DESCRIPTION: THE CHAT Program addresses the challenges of caring for the underserved in a variety of clinical settings and translate experiences into meaningful community resource development and outreach. Students will face the challenges of educating patients and families 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, Westside Children’s Center, Mar Vista Gardens housing development, and elementary and middle schools in LAUSD.

COURSE OBJECTIVES (in order of importance)
1. 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

APPROXIMATE # OF PATIENTS EVALUATED EACH ROTAION /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  2006–2007  Revised: 6/29/06

COURSE CHAIR:  PHONE #:
Daniel Levi, M.D.  (310) 825-5296

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 EXTERNALS:  Yes

STUDENTS / PERIOD:  max 2 min 1

DURATION:  3 weeks

2006–2007 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></td>
<td>Case Discussion Conference</td>
<td>Echo Conference</td>
<td>Cath Conf.</td>
<td>Pre-Op Conference</td>
<td>Pediatric Grand Rds</td>
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<td>Combined Fac/Cardiology Clinic</td>
<td>Cardiology Clinic</td>
<td>Combined Fac/Cardiology Clinic</td>
<td>Med Ctr. Cardiac Catheterization</td>
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<td></td>
<td>1:00</td>
<td>1:00–2:00</td>
<td>Inpatient, Cath or Echo Observations</td>
<td>1:00–2:00</td>
<td>Inpatient, Cath or Echo Observations</td>
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<tr>
<td></td>
<td>Didactic Conf.</td>
<td>Journal Club</td>
<td>Med Ctr. Cardiac Catheterization</td>
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<td></td>
<td>Inpatient, Cath, or Echo Observations</td>
<td>Inpatient, Cath or Echo Observations</td>
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<td>2:00 Adult CHD Clinic</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.
Advanced Clinical Clerkship Location: HARBOR 2006–2007 Revised: 11/29/05

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

SUPPORTING FACULTY:  
Drs. George C. Emmanouilides and David Atkinson

STUDENT COORDINATOR:  PHONE #:  
Lisa Payne  (310) 222-2343  E-MAIL: lpayne@labiomed.org

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

PREREQUISITES: Pediatrics, Medicine, Surgery

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2006–2007 ROTATIONS BEGIN WEEKS:  
2,5,8,11,14,17,20,27,30,33,36,39,42,45,48

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

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

ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: This course is recommended for fourth-year medical students only.
COURSE OBJECTIVES (in order of importance)

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

APPARENT # 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></td>
<td>Pituitary or Thyroid Nodule Clinic</td>
<td>Review of Thyroid Biopsies or Nuclear Medicine Rounds</td>
<td>Pediatric Grand Rounds</td>
<td>Diabetes &amp; Metabolism Clinic</td>
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<td>PM</td>
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<tr>
<td></td>
<td>Attending Rounds</td>
<td>Basic Science Seminar Lecture Series</td>
<td>Endocrine Clinical Conference</td>
<td>Chart Review</td>
<td>Endocrine Grand Rounds</td>
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<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.
COURSE CHAIR:  Anna Haddal, M.D.  (310) 825-6244

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

STUDENT COORDINATOR:  Debby Kozel  (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

2006–2007 ROTATIONS BEGIN WEEKS:  By Arrangement

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

STUDENT EXPERIENCES

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

INPATIENT:  5%
OUTPATIENT:  95%
CONSULTATION:  80%
PRIMARY CARE:  20%

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

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

TYPICAL WEEKLY SCHEDULE

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<tr>
<td>AM</td>
<td>8:00 – 12:00 Inpatient Ward Rnds, Review of Case and Topics</td>
<td>8:00 – 12:00 Diabetes or Obesity Clinic</td>
<td>8:00 – 12:00 Endocrine Clinics</td>
<td>8:00 – 12:00 Endocrine or Urology/Genetics/Endocrine Clinics and/or Outreach Clinic</td>
<td>8:00 – 9:00 Pediatric Grand Rounds</td>
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<td>1:00 – 5:00 Endocrine Clinics</td>
<td>1:00 – 5:00 Diabetes, Prader-Willi and/or Growth Hormone Clinic</td>
<td>12:00 – 1:00 Joint Conf. w/ Internal Med. &amp; Gynecologic Endocrinology</td>
<td>1:00 – 3:00 Inpatient Ward Rnds, Free Time for Study and Charting</td>
<td>1:30 – 5:00 Inpatient Ward Rnds, Free Time for Study and Charting</td>
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<tr>
<td>PM</td>
<td>1:00 – 5:00 Endocrine Clinics</td>
<td>1:00 – 5:00 Diabetes, Prader-Willi and/or Growth Hormone Clinic</td>
<td>12:00 – 1:00 Joint Conf. w/ Internal Med. &amp; Gynecologic Endocrinology</td>
<td>1:00 – 3:00 Inpatient Ward Rnds, Free Time for Study and Charting</td>
<td>1:30 – 5:00 Inpatient Ward Rnds, Free Time for Study and Charting</td>
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<td>10:30 – 12:00 Clinical Conference</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  N/A

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

Advanced Clinical Clerkship
Location: CHS
2006–2007
Revised: 11/28/05

COURSE CHAIR:
Katrina Dipple, M.D, Ph.D.  (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., Eric Combez M.D., Julian Martinez M.D., Ph.D.

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

REPORT TO:
Contact Dr. Dipple at kdipple@mednet.ucla.edu

PREREQUISITES: Medicine and Pediatrics Clerkships

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2006–2007 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 11:30 – 12:30 Seminar</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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<tr>
<td>PM</td>
<td>1:00 – 4:00 Genetics Clinic 4:00 – 6:00 Clinic Review</td>
<td>Genetics Clinic Cedars-Sinai (optional) Consults</td>
<td>1:00 – 5:00 Craniofacial Clinic Independent Study Consults 2:30 – 3:30 Inpatient Rounds</td>
<td>1:30 – 3:00 Clinical Molecular Genetics Lab Meeting Consults</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 CHAIR:  
Henry J. Lin, M.D.  
PHONE #:  
(310) 222-3756

SUPPORTING FACULTY:  
B. Foley Ferreira, R.N., Dr. A. Jonas, Dr. Derek Wong

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

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

PREREQUISITES: None

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2006–2007 ROTATIONS BEGIN WEEKS:  
2,5,8,11,14,17,20,27,30,33,36,39,42,45,48

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  
present and discuss cases in regularly scheduled conferences. There may be opportunities for focused research projects.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES

1. Dysmorphic syndromes
2. Chromosomal Disorders
3. Inborn errors of metabolism
4. Teratogens
5. Genetic counseling
6. Genetic screening

INPATIENT: 50%
OUTPATIENT: 50%
CONSULTATION: 100%
PRIMARY CARE: 0%
CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
OTHER

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

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 20/week

TYPICAL WEEKLY SCHEDULE

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<tr>
<td>AM</td>
<td>10:00 – 10:30 Case Review with Attending</td>
<td>8:00 – 12:00 Case Research</td>
<td>8:30 – 9:30 Newborn Screening Meeting (Monthly)</td>
<td>8:30 – 9:30 Pediatric Grand Rounds</td>
<td>8:30 – 9:30 Clinical Case Conference</td>
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<td>10:30 – 12:00 Case Research</td>
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<td>9:00 – 12 noon Genetics Clinic (Private Referrals Monthly)</td>
<td>9:30 – 12:00 Case Research</td>
<td>10:00 – 10:30 Clinic Review</td>
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<td>10:30 – 12:00 Case Research</td>
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<tr>
<td>PM</td>
<td>Genetics Rounds (hour varies)</td>
<td>Genetics Rounds (hour varies)</td>
<td>12:00 Genetics Conference</td>
<td>1:00 – 5:00 Genetics Clinic</td>
<td>Genetics Rounds (hour varies)</td>
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<td>1:00 – 5:00 Case Research</td>
<td>1:00 – 5:00 Case Research</td>
<td>1:30 – 2:00 Clinic Preview</td>
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<td>1:00 – 5:00 Case Research</td>
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<td>Genetics Rounds (hour varies)</td>
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<td>2:00 – 5:00 Case Research</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
COURSE CHAIR: John M. Graham, M.D., ScD. 
PHONE #: (310) 423-9909
E-MAIL: john.graham@cshs.org

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

STUDENT COORDINATOR: Jason Stubbers
PHONE #: (310) 423-4780
E-MAIL: jason.stubbers@cshs.org

REPORT TO: Jason Stubbers, Cedars-Sinai Medical Center, Rm. 4400, 8:45 am

PREREQUISITES: 

AVAILABLE TO EXTERNALS: Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2006–2007 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. Counseling techniques and the approach to the patient and family with hereditary diseases.
2. Historical, physical, and laboratory evaluation of the patient with possible genetic disease, including patients with congenital anomalies, dysmorphic features, and mental retardation.
3. Prenatal diagnosis, including amniocentesis and chorionic villus sampling and discussion of risk factors and teratogenesis.
4. Laboratory techniques in genetics.
5. Current topics in genetics and research interests of the department.
6. Opportunities are available for interested students to become involved in research or case reporting.
7. Application of genetics to common disease.

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

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Chromosomal syndromes
2. Skeletal dysplasias
3. Syndrome identification/Dysmorphic
4. Genetic counseling
5. Congenital anomalies
6. Prenatal diagnosis
7. Carrier detection/screening
8. Teratogens
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>
<th>Hour</th>
<th>Monday</th>
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<tbody>
<tr>
<td>AM</td>
<td>8:30 – 12:30 Genetics Training Program Lectures</td>
<td>8:00 – 1:00 Genetics Clinic</td>
<td>8:00 – 12:00 Genetics Clinic</td>
<td>8:30 Pediatric Grand Rounds</td>
<td>8:00-12:00 Metabolic or Shriners Clinic</td>
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<td></td>
<td>8:30 – 4:30 High Risk Prenatal US Clinic</td>
<td>8:30 Pediatric Case Conference</td>
<td>8:30 – 1:00 GenRISK Clinic</td>
<td>9:00 – 10:00 Breast Cancer Conference</td>
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<td></td>
<td>8:30 – 5:00 GenRisk Clinic</td>
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<td>9:00 – 1:00 GenRISK Clinic</td>
<td>9:45 Ward Rounds</td>
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<td></td>
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<td></td>
<td>9:00 – 1:00 Torticolai/Plagiocephany Clinic</td>
<td>11:00 Genetics Seminar</td>
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<tr>
<td>PM</td>
<td>1:00 – 4:00 Chart Review for Tuesday Clinic</td>
<td>1:00 – 5:00 GenRISK Clinic</td>
<td>1:00 – 5:00 Prenatal Diagnosis Clinic</td>
<td>2:30 – 4:30 GenRISK Clinical</td>
<td>1:00 – 3:00 Cytogenetic Review Conference</td>
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<td></td>
<td>4:30 Prenatal Case Review Conference</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

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

Advanced Clinical Clerkship  Location: HARBOR  2006–2007  Revised: 12/5/05

COURSE CHAIR:  PHONE #:  Lance Sieger, M.D.  (310) 222-4154

SUPPORTING FACULTY:  Wendy Tcheng, M.D.

STUDENT COORDINATOR:  PHONE #:  Lisa Payne  (310) 222-2343
E-MAIL:  lpayne@labiomed.org

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

PREREQUISITES:  Third Year Pediatrics

AVAILABLE TO EXTERNALS:  Yes

STUDENTS / PERIOD:  max 2 min 1

DURATION:  3 or 4 weeks

2006–2007 ROTATIONS BEGIN WEEKS:  By Arrangement

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

DESCRIPTION:  This course serves as an introduction to pediatric hematol ogy/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 Immune دiciency
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

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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 – 12:00 Pediatric Hematology/Oncology Clinic</td>
<td>8:30 – 12:00 New Patients Workup; Ward Rounds</td>
<td>8:30 – 9:30 Pediatric Grand Rounds</td>
<td>8:00 – 9:00 Chief of Service Rounds</td>
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<tr>
<td></td>
<td>8:30 – 12:30</td>
<td>9:30 – 12:30 Pediatric Hematology/Oncology Clinic</td>
<td>1:30 – 3:00 Combined Pediatric/Medical/Hematology Conf.</td>
<td>10:00 – 12:00 Patient Planning Conference</td>
<td>1:30 – 2:30 Attending Rounds</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>3:00 – 4:30 Attending Rounds; New Patients Workup</td>
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</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 Chair: Theodore Moore, M.D. (310) 825-6708

Supporting Faculty: Drs. Kathleen Sakamoto, Christopher Denny, Jacqueline Casillas, Brigitte Gomperts

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

Report to: Pediatric Education Office, 12335 MDCC, 8:00 a.m.

Prerequisites: Pediatrics

Location: CHS

2006–2007 Revised: 12/8/05

Course objectives (in order of importance):

1. To learn and understand 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.

2. To learn medical decision making: analysis of medical data and synthesis of information.

3. To learn management of problems in both hospitalized patients To learn and give presentation on a topic on Pediatric Hematology or Oncology at rounds.

4. Team approach and utilization of allied health personnel.

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

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 attend outpatient clinics, inpatient rounds, and participate in inpatient consultations, supervised by the Division faculty. Students interested in only inpatient service or call every fourth night, should enroll in PE440.01, 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: 10%
Outpatient: 90%
Consultation: NA
Primary Care: NA

Close contact with:

- Full Time Faculty
- Clinical Faculty
- Fellows
- Residents
- Interns
- Other Allied Health

Approximate # of patients evaluated each week by student: 13

Total # of patients evaluated each week by entire service: 75

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>9:00 – 10:30 Ward Rounds</td>
<td>8:00 – 9:00 Pediatric Grand Rounds</td>
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<tr>
<td></td>
<td>9:00 – 10:30 Ward Rounds</td>
<td>9:00 – 12:00 Hematology/Oncology Clinic</td>
<td>9:00 – 10:30 Ward Rounds</td>
<td>10:30-11:00 Core lectures</td>
<td>9:00 – 12:00 Hematology/Oncology Clinic</td>
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<tr>
<td></td>
<td>10:30-11:00 Core lectures</td>
<td>(Consults)</td>
<td>10:30-11:00 Core lectures</td>
<td>(Consults)</td>
<td>(Consults)</td>
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<td></td>
<td>(Consults)</td>
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<tr>
<td>PM</td>
<td>12:30 – 1:30 Neuro-oncology Conf.</td>
<td>1:00-2:00 Board Review</td>
<td>1:00 – 1:00 Pediatric Research Conference</td>
<td>12:00 – 4:00 Clinic</td>
<td>12:30 – 4:00 Clinic Conference</td>
</tr>
<tr>
<td></td>
<td>1:30 – 2:30 Psychosocial Rounds</td>
<td>2:00 – 4:00 Clinical Conference</td>
<td>1:00 – 5:00 Long term Follow-up Clinic</td>
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<td></td>
<td>3:00-4:00 BMT Rounds</td>
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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. (310) 423-4780

SUPPORTING FACULTY: L. Sloninsky, M.D., P. Kempert, M.D., C. Hyman, M.D., K. Ross, RN

STUDENT COORDINATOR: Jason Stubbers (310) 423-4780 E-MAIL: jason.stubbers@cshs.org

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

PREREQUISITES: Medicine, Pediatrics

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2006–2007 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, Childlife Specialists

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>
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<tbody>
<tr>
<td>AM</td>
<td>9:00 – 10:30 Ward Rounds</td>
<td>8:30 – 9:30 Clinical Conference</td>
<td>8:30 – 10:30 Ward Rounds</td>
<td>8:30 – 9:30 Grand Rounds</td>
<td>8:30 – 10:00 Ward Rounds</td>
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<td>10:30 – 11:30 Hem.-Onc Team Conference</td>
<td>9:30 – 11:00 Ward Rounds</td>
<td>10:30 – 12:00 Hem.-Onc Clinic</td>
<td>9:30 – 11:00 Ward Rounds</td>
<td>10:00 – 11:00 Hem.-Onc Clinic</td>
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<tr>
<td>PM</td>
<td>12:00 House Staff/Student Conference</td>
<td>12:00 House Staff/Student Conference</td>
<td>12:00 – 1:00 HS/Student Conferences</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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</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
COURSE CHAIR: Drs. Mark Grossman, and Denise Garvey (310) 794-0564

SUPPORTING FACULTY: Drs. Alice Kuo and Debra Lotstein

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

REPORT TO: Mark Grossman @ 9:00 a.m., 11980 San Vicente Blvd., Suite #102

PREREQUISITES: Medicine and Pediatrics clerkships, planning to do residency in combined medicine-pediatrics

AVAILABLE TO EXTERNALS: Yes

STUDENTS / PERIOD: max 1 min 0

DURATION: 3 weeks

2006–2007 ROTATIONS BEGIN WEEKS:
2,5,8,11,14,17,20,27,30,33,36,39,42,45,48

DESCRIPTION: Students on this rotation will be able to see how a combined medicine-pediatrics practice works in the community. Students will work with a pair of medicine-pediatrics practitioners in their office and see patients of all ages. This rotation will offer the opportunity to observe the patient mix in a medicine-pediatrics practice and also the opportunity for students to further refine their ambulatory clinical skills for both children and adults. Students will be expected to function at the level of a sub-intern and evaluate and assess patients appropriately.

COURSE OBJECTIVES (in order of importance):
1. Demonstrate improved history and physical examination for patients of all ages, from newborn to geriatric.
3. Demonstrate effective doctor-patient relationship.
4. Understand the role of medicine-pediatrics physicians in the outpatient setting.
5. Observe the "business of medicine" in a busy ambulatory practice.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES
1. Upper respiratory illnesses
2. Asthma/COPD exacerbations
3. Hypertension management
4. Diabetes management
5. Diarrhea/dehydration in children
6. Well-child exams

INPATIENT:

OUTPATIENT: 100%

CONSULTATION:

PRIMARY CARE: 100%

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK/STUDENT: 40

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

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>9:00-12:00 Grossman/Garvey practice</td>
<td>9:00-12:00 Grossman/Garvey practice</td>
<td>9:00-12:00 Grossman/Garvey practice</td>
<td>9:00-12:00 Grossman/Garvey practice</td>
<td>9:00-12:00 Grossman/Garvey practice</td>
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<tr>
<td>PM</td>
<td>1:00-5:00 Grossman/Garvey practice</td>
<td>1:00-5:00 Burke med-peds Residents’ clinic</td>
<td>1:00-5:00 Grossman/Garvey practice</td>
<td>1:00-5:00 Grossman/Garvey practice</td>
<td>1:00-5:00 Burke med-peds Residents’ clinic</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: None

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: This is a good rotation to meet faculty for the UCLA Med-Peds Residency Program. The Grossman/Garvey practice is also currently the continuity clinic site for the UCLA Med-Peds residents.
COURSE OBJECTIVES (in order of importance)
1. Exposure to infectious disease problems of pediatric inpatients and outpatients.
2. Management of Pediatric patients with AIDS.
4. Use of the clinical microbiology laboratory.
5. Judicious use of antimicrobial agents.

STUDENT 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

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

**STUDENT EXPERIENCES**
COMMON PROBLEMS/DISEASES
1. Infection in immunocompromised host
2. Meningitis
3. FOU
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**

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

**ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:** They will be expected to investigate one clinical infectious diseases problem in depth and present it to other members of the consulting team.
COURSE CHAIR:  
Margaret A. Keller, M.D.  
PHONE #:  
(310) 222-4175

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

STUDENT COORDINATOR:  
Lisa Payne  
PHONE #:  
(310) 222-2343  
E-MAIL: lpayne@labiomed.org

REPORT TO:  
Coralia Gomez, Bldg. N-25 at 8:30 am

PREREQUISITES: Pediatrics

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2006–2007 ROTATIONS BEGIN WEEKS:  
2,5,8,11,14,17,20,27,30,33,36,39,42,45,48

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.

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.

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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<tbody>
<tr>
<td>AM</td>
<td>8:30 Consultations</td>
<td>8:30 Consultations</td>
<td>8:30 Consultations</td>
<td>8:30 Pediatric Grand Rounds</td>
<td>8:30 Chief's Rounds</td>
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<tr>
<td></td>
<td>8:30 Immunodeficiency Clinic (2nd)</td>
<td>8:30 Infectious Disease Clinic (1st &amp; 3rd)</td>
<td>11:00 Consultations</td>
<td>10:00 Infectious Disease Clinic (1st &amp; 3rd)</td>
<td>1:00 Infectious Disease Grand Rounds</td>
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<tr>
<td></td>
<td>9:30 Morning Report Daily</td>
<td>1:00 Attending Rounds</td>
<td>1:00 Clinical Case Reviews</td>
<td>1:00 Attending Rounds</td>
<td>1:30 Med-Pediatric Infectious Disease Conf. (2nd)</td>
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<td>12:00 Residents' ID Lecture (1st &amp; 3rd)</td>
<td>12:00 Attending Rounds</td>
<td>1:00 Attending Rounds</td>
<td>12:00 Infectious Diseases Grand Rounds</td>
<td>3:00 Attending Rounds</td>
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<td></td>
<td>2:00 Attending Rounds</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: The student is directed to the most pertinent textbooks and scientific literature, but independent and critical inquiry is encouraged. The student may prepare an informal seminar on a subject of the student's choice. Library and laboratory research and chart reviews are available for students with special interests.
PE250.03  ADOLESCENT HEALTH CARE

Advanced Clinical Clerkship  Location: HARBOR  Revised: 11/28/05

COURSE CHAIR:  PHONE #:  
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 EXTERNs: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2006–2007 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  OUTPATIENT:  100%  X FULL TIME FACULTY
2. Birth Control  CONSULTATION:  0%  X CLINICAL FACULTY
3. Obesity  PRIMARY CARE:  100%  FELLOWS
4. Adolescent Pregnancy  RESIDENTS
5. Sexually Transmitted Disease  X INTERNS
6. Acne  X OTHER Personnel in community agencies
7. Psychophysiological 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

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
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<tbody>
<tr>
<td>AM</td>
<td>Los Angeles Job Corps</td>
<td>Family Planning Clinic</td>
<td>School-board Clinic</td>
<td>Los Angeles Job Corps</td>
<td>Seminar in Adolescent Medicine</td>
</tr>
<tr>
<td>PM</td>
<td>Venice Free Clinic</td>
<td>Los Angeles Free Clinic</td>
<td>Adolescent Clinic Harbor-UCLA Medical Center</td>
<td>Los Angeles Free Clinic</td>
<td>UCLA Adolescent Clinic</td>
</tr>
</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: N/A

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: Students must have own transportation. The students who enroll should call Dr. Greenberg at least two weeks prior to the start of the elective.
COURSE OBJECTIVES (in order of importance)

1. Identify risk behaviors of adolescents.
2. Understand normal sexual development and recognize variations in sexual identity such as transgender, bisexuality, etc.
3. Identify 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.

COURSE 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/Dysthnia
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>Women’s Health Clinic</td>
<td>Lecture/Didactics Consultation</td>
<td>Lecture/Chart Ref. Consultation</td>
<td>Adolescent Clinic</td>
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<td>Chart Review 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>
<td>Community Project</td>
<td>Community Project</td>
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</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Free Clinic — 3rd Saturday 9am-4pm

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

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>9:00 Developmental Clinic</td>
<td>8:30 CCS Clinic for children with cerebral palsy</td>
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<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</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>
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</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
PE251.01 AMBULATORY PEDIATRICS

Advanced Clinical Clerkship
Location: KAISER.SUN

Revised: 12/19/05

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

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

STUDENT COORDINATOR:
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 Blvd, 4B, (323) 783-8813, after registration procedure.

PREREQUISITES: Pediatrics

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2006–2007 ROTATIONS BEGIN WEEKS:
2,5,8,11,14,17,20,27,30,33,36,39,42,45

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

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

STUDENT EXPERIENCES

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

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

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 8 – 10

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 1,250

TYPICAL WEEKLY SCHEDULE

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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</td>
<td>9:00 – 12:00 Ambulatory Pediatric Clinic</td>
<td>9:00 – 12:00 Ambulatory Pediatric Clinic</td>
<td>8:00 – 9:00 Pediatric Tumor Board (Optional)</td>
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<td></td>
<td>9:15 – 12:00 Ambulatory Pediatric Clinic</td>
<td>9:00 – 12:00 Subspecialty Clinic</td>
<td>9:00 – 12:00</td>
<td>8:00 – 12:00 Discussion Prep Time (2 sessions)</td>
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<td>9:00 – 12:00</td>
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<td>9:00 – 12:00</td>
<td>9:00 – 12:00</td>
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<tr>
<td>PM</td>
<td>12:00 – 1:30 Peer Review Conference</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</td>
<td>1:30 – 5:00 Pediatric Ambulatory Clinic</td>
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<tr>
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<td>1:30 – 5:00 Child Psychiatry (2 sessions)</td>
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<td>2:00 – 5:00</td>
<td>1:30 – 5:00</td>
<td>1:30 – 5:00</td>
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<tr>
<td></td>
<td>1:30 – 5:00 Learning Disorder Clinic (2 sessions)</td>
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<td>Pediatric Grand Rounds</td>
<td>Pediatric Ambulatory Clinic</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Not required to be present on weekends and Medical Center holidays.

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

**Advanced Clinical Clerkship**

<table>
<thead>
<tr>
<th>COURSE CHAIR:</th>
<th>PHONE #:</th>
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<tr>
<td>Elaine Kamil, M.D.</td>
<td>(310) 423-4747</td>
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**SUPPORTING FACULTY:**

- Drs. Stanley Jordan, Elaine Kamil, Dechu Puliyanda

**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, care of children with chronic disease, autoimmunity, renal physiology, dialysis, and areas of renal immunology research.

**REPORT TO:**

Jason Stubbers in Room 4400 North Tower at 8:30 a.m.

**PREREQUISITES:**

- Pediatrics

**COMMON PROBLEMS/DISEASES**

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

**STUDENT EXPERIENCES**

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

**STUDENT COORDINATOR:**

- Jason Stubbers
- (310) 423-4780
- E-MAIL: Jason.Stubbers@cshs.org

**AVAILABLE TO EXTERNS:**

- Yes

**STUDENTS / PERIOD:**

- max 2

**DURATION:**

- 3 weeks

**2006–2007 ROTATIONS BEGIN WEEKS:**

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

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

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

**DESCRIPTION:**

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

**STUDENT EXPERIENCES**

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

**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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<tbody>
<tr>
<td><strong>AM</strong></td>
<td>7:30 Work Rounds</td>
<td>7:30 Work Rounds</td>
<td>7:30 Work Rounds</td>
<td>7:00 Work Rounds</td>
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<td>8:00 Pediatric Nephrology Clinic</td>
<td>8:00 Nephrology Grand Rounds (peds case conference)</td>
<td>8:00 Inpatient Rounds</td>
<td>8:30 Peds Grand Rounds</td>
<td>8:30 Morning Report</td>
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<td>12:00 Peds Conf.</td>
<td>12:00 Peds Conf.</td>
<td>12:00 Peds Conf.</td>
<td>12:00 Peds Conf.</td>
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<td>1:00 Inpatient Rounds</td>
<td>1:00 – 3:00 Post-Clinic Conf.</td>
<td>1:00 Inpatient Rounds</td>
<td>1:00 Inpatient Rounds</td>
<td>1:00 Inpatient Rounds</td>
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<td>3:00 Core Curriculum</td>
<td>3:00 Core Curriculum</td>
<td>3:00 Core Curriculum</td>
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<td><strong>PM</strong></td>
<td>12:00 Peds Conf.</td>
<td>12:00 Peds Conf.</td>
<td>12:00 Peds Conf.</td>
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<td>12:00 Peds Conf.</td>
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<td>1:00 Inpatient Rounds</td>
<td>1:00 Inpatient Rounds</td>
<td>1:00 Inpatient Rounds</td>
<td>1:00 Inpatient Rounds</td>
<td>1:00 Inpatient Rounds</td>
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**ON-CALL SCHEDULE & WEEKEND ACTIVITIES:**

- No call required—optional

**ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:**
PE262.01  PEDIATRIC NEUROLOGY

Advanced Clinical Clerkship  PHONE #:  COURSE OBJECTIVES (in order of importance)
Kenneth R. Huff, M.D.  (310) 222-4168  1.  Improved skill in neurological examination.
SUPPORTING FACULTY:  a.  Orderly approach to the history and physical examination.
S. Robert Snodgrass, M.D.  b.  Ability to perceive and understand physiological

STUDENT COORDINATOR:  c.  Formulation of findings according to system involvement,
Lisa Payne  PHONE #:  regional localization, and disease etiology.
(310) 222-2343  2.  Understanding of normal and disturbed development and function of
E-MAIL: lipayne@labiomed  the nervous system.

REPORT TO:  3.  Understanding of management and psychosocial impact of
Hospital 6E Pediatric Department 6th Floor Lobby  neurological disorders.
office at 8:30 a.m.  4.  Understanding of neurodiagnostic procedures

PREREQUISITES:  (electroencephalogram, electromyogram, intracranial pressure
Neurology or Pediatrics  monitors, cerebral blood flow, neuroradiology, including

AVAILABLE TO EXTERNS:  computerized tomograms, other diagnostic studies,
Yes  echoencephalograms).

STUDENT EXPERIENCES  5.  Facility with simple neurodiagnostic procedures (Lumbar

COMMON PROBLEMS/DISEASES  punctures, visual field assessment, etc.).
1.  Seizures  6.  Broader exposure to problems in neuroradiology, neuro-pathology,
2.  Mental Retardation  and neuro-oncology-neurosurgery as part of the neuro-science
3.  Hydrocephalus  program.  Selected references, neuropathology slides, and
4.  Head injuries  neuroanatomical material will be made available to those students
5.  Coma  interested.
6.  Meningitis complications  7.  Learning disability
7.  Learning disability  8.  Brain tumors
8.  Brain tumors

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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<tbody>
<tr>
<td>AM</td>
<td>10:30</td>
<td>Assigned Inpatient Consultations New &amp; Follow-Up</td>
<td>Assigned Inpatient Consultations New &amp; Follow-Up</td>
<td>8:30 – 10:00 8:30 – 11:00</td>
<td>8:00 – 9:00 8:30 – 11:00</td>
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<tr>
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<td>Pediatric Neurology Ward Rounds</td>
<td>10:30 Pediatric Neurology Ward Rounds</td>
<td>8:30 Neonatal Cases</td>
<td>Pediatric Grand Rounds</td>
<td>Neuro-Radiology</td>
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<td></td>
<td>9:30 Pediatric Neurology Ward Rounds</td>
<td>10:00 – 11:00 Ped Neuro Topics Seminar</td>
<td>9:30 – 11:00 Adult/Ped/Surg</td>
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<td>11:00 – 12:00 Neuro Grand Rounds</td>
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<td>11:00 – 12:00 Brain Cutting</td>
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<tr>
<td>PM</td>
<td>1:00 – 3:30 Learning Clinic or Neuro GI Clinic</td>
<td>1:00 – 5:00 Pediatric Neurology Clinic</td>
<td>2:00 – 4:00 Independent Study</td>
<td>1:30 Pediatric Neurology Ward Rounds</td>
<td>2:00 – 4:00 Pediatric Neurology Ward Rounds</td>
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</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.
PE262.02  PEDIATRIC NEUROLOGY

Advanced Clinical Clerkship  Location: CHS

Revised: 12/05/05

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:  PHONE #:  
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 EXTERNS:  
Yes

STUDENTS / PERIOD:  
max 2 min 1

DURATION:  
3 weeks

2006–2007 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

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

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

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:  
The student will attend conferences and teaching sessions with the Pediatric Neurology fellows and the Neurology and Pediatric residents. A syllabus that contains pertinent articles from the literature will be provided.
COURSE CHAIR:  
M. Ines Boechat, M.D., FACR  
PHONE #:  
(310) 825-6615

SUPPORTING FACULTY:  
Dr. Theodore Hall

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

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

2006–2007 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.

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES

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

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

CLOSE CONTACT WITH:

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT:  NA

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

TYPICAL WEEKLY SCHEDULE

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<tr>
<td>1:00 – 4:00</td>
<td>(Ped. Conf.)</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>
<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.) Review of SDR electronic teaching file. Noon Case Conferences (Dowdy Classroom, 12:00–1:00 Monday – Thursday) Review of ACR teaching file. Bauer Conference every Thursday.
COURSE CHAIRS:  
Lonnie Zeltzer, M.D.  (310) 825-0731  
Heather Krell, MD, MPH  

SUPPORTING FACULTY:  
Michael Waterhouse, MA, LAc  

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

REPORT TO:  
Dr. Zeltzer, 22-464 MDCC @ 9:00 a.m.  

PREREQUISITES:  
Pediatrics and Psychiatry  

AVAILABLE TO EXTERNALS:  
Yes  

STUDENTS / PERIOD:  
max 3 min 1  

DURATION:  
3 weeks  

2006–2007 ELECTIVES BEGIN WEEKS:  
2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48  

DESCRIPTION:  
This course is a combination of independent study with some exposure and experience related to children with chronic pain and palliative care. The student will attend the twice-weekly outpatient pediatric pain clinic and participate in evaluation and management of children with chronic pain. The student will attend weekly noon pediatric chronic pain case conference and will interact with the CAM clinicians that are part of the pediatric pain service. The student will have the opportunity to learn about acupuncture, Chinese herbs, Iyengar yoga, massage therapy, craniosacral therapy, hypnotherapy, art therapy, biofeedback, Reiki energy therapy, and physical therapy as they are applied to children with pain. The student will also have opportunity to do in-depth reading about the neurobiology and psychosocial aspects of pediatric pain and have weekly discussions with the course director and faculty on different pain topics. The student will also have opportunity to attend a pediatric hospice team meeting and make a home visit with the pediatric hospice nurse to visit a child at the end of life in in-home hospice care. The visit will be followed by discussion with course director on end of life care for children.  

STUDENT EXPERIENCES  
COMMON PROBLEMS/DISEASES  
1. Chronic headaches/migraines  
2. Irritable bowel syndrome  
3. Complex regional pain syndrome Type 1  
4. Cancer Pain  
5. Fibromyalgia  
6. Arthritis pain  
7. Myofascial pain  
8. Pain at the end of life  

APPROXIMATE # OF PATIENTS EVALUATED EACH MONTH/STUDENT: 4-6  
TOTAL # OF PATIENTS EVALUATED EACH MONTH BY ENTIRE SERVICE: N/A  

TYPICAL WEEKLY SCHEDULE  

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<tr>
<td>AM</td>
<td>Telephone interviews with parents and children with chronic pain</td>
<td>Observation in acupuncturist's office</td>
<td>New Patient Evaluation and follow-up patients</td>
<td>Hospice Team Meeting (all morning)</td>
<td>New Patient Evaluation and follow-up patients</td>
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<td>PM</td>
<td>Observation in one of the CAM clinician's offices 4:00PM attendance at pain program research team meeting</td>
<td>Observation in one of the CAM clinician's offices</td>
<td>Case Conference Discussions about patients with CAM clinicians</td>
<td>Home hospice visit with physician and hospice nurse</td>
<td>Reading and Free Time</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES:  
None  

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:  
Dr. Heather Krell, a child psychiatrist and pediatric pain program faculty will provide the following educational opportunities: 1) basics about carrying out a mental status exam in a non-psychiatric pediatric population; 2) basics about the interface between depression, anxiety, and pain; and 3) basics in psychopharmacology as it applies to pediatric pain.
PE305.01  PEDIATRIC ALLERGY/IMMUNODEFICIENCY/RHEUMATOLOGY

Subinternship Location: CHS  2006–2007 Revised: 11/28/05

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.

E-MAIL: dkozel@mednet.ucla.edu

REPRERUQISITES: Pediatrics, Medicine and Surgery

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2006–2007 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

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

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 10

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

TYPICAL WEEKLY SCHEDULE

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<tbody>
<tr>
<td>AM</td>
<td>8:00 – 9:00 Morning Report</td>
<td>8:00 – 9:00 Morning Report</td>
<td>8:00 – 9:00 Morning Report</td>
<td>8:00 – 9:00 Morning Report (Wright Library)</td>
<td>8:00 – 9:00 Grand Rounds (Moss A-level/Inpatient Rounds)</td>
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<td></td>
<td>Inpatient Rounds</td>
<td>(Wright Library)</td>
<td>Inpatient Rounds</td>
<td>* Immunology/Allergy Clinic</td>
<td>* Food Allergy Clinic</td>
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<tr>
<td>PM</td>
<td>12:00 – 1:00 Noon Conference</td>
<td>12:00 – 1:00 Noon Conference</td>
<td>12:00 – 1:00 Noon Conference</td>
<td>12:00 – 1:00 Noon Conference</td>
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<td>1:00 * Immunology Clinic</td>
<td>1:00 * Rheumatology Clinic</td>
<td>1:00 * Allergy/Immunology Clinic</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: N/A

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: Evening Journal Clubs Monthly.
* All Clinics are in Suite 265, 200 Medical Plaza
SUPPORTING FACULTY: Drs. Carol Berkowitz, Monica Sifuentes, Sara Stewart, and Kelly Young

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

PREREQUISITES: Pediatrics, Medicine, Surgery

COURSE CHAIR: Dr. S. Inkelis
PHONE #: (310) 222-3501 or (310) 222-6745

STUDENT COORDINATOR: Lisa Payne
PHONE #: (310) 222-2343
E-MAIL: lpayne@labiomed.org

AVAILABLE TO EXTERNS: Yes
STUDENTS / PERIOD: max 1 min 1
DURATION: 3 weeks

2006–2007 ROTATIONS BEGIN WEEKS:
8, 11, 14, 17, 20, 27, 30, 33, 36, 39

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 and a child abuse team.

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

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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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<td>8:30 – 12:00 Peds ED</td>
<td>8:00 – 8:30 Peds ED Conference</td>
<td>8:30 – 12:00 Peds ED</td>
<td>8:30 – 9:30 Grand Rounds</td>
<td>8:30 – 9:30 Case Conference</td>
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<td>9:30 – 12:00 Peds ED</td>
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<td>9:30 – 12:00 Peds ED</td>
<td>9:30 – 12:00 Peds ED</td>
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<td>PM</td>
<td>1:00 – 5:00 Peds ED</td>
<td>1:00 – 5:00 Peds ED</td>
<td>1:00 – 5:00 Peds ED</td>
<td>1:00 – 5:00 Paramedic Ride Along</td>
<td>1:00 – 5:00 Peds ED</td>
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</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. When available, one half day every week is spent in an adolescent clinic. Attendance at noon 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

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

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

STUDENT COORDINATOR:
Susie Morissett (818) 364-3108
E-MAIL: smorissett@ladhs.org

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

PREREQUISITES: Pediatrics, Medicine, Surgery

AVAILABLE TO EXTERNAL: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 2 or 3 weeks

2006–2007 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

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

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></td>
<td>Pediatric Rounds</td>
<td>EM Conferences</td>
<td>Peds Grand Rounds</td>
<td>EM Conferences</td>
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<td></td>
<td>9:00 a.m. – 4:00 p.m. SCAN Clinic</td>
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<td>PM</td>
<td>1:00 – 8:00</td>
<td>9:30 a.m. – 5:00 p.m. Peds Urgent Care Clinic</td>
<td>1:00 – 8:00</td>
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<td>Peds ED</td>
<td>Peds Urgent Care Clinic</td>
<td>Peds Education</td>
<td>Peds Urgent Conferences</td>
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<td>10:00 p.m. – 7:00 a.m. Peds ED Night Shift</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: No call, only shifts as described. Saturday or Sunday: 8a.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, 7pm 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)
Location: CHS Subinternship

PREREQUISITES: Medicine, Pediatrics and Surgery

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

PE330.01 PEDIATRIC GASTROENTEROLOGY AND NUTRITION

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

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

AVAILABLE TO EXTERNALS: Yes

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

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

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

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 10
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 100

TYPICAL WEEKLY SCHEDULE

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

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

Available to Externs: Yes

PREREQUISITES:
Medicine, Obstetrics and Gynecology, Surgery

AVAILABE TO EXTERNS:
Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2006–2007 ROTATIONS BEGIN WEEKS:
15, 21, 33, 39, 42 only

DESCRIPTION: This elective allows the student to construct a unique educational experience in providing healthcare and increasing awareness of the health issues of the college-age student population. Sports medicine, dermatology, mental health, 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.

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

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

TYPICAL WEEKLY SCHEDULE

ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
AMBULATORY PEDIATRICS

2006–2007
Revised: 12/1/05

Subinternship: PE350.03
Location: OVH

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

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.

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

STUDENT COORDINATOR:
Adrianna Gonzales
PHONE #: (818) 364-3233
E-MAIL: adgonzales@ladhs.org

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

2006–2007 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 a wide mix of acute and chronic medical problems. If desired, rotations in subspecialty clinics, including Cardiology, Nephrology, Endocrinology and a suspected Child Abuse and Neglect Clinic, may be arranged. Overnight call and attendance at ward rounds are optional.

STUDENT EXPERIENCES

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

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

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>7:45 – 8:30 Ward Rounds</td>
<td>7:45 – 8:30 Ward Rounds</td>
<td>7:45 – 8:30 Ward Rounds</td>
<td>7:45 – 8:30 Ward Rounds</td>
<td>7:45 – 8:30 Ward Rounds</td>
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<tr>
<td></td>
<td>8:30 – 9:00 Conference</td>
<td>9:00 – 12:00 Clinical Work</td>
<td>Grand Rounds</td>
<td>8:30 – 9:00 Conference</td>
<td>8:30 – 9:00 Conference</td>
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<tr>
<td></td>
<td>9:00 – 12:00 Clinical Work</td>
<td></td>
<td>9:30 – 12:00 Clinical Work</td>
<td>9:00 – 12:00 Clinical Work</td>
<td>9:00 – 12:00 Clinical Work</td>
</tr>
<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:
PE350.04 ADOLESCENT MEDICINE

Subinternship Location: CHS

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

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

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

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

AVAILABLE TO EXTERNS: Yes

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

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2006–2007 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.

COURSE OBJECTIVES (in order of importance)

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

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES

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

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

CLOSE CONTACT WITH:

X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
X OTHER Nurse practitioner, Physician’s assistant

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 19

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

TYPICAL WEEKLY SCHEDULE

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

ON-CALL SCHEDULE & WEEKEND ACTIVITIES:

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: This elective attempts to stimulate the interest of students in the health care of adolescents. The training sites have been chosen to provide the widest exposure to adolescent problems possible in a four-week rotation. The student must be willing to travel to several different sites during this week.
**STUDENT COORDINATOR:** PHONE #:  
Debby Kozel (310) 825-4128  
E-MAIL: dkozel@mednet.ucla.edu

**SUPPORTING FACULTY:**  
Karen Fond, P.N.P., Alfred Pennisi, M.D., Paul Chung, M.D., Sharam Yazdani, M.D., Debra Lotstein, M.D., Irene Hendrickson, M.D., Mari Elena Lara-Greenberg, M.D., Jenifer Balucan, M.D., and Kirsten Sampara, M.D.

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

**PREREQUISITES:** Pediatrics, Medicine, Surgery

**AVAILABLE TO EXTERNALS:** Yes

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

**DURATION:** 3 weeks

**2006–2007 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.

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

<table>
<thead>
<tr>
<th>STUDENT EXPERIENCES</th>
<th>INPATIENT:</th>
<th>OUTPATIENT:</th>
<th>CONSULTATION:</th>
<th>PRIMARY CARE:</th>
<th>CLOSE CONTACT WITH:</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMON PROBLEMS/DISEASES</td>
<td>0%</td>
<td>100%</td>
<td>50%</td>
<td>50%</td>
<td>X FULL TIME FACULTY</td>
</tr>
<tr>
<td>1. Respiratory illness, including pneumonia</td>
<td></td>
<td></td>
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<td>X CLINICAL FACULTY</td>
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<tr>
<td>2. Otitis media</td>
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<td>X FELLOWS</td>
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<td>3. Diarrhea with/without dehydration</td>
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<td></td>
<td>X RESIDENTS</td>
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<td>4. Asthma</td>
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<td>X INTERNS</td>
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<td>5. Seizure disorders</td>
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<td>X OTHER Pediatric nurse practitioner</td>
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<td>6. Urinary tract infection</td>
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<td>7. Well child care - immunizations</td>
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<tr>
<td>8. Trauma (Head and Musculoskeletal injuries)</td>
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</table>

**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>
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</thead>
<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 Conferences</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>1:00 – 5:00 Primary Care Clinic</td>
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**ON-CALL SCHEDULE & WEEKEND ACTIVITIES:** Night call once a week, 5 – 11 p.m., in Pediatric Emergency Room

**ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:** **After two weeks the clerk may wish to spend time in subspecialty clinics including cardiology, renal, allergy/immunology, cystic fibrosis, hematology, endocrinology, neurology, etc.
STUDENT COORDINATOR: PHONE #: Marilyn Jones (310) 668-4664
E-MAIL: mjones@cdrewu.edu

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

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

STUDENT EXPERIENCES

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

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

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>7:30 – 12:30 Episodic Area</td>
<td>8:00 – 9:00 Grand Rounds Hudson Auditorium</td>
<td>7:30 – 12:30 Hold Area</td>
<td>7:30 – 12:30 Episodic Area</td>
<td>7:30 – 12:30 Episodic Area</td>
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<tr>
<td></td>
<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>
<td>1:30 – 5:00 Triage, Hold, or Episodic Area</td>
</tr>
</tbody>
</table>

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

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

SUPPORTING FACULTY: Drs. Kuo and Perez and Chief Residents

STUDENT COORDINATOR: Debby Kozel (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

2006–2007 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.

COURSE OBJECTIVES (in order of importance)
1. Increase skill in history taking and examination of sick and well pediatric patients.
2. Improve ability to diagnose simple and complex diseases.
4. Independent Project on a community resource or topic.

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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<th>Hour</th>
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<tbody>
<tr>
<td>AM</td>
<td>9:00 – 12:00 Pediatrics Clinic, Venice Family Health Clinic</td>
<td>Independent Study</td>
<td>9:00 – 12:00 Pediatrics Clinic, Burke Comprehensive Health Center</td>
<td>9:00 – 12:00 Pediatrics Clinic, Venice Family Health Clinic</td>
<td>8:00 – 9:00 Grand Rounds UCLA</td>
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<tr>
<td></td>
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<td></td>
<td>1:00 – 6:00 Adolescent Clinic, Venice Family Health Clinic</td>
<td>9:00 – 12:00 Pediatrics Clinic, Burke Comprehensive H.C.</td>
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</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 Pediatrics Clinic, Burke Comprehensive Health Center</td>
<td></td>
<td>Independent Study</td>
</tr>
</tbody>
</table>

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: None

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

Subinternship: PHONE #: 
COURSE CHAIR: Ora Yadin, M.D. (310) 206-6987 
SUPPORTING FACULTY: Pediatric Nephrology Faculty 
STUDENT COORDINATOR: Debbi Kozel (310) 825-4128 E-MAIL: dkozel@mednet.ucla.edu 
REPORT TO: Pediatric 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 
2006–2007 ROTATIONS BEGIN WEEKS: 
REVISED: 12/5/05 

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

DESCRIPTION: Students will attend all general nephrology clinics at UCLA (Thursday mornings) and outreach clinics at Bakersfield and Ventura. Students will attend one transplant clinic (Monday morning) and one dialysis clinic (Wednesday morning) during their elective. They will participate in patient care and education activities on the floor with the renal service. 

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

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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<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>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></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

Subinternship/Inpatient  Location: HARBOR  Revised: 12/5/05

<table>
<thead>
<tr>
<th>COURSE CHAIR:</th>
<th>PHONE #:</th>
<th>COURSE OBJECTIVES (in order of importance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richard Mink, M.D.</td>
<td>(310) 222-4002</td>
<td>1. To be able to recognize the clinical presentation of a critically ill infant and child.</td>
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</tbody>
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<tr>
<th>SUPPORTING FACULTY:</th>
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<tbody>
<tr>
<td>Dr. Bonnie Rachman</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STUDENT COORDINATOR:</th>
<th>PHONE #:</th>
<th>E-MAIL:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisa Payne</td>
<td>(310) 222-2343</td>
<td><a href="mailto:lpayne@labiomed.org">lpayne@labiomed.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REPORT TO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PICU 6th Floor @ 8:00 a.m.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PREREQUISITES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatrics, Medicine, and Surgery</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AVAILABLE TO EXTERNALS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STUDENTS / PERIOD:</th>
</tr>
</thead>
<tbody>
<tr>
<td>max 1 min 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DURATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 weeks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2006–2007 ROTATIONS BEGIN WEEKS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>By Arrangement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DESCRIPTION:</th>
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</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STUDENT EXPERIENCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMON PROBLEMS/DISEASES</td>
</tr>
<tr>
<td>1. Respiratory Failure</td>
</tr>
<tr>
<td>2. Cardiac Disease</td>
</tr>
<tr>
<td>3. Shock</td>
</tr>
<tr>
<td>4. Sepsis</td>
</tr>
<tr>
<td>5. Trauma</td>
</tr>
</tbody>
</table>

| 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 |

<table>
<thead>
<tr>
<th>TYPICAL WEEKLY SCHEDULE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 Residence 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>
</tr>
</tbody>
</table>

| 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. |

320
PE440.01  PEDIATRIC HEMATOLOGY-ONCOLOGY SUBINTERNSHIP

Subinternship: Pediatrics, Inpatient Medicine, Ambulatory Medicine and Surgery
Location: CHS

COURSE CHAIR: Theodore Moore, M.D.  PHONE #: (310)-825-6708

SUPPORTING FACULTY: Drs. Kathleen Sakamoto, Christopher Denny, Jacqueline Casillas, Brigitte Gomperts

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

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

PREREQUISITES: Pediatrics, Inpatient Medicine, Ambulatory Medicine and Surgery

AVAILABLE TO EXTERNALS: Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2006–2007 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 inpatients, supervised by the Pediatric faculty. The student will be expected to follow at least 1-2 complicated patients, including those who have undergone bone marrow transplantation. The student will also be expected to do consults requested by other Pediatric services. Call will be every 4th night. The student will be expected to round on patients on weekends.

COURSE OBJECTIVES (in order of importance):
1. To learn and understand 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.
2. To learn medical decision making: analysis of medical data and synthesis of information.
3. To learn management of problems in hospitalized patients.
4. To learn and give presentation on a topic on Pediatric Hematology or Oncology at rounds.
5. Team approach and utilization of allied health personnel.
6. Performance and interpretation of bone marrow aspiration, bone marrow biopsy, and lumbar puncture. Also, the interpretation of blood smears.

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: 100%
OUTPATIENT: NA
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: 10
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 30

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>8:00 – 9:00 Morning Report</td>
<td>8:00 – 9:00 Morning Report</td>
<td>8:00 – 9:00 Morning Report</td>
<td>9:00 – 10:30 Ward Rounds</td>
<td>8:00 – 9:00 Pediatric Grand Rounds</td>
</tr>
<tr>
<td></td>
<td>9:00 – 10:30 Ward Rounds</td>
<td>9:00 – 10:30 Ward Rounds</td>
<td>9:00 – 10:30 Ward Rounds</td>
<td>10:30-11:00 Core lectures</td>
<td>9:00 – 10:30 Ward Rounds</td>
</tr>
<tr>
<td></td>
<td>10:30-11:00 Core lectures (Consults)</td>
<td>10:30-11:00 Core lectures (Consults)</td>
<td>10:30-11:00 Core lectures (Consults)</td>
<td>10:30-11:00 Core lectures (Consults)</td>
<td>10:30-11:00 Core lectures (Consults)</td>
</tr>
<tr>
<td>PM</td>
<td>1:00-2:00 Board Review</td>
<td>1:00-2:00 Board Review</td>
<td>1:00-2:00 Board Review</td>
<td>12:00 – 1:00 Pediatric Research Conference</td>
<td>12:30 – 4:00 Clinic Conference</td>
</tr>
<tr>
<td></td>
<td>2:00 – 4:00 Clinical Conference</td>
<td>2:00 – 4:00 Clinical Conference</td>
<td>2:00 – 4:00 Clinical Conference</td>
<td>12:00 – 1:00 Pediatric Research Conference</td>
<td>12:30 – 4:00 Clinic Conference</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.
COURSE CHAIR:
Shahram Yazdani, M.D.

PHONE #: (310) 206-8750

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

SUPPORTING FACULTY:
Pediatric Staff

STUDENT COORDINATOR: 
Debby Kozel (310) 825-4128

E-MAIL: dkozel@mednet.ucla.edu

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

PREREQUISITES: Pediatrics, Medicine, Surgery

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2006–2007 ROTATIONS BEGIN WEEKS:
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:
X FULL TIME FACULTY
X CLINICAL FACULTY
X FELLOWS
X RESIDENTS
X INTERNS
X OTHER Social workers, Pharmacists, Respiratory Therapists

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 5

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

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>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>
</tr>
<tr>
<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>
</tr>
<tr>
<td></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>
<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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<td></td>
<td></td>
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</tr>
<tr>
<td>PM</td>
<td>12:00 – 1:00 Noon Conference</td>
<td>12:00 – 1:00 Noon Conference</td>
<td>12:00 – 1:00 Noon Conference</td>
<td>Teatime Rounds</td>
<td>12:00 — 1:00 Noon Conference</td>
</tr>
<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:
PE450.02  PEDIATRICS

Subinternship/Inpatient  Location: CS  2006–2007
COURSE CHAIRS:  PHONE #:  Revised: 4/13/07
Lee Todd Miller, M.D.  (310) 423-4467
Abhay Dandekar, M.D.  (310) 423-4467

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

STUDENT COORDINATOR:  PHONE #:  E-MAIL:
Jason Stubbers  (310) 423-4780  Jason.stubbers@cshs.org

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

PREREQUISITES:  Pediatrics, Medicine, Surgery

AVAILABLE TO EXTERNALS:  Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2006–2007 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 and with a mix of pathology ranging from “bread and butter” problems to tertiary care inpatient pediatrics.

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

STUDENT EXPERIENCES

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

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
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>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<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>
</tr>
<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>
</tr>
<tr>
<td></td>
<td>10:30 – 11:00 Radiology Teaching Conference</td>
<td></td>
<td>10:30 – 11:00 Radiology Teaching Conference</td>
<td></td>
<td>10:30 – 11:00 Radiology Teaching Conference</td>
</tr>
<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>
</tr>
<tr>
<td></td>
<td>1:30 – 2:00 Physical Diagnosis Rounds with Dr. Dandekar</td>
<td>1:30 – 2:30 Program Director’s Attending Rounds</td>
<td>1:30 – 2:30 Program Director’s Attending Rounds</td>
<td></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. Dandekar 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. (310) 222-3080

STUDENT COORDINATOR:
Lisa Payne (310) 222-2301 E-MAIL: lpayne@labiomed.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

2006–2007 ROTATIONS BEGIN WEEKS:
2,5,8,11,14,17,20,27,30,33,36,39,42,45,48 (No students week 1)

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

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

STUDENT EXPERIENCES

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

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

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 5
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 15

TYPICAL WEEKLY SCHEDULE

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>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></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.
**PE452.02  PEDIATRICS**

**Subinternship/Inpatient**

**Location:** KAISER.SUN

**DATE:** 2006–2007

**Revised:** 12/19/05

---

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

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

**PREREQUISITES:**
Pediatrics, Medicine, Surgery

**STUDENT COORDINATOR:**
Steve Valencia  
PHONE #: (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

2006–2007 ROTATIONS BEGIN WEEKS:
2,5,8,11,14,17,20,27,30,33,36,39,42,45,48

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

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

**STUDENT EXPERIENCES COMMON PROBLEMS/DISEASES**

<table>
<thead>
<tr>
<th>COMMON PROBLEMS/DISEASES</th>
<th>INPATIENT:</th>
<th>OUTPATIENT:</th>
<th>CLOSE CONTACT WITH:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection of CNS</td>
<td>100%</td>
<td>0%</td>
<td>X FULL TIME FACULTY</td>
</tr>
<tr>
<td>Status Asthmatic</td>
<td></td>
<td></td>
<td>CLINICAL FACULTY</td>
</tr>
<tr>
<td>Acute and Chronic Gastro-enteric diseases</td>
<td></td>
<td></td>
<td>FELLOWS</td>
</tr>
<tr>
<td>Pneumonia and other Respiratory infections</td>
<td></td>
<td></td>
<td>PRIMARY CARE: 100%</td>
</tr>
<tr>
<td>Oncological diseases</td>
<td></td>
<td></td>
<td>X RESIDENTS</td>
</tr>
<tr>
<td>Acute and Chronic surgical diseases</td>
<td></td>
<td></td>
<td>X INTERNS</td>
</tr>
<tr>
<td>Pediatric ICU Cases</td>
<td></td>
<td></td>
<td>X OTHER **</td>
</tr>
<tr>
<td>Neurological and Neurosurgical Diseases</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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

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

**TYPICAL WEEKLY SCHEDULE**

<table>
<thead>
<tr>
<th>Hour</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>7:30 – 8:30 Work Rounds w/ House Staff</td>
<td>7:30 – 8:30 Work Rounds w/ House Staff</td>
<td>7:30 – 8:30 Work Rounds w/ House Staff</td>
<td>7:30 – 8:30 Work Rounds w/ House Staff</td>
<td>7:30 – 8:30 Work Rounds w/ House Staff</td>
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<td>8:30 – 11:00 Patient Workups &amp; Care</td>
<td>8:30 – 12:00 Patient Workups &amp; Care</td>
<td>8:30 – 11:00 Patient Workups &amp; Care</td>
<td>8:30 – 12:00 Patient Workups &amp; Care</td>
<td>8:00 – 9:00 Pediatric Tumor Board</td>
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<td>11:00 – 12:00 Attending Rounds</td>
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<td>11:00 – 12:00 Attending Rounds</td>
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<td>9:00 – 11:00 Patient Workups &amp; Care</td>
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<tr>
<td>PM</td>
<td>12:00 – 1:30 Peer Review Conference</td>
<td>12:00 – 1:30 Resident Conference</td>
<td>2:00 – 4:30 Pediatric Grand Rounds*</td>
<td>12:00 – 1:30 Resident Conference</td>
<td>12:00 – 1:30 Pediatric Resident Journal Club</td>
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<td>1:30 – 4:00 Patient Workups &amp; Care</td>
<td>1:30 – 4:00 Patient Workups &amp; Care</td>
<td>4:30 – 5:30 Sign Out Rounds w/ House Staff</td>
<td>1:30 – 4:00 Patient Workups &amp; Care</td>
<td>1:30 – 4:00 Patient Workups &amp; Care</td>
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<td>4:00 – 5:00 Sign Out Rounds w/ House Staff</td>
<td>4:00 – 5:00 Sign Out Rounds w/ House Staff</td>
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<td>4:00 – 5:00 Sign Out Rounds w/ House Staff</td>
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**ON-CALL SCHEDULE & WEEKEND ACTIVITIES:**
On call every fourth night until 10:00 p.m.; weekends and holidays off

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

---

325
PE455.01  PEDIATRIC INTENSIVE CARE UNIT

Subinternship/Inpatient  Location:  CS

COURSE CHAIR:  PHONE #:
Harold Amer, M.D.  (310) 423-4780
Gary Goulin, M.D.  (310) 423-8081
Theresa Mudock-Vlautin  (310) 423-3270

SUPPORTING FACULTY:

STUDENT COORDINATOR:  PHONE #:
Jason Stubbers  (310) 423-4780
E-MAIL: Jason.stubbers@cshs.org

REPORT TO:
Jason Stubbers in Room 4400, North Tower at 8:30 a.m.

AVAILABLE TO EXTERNS: Yes

PREREQUISITES: Medicine, Surgery, & Pediatrics

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2006–2007 ROTATIONS BEGIN WEEKS:
2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

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

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

STUDENT EXPERIENCES

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 4

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

TYPICAL WEEKLY SCHEDULE

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<td>7:30 Sign-In &amp; Work Rnds.</td>
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<td>11:15 Interdisciplinary Care</td>
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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.

COURSES BEGAIN IN WEEKS:
2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:

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

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

FINANCIAL SUPPORT: None

APPROVAL OF PETITION: CourseChair

PE455.03 PEDIATRIC INTENSIVE CARE UNIT SUBINTERNSHIP

Location: CHS  PHONE #: (310) 825-4128

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

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

CLOSE CONTACT WITH:
X FULL TIME FACULTY
X CLINICAL FACULTY
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

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<td>7:30 – 10:00 Morning Rounds</td>
<td>7:00 – 7:30 Lecture</td>
<td>7:00 – 8:30 &amp; 9:00 – 10:30 Morning Rounds</td>
<td>7:00 – 7:30 Lecture</td>
<td>6:30 – 7:00 Pre-Rounds</td>
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<td>10 – 11:30 Patient Care</td>
<td>7:30 – 10:00 Morning Rounds</td>
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<td>11:30 – 12:00 X-ray Rounds</td>
<td>10 – 11:30 Patient Care</td>
<td>11:30 – 12:00 PICU Patient Presentation</td>
<td>10 – 11:30 Patient Care</td>
<td>11:30 – 12:00 X-ray Rounds</td>
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<td>1:00 – 2:00 &amp; 3:00 – 5:00 Patient Care</td>
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<td>5:00 – 6:30 Evening Rounds</td>
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TYPICAL WEEKLY SCHEDULE

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  Revised: 12/5/05

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

2006–2007 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, gastrointestinal, 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.

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

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<td>Resident Lecture</td>
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ON CALL SCHEDULE & WEEKEND ACTIVITIES:  Every fourth night until 10:00 p.m.

ADDITIONAL SPECIAL REQUIREMENTS:  None
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

STUDENT COORDINATOR:
Jason Stubbers (310) 423-4780
E-MAIL: Jason.stubbers@cshs.org

COURSE OBJECTIVES (in order of importance)
1. Become familiar with and competent in managing common neonatal disease
2. Enteral and parenteral nutrition
3. Develop competence in delivery room resuscitation
4. Develop competence in stabilization and transport of high risk newborns

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

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

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

TYPICAL WEEKLY SCHEDULE

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<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>1:00 – 3:00 Physical Exam &amp; Progress Note</td>
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<td>7:30 – 11:30 Attending Rounds</td>
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<td>3:00 – 4:00 Didactic Neonatal Conference</td>
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<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 – 2:00 Didactic Conference</td>
<td>12:00 Didactic Academic Conference</td>
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<td>3:00 – 4:00 Didactic Neonatal Conference</td>
<td>1:00 – 3:00 Physical Exam &amp; Progress Note</td>
<td>3:00 – 4:00 Didactic Neonatal Conference</td>
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ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Every fourth night call

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:
COURSE CHAIR:  Steven D. Woods, M.D.  
PHONE #:  (323) 783-5311

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.

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

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

AVAILABLE TO EXTERNALS:  Yes

STUDENTS / PERIOD:  max 1 min 1

DURATION:  3 weeks

2006–2007 ROTATIONS BEGIN WEEKS:  
2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

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

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

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

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

TYPICAL WEEKLY SCHEDULE

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

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:  Parking is provided.  * In addition to the Pediatric Grand Rounds on the Wednesday-PM schedule, activities include Visiting Lecturers, Quality Assurance, Morbidity/Mortality Conf, Radiology Teaching Conf, and Case Presentations and discussion.** Other Health Care Providers with whom students have close contact are:  Ped-Nurse Practitioners, Ped-Social Workers, Ped-Nutritionists, Respiratory Therapists.
PE485.04  NEONATOLOGY ICU PATIENT MANAGEMENT

Subinternship/Inpatient  Location: HARBOR  2006–2007
COURSE CHAIR:  PHONE #:  
J. Usha Raj, M.D.  (310) 222-1963

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

STUDENT COORDINATOR:  PHONE #:  E-MAIL:
Lisa Payne  (310) 222-2301  lpayne@labiomed.org

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

PREREQUISITES:  Pediatrics, Medicine, Surgery, Obstetrics/Gynecology

AVAILABLE TO EXTERNS:  Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2006–2007 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 RESIDENTS
X INTERNS
OTHER

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

TYPICAL WEEKLY SCHEDULE

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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 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.

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.

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

STUDENT EXPERIENCES

COMMON PROBLEMS/DISEASES

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

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

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 38

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

TYPICAL WEEKLY SCHEDULE

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

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

Subinternship/Inpatient    Location: HARBOR  
2006–2007    Revised: 11/29/05

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

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

STUDENT COORDINATOR:    PHONE #:
Lisa Payne    (310) 222-2343
E-MAIL: lpayne@labiomed.org

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

PREREQUISITES: Pediatrics, Medicine, Surgery, Obstetrics/Gynecology

AVAILABLE TO EXTERNS: Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

2006–2007 ROTATIONS BEGIN WEEKS:
2,5,8,11,14,17,20,27,30,33,36,39,42,45,48

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

DESCRIPTION:
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.

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 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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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: