DESCRIPTION: The SCOPE Child and Family Resource Center at UCLA, located in the 200 Medical Plaza Children's Health Center, is a project run by undergraduate and medical students with the purpose of bridging the gap between social work and physicians, with the goal of enhancing overall patient health and well-being. Student chiefs will have the opportunity to become familiar with the unique challenges of caring for the underserved in a variety of clinical settings and translate their experiences into meaningful community resource development and outreach. They will face the challenges of educating students, physicians and patients about practical community resources; analyzing community needs and working with various organizations, health care workers and administrators to establish means to meet these needs, and management of Resource Center materials and information and communication of those resources throughout the community. Students will be involved with following sites: Venice Family Clinic, Culver City Youth Health Center, Burke Clinic, Samoshel and Westwood Student Run Homeless Family Clinics, Mobile Clinics, LA Free Clinics, SVA Home-based Primary Care.

COURSE OBJECTIVES (in order of importance)
1. Experience leadership roles in outreach resource center management and public relations; patient, student and physician education; identification and utilization of community resources to enhance the overall health of patients; development of health fairs to provide healthcare to the underserved; training of students to identify and register patients for appropriate low/no cost health insurance and implementation of registration sessions at various community sites.
2. Identification and implication of non-medical issues on patients' overall health and wellness.
3. Become familiar with how to locate, analyze, and access community resources.
4. Gain understanding of diseases of disadvantaged and underserved populations through a variety of direct clinical experiences.
5. Gain appreciation for the role of patient advocacy, leadership, and teaching in the career of a physician.

STUDENT EXPERIENCES
COMMON PROBLEMS/DISEASES
1. Mental Illness
2. Disease Prevention
3. Respiratory Infectious/Asthma
4. Skin conditions
5. Dental problems
6. Employment/Daycare/After school needs
7. Legal problems
8. Obesity/weight management

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

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

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

TYPICAL WEEKLY SCHEDULE

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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: None

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: Requirements include: Longitudinal chief duties plus 4 half-days at the SCOPE desk and 4 half-days in clinic. PCC students may elect to use this course to fulfill PCC longitudinal project requirements.
PE210.01  PEDIATRIC CARDIOLOGY

Advanced Clinical Clerkship  Location: CHS  2005–2006  Revised: 11/30/04

COURSE CHAIR:  PHONE #:  
Vivek Allada, M.D.,  (310) 794-9738

SUPPORTING FACULTY:  
Full-time faculty in Cardiology

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

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

PREREQUISITES:  Pediatrics and Medicine

AVAILABLE TO EXTERNS:  Yes

STUDENTS / PERIOD:  max 2 min 1

DURATION:  3 weeks

2005–2006 ROTATIONS BEGIN WEEKS:  
By Arrangement

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

COURSE OBJECTIVES (in order of importance)
1. Learn skills in the cardiovascular.
2. Apply interview skills and other clinical skills in a time-sensitive ambulatory environment.
3. Further development of medical judgement, gathering, analyzing, synthesizing information to apply to the needs of the patient.
4. Learn the components of quality care for this population.
5. Learn to function on a health care team.
6. Identify and understand the health, including psychosocial and chronic health issues of pediatric cardiology patients.
7. Learn about the organizational factors that influence healthcare delivery.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Congenital heart disease
2. Functional/innocent murmurs
3. Congestive heart failure
4. Arrhythmias
5. Chest pain and syncope in children

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 WEEK BY STUDENT:  28

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE:  19

TYPICAL WEEKLY SCHEDULE

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<tr>
<td>AM</td>
<td>7:00 Case Discussion Conference</td>
<td>7:30 Echo Conference 8:30 Cardiology Clinic Combined Fac/Cardiology Clinic</td>
<td>7:30 Cath Conf. 8:30 Combined Fac/Cardiology Clinic</td>
<td>7:00 Pre-Op Conference 9:00 Ped/Cardiology Clinic at Olive View Med Ctr. Cardiac Catheterization</td>
<td>8:00 Pediatric Grand Rds 9:00 Cardiology Clinic Cardiac Catheterization</td>
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<td>8:30 Combined Fac/Cardiology Clinic</td>
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<td>1:00 Didactic Conf. Inpatient, Cath, or Echo Observations</td>
<td>1:00 – 2:00 Journal Club 2:00 Adult CHD Clinic</td>
<td>Inpatient, Cath or Echo Observations</td>
<td>Inpatient, Cath or Echo Observations</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  None

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.
**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 angiocardio- graphic data and their correlation with clinical findings.

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

**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 WEEK BY STUDENT:** 6

**TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE:** 38

**TYPICAL WEEKLY SCHEDULE**

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</table>
| AM   | 8:30 – 9:30 Work Rounds  
      | 9:00 Cardiac Catheterization Lab  
      | 8:30 Combine Perinatal Cardiology Conference  
      | 8:30 Pediatric Grand Rounds  
      | 8:30 Clinical Case Conference  
      | Work Rounds  
      | Cardiology Clinic  
      | Combine Perinatal Cardiology Conference  
      | Attending Rounds  
      | Cardiology Clinic  
      | Cardiology Clinic |
| PM   | 2:00 – 4:00 Cardiac Clinic Conference and Cardiac Surgery Conference  
      | 3:00 Catheterization Conference  
      | 1:00 Cardiology Clinic  
      | 12:00 Cardiology Case Conference  
      | 1:00 Cardiology Clinic  
      | Cardiac Clinic Conference  
      | Catheterization Conference  
      | Cardiology Clinic  
      | Cardiology Case Conference |

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

**ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:** This course is recommended for fourth-year medical students only.
PE225.02 ENDOCRINOLOGY AND METABOLISM (PEDS)

Advanced Clinical Clerkship  
Location: HARBOR  
2005–2006  
Revised: 12/20/04

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

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

STUDENT COORDINATOR:  
Sally Avancena  
PHONE #: (310) 222-2503  
E-MAIL: avancena@labiomed.org

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

PREREQUISITES: Completed Medicine and/or Pediatric Clinical clerkship

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2005–2006 ROTATIONS BEGIN WEEKS: 
By Arrangement

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

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

STUDENT EXPERIENCES

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

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 5 – 6

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 50 – 63

TYPICAL WEEKLY SCHEDULE

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

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

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PE225.03  PEDIATRIC ENDOCRINOLOGY

Advanced Clinical Clerkship  
COURSE CHAIR: Phillip D.K. Lee, M.D.  
PHONE #: (310) 825-6244

Supporting Faculty:  
Drs. Pinchas Cohen, S. Douglas Frasier, Solomon Kaplan, Kuk-Wha Lee, and Anna Haddal

Student Coordinator:  
Debby Kozel  
PHONE #: (310) 825-4128  
E-MAIL: dkozel@mednet.ucla.edu

Report to:  
Pediatric Endocrinology Office, 22-315 MDCC, 8:00 a.m., first day of elective.

Prerequisites: Pediatrics

Available to Externs: Yes

Students / Period: max 2 min 1

Duration: 3 weeks

2005–2006 Rotations Begin Weeks:  
By Arrangement

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.

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

Student Experiences

Common Problems/Diseases

1. Diabetes mellitus and hypoglycemia
2. Growth disorders
3. Thyroid disorders
4. Parathyroid disorders
5. Adrenal disorders
6. Ovarian disorders
7. Testicular disorders
8. 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
Other Dietitian, Nurse Specialist, Nurse Practitioners, Research Personnel

Approximate # of Patients Evaluated Each Week by Student: 8

Total # of Patients Evaluated Each Week by Entire Service: 40

Typical Weekly Schedule

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</table>
| AM   | 8:00 – 12:00 Inpatient Ward Rnds, Review of Case and Topics | 8:00 – 12:00 Diabetes or Obesity Clinic | 8:00 – 12:00 Endocrine Clinics | 8:00 – 12:00 Endocrine or Urology Genetics/Endocrine Clinics and/or Outreach Clinic | 8:00 – 9:00 Pediatric Grand Rounds  
10:30 – 12:00 Clinical Conference |
|      | 1:00 – 5:00 Endocrine Clinics | 1:00 – 5:00 Diabetes, Praderwilli and/or Growth Hormone Clinic | 12:00 – 1:00 Joint Conf. w/ Internal Med. & Gynecologic Endocrinology  
1:00 – 1:30 Journal Club  
3:30 – 5:00 Inpatient Ward Rnds, Chart Reviewing | 1:00 – 3:00 Inpatient Ward Rnds, Free Time for Study and Charting  
3:30 – 5:00 Laboratory Research Meeting | 1:30 – 5:00 Inpatient Ward Rnds, Free Time for Study and Charting |
| PM   |                          |                          |                          |                          |                         |

On-call Schedule & Weekend Activities: N/A

Additional Comments and Other Special Requirements:
Advanced Clinical Clerkship

COURSE CHAIR:
Katrina Dipple, M.D., Ph.D.  
PHONE #:  (310) 825-1997

SUPPORTING FACULTY:  W. W. Grody, M.D., Ph.D., E. McCabe, M.D., Ph.D., B. Crandall, M.D., E. Vilain, M.D., Ph.D., and Stephen Cederbaum, M.D.

STUDENT COORDINATOR:
Debby Kozel  
PHONE #:  (310) 825-4128  
EMAIL: dkozel@mednet.ucla.edu

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

PREREQUISITES:  Medicine and Pediatrics Clerkships

AVAILABLE TO EXterns:  Yes

STUDENTS / PERIOD:  max 1  min 1

DURATION:  3 weeks

2005–2006 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

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

INPATIENT:  35%
OUTPATIENT:  65%
CONSULTATION:  100%
PRIMARY CARE:  0%

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT:  2

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE:  6

TYPICAL WEEKLY SCHEDULE

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<tr>
<td>AM</td>
<td>8 – 11:00 Fellows Course</td>
<td>Independent Study and Consults</td>
<td>8:30 – 12:00 Craniofacial Clinic</td>
<td>Independent Study and Consults</td>
<td>9:00 – 12:00 Prenatal Genetics Clinic Consults</td>
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<td>11:30 – 12:30 Seminar</td>
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<tr>
<td>PM</td>
<td>1:00 – 4:00 Genetics Clinic</td>
<td>Genetics Clinic Cedars-Sinai (optional) Consults</td>
<td>1:00 – 5:00 Craniofacial Clinic Independent Study Consults</td>
<td>2:30 – 3:30 Inpatient Rounds</td>
<td>1:30 – 3:00 Clinical Molecular Genetics Lab Meeting Consults</td>
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<td>4:00 – 6:00 Clinic Review</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.
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, DNA 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 on selected patients. Use of current literature is emphasized.

6. Participate in preparing case reports for publication.

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

SUPPORTING FACULTY:
D. Rimoin, R. Lachman, R. Falk, W. Wilcox, O. Gordon

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

REPORT TO:
Lisa Payne, Cedars-Sinai Medical Center, Rm. 4400, 8:45 a.m.

AVAILABLE TO EXTERNS: Yes

PREREQUISITES:

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2005–2006 ROTATIONS BEGIN WEEKS:
2,5,8,11,14,17,20,27,30,33,36,39,42,45,48

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.

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.

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
9. Genetics of common diseases

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 WEEK BY STUDENT: 8
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 31

TYPICAL WEEKLY SCHEDULE

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<tr>
<td>AM</td>
<td>9:00 – 1:00 Genetics Training Program Lectures</td>
<td>8:00 Genetics Clinic</td>
<td>9:00 Cytogenetic Review Conf.</td>
<td>8:30 – 9:30 Pediatric Grand Rounds</td>
<td>Metabolic Clinic Dysmorphology Clinic</td>
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<td>8:00 Genetics Clinic</td>
<td>8:30 Pediatric Case Conference</td>
<td>8:30 – 12:00 Dysmorphology Clinic or Genetics Clinic</td>
<td>9:30 – 10:30 Ward Rounds</td>
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<td>1:00 – 4:00 Clinic Preparation</td>
<td>1:00 – 5:00 Genetics Clinic</td>
<td>1:00 – 5:00 Dysmorphology Clinic Adult Genetics Clinic</td>
<td>1:00 – 5:00 Adult Genetic Clinic</td>
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<td>4:00 – 5:00 Prenatal Case Review Conference</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

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

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

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

3. Knowledge of the pharmacology of antineoplastic agents.

4. Familiarity with the pathophysiology of hematologic and oncologic disorders.

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

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

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

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

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

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

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES

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

INPATIENT: 40%
OUTPATIENT: 60%
CONSULTATION: 70%
PRIMARY CARE: 30%

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 8

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

TYPICAL WEEKLY SCHEDULE

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

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: None

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

1. Knowledge of the pathogenesis and natural history, the orderly investigation, differential diagnosis and management of certain disease processes or problems, such as leukemia, sickle cell disease, hemophilia and common solid tumors of children.


3. Performance and interpretation of bone marrow aspiration, bone marrow biopsy, and lumbar puncture. Also, the interpretation of blood smears.

4. Basic science foundation of pathophysiologic mechanisms.

5. Diagnosis and management of complex inpatient problems.

6. Team approach and utilization of allied health personnel.

DESCRIPTION: The goal of this rotation is that the student develops 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. Students interested in call every fourth night, should enroll in PE 340.01, Pediatric Hematology-Oncology Subinternship.

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 WEEK BY STUDENT: 13
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 50

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</td>
<td>8:00 – 9:00 Morning Report</td>
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<tr>
<td></td>
<td>9:00 – 10:00 Conference</td>
<td>9:00 – 12:00 Hematology/ Oncology Clinic</td>
<td>9:00 Ward Rounds</td>
<td>9:00 Ward Rounds</td>
<td>9:00 Ward rounds</td>
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<td></td>
<td>10:00 Ward Rounds</td>
<td></td>
<td>Ward/Patient Work</td>
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<td>Ward/Patient Work</td>
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<tr>
<td>PM</td>
<td>12:30 – 1:30 Neuro-oncology Conf.</td>
<td>12:00 Ward Rounds</td>
<td>12:00 – 1:00 Research Conference</td>
<td>12:00 – 1:00 Research Conference</td>
<td>12:00 – 2:30 Clinic Conference</td>
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<tr>
<td></td>
<td>1:30 – 2:30 BMT Team Rounds</td>
<td>2:00 – 4:00 Clinical Conference</td>
<td></td>
<td></td>
<td>2:30 – 4:00 Ward Rounds</td>
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</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: None

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.
COURSE CHAIR:  
Carole Hurvitz, M.D.  
PHONE #:  
(310) 423-4780  

SUPPORTING FACULTY:  

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

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

PREREQUISITES:  Medicine, Pediatrics

AVAILABLE TO EXTERNALS:  Yes

STUDENTS / PERIOD:  
max 1  min 1

DURATION:  3 weeks

2005–2006 ROTATIONS BEGIN WEEKS:  
By Arrangement

DESCRIPTION:  Students will be exposed to a broad range of hematologic and oncologic diagnoses in the clinical setting. Students are expected to be knowledgeable in pediatrics and will be responsible for gathering patient histories and physicals for consultations under the supervision of faculty and house staff.

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 INTERNSX OTHER Nurses,
Social Workers,  Play Therapists

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT:  25

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE:  43

TYPICAL WEEKLY SCHEDULE

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<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 House Staff/Student Conference</td>
<td>12:00 House Staff/Student Conference</td>
<td>12:00 – 1:00 HS/Student Conference</td>
<td>12:00 House Staff/Student Conference</td>
<td>12:00 House Staff/Student Conference</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:
advanced clinical clerkship location: cs

course chair:
deborah lehman, m.d. and moshe arditi, m.d.

phone #: (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.
3. infection control in pediatrics.
4. use of the clinical microbiology laboratory.
5. judicious use of antimicrobial agents.

supporting faculty:
dr. ozlem equils

student coordinator: phone #:
lisa payne (310) 423-4780

e-mail: lisa.payne@cshs.org

report to:
room 4400, north tower, 8:30 a.m.

prerequisites: pediatrics

available to externs: yes

students / period: max 2 min 1

duration: 3 weeks

2005–2006 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. bone and soft tissue infections
9. infections in intensive-care patients

inpatient: 70%
outpatient: 30%
consultation: 100%
primary care: 0%

close contact with:

x full time faculty
x clinical faculty
x fellows
x residents
x interns
x other social workers, dietitians, virology and microbiology

approximate # of patients evaluated each week by student: 8

total # of patients evaluated each week by entire service: 16

typical weekly schedule

on-call schedule & weekend activities: none

additional comments and other special requirements:
This elective offers the student the opportunity to function as a member of the pediatric infectious diseases consulting team. The student will have the opportunity to participate in consultations, infectious diseases conferences, and research discussions related to ID problems.

Students will also have the option of attending the Maternal Child Immunology Clinic (MCIC) on Tuesday, where we evaluate mothers and children with HIV-1 infection. Students will function as members of the clinical Infectious Diseases team as subconsultants. They will be under the guidance of the ID research fellow and ID attending physician. Students will be expected to present and discuss their cases and participate in discussion of other infectious disease problems.

STUDENT COORDINATOR: Deby Kozel (310) 825-4128
E-MAIL: dkozel@mednet.ucla.edu

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 8
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 25

TYPICAL WEEKLY SCHEDULE

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  2005–2006
Revised: 4/7/05

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

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

STUDENT COORDINATOR:  PHONE #:
Sally Oliver  (310) 222-2343
E-MAIL: pedshumc@aol.com

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

PREREQUISITES: Pediatrics

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2005–2006 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 immunocomprised child.
10. Control of hospital infections.

DESCRIPTION:
Elective provides broad experience to both common and unusual infectious diseases including HIV in the ICU, NICU, ward, emergency department, and clinic settings. Extensive exposure to faculty and many teaching conferences. Individual reading is strongly encouraged and course compendium is provided. A 15-minute presentation to the faculty on a topic of interest occurs at the end of the rotation.

STUDENT EXPERIENCES

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

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

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 5

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 11

TYPICAL WEEKLY SCHEDULE

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<tr>
<td></td>
<td>Consultations</td>
<td>Consultations</td>
<td>Pediatric Grand Rounds</td>
<td>Chief’s Rounds</td>
<td>Infectious Disease Grand Rounds</td>
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<td>9:30</td>
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<td></td>
<td>Morning Report Daily</td>
<td>Clinical Case Reviews</td>
<td>Attending Rounds</td>
<td>Infectious Diseases Grand Rounds</td>
<td>Med-Pediatric Infectious Disease Conf. (2nd)</td>
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<td>12:00</td>
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<td>3:00</td>
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<td>Residents’ ID Lecture (1st &amp; 3rd)</td>
<td>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.
ADOLESCENT HEALTH CARE

Advanced Clinical Clerkship  Location: HARBOR  

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

SUPPORTING FACULTY:  
Monica Sifuentes, M.D.

STUDENT COORDINATOR:  PHONE #:  
Tammy Jenkins  (310) 222-2168

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

COURSE OBJECTIVES (in order of importance)

An overview of:

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

PREREQUISITES: Pediatrics and Medicine

AVAILABLE TO EXTERNALS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2005–2006 ROTATIONS BEGIN WEEKS:  
12,15,18,30,33,36,39,42,45,48

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 INPATIENT: 0% close contact with:
1. Adolescent adjustment reaction  FULL TIME FACULTY
2. Birth Control  CLINICAL FACULTY
3. Obesity  FELLOWS
4. Adolescent Pregnancy  RESIDENTS
5. Sexually Transmitted Disease  INTERNS
6. Acne  OTHER Personnel in community agencies
7. Psychophysiologic reaction
8. Depression

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 16

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: NA

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>School-based Clinic</td>
<td>School-based Clinic</td>
<td>School-based Clinic</td>
<td>Student Health Clinic</td>
<td>Seminar in Adolescent Medicine</td>
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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>
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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 community factors that influence adolescent behavior.
4. Identify and manage, and/or appropriately refer diagnoses for management, issues of substance abuse, depression, suicide, etc.
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, psychosocial 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/Dysthmia
5. Obesity/Eating DOS
6. Headache
7. Substance Use
8. High Risk Youth, Violence

INPATIENT: 20%
OUTPATIENT: 80%
CONSULTATION: 30%
PRIMARY CARE: 60%
RESEARCH: 10%

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 4
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 20 – 25

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>Morning Report</td>
<td>Lecture</td>
<td>Lecture/Didactics</td>
<td>School Base High School</td>
<td>Adolescent Clinic</td>
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<td>Chart Review</td>
<td>Community Consultation</td>
<td>Consultation</td>
<td>Lecture/Chart Ref.</td>
<td>Consultation</td>
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<td>Consultation</td>
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<tr>
<td>PM</td>
<td>2:00 – 6:00 Adolescent Clinic</td>
<td>Research</td>
<td>UMMA Free Clinic</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Saturdays 9 a.m. – 2:00 p.m. Free Clinic — 3rd Saturday

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: Consultations on demand. Presentation on adolescent/community/advocacy issue at end of rotation.
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.

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

STUDENT EXPERIENCES

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

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

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 6
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 63

TYPICAL WEEKLY SCHEDULE

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<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:
AM  

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<tr>
<th>Hour</th>
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<tbody>
<tr>
<td>AM</td>
<td>9:00 – 12:00 Ambulatory Pediatric Clinic</td>
<td>8:30 – 9:15 OPD Conference 9:15 – 12:00 Ambulatory Pediatric Clinic</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) 9:00 – 12:00 Discussion Prep Time (2 sessions) Peds. Amb. Clinic (2 sessions)</td>
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PM

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<th>Hour</th>
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<tr>
<td>PM</td>
<td>12:00 – 1:30 Peer Review Conference 1:30 – 5:00 Child Psychiatry (2 sessions) 1:30 – 5:00 Learning Disorder Clinic (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>12:00 – 1:30 Pediatric Resident Core Curriculum Conference 1:30 – 5:00 Pediatric Ambulatory Clinic</td>
<td>1:30 – 5:00 Pediatric Ambulatory Clinic</td>
</tr>
</tbody>
</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.
DESCRIPTION: The Pediatric Nephrology Center at Cedars-Sinai provides quality programs in teaching, research, and patient care. Students are expected to be knowledgeable in Pediatrics and to have an interest in general nephrology, transplantation immunology, autoimmunity, renal physiology, dialysis, and areas of renal immunology research.

STUDENT EXPERIENCES

<table>
<thead>
<tr>
<th>COMMON PROBLEMS/DISEASES</th>
<th>INPATIENT:</th>
<th>OUTPATIENT:</th>
<th>CONSULTATION:</th>
<th>PRIMARY CARE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Acute renal failure</td>
<td>50%</td>
<td>50%</td>
<td>90%</td>
<td>10%</td>
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<tr>
<td>2. Obstructive Uropathy</td>
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<tr>
<td>3. Hematuria/Proteinuria</td>
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<td>4. Hypertension</td>
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<tr>
<td>5. Systemic lupus erythematosus</td>
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<td>6. Urinary tract infection</td>
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<td>7. Acid base and electrolyte imbalance</td>
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<td>8. Hemolytic-uremic syndrome</td>
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<tr>
<td>9. Glomerulonephritis</td>
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<tr>
<td>10. Renal transplantation</td>
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</tbody>
</table>

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 8

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 38

TYPICAL WEEKLY SCHEDULE

<table>
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<tr>
<th>Hour</th>
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<td>AM</td>
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<tr>
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<td>8:30 Pediatric Nephrology Clinic</td>
<td>8:00 Nephrology Grand Rounds (peds case conference)</td>
<td>8:30 Morning Report</td>
<td>8:30 Peds Grand Rounds</td>
<td>8:30 Work Rounds</td>
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<td></td>
<td>10:00 Inpatient Rounds</td>
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<td>11:30 Nephrology (peds/adult) Journal Club</td>
<td>10:00 Inpatient Rounds</td>
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<td>1:00 – 3:00 Post-Clinic Conf.</td>
<td>1:00 Inpatient Rounds</td>
<td>1:00 Inpatient Rounds</td>
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<td>3:00 Core Curriculum</td>
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</table>

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

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
COURSE CHAIR:  
Kenneth R. Huff, M.D.  
PHONE #:  (310) 222-4168

SUPPORTING FACULTY:  
S. Robert Snodgrass, M.D.

STUDENT COORDINATOR:  
Sally Oliver  
PHONE #:  (310) 222-2343
E-MAIL: pedshumc@aol.com

REPORT TO:  
Hospital 6E Pediatric Department 6th Floor Lobby office at 8:30 a.m.

PREREQUISITES:  
Neurology or Pediatrics

AVAILABLE TO EXterns:  
Yes

STUDENT COORDINATOR:  PHONE #:  
Sally Oliver  
(310) 222-2343
E-MAIL: pedshumc@aol.com

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES

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

INPATIENT:  50%  
OUTPATIENT:  50%

CLOSE CONTACT WITH:

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT:  9

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE:  35

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
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<tbody>
<tr>
<td>AM</td>
<td>10:30 Pediatric Neurology Ward Rounds</td>
<td>Assigned Inpatient Consultations New &amp; Follow-Up</td>
<td>Assigned Inpatient Consultations New &amp; Follow-Up</td>
<td>8:30 – 10:00 Pediatric Grand Rounds</td>
<td>8:00 – 9:00 Neuro-Radiology</td>
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<tr>
<td></td>
<td>10:30 Pediatric Neurology Ward Rounds</td>
<td>8:30 Neonatal Cases</td>
<td>8:30 Neonatal Cases</td>
<td>10:00 – 11:00 Ped Neuro Topics Seminar</td>
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<td>1:00 – 5:00 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>
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<td>1:00 – 3:30 Learning Clinic or Neuro GI Clinic</td>
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</table>

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

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:  
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 and development, degenerative disorders, seizures, coma, and neuromuscular problems.

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.

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, neuro-pathology, 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

CLOSE CONTACT WITH:

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT:  9

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE:  35

COURSE OBJECTIVES (in order of importance)

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

COMMON PROBLEMS/DISEASES

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

INPATIENT:  50%  
OUTPATIENT:  50%

CLOSE CONTACT WITH:

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT:  9

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE:  35

TYPICAL WEEKLY SCHEDULE

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<td>2:00 – 4:00 Pediatric Neurology Ward Rounds</td>
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<td>2:00 – 4:00 Independent Study</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 and development, degenerative disorders, seizures, coma, and neuromuscular problems.
Advanced Clinical Clerkship: PEDIATRIC NEUROLOGY  
Location: CHS  

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

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

STUDENT COORDINATOR:  
Debby Kozel  (310) 825-4128  
E-MAIL: dkozel@mednet.ucla.edu

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

PREREQUISITES:  Neurology, Pediatrics

AVAILABLE TO EXTERNALS: Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2005–2006 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.

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.

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 WEEK BY STUDENT: 8 – 10

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 43

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
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<th>Wednesday</th>
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</table>
| AM   | 8:30 – 9:30 Pediatric Inpatient Morning Report  
9:30 – 11:30 Pediatric Neuro. Inpatient Ward Rounds | 8:30 – 9:30 Pediatric Inpatient Morning Report  
or  
8:30 – 12:00 (2, 4th Week) Olive View Clinic | 8:30 – 9:30 Pediatric Inpatient Morning Report  
10:00 – 12:00 Pediatric Neurology Inpatient Rounds | 8:30 – 9:30 Pediatric Inpatient Morning Report  
10:00 – 12:00 Pediatric Neurology Inpatient Rounds | 8:30 – 9:30 Pediatric Grand Rounds  
9:30 – 12:00 Independent Study |
| PM   | 11:30 – 1:00 Pediatric Epilepsy Surgery Conference  
1:00 – 5:00 Outpatient Clinic | 12:00 – 1:00 Pediatric Epilepsy Surgery Conference  
2:00 – 4:00 Pediatric Neuro. Inpatient Rounds | 12:00 – 1:00 Pediatric Epilepsy Surgery Conference  
2:00 – 4:00 Epilepsy Surgery Conference | 12:00 – 1:00 Pediatric Neurology Conference (Case Presentation)  
1:00 – 5:00 Outpatient Clinic | 12:00 – 1:00 Pediatric Conference  
2:00 – 4:00 Pediatric Neuro. Inpatient Rounds |

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) 825-6615

SUPPORTING FACULTY: Dr. Theodore Hall

STUDENT COORDINATOR: Lara Gold
PHONE #: (310) 825-8806

REPORT TO: Angela, room #B2-252 at 8:30 AM.

PREREQUISITES: Pediatrics and Radiology

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2005–2006 ROTATIONS BEGIN WEEKS:
6, 9, 12, 15, 27, 30, 33, 36, 41, 44

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

COURSE OBJECTIVES (in order of importance)
1. To familiarize students with the various modalities available for evaluation of pediatric patients and to encourage them to select the proper modality in order of importance, taking into consideration the following: a) the non-invasive nature of the examination; b) cost effectiveness; and c) the most specific modality for a given disease process.
2. To stimulate the students’ curiosity by participating in and discussing difficult cases.
3. To encourage the students to observe decision making processes made by residents and faculty in Pediatric Radiology.

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
OTHER

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: NA
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 500

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
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<tr>
<td>12:00 PM</td>
<td>Radiology Noon Conf.</td>
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<td>Radiology Noon Conf.</td>
<td>Radiology Noon Conf. (Ped. Conf.) 1:00 – 4:00</td>
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<tr>
<td>1:30</td>
<td>PM Resident Review and Procedures</td>
<td>PM Resident Review and Procedures</td>
<td>PM Resident Review and Procedures</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: Required attendance—Departmental Conferences:
1) Radiology Lectures for Residents (1:00–4:00 p.m.) Noon Case Conferences (Dowdy Classroom, 12:00–1:00 Monday – Thursday)
COURSE CHAIR:  PHONE #:  
Robert L. Roberts, M.D., Ph.D.  (310) 825-6481

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

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

REPORT TO: 
12-430 MDCC at 9:00 a.m. to the attending on call.

AVAILABLE TO EXTERNS:  
Yes

PREREQUISITES: 
Pediatrics

STUDENTS / PERIOD:  max 1 min 1

DURATION:  3 weeks

2005–2006 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 common problems and diseases listed below and other immunologic disorders.
2. Knowledge of how to evaluate patients with the following presenting problems:
   a) recurrent infection
   b) joint pain
   c) asthma or chronic cough
   d) eczema
   e) urticaria
   f) fever
3. Basic knowledge of immune mechanisms leading to immunodeficiency or allergic or autoimmune disease.
4. Ability to perform pulmonary function tests and allergy skin testing.
5. Ability to perform rheumatologic exam.
6. Knowledge of drugs used to treat asthmatic and allergic patients.
7. Knowledge of drugs to treat rheumatologic disorders.

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

STUDENT EXPERIENCES

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT:  10
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE:  80

TYPICAL WEEKLY SCHEDULE

<table>
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<tr>
<th>Hour</th>
<th>Monday</th>
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<th>Wednesday</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>8:00 – 9:00 Morning Report</td>
<td>8:00 – 9:00 Morning Report (Wright Library)</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>
</tr>
<tr>
<td></td>
<td>Inpatient Rounds</td>
<td>Inpatient Rounds</td>
<td>Inpatient Rounds</td>
<td>9:00 Immunology/CF Clinic (200 Med Plaza, Ste. 265)</td>
<td>Inpatient Rounds</td>
</tr>
<tr>
<td></td>
<td>Noon Conference</td>
<td>Noon Conference</td>
<td>Noon Conference</td>
<td>1:00 Allergy Clinic (200 Med Plaza, Ste 265)</td>
<td>12:00 – 1:00 Noon Conference</td>
</tr>
<tr>
<td></td>
<td>1:00 Immunology Clinic (200 Med Plaza, Ste. 265)</td>
<td>1:00 Rheumatology Clinic</td>
<td>Allergy Journal Club (Monthly)</td>
<td>5:30 Allergy Journal Club (Monthly)</td>
<td>1:00 Immunology Conference</td>
</tr>
<tr>
<td></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>2:00 – 5:00 Allergy Clinic</td>
</tr>
</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  N/A

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:  

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

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

PREREQUISITES: Pediatrics, Medicine, Surgery

SUBJECT: PE320.01 PEDIATRIC EMERGENCY MEDICINE

Subinternship Location: HARBOR

COURSE CHAIR: Dr. S. Inkelis

PHONE #: (310) 222-3501 or (310) 222-6745

STUDENT COORDINATOR: Sally Oliver

PHONE #: (310) 222-2343

E-MAIL: pedshumc@aol.com

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 skills.
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 BY STUDENT: 70

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

TYPICAL WEEKLY SCHEDULE

<table>
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<tr>
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<tbody>
<tr>
<td>AM</td>
<td>8:00 – 8:30 Chart Rounds</td>
<td>8:00 – 8:30 Chart Rounds</td>
<td>8:00 – 8:30 Chart Rounds</td>
<td>8:00 – 8:30 Chart Rounds</td>
<td>8:00 – 8:30 Chart Rounds</td>
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<tr>
<td></td>
<td>8:30 – 12:00 Peds ED</td>
<td>8:30 – 9:30 Peds ED Conference</td>
<td>8:30 – 12:00 Peds ED</td>
<td>8:30 – 9:30 Grand Rounds</td>
<td>8:30 – 9:30 Case Conference</td>
</tr>
<tr>
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<td>9:30 – 12:00 Peds ED</td>
<td>9:30 – 12:00 Peds ED</td>
<td>9:30 – 12:00 Peds ED</td>
<td>9:30 – 12:00 Peds ED</td>
<td>9:30 – 12:00 Peds ED</td>
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<tr>
<td>PM</td>
<td>1:00 – 5:00 Peds ED</td>
<td>1:00 – 5:00 Peds ED</td>
<td>1:00 – 5:00 Adolescent Clinic</td>
<td>1:00 – 5:00 Paramedic Ride Along</td>
<td>1:00 – 5:00 Peds ED</td>
</tr>
</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Two to three night shifts per week (4 p.m. – 12 p.m.) in place of daytime shifts and one weekend shift.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: One day 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:**
- Pamela D. Dyne, M.D.  (818) 364-3108
- Rona Molodow, M.D.  (818) 364-3233

**Supporting Faculty:**
Olive View-UCLA Departments of Emergency Medicine and Pediatrics faculty

**Student Coordinator:**
- Monica Manjarrez  (818) 364-3108

**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 department patients simultaneously (according to the skills of the student).

**Prerequisites:** Pediatrics, Medicine, Surgery

**Available to Externs:** Yes

**Students / Period:** max 1 min 1

**Duration:** 2 or 3 weeks

**2005–2006 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

<table>
<thead>
<tr>
<th>INPATIENT</th>
<th>OUTPATIENT</th>
<th>CONSULTATION</th>
<th>PRIMARY CARE</th>
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<tbody>
<tr>
<td>0%</td>
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</table>

**Close Contact With:**
- Full Time Faculty
- Clinical Faculty
- Fellows
- Residents
- Interns
- Others

**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

**Approximate # of Patients Evaluated Each Week by Student:** 30

**Total # of Patients Evaluated Each Week by Entire Service:** 750

## Typical Weekly Schedule

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<tr>
<td>AM</td>
<td>7:30</td>
<td>8:00 – 11:00</td>
<td>8:30 – 9:30</td>
<td>8:00 – 11:00</td>
<td>8:00 – 11:00</td>
</tr>
<tr>
<td></td>
<td>Pediatric Rounds</td>
<td>EM Conferences</td>
<td>Peds Grand Rounds</td>
<td>EM Conferences</td>
<td>EM Conferences</td>
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<td>9:00 a.m. – 4:00 p.m.</td>
<td>12:00 – 1:00</td>
<td>9:30 a.m. – 5:00 p.m.</td>
<td>1:00 – 8:00</td>
<td>12:00 – 4:00</td>
</tr>
<tr>
<td></td>
<td>SCAN Clinic</td>
<td>Peds Noon Conference</td>
<td>Peds Urgent Care Clinic</td>
<td>Peds Education</td>
<td>Peds Urgent Conferences</td>
</tr>
</tbody>
</table>

| PM   | 1:00 – 8:00 | 10:00 p.m. – 7:00 a.m. | 8:00 – 11:00 |
|      | Peds ED | Peds ED Night Shift | EM Conferences |

**On-Call Schedule & Weekend Activities:** No call, only shifts as described. Saturday or Sunday: 8 a.m. – 8 p.m. Peds ED shift

**Additional Comments and Other Special Requirements:**
- Peds/EM combined Conference on 3rd Thursday of EACH WEEK 8:15–9:15
- EM Journal Club, 7 pm on 3rd Wednesday of EACH WEEK
- Peds Journal Club
- 1 paramedic ride-along, (in lieu of shift)
- 1 day with community health van (in lieu of shift)

**APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT:** 30

**TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE:** 750

2005–2006 Revised: 12/17/04
COURSE CHAIR: 
Marvin E. Ament, M.D.  
PHONE #:  
(310) 206-6134

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

STUDENT COORDINATOR: 
Debby Kozel, Pediatric Education Office, 12-335 MDCC, 8:00 a.m.

PREREQUISITES: Medicine or Pediatrics

AVAILABLE TO EXTERNALS: Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2005–2006 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.

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

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

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 10

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 100

TYPICAL WEEKLY SCHEDULE

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<tr>
<td></td>
<td>Gi Clinic (Ament)</td>
<td>Gi Clinic (Vargas &amp; Martin)</td>
<td>Gi Clinic (Mehra)</td>
<td>Pediatric Liver Transplant Clinic</td>
<td>Gi Clinic (Ament)</td>
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<tr>
<td></td>
<td>*Various Outreach Clinics</td>
<td>*Various Outreach Clinics</td>
<td>*Various Outreach Clinics</td>
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<tr>
<td>PM</td>
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<td>12:00</td>
<td>12:30</td>
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<tr>
<td></td>
<td>Noon Lecture</td>
<td>Noon Conference</td>
<td>Noon Conference</td>
<td>Noon Conference</td>
<td>Adult/Ped Journal Club</td>
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<td>5:00</td>
<td>1:00</td>
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<td>1:00</td>
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<tr>
<td></td>
<td>Liver Biopsy Conference (1P-329 CHS)</td>
<td>Liver Clinic (McDiarmid)</td>
<td>TPN Clinic (Ament &amp; Vargas)</td>
<td>GI Research Conf.</td>
<td>Ped GI Teaching Conference</td>
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<td></td>
<td>1:00</td>
<td>5:00</td>
<td>(Haimer 22-426 MDCC)</td>
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</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: None

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: **Outreach clinics: 1) Bakersfield Digestive Disease Center (1st Monday of each month, 8:00 a.m.– 6:00 p.m., Drs. Vargas & Ament); 2) Kern County Sagebrush Medical (1st & 3rd Wednesday of EACH WEEK 8:00 a.m.– 1:00 p.m., Drs. Vargas & Ament); 3) Ventura Pediatric Clinic (2nd Monday & 3rd Thursday of EACH WEEK, 1:00 – 4:00 p.m., Dr. Ament); 4) Santa Barbara Cottage (2nd & 3rd Wednesday & 4th Monday of EACH WEEK, Drs. Ament, Vargas & Edelstein)
PE340.01 PEDIATRIC HEMATOLOGY-ONCOLOGY SUBINTERNSHIP

Subinternship Location: CHS 2005–2006 Revised: 10/7/05

COURSE CHAIR:  PHONE #:
Kathleen Sakamoto, M.D  (310)-825-6708

SUPPORTING FACULTY:
Drs. Kathleen Sakamoto, Christopher Denny, Theodore Moore, Jacqueline Casillas, Brigitte Gomperts, Dan Ozerau

STUDENT COORDINATOR:  PHONE #:
Debby Kozel  (310) 825-4128  E-MAIL: dkozel@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

2005–2006 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.

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

STUDENT EXPERIENCES

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

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 WEEK BY STUDENT: 13
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 65

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

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Call every fourth 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

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

STUDENT COORDINATOR:  PHONE #:  
Alex Lopez  (310) 206-6217
E-MAIL:  mlopez@ashe.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 EXTERNS:  Yes

STUDENTS / PERIOD:  max 1 min 1

DURATION:  3 weeks

2005–2006 ROTATIONS BEGIN WEEKS:
15,18,21,30,33,36,39,42

DESCRIPTION:  
This elective allows the student to construct a unique educational experience in providing healthcare and increasing awareness of the health issues of this population within the college-age student population.  Sports medicine, dermatology, behavioral issues, nutritional and other issues unique to young adults are emphasized. This elective can be modified to meet the interests of the fourth-year medical student.

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 & Synthesis 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
9. Develop skill in diagnosis and treatment of acute and over use injuries.

STUDENT EXPERIENCES

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

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

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT:  50
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE:  1,125

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<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>Primary Care</td>
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<tr>
<td>PM</td>
<td>Primary Care</td>
<td>Primary Care</td>
<td>Outreach Program</td>
<td>Outreach Program</td>
<td>Primary Care</td>
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</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
COURSE CHAIR:  PHONE #:  
Rona Molodow, M.D.  (818) 364-3233

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

STUDENT COORDINATOR:  PHONE #:  
Adrianna Gonzales  (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 91342

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

AVAILABLE TO EXTERNALS:  Yes

STUDENTS / PERIOD:  max 1 min 1

DURATION: 3 weeks

2005–2006 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.

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

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 WEEK BY STUDENT:  25

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE:  695

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

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

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

**SUPPORTING FACULTY:** Robert Morris, M.D.  
**PHONE #:** (213) 742-1194

**STUDENT COORDINATOR:** Debby Kozel  
**PHONE #:** (310) 825-4128

**E-MAIL:** dkozel@mednet.ucla.edu

**REPORT TO:** Dr. Anderson  
**PHONE #:** (310) 825-6301, x11676

**PREREQUISITES:** Medicine, Surgery, Pediatrics and Ob/Gyn

**AVAILABLE TO EXTERNS:** Yes

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

**DURATION:** 3 weeks

**2005–2006 ROTATIONS BEGIN WEEKS:**
6, 9, 12, 15, 18, 21, 27, 30, 33, 36, 39, 42, 45, 48

**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.

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

**INPATIENT:** 0%

**OUTPATIENT:** 100%

**CONSULTATION:** 0%

**PRIMARY CARE:** 100%

**CLOSE CONTACT WITH:**
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
X OTHER Nurse practitioner, Physician’s assistant

**APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT:** 19

**TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE:** 180

**TYPICAL WEEKLY SCHEDULE**

<table>
<thead>
<tr>
<th>Hour</th>
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<tbody>
<tr>
<td>AM</td>
<td>Culver City Youth</td>
<td>Culver City</td>
<td>Culver City</td>
<td>Culver City</td>
<td>UCLA Grand Rounds and Adolescent Medicine Lectures</td>
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<td>Health Center</td>
<td>CSUN</td>
<td>CSUN</td>
<td>San Fernando</td>
<td>Clinic</td>
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<td>San Fernando HS,</td>
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<td>Northridge - CSUN</td>
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<td>Cal State University</td>
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<td>San Fernando</td>
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<tr>
<td>PM</td>
<td>Robert Levine Health</td>
<td>Culver City Youth</td>
<td>RLHC</td>
<td></td>
<td>UCLA Adolescent Clinic</td>
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<td></td>
<td>Center</td>
<td>CSUN</td>
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<td>Cal State Northridge</td>
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<td>CSUN</td>
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</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

Revised: 11/17/04

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

SUPPORTING FACULTY: Karen Fond, P.N.P., Alfred Pennisi, M.D., Claudia Wang, M.D., Patricia Barreto, M.D., Paul Chung, M.D., Sharam Yazdani, M.D., Rita Mangione-Smith, M.D., and Kirsten Sampera, M.D.

STUDENT COORDINATOR: PHONE #: Debby Kozel (310) 825-4128  EMAIL: dkozel@mednet.ucla.edu

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

PREREQUISITES: Pediatrics, Medicine, Surgery

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2005–2006 ROTATIONS BEGIN WEEKS: 2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

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 and Primary Care Center. 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.

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.
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.
8. Utilization of pediatric health care team including pediatric nurse practitioner.

STUDENT EXPERIENCES

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

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 WEEK BY STUDENT: 25

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 500

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
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<tbody>
<tr>
<td>AM</td>
<td>8:00 – 9:00 Outpatient Conference</td>
<td>8:00 – 9:00 Morning Report</td>
<td>8:00 – 9:00 Outpatient Conference</td>
<td>8:00 – 9:00 Outpatient Conference</td>
<td>8:00 – 9:00 Grand Rounds</td>
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<tr>
<td></td>
<td>9:00 Primary Care Clinic</td>
<td>9:00 Primary Care Clinic</td>
<td>9:00 Primary Care Clinic</td>
<td>9:00 Primary Care Clinic</td>
<td>9:00 Primary Care Clinic</td>
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<tr>
<td>PM</td>
<td>12:00 – 1:00 Noon Conferences</td>
<td>12:00 – 1:00 Noon Conference</td>
<td>12:00 – 1:00 Noon Conference</td>
<td>1:00 – 5:00 Primary Care Clinic</td>
<td>12:00 – 1:00 Noon Conference</td>
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<td>1:00 – 5:00 Primary Care Clinic</td>
<td>1:00 – 5:00 Primary Care Clinic</td>
<td>1:00 – 5:00 Primary Care Clinic</td>
<td>12:00 – 5:00 Primary Care Clinic</td>
<td>1:00 – 5:00 Primary Care Clinic</td>
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<td><strong>SEE ADDITIONAL COMMENTS BELOW</strong></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.
PE351.02  AMBULATORY PEDIATRICS

Subinternship Location:  KDMC

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

SUPPORTING FACULTY:
Drs., Anidi, Lindsey, Mehta, Okafor, Foston

STUDENT COORDINATOR:  PHONE #:
Marilyn Jones  (310) 668-4664
E-MAIL:  mjones@cdrewu.edu

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

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

AVAILABLE TO EXTERNALS:  No

STUDENTS / PERIOD:  max 1 min 1

DURATION:  3 weeks

2005–2006 ROTATIONS BEGIN WEEKS:
By Arrangement

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.

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.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES

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

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

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT:  13 – 25

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE:  300

TYPICAL WEEKLY SCHEDULE

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<th>Hour</th>
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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>
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<tr>
<td></td>
<td>9:00 – 12:30 Subspecialty Clinic</td>
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<tr>
<td>PM</td>
<td>1:30 – 5:00 Episodic Area</td>
<td>1:30 – 5:00 Subspecialty Clinic</td>
<td>1:30 – 5:00 Hold Area</td>
<td>1:30 – 5:00 Episodic Area</td>
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<td></td>
<td>1:30 – 5:00 Triage, Hold, or Episodic Area</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  Optional call in Pediatric E.R.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:  There are on-call rooms available (if students stay overnight). Parking and meal tickets are also provided. Subspecialty clinics are: Nephrology, Chest, Dermatology, Neurology, PIP Clinic (sexual abuse follow-ups), Cardiology, Hematology-Sickle-Cell Clinic, G.I., Endocrine-Metabolic, Allergy-Immunology, Intant Follow-up, and Genetics, Child Development, High-Risk IFU.
COURSE CHAIR: Wendy Slusses, M.D.  
PHONE #: (310) 825-4128

SUPPORTING FACULTY: Drs. Kuo and Perez and Chief Residents

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

REPORT TO: Venice Family Health Clinic, 604 Rose Avenue, Venice at 9:00 a.m.

PREREQUISITES: Core Pediatrics Clerkship

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2005–2006 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
9. Nutrition (overweight)

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 25
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 113

TYPICAL WEEKLY SCHEDULE

<table>
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<tr>
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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 9:00 – 12:00 Pediatrics Clinic, Burke Comprehensive H.C.</td>
</tr>
<tr>
<td>PM</td>
<td>1:00 – 5:00 Pediatrics Clinic, Burke Comprehensive Health Center</td>
<td>Independent Study</td>
<td>1:00 – 6:00 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


COURSE CHAIR:  PHONE #:  Debby Kozel (310) 825-4128

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.

SUPPORTING FACULTY:  Pediatric Nephrology Faculty

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

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

SUBJECTIVE 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
9. Acute Renal Failure

STUDENT EXPERIENCES

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 3
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 33

TYPICAL WEEKLY SCHEDULE

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<tr>
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<tbody>
<tr>
<td>AM</td>
<td>8:30 – 12:00 Transplant Clinic 200 Med Plaza Module 2</td>
<td>4th Tuesday/mo Bakersfield Clinic 7:00 am MDCC pt. Drop Off 7:30 – 8:30 Adult Neph. Journal Club 200 Med Plaza,</td>
<td>1st Wednesday/mo 7:30 am MDCC pt Drop off 9:00 – 12:00 Dialysis Clinic 200 Med Plaza Module 1</td>
<td>7:00 – 8:00 Renal Grand Rounds Wadsworth VA 9:00 – 12:30 General Nephrology Clinic 200 Med Plaza Module 1</td>
<td>7:15 – 8:15 Pathophysiology Course Wadsworth VA 8:00 – 9:00 Pediatric Grand Rounds 10:00 – 11:00 Dialysis Post Clinic</td>
</tr>
<tr>
<td>PM</td>
<td>1:30 – 3:00 Post-Transplant Clinic (200 Med Plaza)</td>
<td>1:00 – 2:00 Peds Neph. Journal Club/Seminar</td>
<td>12:00 – 1:00 Adult Neph./Ped Neph. Conference</td>
<td>12:00 – 1:00 Didactic Conference 1:00 – 2:00 Patient Sign-Out</td>
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</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: None

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: Students will be required to give one Journal Club/Seminar during the rotation.
PE420.01  PEDIATRIC CRITICAL CARE SUBINTERNSHIP

January 2005 – December 2006

COURSE CHAIR:  Richard Mink, M.D.  
PHONE #:  (310) 222-4002

SUPPORTING FACULTY:  
Drs. Olga Mohan and Bonnie Rachman

STUDENT COORDINATOR:  Joyce Richardson  
PHONE #:  (310) 222-2301  
E-MAIL:  jrichardson@ladhs.org

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

ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  
In-house overnight call every 4th night (w/a resident). One weekend day, each week.  
Saturday/Sunday:  TIME PER ATTENDING BUT NO LATER THAN 10:00 AM bedside rounds with attending.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:  
+Rounds with Attending 8:30–11:00 if no ED Conference.  *Rounds with Attending 9:45–11:45 if ED Conference on Wednesday.  NOTE:  Interns MUST examine their patients and collect appropriate data prior to rounds with senior resident and attending.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 3

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 13 – 18

TYPICAL WEEKLY SCHEDULE

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<tr>
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<tr>
<td>PM</td>
<td>12:00 – 1:00 Residence Conference After 4:00 Fellow-Senior Resident Sign-Out Rounds</td>
<td>12:00 – 1:00 Critical Care Conf. 2:45 – 3:15 Fellow-Senior Resident Sign-Out Rounds</td>
<td>12:00 – 1:00 Resident Conference After 4:00 Fellow-Senior Resident Sign-Out Rounds</td>
<td>After 4:00 Fellow-Senior Resident Sign-Out Rounds</td>
<td>After 4:00 Fellow-Senior Resident Sign-Out Rounds</td>
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COURSE OBJECTIVES (in order of importance):

1. To be able to recognize the clinical presentation of a critically ill infant and child.
2. To understand how to manage fluids and electrolytes.
3. To learn about the types of shock and their treatment.
4. To gain a basic appreciation of respiratory distress and/or failure in infants and children and its management, including the use of mechanical ventilation.
5. To understand the clinical presentation, pathophysiology and treatment of traumatic injuries in children.
6. To acquire a basic understanding of medications used for hemodynamic support.

DESCRIPTION:  The PICU at Harbor-UCLA is a multidisciplinary unit with approximately 600 admissions annually. Admissions to the PICU encompass a wide variety of common pediatric diseases, such as respiratory failure and traumatic injury. In addition to the medical student, the team includes a Pediatric Critical Care Attending and fellow, a Senior Pediatric Resident and three interns.

STUDENT COORDINATOR:  PHONE #: (310) 222-2301  
E-MAIL:  jrichardson@ladhs.org

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2005–2006 ROTATIONS BEGIN WEEKS: By Arrangement

PREREQUISITES: Pediatrics, Medicine, and Surgery

AVAILABLE TO EXTERNS: Yes
COURSE CHAIR: Shahram Yazdani, M.D.

SUPPORTING FACULTY: Pediatric Staff

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

REPORT TO: Pediatric 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

2005–2006 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.

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

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

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 5

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 44

TYPICAL WEEKLY SCHEDULE

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<thead>
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<tbody>
<tr>
<td>AM</td>
<td>7:30 – 8:00 Pre-Round</td>
<td>7:30 – 8:00 Pre-Round</td>
<td>7:30 – 8:00 Pre-Round</td>
<td>7:30 – 8:00 Pre-Round</td>
<td>7:30 – 8:00 Work Rounds</td>
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<td></td>
<td>8:00 – 9:00 Morning Report.</td>
<td>8:00 – 9:00 Morning Report</td>
<td>8:00 – 9:00 Morning Report</td>
<td>8:00 – 9:00 Morning Report</td>
<td>8:00 – 9:00 Grand Rounds</td>
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<td>9:00 – 10:30 Attending Rounds</td>
<td>9:00 – 10:30 Attending Rounds</td>
<td>9:00 – 10:30 Attending Rounds</td>
<td>9:00 – 10:30 Attending Rounds</td>
<td>9:00 – 10:30 Attending Rounds</td>
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<tr>
<td></td>
<td>11:30 – 12:00 X-ray Rounds</td>
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<tr>
<td>PM</td>
<td>12:00 – 1:00 Noon Conference</td>
<td>12:00 – 1:00 Noon Conference</td>
<td>12:00 – 1:00 Noon Conference</td>
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<td>12:00 – 1:00 Noon Conference</td>
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<tr>
<td></td>
<td>Patient Care on Ward</td>
<td>Patient Care on Ward</td>
<td>Patient Care on Ward</td>
<td>Patient Care on Ward</td>
<td>Patient Care on Ward</td>
</tr>
</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: On call every fifth night. Weekend duties to be arranged with house staff.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
COURSE CHAIR:  Lee Todd Miller, M.D. (310) 423-4647
Abhay Dandekar, M.D. (310) 423-4647

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

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

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

AVAILABLE TO EXTERNALS: Yes

PREREQUISITES: Pediatrics, Medicine, Surgery

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2005–2006 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. Dandekar 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.

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
8. End-Stage Renal Failure
9. Sickle Cell Anemia

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

CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
X OTHER Social Workers, Nurses, Dietitians, Child-life Specialists, Pharmacists

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 5 – 8
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 40 – 45

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<tbody>
<tr>
<td>AM</td>
<td>7:30 – 8:30 Work Rounds</td>
<td>7:30 – 8:30 Work Rounds</td>
<td>7:30 – 8:30 Work Rounds</td>
<td>7:30 – 8:30 Work Rounds</td>
<td>7:30 – 8:30 Work Rounds</td>
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<tr>
<td></td>
<td>8:45 – 10:00 Morning Report &amp; Attending Rounds</td>
<td>8:30 – 9:30 Clinical Conference</td>
<td>8:45 – 10:00 Morning Report &amp; Attending Rounds</td>
<td>8:30 – 9:30 Pediatric Grand Rounds</td>
<td>8:45 – 10:00 Morning Report &amp; Attending Rounds</td>
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<tr>
<td></td>
<td>10:30 – 11:00 Radiology Teaching Conference</td>
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<td>10:30 – 11:00 Radiology Teaching Conference</td>
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<td>10:30 – 11:00 Radiology Teaching Conference</td>
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<tr>
<td>PM</td>
<td>12:00 Noon Teaching Conference</td>
<td>12:00 Noon Teaching Conference</td>
<td>12:00 Noon Teaching Conference</td>
<td>12:00 Noon Teaching Conference</td>
<td>12:00 Noon Teaching Conference</td>
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<tr>
<td></td>
<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>
<td>1:30 – 2:30 Program Director’s Attending Rounds</td>
<td></td>
</tr>
</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Every fourth night

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: The student will meet with Dr. Miller and Dr. Brown on a regular basis for “small group” teaching sessions.
### Supporting Faculty
Dr. Kenneth Zangwill (Children's Ward Director), other pediatric faculty

### Course Chair
Monica Sifuentes, M.D.  
PHONE #: (310) 222-3080

### Student Coordinator
Joyce Richardson  
PHONE #: (310) 222-2301  
E-MAIL: jrichardson@ladhs.org

### Report To
6th Floor – East Ward

### Prerequisites
Pediatrics, Medicine, Surgery, Obstetrics-Gynecology

### Available to Externs
Yes

### Students / Period:
max 2 min 1

### Duration
3 weeks

### 2005–2006 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

<table>
<thead>
<tr>
<th>Common Problems/Diseases</th>
<th>Inpatient: 90%</th>
<th>Close Contact With:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Acute respiratory disorders</td>
<td></td>
<td>X Full Time Faculty</td>
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<tr>
<td>2. Acute gastroenteritis &amp; dehydration</td>
<td></td>
<td>X Clinical Faculty</td>
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<tr>
<td>3. Emergent trauma</td>
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<td>X Fellows</td>
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<td>4. Acute pediatric surgical conditions</td>
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<td>X Residents</td>
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<tr>
<td>5. Serious infections</td>
<td></td>
<td>X Interns</td>
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<tr>
<td>6. Growth, developmental &amp; nutritional disorders</td>
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<td>OTHER</td>
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<tr>
<td>7. Congenital heart disease</td>
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</tbody>
</table>

### Approximate # of Patients Evaluated Each Week by Student: 5

### Total # of Patients Evaluated Each Week by Entire Service: 15

### Typical Weekly Schedule

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<tr>
<th>Hour</th>
<th>Monday</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>7:30 – 9:30 Work Rounds</td>
<td>7:30 – 9:30 Work Rounds</td>
<td>7:30 – 9:30 Work Rounds</td>
<td>7:30 – 8:30 Work Rounds</td>
<td>7:30 – 8:30 Work Rounds</td>
</tr>
<tr>
<td>PM</td>
<td>New patient workups</td>
<td>New patient workups</td>
<td>New patient workups</td>
<td>New patient workups</td>
<td>New patient workups</td>
</tr>
</tbody>
</table>

### On-call Schedule & Weekend Activities
Every fourth evening and one weekend day; attending rounds on Saturday or Sunday morning, depending on call schedule.

### Additional Comments and Other Special Requirements
One in seven days off, averaged over three weeks.
SUPPORTING FACULTY:
Ronald Rosengart, M.D., Chief, Dept. of Pediatrics, Steven Woods, M.D., and Staff

PREREQUISITES:
Pedia trics, Medicine, Surgery

PE452.02 PEDIATRICS
Subinternship/Inpatient Location: KAISER.SUN
COURSE CHAIR:  PHONE #:
Steven D. Woods, M.D.  (323) 783-5311
STUDENT COORDINATOR:  PHONE #:
Steve Valencia (323) 783-4516
REPORT TO: Center for Medical Education, 4733 Sunset Blvd., West Mezzanine, 3rd floor at 8:00 a.m. Then report to Dr. Woods, 4700 Sunset Bl. #4B, (323) 783-8813 after registration.

AVAILABLE TO EXTERNS: Yes
STUDENTS / PERIOD: max 1 min 1
DURATION: 3 weeks
2005–2006 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.

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

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

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 5 – 6
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 50

TYPICAL WEEKLY SCHEDULE

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<tr>
<td>7:30 – 8:30</td>
<td>Work Rounds with House Staff</td>
<td>7:30 – 8:30</td>
<td>Work Rounds with House Staff</td>
<td>7:30 – 8:30</td>
<td>Work Rounds with House Staff</td>
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<tr>
<td>8:30 – 11:00</td>
<td>Patient Workups &amp; Care</td>
<td>8:30 – 12:00</td>
<td>Patient Workups &amp; Care</td>
<td>8:30 – 11:00</td>
<td>Patient Workups &amp; Care</td>
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<td>11:00 – 12:00</td>
<td>Attending Rounds</td>
<td>11:00 – 12:00</td>
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<td>11:00 – 12:00</td>
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<td>Peer Review Conference</td>
<td>12:00 – 1:30</td>
<td>Resident Conference</td>
<td>12:00 – 1:30</td>
<td>Resident Conference</td>
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<td>1:30 – 4:00</td>
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<td>Patient Workups &amp; Care</td>
<td>1:30 – 4:00</td>
<td>Patient Workups &amp; Care</td>
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<td>Patient Workups &amp; Care</td>
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<td></td>
<td>Sign Out Rounds with House Staff</td>
<td>4:00 – 5:00</td>
<td>Sign Out Rounds with House Staff</td>
<td>4:00 – 5:00</td>
<td>Sign Out Rounds with House Staff</td>
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<tr>
<td></td>
<td>2:00 – 4:30</td>
<td>Pediatric Grand Rounds</td>
<td>4:30 – 5:30</td>
<td>Sign Out Rounds with House Staff</td>
<td>4:30 – 5:30</td>
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<td>PM</td>
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<td>12:00 – 1:30</td>
<td>Peer Review Conference</td>
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<td>Resident Conference</td>
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<td>Resident Conference</td>
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<td>1:30 – 4:00</td>
<td>Patient Workups &amp; Care</td>
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<td>1:30 – 4:00</td>
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<tr>
<td>4:00 – 5:00</td>
<td>Sign Out Rounds with House Staff</td>
<td>4:00 – 5:00</td>
<td>Sign Out Rounds with House Staff</td>
<td>4:00 – 5:00</td>
<td>Sign Out Rounds with House Staff</td>
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</tbody>
</table>

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

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: Parking is provided. * In addition to the Pediatric Grand Rounds on the Wednesday-PM schedule, activities include Visiting Lecturers, Quality Assurance, Morbidity/Mortality Conf, Radiology Teaching Conf, and Case Presentations and discussion.** Other Health Care Providers with whom students have close contact: Ped-Nurse Practitioners, Ped-Social Workers, Ped-Nutritionists, Respiratory Therapists.
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: IVs, (scalp vein, angiocath), airway management, arterial puncture, etc.
7. Improve history taking and physical exam skills.

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.

STUDENT EXPERIENCES

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: The Sub I takes in-house overnight call every fourth 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 house staff not on call.
PE455.03  PEDIATRIC INTENSIVE CARE UNIT SUBINTERNSHIP


COURSE CHAIR:        PHONE #:  (310) 825-4128
Rick Harrison, M.D.

SUPPORTING FACULTY:  Judith Brill, M.D., Irwin Weiss, M.D., Andranik Madikians, M.D.
Joel Barron, M.D., David Epstein, M.D.

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

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

PREREQUISITES:  Medicine, Surgery, and Pediatrics

AVAILABLE TO EXTERNALS:  Yes

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

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

2005–2006 ROTATIONS BEGIN WEEKS:
6,9,12,15,18,21,27,30,33,36,39,42,45,48

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

STUDENT EXPERIENCES

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

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

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT:  3

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE:  23

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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<tbody>
<tr>
<td>AM</td>
<td>6:30 – 7:30 Pre-Rounds</td>
<td>6:30 – 7:00 Pre-Rounds</td>
<td>6:30 – 7:30 Pre-Rounds</td>
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<td>7:30 – 10:00 Morning Rounds</td>
<td>7:00 – 10:00 Lecture</td>
<td>7:00 – 8:30 &amp; 9:00 – 10:30 Morning Rounds</td>
<td>7:00 – 7:30 Lecture</td>
<td>7:00 – 10:30 Morning Rounds</td>
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<td>10 – 11:30 Patient Care</td>
<td>10 – 11:30 Patient Care</td>
<td>8:30 – 9:00 Patient Care</td>
<td>11:30 – 12:00 Patient Care</td>
<td>11:30 – 12:00 Morning Rounds</td>
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<td>11:30 – 12:00 X-ray Rounds</td>
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<td>11:30 – 12:00 X-ray Rounds</td>
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<td>11:30 – 12:00 X-ray Rounds</td>
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<tr>
<td>PM</td>
<td>12:00 – 1:00 Peds Noon Conf.</td>
<td>12:00 – 1:00 Peds Noon Conf.</td>
<td>12:00 – 1:00 Peds Noon Conf.</td>
<td>1:00 – 5:00 Patient Care</td>
<td>12:00 – 1:00 Peds Noon Conf.</td>
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<td>1:00 – 5:00 Patient Care</td>
<td>1:00 – 5:00 Patient Care</td>
<td>1:00 – 5:00 Patient Care</td>
<td>2:00 – 3:00 Patient Care</td>
<td>1:00 – 2:00 &amp; 3:00 – 5:00 Patient Care</td>
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<tr>
<td></td>
<td>5:00 – 6:30 Evening Rounds</td>
<td>5:00 – 6:30 Evening Rounds</td>
<td>5:00 – 6:30 Evening Rounds</td>
<td>5:00 – 6:30 Evening Rounds</td>
<td>5:00 – 6:30 Evening Rounds</td>
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</tbody>
</table>

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

COURSE CHAIR:  PHONE #:
Vedang Londhe, M.D.  (310) 206-6197

SUPPORTING FACULTY:
Neonatology Faculty, Sherin Devaskar, M.D., and
Uday Devaskar, M.D.

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

REPORT TO:  Fellow or Senior Resident, Neonatal Intensive Care Unit – 2 West, 8:00 a.m.

AVAILABLE TO EXterns:  Yes

STUDENTS / PERIOD:  max 1 min 1

DURATION:  3 weeks

2005–2006 ROTATIONS BEGIN WEEKS:
By Arrangement

DESCRIPTION:  This elective provides medical students the fundamentals of the presentation and underlying pathophysiology of problems related to the health and well-being of the fetus and neonate. Students develop a special competence and understanding of the basic pathology of critically ill term and preterm neonates related to neurologic, respiratory, cardiovascular, hematologic, infectious, gastroenterologic, endocrine, renal, psychosocial and developmental issues. The curriculum reflects our commitment to provide medical students the clinical experience necessary to gain an understanding of health care delivery for routine and complex neonatal disorders. Our philosophy is to 1) teach neonatal pathology through clinical application; 2) integrate basic science teaching into clinical instruction; and 3) provide abundant opportunities for learning through didactic rounds, lectures and conferences. Students will be encouraged to present their cases during daily rounds with the NICU health care team.

COURSE OBJECTIVES (in order of importance)
1. Learn major newborn diseases: pathophysiology, treatment, and outcome.
2. Observe and/or participate in most frequent procedures: resuscitation, intubation, umbilical line placement, venipuncture, I.V. placement, thoracentesis, chest tube placement, exchange transfusion.
4. Learn the presentation and exam of normal newborns and how to identify/differentiate abnormalities on exam.
5. Learn to interact with parents/family of critically ill infants and provide psychosocial support.

STUDENT EXPERIENCES

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

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

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 3
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 8

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<td></td>
<td>Teaching Lecture</td>
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<td>Radiology Rounds</td>
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<td>PM</td>
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<td></td>
<td>Resident Lecture</td>
<td>Neonatalogy Conf.</td>
<td>Resident Lecture</td>
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<td>1:00 – 5:00</td>
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<td></td>
<td>NICU Work</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  Every fourth night until 10:00 p.m.

ADDITIONAL SPECIAL REQUIREMENTS:  None
PE485.02 NEONATOLOGY


COURSE CHAIR:
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:
Lisa Payne  (310) 423-4780
E-MAIL: lisa.payne@cshs.org

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

PREREQUISITES: Pediatrics, Medicine, Surgery

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2005–2006 ROTATIONS BEGIN WEEKS:
By Arrangement

DESCRIPTION: The Neonatal Intensive Care Unit is a state-of-the-art 45-bed unit. Students participate in attending and multidisciplinary discharge rounds, as well as a wide variety of teaching activities (including daily afternoon lectures given by neonatology faculty, housestaff noon lectures, weekly Pediatric Case Conference and Grand Rounds). Students interact with a wide variety of pediatric consultants and services, and participate in the care of both term and preterm infants with diagnosis ranging from congenital heart disease, meconium aspiration, genetic syndromes, to apnea and bradycardia, hyperkalemia, and intraventricular hemorrhage, among others. Students will be exposed to fluid and electrolyte management, metabolic and nutrition disorders, cardiorespiratory management, and management of infection.

STUDENT EXPERIENCES

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

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 3 – 4
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 8 – 11

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<th>Friday</th>
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<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>1:00 – 2:00 Didactic 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>1:00 – 3:00 Physical Exam &amp; Progress Note</td>
<td>12:00 Didactic Academic Conference</td>
<td>7:30 – 11:30 Attending Rounds</td>
</tr>
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<td>1:00 – 3:00 Physical Exam &amp; Progress Note</td>
<td>3:00 – 4:00 Didactic Neonatal Conference</td>
<td>1:00 – 3:00 Physical Exam &amp; Progress Note</td>
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<td></td>
<td>3:00 – 4:00 Didactic Neonatal Conference</td>
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<td>3:00 – 4:00 Didactic Neonatal Conference</td>
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<tr>
<td>PM</td>
<td>1:00 – 3:00 Physical Examination and Progress Note Completion</td>
<td>12:00 Didactic Academic Conference</td>
<td>1:00 – 3:00 Physical Exam &amp; Progress Note</td>
<td>12:00 Didactic Academic Conference</td>
<td></td>
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<tr>
<td></td>
<td>3:00 – 4:00 Didactic Neonatal Conference</td>
<td>3:00 – 4:00 Didactic Neonatal Conference</td>
<td>3:00 – 4:00 Didactic Neonatal Conference</td>
<td>3:00 – 4:00 Didactic Neonatal Conference</td>
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</tbody>
</table>

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

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:

COURSE OBJECTIVES (in order of importance)
1. Become familiar with and competent in managing common neonatal problems requiring an intermediate level of care
2. Enteral and parenteral nutrition
3. Develop competence in delivery room resuscitation
4. Develop competence in stabilization and transport of high risk newborns
PE485.03  NEONATOLOGY


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

STUDENT COORDINATOR:  PHONE #:
Steve Valencia (323) 783-4516

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

AVAILABLE TO EXTERNS:  Yes

PREREQUISITES: Medicine, Surgery, Pediatrics, OB/GYN

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2005–2006 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

COMMON PROBLEMS/DISEASES

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 4 – 6

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 50

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
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<th>Wednesday</th>
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<tbody>
<tr>
<td>AM</td>
<td>7:30 Pre-Round and begin work</td>
<td>7:30 Pre-Round and begin work</td>
<td>7:30 Pre-Round and begin work</td>
<td>7:30 Pre-Round and begin work</td>
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<td>Sign-In Rounds</td>
<td>8:00 Sign-In Rounds</td>
<td>8:00 Sign-In Rounds</td>
<td>8:00 Sign-In Rounds</td>
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<td>9:30 X-ray Rounds</td>
<td>9:30 X-ray Rounds</td>
<td>9:30 X-ray Rounds</td>
<td>9:30 X-ray Rounds</td>
<td>9:30 X-ray Rounds</td>
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<td>10:00 Attending Rnds</td>
<td>10:00 Attending Rnds</td>
<td>10:00 Attending Rnds</td>
<td>10:00 Attending Rnds</td>
<td>10:00 Attending Rnds</td>
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<tr>
<td>PM</td>
<td>12:00 – 1:30 Pediatric Conference</td>
<td>12:00 – 1:30 Pediatric Conference</td>
<td>12:00 – 1:30 Pediatric Conference</td>
<td>12:00 – 1:30 Pediatric Conference</td>
<td>12:00 – 1:30 Pediatric Conference</td>
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</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 are: Ped-Nurse Practitioners, Ped-Social Workers, Ped-Nutritionists, Respiratory Therapists.
PE485.04 NEONATOLOGY ICU PATIENT MANAGEMENT

Subinternship/Inpatient Location: HARBOR
Revised: 11/9/04

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: Joyce Richardson  PHONE #: (310) 222-2301
E-MAIL: jrichardson@ladhs.org

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

PREREQUISITES:
Pediatrics, Medicine, Surgery, Obstetrics/Gynecology

AVAILABLE TO EXTERN: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2005–2006 ROTATIONS BEGIN WEEKS: By Arrangement

DESCRIPTION: Students will participate as a full member of the NICU team. They will be assigned patients, and they will be the primary care provider for their patients. They will be closely supervised by the resident, fellow, and faculty member. They will attend teaching rounds, work rounds, conferences and take night calls.

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

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES

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

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

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 5
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 20

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>Work Rounds Faculty Teaching Rounds Neonatal X-Ray Conf. Patient Care</td>
<td>Work Rounds Faculty Teaching Rounds Patient Care</td>
<td>Work Rounds Neonatal X-Ray Conf. Patient Care</td>
<td>Work Rounds Grand Rounds Patient Care</td>
<td>Work Rounds Neonatal X-Ray Conf. Patient Care</td>
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<tr>
<td>PM</td>
<td>Patient Care Faculty Teaching Rounds</td>
<td>Patient Care Faculty Teaching Rounds</td>
<td>Patient Care Faculty Teaching Rounds</td>
<td>Faculty Teaching Rounds Patient Care</td>
<td>High-Risk Neonatal Follow-up Clinic</td>
</tr>
</tbody>
</table>

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

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
COURSE CHAIR: Xylina Bean, M.D. (310) 668-3150

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

STUDENT COORDINATOR: Marilyn Jones (310) 668-4664

REPORT TO: NICU, 5th Floor

PREREQUISITES: Third Year Pediatric Clerkship Medicine

COLLEGES REQUIREMENT: Urban Underserved

AVAILABLE TO EXTERNS: No

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2005–2006 ROTATIONS BEGIN WEEKS: By Arrangement

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

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.

STUDENT EXPERIENCES
COMMON PROBLEMS/DISEASES

<table>
<thead>
<tr>
<th>number</th>
<th>disease</th>
<th>INPATIENT:</th>
<th>OUTPATIENT:</th>
<th>CONSULTATION:</th>
<th>PRIMARY CARE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Neonatal Asphyxia</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
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<tr>
<td>2.</td>
<td>Perinatal Infections</td>
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<td>3.</td>
<td>Respiratory Distress Syndrome</td>
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<td>4.</td>
<td>Congenital Abnormalities</td>
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<td>5.</td>
<td>Congenital Heart Disease</td>
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<td>6.</td>
<td>Surgical Post-op Care</td>
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APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 38

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 139

TYPICAL WEEKLY SCHEDULE

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<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td>AM</td>
<td>Work Rounds NICU Conference</td>
<td>Work Rounds NICU Conference</td>
<td>Work Rounds NICU Conference</td>
<td>Work Rounds NICU Conference</td>
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<td>Patient Care</td>
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<td>PM</td>
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<td>Patient Care</td>
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<tr>
<td></td>
<td>Student Conference</td>
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<td>Student Conference</td>
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<td>Student Conference</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: On call once a week until midnight. No weekends

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
PE485.06 NEONATAL-PERINATAL MANAGEMENT

COURSE CHAIR: J. Usha Raj, M.D.  PHONE #: (310) 222-1963

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

STUDENT COORDINATOR: Joyce Richardson  PHONE #: (310) 222-2301  E-MAIL: jrichardson@ladhs.org

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

PREREQUISITES: Pediatrics, Medicine, Surgery, Obstetrics/Gynecology

AVAILABLE TO EXTERNALS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2005–2006 ROTATIONS BEGIN WEEKS: 2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

DESCRIPTION: Students will be assigned cases in the Level II nursery and will follow them in-house as their primary care provider. They will also perform well baby examinations. They will attend delivery room calls as a member of the team, teaching and work rounds, clinics and conferences. They will be supervised by the resident, fellow, Dr. Noble, and neonatal faculty.

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

STUDENT EXPERIENCES

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

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

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 8

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 38

TYPICAL WEEKLY SCHEDULE

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<th>Hour</th>
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<th>Wednesday</th>
<th>Thursday</th>
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<tbody>
<tr>
<td>AM</td>
<td>OB Case Conference</td>
<td>Work Rounds</td>
<td>Work Rounds</td>
<td>Work Rounds</td>
<td>Work Rounds</td>
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<tr>
<td></td>
<td>Neonatal X-ray Conf. Patient Care</td>
<td>Patient Care</td>
<td>Perinatal Case Conf.</td>
<td>Grand Rounds</td>
<td>Chief's Rounds</td>
</tr>
<tr>
<td></td>
<td>Faculty Attending Rounds</td>
<td>Faculty Attending Rounds</td>
<td>Neonatal X-ray Conf. Patient Care</td>
<td>Patient Care</td>
<td>Neonatal X-ray Conf. Patient Care</td>
</tr>
<tr>
<td></td>
<td>Faculty Teaching Rounds</td>
<td>Faculty Attending Rounds</td>
<td>Faculty Attending Rounds</td>
<td>Patient Care</td>
<td>High-Risk Infant Follow-up Clinic</td>
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<tr>
<td>PM</td>
<td>Patient Care</td>
<td>Patient Care</td>
<td>Patient Care</td>
<td>Patient Care</td>
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</table>

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

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: