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
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<tr>
<td>AM</td>
<td>8:30-12:00</td>
<td>7:30-8:30</td>
<td>9:00-12:00</td>
<td>9:00-12:00</td>
<td>8:00-9:00</td>
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<tr>
<td></td>
<td>200 Med Plaza</td>
<td>5th Fl. Conf.</td>
<td>Attending Rounds, 200 Med Plaza</td>
<td>3W Renal Room</td>
<td>9:00-12:00</td>
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<td>9:00-12:00</td>
<td>9:00-12:00 noon</td>
<td>9:00-12:00</td>
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<tr>
<td></td>
<td>Attending Rounds, Nephrology Journal Club</td>
<td>Dialysis Clinic</td>
<td>Nephrology Clinic</td>
<td>Attending Rounds, 3W Renal Room</td>
<td>Attending Rounds, 3W Renal Room</td>
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<td></td>
<td>3W Renal Room</td>
<td>200 Med Plaza</td>
<td>200 Med Plaza</td>
<td>3W Renal Room</td>
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<td>12:00-1:00 Ped Nephrology Journal Club</td>
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<td>120-155 Dr. Yadim’s Office MDCC</td>
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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


COURSE CHAIR:  PHONE #:  COURSE OBJECTIVES (in order of importance)
Richard Mink, M.D.  (310) 222-4002  1.  Learn how to recognize and treat early/late shock,

2.  Understand the different modalities of therapy for respiratory failure.

3.  Acquire airway management skills, i.e., bag valve mask ventilation and intubation

4.  Participate in the multidisciplinary approach to the management and treatment of acute trauma.

5.  Learn the management of post-op cardiac patients.

6.  Understand the surgical and intensive care management of increased intracranial pressure.

7.  Gain better understanding of the pharmacology of the therapeutic agents often used in the ICU setting.

SUPPORTING FACULTY:  Drs. Olga Mohan and Bonnie Rachman

STUDENT COORDINATOR:  PHONE #:  E-MAIL:  huclapeds@aol.com
Iris Mau  (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:  3 weeks

2003-2004 ROTATIONS BEGIN WEEKS:  By Arrangement

DESCRIPTION:  The PICU at Harbor-UCLA is a 10 bed multidisciplinary unit. We have fellows and faculty who participate in our three-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
X INTERNS
OTHER

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT:  12

TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE:  50-70

TYPICAL WEEKLY SCHEDULE

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<td>8:30 - 9:30 Pediatric Grand Rounds</td>
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<td>9:15-9:45 X-ray ER Conference</td>
<td>9:30 - 11:30 Bedside Rounds with Attending</td>
<td>9:30 - 9:45 X-ray Rounds</td>
<td>9:30-12:00 Bedside Didactic Rounds w/Attending</td>
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<td>9:45 - 10:30 Chief Resident Rounds</td>
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<td>10:30 - 11:45 Didactic Rounds w/Attending</td>
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<tr>
<td>PM</td>
<td>12:00 - 1:00 Residence Conference</td>
<td>12:00 - 1:00 Critical Care Conference</td>
<td>12:00 - 1:00 Resident Conference</td>
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<td>8:30 - 9:30 Clinical Case Conference</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  In-house overnight call every 4th night (w/a resident). One weekend day.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
PE450.01 PEDIATRICS

Subinternship/Inpatient Location: CHS

2003-2004 12/05/2002

COURSE CHAIR: Stuart Slavin, M.D.

PHONE #: COURSE OBJECTIVES (in order of importance)

1. Facility in the evaluation of the pediatric patient.

2. Understanding of the pathophysiology, differential
diagnosis, and management of common pediatric
diseases.

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).

SUPPORTING FACULTY: Pediatric Staff

STUDENT COORDINATOR: Kesha Eason (310) 825-4128
E-MAIL: keason@mednet.ucla.edu

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

PREREQUISITES: Pediatrics, Medicine, Surgery

AVAILABLE TO EXTERNALS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2003-2004 ROTATIONS BEGINWEEKS:
2,5,8,11,14,17,20,27,30,33,36,39,42,45,48

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.

COURSE OBJECTIVES (in order of importance)

1. Facility in the evaluation of the pediatric patient.

2. Understanding of the pathophysiology, differential
diagnosis, and management of common pediatric
diseases.

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).

STUDENT EXPERIENCES

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.

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 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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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: On call every 4th night. Weekend duties to be arranged with housestaff.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
COURSE CHAIR: Lee Todd Miller, M.D. (310) 423-4467
Lloyd J. Brown, M.D. (310) 423-4467

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

STUDENT COORDINATOR: Lisa Payne (310) 423-4780
E-MAIL: lisapayne@cshs.org

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

PREREQUISITES: Pediatrics, Medicine, Surgery

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2003-2004 ROTATIONS BEGIN WEEKS:
2,5,8,11,14,17,20,27,30,33,36,39,42,45,48

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

COURSE OBJECTIVES (in order of importance)
1. Managing a mix of “bread and butter” inpatients and those 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 on ward rounds and at teaching conferences.
5. Understanding doctor-patient relationships and the interrelationships between physicians, nurses, social service workers, child-life specialists, and ancillary personnel to achieve the best in pediatric care.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Fever, Sepsis, Meningitis, Pneumonia, Bronchiolitis
2. Diarrhea and Dehydration
3. Status Asthmaticus
4. Seizure Disorders
5. Acute Abdomen
6. Trauma
7. Active Oncology Service

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, Child-life Specialists, 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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<td>8:45 - 10:00 Morning Report &amp; Attending Rounds</td>
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<td>2:30 - 3:30 Teaching Rounds</td>
<td>1:30 - 2:30 Program Director’s Attending Rounds</td>
<td>1:30 - 2:30 Subspecialty Rounds</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Every 4th Night

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: The student will meet with Dr. Miller and Dr. Brown on a regular basis for “small group” teaching sessions.
COURSE CHAIR: Monica Sifuentes, M.D.  
PHONE #: (310) 222-3080

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

STUDENT COORDINATOR: Iris Mau  
PHONE #: (310) 222-2301  
E-MAIL: huclapeds@aol.com

REPORT TO: 6th Floor - East- Ward

AVAILABLE TO EXTERNS: Yes

PREREQUISITES: Pediatrics, Medicine, Surgery, Obstetrics-Gynecology

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2003-2004 ROTATIONS BEGIN WEEKS:
2,5,8,11,14,17,20,27,30,33,36,39,42,45,48 (No students week 1)

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

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

STUDENT EXPERIENCES

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

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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<td>Pediatric Grand Rounds</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Every four evenings and weekend days; attending rounds on Saturday or Sunday morning.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
Prerequisites:
Pediatrics, Medicine, Surgery

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

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

STUDENT COORDINATOR: Clerkship Coordinator (323) 783-4516

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

PREREQUISITES: Pediatrics, Medicine, Surgery

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2003-2004 ROTATIONS BEGIN WEEKS:
2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

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

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

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
INPATIENT: 100%
OUTPATIENT: 0%
CLOSE CONTACT WITH:
X FULL TIME FACULTY
CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
X OTHER **

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

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<td>8:30 - 11:00 Patient Workups &amp; Care</td>
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<td>8:30 - 11:00 Patient Workups &amp; Care</td>
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<td>11:00 - 12:00 Attending Rounds</td>
</tr>
<tr>
<td>PM</td>
<td>12:00 - 1:30 Peer Review Conference</td>
<td>12:00 - 1:30 Resident Conference</td>
<td>2:00 - 4:30 Pediatric Grand Rounds</td>
<td>12:00 - 1:30 Resident Conference</td>
<td>12:00 - 1:30 Pediatric Resident</td>
</tr>
<tr>
<td></td>
<td>1:30 - 4:00 Patient Workups &amp; Care</td>
<td>1:30 - 4:00 Patient Workups &amp; Care</td>
<td>4:30 - 5:30 Sign Out Rounds w/ Housestaff</td>
<td>1:30 - 4:00 Patient Workups &amp; Care</td>
<td>Journal Club</td>
</tr>
<tr>
<td></td>
<td>4:00 - 5:00 Sign Out Rounds w/ Housestaff</td>
<td>4:00 - 5:00 Sign Out Rounds w/ Housestaff</td>
<td>4:00 - 5:00 Sign Out Rounds w/ Housestaff</td>
<td>4:00 - 5:00 Sign Out Rounds w/ Housestaff</td>
<td>1:30 - 4:00 Patient Workups &amp; Care</td>
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<td>4:00 - 5:00 Sign Out Rounds w/ Housestaff</td>
</tr>
</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.
COURSE CHAIR: Harold Amer, M.D.
PHONE #: (310) 423-4780

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

STUDENT COORDINATOR:
Lisa Payne
PHONE #: (310) 423-4780
E-MAIL: lisapayne@csahs.org

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

AVAILABLE TO EXTERNALS: Yes

PREREQUISITES: Medicine, Surgery, & Pediatrics

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2003-2004 ROTATIONS BEGIN WEEKS:
2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

DESCRIPTION: This clerkship offers basic pediatric critical care experience: recognition and management of the seriously ill or injured child. The student will be a member of the multidisciplinary team that addresses medical, surgical and psychosocial aspects of pediatric intensive care. The emphasis of this rotation is on primary patient care and bedside teaching, thus other conferences and activities are secondary and optional unless specifically relevant to critical care.

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

STUDENT EXPERIENCES

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

INPATIENT: 100%
OUTPATIENT: 0%
CONSULTATION: 0%
PRIMARY CARE: 100%
CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
X OTHER Nurses, Pharmacists,
Respiratory Therapists, Physical
Therapists, Social Services,
Radiology

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 15

TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 40

TYPICAL WEEKLY SCHEDULE

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<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
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<tr>
<td>AM</td>
<td>7:30 Sign-In and Work Rounds</td>
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<td>7:30 Sign-In and Work Rounds</td>
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<td>8:00 ICU Attending Rounds</td>
<td>8:00 ICU Attending Rds</td>
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<tr>
<td>PM</td>
<td>12:00 Pediatric Conf. <strong>Patient Care</strong></td>
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<td>4:30 Sign-Out Rounds <strong>Patient Care</strong></td>
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<td>4:30 Sign-Out Rounds <strong>Patient Care</strong></td>
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</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: The Sub I takes in-house overnight call every 4th night (w/a resident). Attending Rounds are made 7 days a week. All on call housestaff (includes the Sub I) are excused following Attending Rounds the next day.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: Cedar-Sinai Medical center has an 8-bed Pediatric Intensive Care Unit. Patient ages range from one month to 17 years. All pediatric patients are "teaching cases". Patient turnover is generally rapid with a wide variety of diagnoses. *Weekend Attending Rounds excuse all housestaff not on call.*
COURSE CHAIR: Rick Harrison, M.D. (310) 825-4128

SUPPORTING FACULTY: Judith Brill, M.D., Irwin Weiss, M.D., Andranik Madikians, M.D. Lorraine Weiss, M.D.

STUDENT COORDINATOR: Kesha Eason (310) 825-4128 E-MAIL: keason@mednet.ucla.edu

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

PREREQUISITES: Medicine, Surgery, Pediatrics

AVAILABLE TO EXTERNS: Yes

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

DURATION: 3 weeks (for 2 weeks use Drop/Add Petition after June 3, 2003)

2003-2004 ROTATIONS BEGIN WEEKS:
5,8,11,14,17,20,27,30,33,36,39,42,45,48

COURSE 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

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

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

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 10

TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: 90

TYPICAL WEEKLY SCHEDULE

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

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

Subinternship/Inpatient Location: CHS

2003-2004 12/05/2002

COURSE CHAIR: Sherin Devaskar, M.D. (310) 825-9357

SUPPORTING FACULTY: Neonatology Faculty

STUDENT COORDINATOR: Kesha Eason (310) 825-4128 E-MAIL: keason@mednet.ucla.edu

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

PREREQUISITES: Medicine, Pediatrics, Surgery, and Obstetrics

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2003-2004 ROTATIONS BEGIN WEEKS: By Arrangement

COURSE 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
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>
<th>Monday</th>
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<th>Friday</th>
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<tbody>
<tr>
<td>AM</td>
<td>8:00 Work Rounds &amp; Attending Rounds 10:00 -12:00 NICU Work 11 AM X-Ray Rounds</td>
<td>8:00 Work Rounds &amp; Attending Rounds 11 AM X-Ray Rounds</td>
<td>8:00 Work Rounds &amp; Attending Rounds 11 AM X-Ray Rounds</td>
<td>8:00 Work Rounds <em>Attending</em> 11 AM X-Ray Rounds</td>
<td>7:30 Work Rounds 8:00 Grand Rounds 10:00 -12:00 NICU Work 11 AM X-Ray Rounds</td>
</tr>
<tr>
<td>PM</td>
<td>5:00 PM Sign Out Rounds</td>
<td>12 Noon-Neonatology</td>
<td>11 AM X-Ray Rounds</td>
<td>11 AM X-Ray Rounds</td>
<td>11 AM X-Ray Rounds</td>
</tr>
</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Call schedule will be made for two nights/week (5PM to 9AM weekends), when on should attend rounds.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
PE485.02 NEONATOLOGY

Subinternship/Inpatient Location: CS  10/28/2002

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

SUPPORTING FACULTY:
Drs. A. Alkalay, S. Austin, S. Sehgal, and A. Vanderhal, R. Krueger, B. Govindaswami and L. Chow

STUDENT COORDINATOR:  PHONE #:  E-MAIL:
Lisa Payne   (310) 423-4780   lisapayne@cshs.org

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

PREREQUISITES:  Pediatrics, Medicine, Surgery

AVAILABLE TO EXTERNS:  Yes

STUDENTS / PERIOD:  max 1  min 1

DURATION:  3 weeks

2003-2004 ROTATIONS BEGIN WEEKS:
By Arrangement

DESCRIPTION:

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES  INPATIENT:  100%  CLOSE CONTACT WITH:
1. Hyperbilirubinemia  OUTPATIENT:  0%  X FULL TIME FACULTY
2. Prematurity  CONSULTATION:  0%  X CLINICAL FACULTY
3. Respiratory distress  PRIMARY CARE:  100%  X FELLOWS
4. Neonatal infection  X RESIDENTS
5. Congenital anomalies  X INTERNS
6. Birth asphyxia/trauma  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

<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>7:30 Sign-in Rounds</td>
<td>8:30 - 9:30 Pediatric Clinical Conference</td>
<td>8:30 - 10:30 Attending Rounds</td>
<td>8:30 - 9:30 Pediatric Grand Rounds</td>
<td>7:30 Sign-in rounds</td>
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<td>8:30 - 10:30 Attending Rounds</td>
<td>9:30 - 11:30 Attending Rounds</td>
<td>1:30 - 2:30 Discharge Planning Conference</td>
<td>9:30 - 11:30 Attending Rounds</td>
<td>8:15 - 9:15 Perinatal Statistics Conference</td>
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<td>12:00 Didactic Academic Conference</td>
<td>12:00 Didactic Academic Conference</td>
<td>12:00 Didactic Academic Conference</td>
<td>12:00 Didactic Academic Conference</td>
<td>7:30 - 11:30 Attending Rounds</td>
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<tr>
<td>PM</td>
<td>1:00 - 3:00 Physical Examination and Progress Note Completion</td>
<td>1:00 - 2:00 Didactic Conference</td>
<td>1:00 - 3:00 Physical Exam &amp; Progress Note</td>
<td>1:00 - 3:00 Physical Exam &amp; Progress Note</td>
<td>1:00 - 3:00 Didactic Neonatal Conference</td>
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<td>3:00 - 4:00 Didactic Neonatal Conference</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  Every 4th night call

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
**PE485.03 NEONATOLOGY**

Subinternship/Inpatient  | Location: KAISER.SUN  | 2003-2004  | 1/7/2003

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

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

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

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

### AVAILABLE TO EXTERNALS: Yes

### STUDENTS / PERIOD:  max 1 min 1

### DURATION: 3 weeks

### 2003-2004 ROTATIONS BEGIN WEEKS:
2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

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

### 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.

### STUDENT EXPERIENCES

<table>
<thead>
<tr>
<th>COMMON PROBLEMS/DISEASES</th>
<th>INPATIENT: 100%</th>
<th>OUTPATIENT: 0%</th>
<th>CLOSE CONTACT WITH:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prematurity</td>
<td></td>
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<td>X FULL TIME FACULTY</td>
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<tr>
<td>Sepsis Neonatorum</td>
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<td>CLINICAL FACULTY</td>
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<tr>
<td>Normal Newborn Assessment</td>
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<td>X FELLOWS</td>
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<tr>
<td>Hyaline Membrane Disease</td>
<td></td>
<td></td>
<td>X RESIDENTS</td>
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<td>Transient Tachypnea</td>
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<td>X INTERNS</td>
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<tr>
<td>Apnea of Prematurity</td>
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<td>X OTHER See Additional Comments</td>
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<tr>
<td>Congenital/Chromosomal anomalies</td>
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<tr>
<td>Labor and delivery room experience</td>
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</table>

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

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

### TYPICAL WEEKLY SCHEDULE:

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<td>12:00 - 1:30 Pediatric Conference</td>
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### ON-CALL SCHEDULE & WEEKEND ACTIVITIES:
On call every fourth night until 10:00 p.m.; Weekends and holidays off.

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

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

STUDENT COORDINATOR: Iris Mau  
PHONE #: (310) 222-2301
E-MAIL: huclapeds@aol.com

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: 3 weeks

2003-2004 ROTATIONS BEGIN WEEKS: By Arrangement

DESCRIPTION:

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

STUDENT EXPERIENCES

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

INPATIENT: 95%
OUTPATIENT: 5%
CONSULTATION: 0%
PRIMARY CARE: 100%

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

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 20

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

TYPICAL WEEKLY SCHEDULE

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<td>Perinatal Case Conf.</td>
<td>Grand Rounds</td>
<td>Chief’s Rounds</td>
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<td>High-Risk Neonatal Follow-up Clinic</td>
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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:
Subinternship/Inpatient  
Location: KDMC  

COURSE CHAIR:  
Xylina Bean, M.D.  
(310) 668-3150  

COURSE 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 newborn 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.  

SUPPORTING FACULTY:  
Drs. Findlay, Roberta Bruni and Medhir Gupta  

STUDENT COORDINATOR:  
Ayesha Islain  
(310) 668-5657  

PREREQUISITES: 3rd Year Pediatric Clerkship Medicine  

AVAILABLE TO EXTERNS: No  

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.  

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

STUDENT EXPERIENCES  
COMMON PROBLEMS/DISEASES  
INPATIENT: 100%  
OUTPATIENT: 0%  
CONSULTATION: 0%  
PRIMARY CARE: 100%  
CLOSE CONTACT WITH:  
X FULL TIME FACULTY  
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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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. (310) 222-1963

SUPPORTING FACULTY: Drs. Lynne Smith & Solomon Laktinch, Julie Noble, Virender Rehan

STUDENT COORDINATOR: Iris Mau (310) 222-2301 E-MAIL: huclapeds@aol.com

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: 3 weeks

2003-2004 ROTATIONS BEGIN WEEKS: 2,5,8,11,14,17,20,27,30,33,36,39,42,45,48

COURSE OBJECTIVES (in order of importance)
1. Experience 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.

DESCRIPTION:

STUDENT EXPERIENCES

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

INPATIENT: 95%
OUTPATIENT: 5%
CONSULTATION: 0%
PRIMARY CARE: 100%

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

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 30

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

TYPICAL WEEKLY SCHEDULE

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<td>Work Rounds Perinatal Case Conf. Neonatal X-ray Conf. Patient Care</td>
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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: