

Department of  
**Pediatrics**



**2007-2008**  
**Clerkship Syllabus**

# WELCOME TO PEDIATRICS

Welcome to your Pediatric Clerkship! The pediatric clerkship addresses issues unique to childhood and adolescence by focusing on human developmental biology, and by emphasizing the impact of family, community and society on child health and well-being. Additionally, the clerkship focuses on the impact of disease and its treatment of the developing human, and emphasizes growth and development, principles of health supervision and recognition of common health problems. The role of the pediatrician in prevention of disease and injury and the importance of collaboration between the pediatrician and other health professionals is stressed. As one of the core clerkships during the third year of medical school, pediatrics shares with family medicine, internal medicine, obstetrics/gynecology, psychiatry, and surgery the common responsibility to teach the knowledge, skills and attitudes basic to the development of a competent general physician.

The pediatric clerkship experience introduces the student to a unique, complex and challenging field of medicine. It emphasizes those aspects of general pediatrics important for all medical students and will provide a foundation for those students who elect to further study the health care of infants, children and adolescents. Students have the opportunity to participate in the clinical activities of both general and subspecialty pediatric services, but the emphasis in all services is placed on basic issues and common illnesses.

## GOALS

The goals of this core curriculum in Pediatrics are to foster:

- Acquisition of basic knowledge of growth and development (physical, physiologic and psychosocial) and of its clinical application from birth through adolescence.
- Development of communication skills that will facilitate the clinical interaction with children, adolescents and their families and thus ensure that complete, accurate data are obtained.
- Development of competency in the physical examination of infants, children and adolescents.
- Acquisition of the knowledge necessary for the diagnosis and initial management of common acute and chronic illnesses.
- Development of clinical problem-solving skills.
- An understanding of the influence of family, community and society on the child in health and disease.
- Development of strategies for health promotion as well as diseases and injury prevention.
- Development of the attitudes and professional behavior appropriate for clinical practice.

## **COMPETENCIES AND LEARNING OBJECTIVES FOR THE PEDIATRIC CLERKSHIP:**

### **1) Professional Conduct and Attitudes:**

- a) Demonstrate the professional conduct necessary for a successful clinical interaction.
- b) Demonstrate tolerance of parent and family differences in attitudes, behaviors, and lifestyles, but recognize when a child or adolescent is at risk and know when and how to intervene. Provide examples that demonstrate how child-rearing practices differ across cultural and ethnic groups and in socioeconomic situations.
- c) Explain in general terms how to conduct an interview and physical examination of an adolescent when accompanied by his or her parent. In addition, outline how the results of the examination and any diagnostic tests should be discussed with the adolescent and parent.
- d) Discuss how to relate news of a serious acute or chronic illness or a congenital abnormality to parents. How would your discussion differ with the child or the adolescent?
- e) Demonstrate intellectual curiosity, initiative, responsibility, and reliability.

### **2) Clinical Skills (Interviewing, Physical Examination, Communication, Clinical Problem Solving, Procedures):**

- a) Evaluate patients from infancy through adolescence in a variety of clinical settings, establishing rapport with the patient and family in order to obtain a complete history and physical examination.
- b) Prepare a complete written summary of the history and physical and present the case orally in a focused and chronological manner.
- c) Identify clinical problems and outline an initial diagnostic and therapeutic plan.
- d) Summarize the main adolescent developmental changes that are important to discuss with parents and adolescents.
- e) Explain how to perform the sexual maturity rating (Tanner).

### **3) Behavior:**

- a) Take a complete and relevant history and perform a pertinent physical examination on a patient who presents with a behavioral problem.
- b) Elicit age-appropriate behavioral concerns during the health supervision visit.
- c) Distinguish between age-appropriate "normative" behavior and serious psychiatric illness.

### **4) Nutrition:**

- a) Discuss the nutritional advice to provide families regarding:
  - i) Infant breast feeding vs. formula feeding,
  - ii) Why solids are added to an infant's diet,
  - iii) Use of cow's milk.
- b) Discuss how to advise families about the dietary prevention and treatment of common pediatric mineral (iron, fluoride, calcium) and vitamin deficiencies.
- c) Obtain a routine diet history on an infant that includes: the type of feeding (breast vs. formula) with amount and frequency, types and approximate amounts of solids, and diet supplements given (vitamins, fluoride, iron).
- d) Determine whether a formula-fed infant is receiving adequate calories.
- e) Recognize when nutritional assessment is necessary beyond infancy, and demonstrate how to obtain a daily diet diary with the assistance of a nutritionist.

### **5) Prevention of Illness and Injury:**

- a) Initiate a discussion about immunizations with the family of an infant, a toddler, and a child about to enter school. Include immunization side effects.
- b) Counsel an adolescent about hepatitis B prevention.

## 6) Medical Genetics and Congenital Malformations:

- a) Discuss common physical exam findings and implications associated with the diagnosis of:
  - i) Chromosomal abnormalities (e.g. Trisomy 21).
    - (1) Sex Chromosome abnormalities (e.g. Turner's syndrome, Klinefelter syndrome, Fragile X syndrome).
  - ii) Other genetic disorders (e.g. Cystic Fibrosis, Sickle Cell Disease).
  - iii) Congenital malformations (e.g. spina bifida).
- b) Identify commonly-used prenatal diagnostic techniques and their uses, e.g. alpha-fetoprotein, amniocentesis.
- c) Discuss the effects of teratogenic agents including: alcohol, hydantoin, maternal tobacco smoking, illicit drug use.
- d) Collect relevant information, including history and physical exam, to evaluate a genetic disorder or congenital defect.
- e) Construct a family pedigree.

## 7) Common Pediatric Illness:

- a) Develop a differential diagnosis and management approach for each of the following clinical problems. Discuss etiology and/or pathophysiology and natural history of the common/significant illnesses in Pediatrics.
  - i) Cough and URI.
  - ii) Fever.
  - iii) Sore throat (Includes Streptococcal Pharyngitis).
  - iv) Ear pain.
  - v) Abdominal pain.
  - vi) Vomiting/Diarrhea.
  - vii) Dermatitis/rash.
  - viii) Trauma.
  - ix) Joint pain, limping.

## 8) Fluid and Electrolyte Management:

- a) Obtain historical information to assess state of hydration.
- b) Recognize the physical exam findings of dehydration.
- c) Calculate and write IV orders for initial fluid replacement and maintenance fluids for a patient with dehydration from 1) gastroenteritis, or 2) diabetic ketoacidosis.
- d) Explain the clinical consequences of electrolyte disturbances, including hypernatremia, hyponatremia, hyperkalemia, and hypokalemia, and discuss the effect of pH on the serum potassium level.
- e) Explain to parents how to use oral rehydration therapy for mild/moderate dehydration.

## 9) Poisoning/Prevention and Treatment:

- a) Provide anticipatory guidance regarding home safety and appropriate technique to prevent accidental ingestions.
- b) Elicit an appropriate history surrounding an ingestion (type, route, amount, timing), demonstrating sensitivity to the emotions of guilt and anxiety that may be present in the parent or caregiver.
- c) Demonstrate knowledge about the use of the poison control center and other information resources in the management of the patient with an ingestion.

## 10) Pediatric Emergencies:

- a) Identify the patient who requires immediate medical attention and intervention.
- b) Describe the initial emergency management of shock, seizures, severe respiratory distress, head trauma, and cervical spine trauma in childhood. Recognize those situations in which concern about intentional injury should be raised.
- c) Describe findings suggestive of non-accidental trauma.
- d) Recognize how the signs of shock in a child differ from those in an adult.

*(These Objectives are based on the Council on Medical Student Education COMSEP guidelines)*

## General Information

### Clerkship Sections

#### Ambulatory – 3 weeks

Pediatric Residency Clinic at Wesley  
 Newborn Rounds at Wesley  
 Private Office Experience with Private Preceptor – 1 week half days  
 Via-Christi St. Francis – 1 week  
 Rounds, Clinics and Lectures by Pediatrician, Dr. Philip Cherven

#### Wesley Inpatient – 3 weeks

Morning report, rounds, admissions and taking call on inpatient service including the pediatric intensive care unit.

The dates that you have been assigned to each location are listed on your individual calendar.

### Resources

1. Your textbooks include; **Rudolphs Fundamentals in Pediatrics**, **Blueprints in Pediatrics** and **Pediatrics Pre Test Self Assessment and Review** . These will provide an excellent overview of pediatrics, which follows the COMSEP curriculum. Return textbooks to the department at the end of the rotation.
2. A Clerkship Lecture Handouts Book and this Syllabus are yours to keep.
3. We have the other texts available for a one week check out. Some of these include Review of Pediatrics by Appleton and Lange, Nelson Textbook of Pediatrics and The Red Book of Infectious Diseases as well others available for you to check out if you desire.
4. Otitis Media virtual classroom at <http://www.aap.org/otitismedia/www/index.html>
5. **Interactive online cases at <http://CLIPPCASES.org>. Register using your KUMC e-mail address. A Mid-term exam will be held the fourth Friday of your rotation that reviews questions from CLIPPCASES.**

### Grading

Final grades are based upon clinical evaluations (50%) and the Pediatric National Board Exam (50%). To pass Pediatrics:

1. Earn a score **of 5<sup>th</sup> percentile or higher on NBME Pediatric Subject Exam**. If you receive a score less than the 5<sup>th</sup> percentile you are required to retake the examination. If you fail the NBME Subject Exam and then pass the examination when you retake it, the maximum grade you will receive for the clerkship is “Satisfactory”. If you again receive a score below the 5<sup>th</sup> percentile you will be required to retake the entire clerkship.
2. **Both exam and clinical portions of the rotation must be satisfactorily completed.** If any portion of the students’ clinical evaluations are unsatisfactory, the Department of Pediatrics may require the unsatisfactory portion or the entire clerkship to be repeated at the discretion of the Pediatric Student Curriculum Committee. If any clinical experience needs to be repeated, the student will be required to repeat the failed portion of their clinicals at the beginning of their fourth academic year.

### PORTFOLIOS:

1. Forms completed and returned for documentation of observed history and physical, newborn physical exam, immunizations and all other clerkship requirements.
2. Maintain patient logs and synch palms a minimum of three times during rotation and at the end of rotation. If you fail to do so, this clerkship will withhold your grade.

The National Board Exam for Pediatrics is scheduled **Friday, Last day of rotation at 1:30pm** in Robert’s .

## Patient Care

You are part of a team caring for each patient. Your behavior and interaction can be a significant positive or negative influence on the patient and his/her family. Genuine concern for your patients and their families is appreciated. **Be sure to enter your patients into your PDA's and download every week. This is a requirement**

## Illness

Contracting infectious diseases occurs when exposed to sick children. Viruses are commonly communicated with our hands. Good hand washing will prevent some transmission. Touching your hands to your face increases risk of transmission.

## Professional Conduct and Attitude

Present yourself in a professional manner at all times. The dress code is business attire for all. NO SHORTS AND T-SHIRTS! Be Punctual at all times. If you have an emergency or conflict and expect to be late, contact an appropriate person at your scheduled event to let them know of your late arrival.

## Absences

**If you are unable to carry on with your responsibilities because of a personal or family illness, please notify Donnita Huffman, Clerkship Coordinator at 293-3455 or Dr. Brenda Issa, Clerkship Director through Wesley Page operator.** No one but Drs. Issa or Wittler, can excuse you for other reasons. Arrangements must be made a minimum of one week prior to a planned absence. If you are absent or plan to be, notify the clerkship coordinator, Donnita Huffman and your resident(s) and attending physician as soon as possible. You must make plans for your patients to be covered as well. There are strict university policies governing student dismissal when unexcused absences occur.

## Individual Calendars

Each student will receive an individual calendar of his or her activities while on rotation. Please strive to be on time to scheduled activities. If you have a concern, conflict or question about your schedule please contact, Donnita Huffman, Clerkship Coordinator at 293-3455.

## Student Feedback and Luncheon

At the midway point of the clerkship, students will meet individually with the Clerkship Director, Dr Brenda Issa in Department of Pediatrics at an assigned time. Following that meeting, students, faculty and staff will meet for an informal luncheon to solicit your feedback on the Pediatrics Rotation. Please also complete the evaluation forms at the end of the clerkship.

## Lectures

Most lectures in Pediatrics are held on Wednesday afternoons in the Pediatric Conference Room at the Medical School. Resident lectures to the students are held at Wesley Medical Center. An evaluation of the lectures will be given for your completion at the end of the rotation.

## Important Information

### **While at Wesley Medical Center**

- Student Parking:** Park in M – Lot (east of the Birthcare Center) or in Parking Garage on Rutan. Place your employee parking tag in your car.
- Morning Report:** Arrive at 8:00 A.M. to the Peds Conf Room, Bldg 1, 6<sup>th</sup> Floor. Participate!
- Resident Lectures:** Check with IPSR where to meet. The Bldg. 1, 6<sup>th</sup> floor resident’s library and conference room is usually the site. Combination for resident’s library 1<sup>st</sup> door 1324, 2<sup>nd</sup> door 1325.
- On Call:** Two weekday calls and one weekend call are required. Call is from 7:00 A.M. to 7:00 A.M. The Inpatient Supervising Resident (IPSR) will give dates to you. Please check with IPSR or Marie Keeler in Med Ed Office 962-2269 if you encounter any problems. Call rooms are available across from the hospital cafeteria.
- Evaluations:** Will be completed by each Teaching Attending Physician you are assigned to and the attending physician of the PICU. They will both solicit feedback from your inpatient supervising resident on your performance. The attending will go over your evaluation with you when they complete it.
- Med Ed Office:** Marie Keeler in the Med Ed Office (962-2269) will be happy to help you with mail. If you need mail picked up from or delivered to UKSM-W, a courier will deliver each day.

### **You are expected to:**

1. Perform complete history and physicals each day and assist with all admissions to your panel between 7:00am – 5:00pm. If more than two patients are admitted during a day, an admission note is adequate. **History and physicals should be on the chart before you leave the hospital on the day of admission. A minimum of “two” written H/P’s must be turned in at the end of the clerkship.**
2. You will “follow” 3-6 patients. This means knowing patient illness, pathophysiology, labs, seeing patient and parent each day, writing daily progress notes, and being prepared to briefly present new patients (3-5 minutes) in morning report.
3. MS-3 students are not permitted to dictate information for Medical Records. It MUST be handwritten.
4. Please let your resident know where you are during the day so he/she can contact you regarding admissions and other patient activities. After 5PM the student on call will assist the resident on all pediatric admissions and ER visits that night.
5. After morning report you will complete rounds with the resident and attending on the particular patients you are following. Attendings will not always call you for rounds; you must initiate this yourself in some instances.
6. You will have **two** weekday calls and **one** weekend call during your 3-week inpatient rotation.

*Important Information – Continued***While at Via Christi – St. Francis**

- Student Parking:** Any designated lot marked “Employee Parking”. Parking stickers are not necessary.
- First Day:** On first day at 7:00 AM students report to the Pediatric floor, 5<sup>th</sup> floor peds at Via Christi St. Francis Campus, ask for Supervising Pediatric Resident. Resident will assign inpatients for the student to follow.
- Teaching Rounds:** Rounds are 10:30AM to 12:00Noon. Students are expected to attend.
- On Call:** ON CALL will be at the St. Francis Campus on either Wednesday or Thursday night.  
**Call begins at 5pm until 7:00am. The student can check with Family Practice Resident ON CALL for Pediatrics by dialing the operator or call resident directly at 6672 at 5pm. Let resident know you’ll be available for Ped Admissions. Call rooms are located on the 6<sup>th</sup> floor.**
- Outpatient Clinic:** Pediatric Outpatient Clinic will be in the new Fredrick Chang, M.D. Clinic located at 707 N. Emporia.(corner of Murdock/Emporia) Monday through Thursday afternoons beginning at 2:00 PM .
- Ped/FP Con.:** Noon conferences are Monday, Tuesday and Wednesday 12:00 Noon until 1:00 PM. You are expected to attend while on the St. Francis block.
- Clinical Evaluations:** Evaluations will be completed by Dr. Cherven. If you have questions about St. Francis rotation please call Dr. Cherven at 268-5040 or page him at 634-9016.

**While on Ambulatory**

- Newborn Rounds:** Newborn Rounds are held at Wesley Medical Center in bldg. 3, 5<sup>th</sup> floor. Contact the Newborn Attending the Friday before to confirm time and place to meet.
- Wesley Ped Clinic:** Wesley Pediatric Clinic is located on level A of the Medical Arts Towers building next to Wesley Medical Center. Report to the Acute Care Senior Resident or Attending Faculty Physician. **Be sure to let staff know you are there and ready to see patients.**
- Private Office:** You will be assigned to a Private Office Experience (POE) preceptor. Check your schedule for who/where and date. Be sure to call them to confirm the week before.
- Neonatal F/U Clinic:** Report to Clinic in Suite 200 of the Medical Arts Towers at assigned time and date. Will follow Dr. Kerschen’s patients with her.
- Clinical Evaluations:** Will be completed by the Private office preceptor and Supervising Faculty and Newborn Attending and Acute Care resident at Wesley Clinic..
- Morning Report:** Morning Report is encouraged but OPTIONAL during ambulatory block.

## Locations for Pediatric Rotation

(See calendar for specific dates and times)

***(Locations are subject to change check your conference calendar to confirm location)***

### Group Activities

UKSM-W Lectures	UKSM-W Peds Conf Room, 2050
Ped Grand Rounds	Wesley, Koch B/C, 1 <sup>st</sup> Floor
Adolescent Care Conference	Wesley, Koch A, 1 <sup>st</sup> floor
Critical Care/Radiology Conferences	Wesley, Koch A, 1 <sup>st</sup> floor
Ethics/Evidence Based Med Conferences	Wesley, Koch B, 1 <sup>st</sup> floor
Core Curriculum	Wesley, Koch A, 1 <sup>st</sup> floor
PREP Study	Wesley, Koch B, 1 <sup>st</sup> floor
Heartspring Tour w/Dr. Kerschen	Heartspring 8700 E. 29 <sup>th</sup> St. N. (go to school North side of complex to park and enter)
Issues in Medicine	UKSM-W Sunflower Room
Student Feedback Luncheon	UKSM-W Room TBA
National Board Exam	UKSM-W Robert's Amphitheater

### Ambulatory Activities

Wesley Peds Clinic (WPC)	Wesley Peds Clinic – Level A
Private Office Experience (POE)	Assigned Physician's Private Office
Neonatal Follow-Up Clinic	Wesley Medical Arts Towers, Suite 200
Pediatric Faculty Clinic	Wesley Medical Arts Towers, Suite 200
Newborn Rounds	Wesley Women's Hosp, Bldg. 3, 5th Fl <b>(Check with Newborn Attending the Friday afternoon prior to beginning Newborn Rounds for time/place to meet)</b>

### Via Christi – St. Francis Campus

Morning Rounds	5 <sup>th</sup> Floor, Pediatrics
Lectures/Discussions	As Assigned
Peds Clinic	707 N. Emporia in Specialty Clinic
Student Reports	As Assigned
Nursery Rounds	5 <sup>th</sup> Floor, Pediatrics
Peds/Fam Practice Conferences	St. Francis FP Clinic

### Wesley Activities

Morning Report	WMC Ped Conf Room, 6 <sup>th</sup> Floor
Rounds	Bldg. 4, 5 <sup>th</sup> Floor
Student Lectures	Bldg. 1, 6 <sup>th</sup> Floor Peds Conf Room
Check Out Rounds	Bldg. 4, 5 <sup>th</sup> Floor
Newborn Intensive Care (NICU)	Bldg 3, 2 <sup>nd</sup> Floor
Pediatric Critical Care (PICU)	Bldg. 1, 5th Floor

## Full Time Faculty

**Robert Wittler, M.D.** Professor and Chair  
Infectious Diseases – Tripler Army Medical  
Center

**Cynthia Battiste, M.D.** Associate Professor  
Pediatric Cardiology - Mayo Clinic

**Jennifer Brannon, M.D.;** Instructor  
University of Kansas

**Alex DeBaun, M.D.,** Instructor  
University of Kansas

**Brenda Issa, M.D.** Assistant Professor,  
Clerkship Director Pediatrics – University of  
Kansas

**Mark Harrison, M.D.,** Assistant Professor  
Pediatrics - University of Kansas

**Valarie Kerschen, M.D.** Clin. Asst.  
Professor Developmental Peds - University of  
Washington

**Stepanie Kuhlmann, D.O.** Instructor  
University of Kansas

**Katherine Melhorn, M.D.** Associate  
Professor Residency Director Ambulatory Peds  
Univ of So. Cal

**Maria Riva, M.D.** Clinical Assistant  
Professor Pulmonary Pediatrics

**Natalie Sollo, M.D.** Clinical Assistant  
Professor Pediatrics

**Michelle Stuart Hilgenfeld, M.D.**  
Assistant Professor, Pediatric Nephrology  
University of Kansas

## Part Time and Volunteer Faculty

### Cardiology

**Steve Allen, M.D.** Clinical Asst. Professor  
Pediatric Cardiology – University of Colorado

### General Pediatrics

**Conrado Agustin, M.D.,** Assistant  
Professor; Univ School of Med Houston

**Frank Banfield, M.D.,** Assistant Professor  
St. Louis School of Medicine

**Patsy Barker, M.D.** Clinical Asst.  
Professor Pediatrics UKSM-Wichita

**Steven L. Chavez, M.D.** Assistant  
Professor Pediatrics UKSM-Wichita

**Philip Cherven, M.D.** Assistant Professor  
Pediatrics William Beaumont Hospital

**Raman Chopra, M.D.** Clinical Asst.  
Professor Neonatal/Perinatal St. Francis  
Hospital – Tulsa

**Jennifer Freeman, M.D.** Instructor  
Pediatrics – UKSM-Wichita

**Elaine Harrington, M.D.** Clinic Asst.  
Professor Pediatrics UKSM-Wichita

**Tina Haynes, M.D.,** Assistant Professor  
Texas Tech Univ. Health Sciences School of  
Medicine

**Larry Hund, M.D.** Clinic Asst. Professor  
Pediatrics Children’s Mercy Hospital – KC, MO

**Jon Jantz, M.D.** Asst. Professor Pediatrics  
Washington Sch of Med – St. Louis

**Arun Kumar, M.D.** Clinical Asst. Prof.  
Pediatrics - Tulane University

**Debra Kinnane, M.D.** Assist. Professor  
Pediatrics Children’s Mercy Hospital KC, MO

**Philip Newlin, M.D.** Assist. Professor  
Pediatrics Columbus Children’s Hosp.

**Luke Nichols, M.D.,** Assist. Professor;  
Pediatrics, UKSM-Wichita

**Camilo Palacio, M.D.** Asst. Professor  
Pediatrics Miami Children’s Hosp, Miami, FL

**Jose Sanchez, M.D.** Asst. Professor  
Pediatrics NW Univ. of Chicago

**Robert Soltz, M.D.** Clinc. Asst. Professor  
Pediatrics University of Oregon Health  
Sciences

**Dee Spade, D.O.** Instructor, Pediatrics  
UKSM-Wichita

**Mark Springer, M.D.** Asst. Professor  
Pediatrics UKSM-Wichita

**Kay Womack, M.D.** Asst. Professor  
Pediatrics UKSM-W

### Endocrinology

**Richard Guthrie, M.D.** Clinical Professor  
Endocrinology/Metabolism Univ of MO

**Philip Challans, M.D.,** Clinical Instructor  
UNiv. of Kansas School of Medicine

### Neonatology

**Barry Bloom, M.D.** Professor  
Neonatal/Perinatal Medicine UC of San Diego

**Curtis Dorn, M.D.** Assist. Professor  
Neonatal/Perinatal Univ. of Cincinnati

**Robert Hsiao, M.D.,** Assistant Professor  
Neonatal/Perinatal American Univ. of Carr

**Carolyn Johnson, M.D.** Assoc. Professor  
Neonatal/perinatal Univ. of Oklahoma

**Michael Lang, M.D.** Asst. Professor,  
Neonatal/Perinatal Children’s Mercy Hospital  
Kansas City

**Susan Laudert, M.D.** Asst. Professor  
Neonatal/Perinatal Children’s Mercy Hospital  
Kansas City

**William Reed, M.D.** Asst. Professor  
Neonatal/perinatal Washington Univ.

**Yeai Roan, M.D.** Assoc. Professor  
Ped Cardiology/Neonatal/Perinatal Michael  
Reese Hospital

### Neurology

**Dwight Lindholm, M.D.** Clinic. Asst. Prof.  
Child Neurology Univ of Texas

**Subhash Shah, M.D.** Assist. Professor  
Neurology – Univ. of So. California

### Asthma/Allergy/Pulmonology

**Teri Lower, M.D.** Clinic. Asst. Professor  
Allergy & Immunology Univ of Pittsburgh

**Maria Riva, M.D.** Clinic. Asst. Professor  
Pulmonology – Tulane University

**Thomas Rosenberg, M.D.** Assoc. Prof.  
Allergy/Immunology Univ. of Pittsburgh

### Pediatric Critical Care

**Lindall Smith, M.D.** Assoc. Professor  
Pediatric Critical Care Children’s Hospital  
Univ. of Colorado

**Muthukumar Vellaichamy, M.D.**  
Assistant Professor, Medical College Medurai  
Univ.

### Hospitalists

**Corrie Nevil, M.D.,** Clialical Instructor  
University of Kansas School of Med

**William Park, M.D.,** Clinical Instructor  
University of Kansas School of Med

**Brent Rockley, M.D.,** Clinical Instructor  
University of Kansas School of Medicine

**Quoc Truong, M.D.,** Clinical Instructor  
University of Kansas School of Medicine

### Other Specialties

**Steve Passman, M.D.** Asst. Professor  
Dermatology John Hopkins  
Hospital(Dermatology)

**Nancy Powers, M.D.** Clin Assoc Prof.  
Pediatrics Univ of Calif San Diego (Lactation)

**David Rosen, M.D.** Clinic. Asst. Prof.  
Hematology/Oncology KUMC-KC

# Pediatric Senior Electives

## CRITICAL CARE SELECTIVE

Course No.: CCSL979                      Length: 4 weeks  
Designed to present the knowledge, skills and attitudes required to care for critically ill hospitalized pediatric patients. Students may choose from PICU or NICU for a critical care selective

## PEDIATRIC SUBINTERNSHIP

Course No.: PDRC 998                      Length: 4 weeks  
Allows student to participate in pediatric case management in a greater comprehensive manner than that of the general pediatric student curriculum.

## PEDIATRIC RESEARCH

Course No.: MDRS 976                      Length: 4 weeks  
Provides opportunities for medical research in Pediatrics.

## NEONATOLOGY

Course No.: CCSL 977                      Length: 2-4 weeks  
Overview of neonatal medicine, develop skills and conceptual knowledge of newborns and premature infants and gain knowledge about the effect a sick infant has on family dynamics.  
Faculty: Drs. Bloom, Dorn, Johnson, Lang, Laudert, Reed, Roan.

## AMBULATORY PEDIATRICS

Course No.: PDRC 978                      Length: 2-4 weeks  
Involves increased exposure to community and ambulatory pediatricians utilizing community resources including the pediatrician's office, the Public Health Department, Wesley Pediatric Clinic, Heartspring and other community resources. The program will be individually arranged with the department chairperson and the pediatric staff. Faculty: Katherine Melhorn, MD.

## PEDIATRIC ENDOCRINOLOGY

Course No.: PDRC 980                      Length: 2-4 weeks  
The student will learn to recognize and manage simple inpatient and outpatient endocrinologic and metabolic problems in children.  
Faculty: Richard Guthrie, MD and Kenneth Dykstra, M.D.

## DIABETES MELLITUS

Course No.: PDRC 981                      Length: 2-4 weeks  
The student learns to recognize and manage simple inpatient and outpatient problems related to controlling blood glucose levels in children and adults; discuss the psychosocial adaptation to this chronic illness; to perform as well as educate others in specific procedures involved in self care. Faculty: Richard Guthrie, MD and Dr. Philip Challans

## PEDIATRIC CRITICAL CARE

Course No.: PDRC 983                      Length: 4 weeks  
Study the pathophysiology and care of critically ill children. Wesley PICU with Dr. Lindall Smith, Dr. Muthkumar Velliachamy or Dr. Rosann Nichols.

## PEDIATRIC ALLERGY

Course No.: PDRC 984                      Length: 2-4 weeks  
Students will learn basic techniques of allergic evaluations, including history taking, physical exam and lab interpretation and will acquire basic understanding of allergic-immunologic mechanism. Faculty: Thomas Rosenberg, MD or Teri Lower, MD.

## PEDIATRIC CARDIOLOGY

Course No.: PDRC 985                      Length: 4 weeks  
Student will attend rounds and all available conferences in Cardiology and Pediatrics. Understand murmurs and participate with clinic patients. Faculty: Cynthia Battiste, MD and Steve Allen, MD.

## PEDIATRIC NEUROLOGY

Course No.: PDRC 986                      Length: 4 weeks  
The student will become familiar with the management of common pediatric neurology problems and diagnostic procedures.  
Faculty: Subhash Shah, MD

## DEVELOPMENTAL PEDIATRICS

Course No.: PDRC 987                      Length: 2-4 weeks  
This elective is designed to acquaint the medical student to normal developmental processes and recognition of aberrant patterns within the field of Developmental Pediatrics. Faculty: Valarie Kerschen, MD.

## PEDIATRIC INFECTIOUS DISEASE

Course No.: PDRC 988                      Length: 2-4 weeks  
Designed to familiarize students with diseases such as meningitis, UTI, respiratory tract infections and enteric infections. Daily discussion sessions and consultations will be required. Faculty: Robert Wittler, MD.

## SPECIAL TOPICS IN PEDIATRICS

Course No.: PDRC 995                      Length: 2-8 weeks  
This elective is designed to provide clinical and/or research experience in topics of special interest not otherwise represented in the curriculum. The student will design in consultation with Department faculty specific objectives, reading assignments and the mechanism for course evaluation.  
Students can participate with both full time faculty or volunteer faculty in the community

## PEDIATRIC NEPHROLOGY IN SPECIAL TOPICS

Course No.: PDRC 995                      Length: 2-4 weeks  
The student learns to recognize and manage simple inpatient and outpatient problems related to pediatric nephrology. Consultations may be required. Faculty: Michelle Stuart Hilgenfeld, M.D.

# Pediatric Rural Preceptors

*The University of Kansas School of Medicine-Wichita  
has a strong interest in preparing physicians for rural  
practice.*

**Greg Biberstein, M.D.**  
**Rebecca Klingler, M.D.**  
1133 College Avenue, Ste. E220  
Manhattan, KS 66502

**Marta Edmonds, M.D.**  
1924 Broadway  
Great Bend, KS 67530

**Reagan Glover, M.D.**  
**Leonard Miller, M.D.**  
**Bryan Wohlwend, M.D.**  
2101 N. Waldron  
Hutchinson, KS 67502

**Jennifer Freeman, M.D.**  
**Staci Wedel, M.D.**  
**Ricardo Patron, M.D.**  
720 Medical Center Drive  
Newton, Kansas 67114

**Jonathan Jantz, M.D.**  
**J. Bryan Mann, M.D.**  
700 Medical Center Drive  
Newton, Kansas 67114

**Ellen Losew, M.D.**  
1100 N. Main  
Hutchinson, KS 67502

**Michelle Pope, M.D.**  
**Tara Weiser, M.D.**  
Hays Medical Center  
2220 Canterbury Drive  
Hays, KS 67601

**Charles Loveland, MD**  
346 Maine  
Lawrence, KS 66044

**Greta McFarland, MD**  
505 S. Plummer  
Chanute, Kansas 66720

**Stephen Meyers, MD**  
311 E. Spruce  
Garden City, Kansas 67846

**N. Suguna Reddy, MD**  
123 N. Atchinson  
El Dorado, Kansas 67042

**Edgar Rosales, M.D.**  
**Ginger Senseman, M.D.**  
737 E. Crawford  
Salina, KS 67401

**Manish Dixit, M.D.**  
P.O. Box 1099  
Parsons, KS 67357

**Lyle Smith, M.D.**  
2020 Central  
Dodge City, KS 67801

## Goals of the Rural Preceptorship Include:

- Develop awareness of the challenges & rewards in a community practice.
- Develop and refine skills at interviewing children and their families
- Develop and refine skills at conducting physical assessments from newborns to young adulthood
- Learn to quickly differentiate between seriously ill children and children who maybe managed in an outpatient setting.
- Demonstrate knowledge of differential diagnoses & appropriate management of acute problems including illness, trauma, psychosocial problems and abuse
- Integrate principles of growth & development into the care of patients and their families.
- Learn principles of time management in a busy practice
- Learn principles of cost management in a practice where family resources may be widely divergent
- Learn principles of accident prevention & anticipation of psychosocial & developmental issues of child health
- Participate in continuity of care through discussions with families regarding test results & follow-up appointments and by witnessing phone triage
- Witness the inter-workings of a health-care team, whose members may be at remote sites and institutions.
- Recognize the need for appropriate consultation and necessary communication skills.

# Pediatric Lecture Schedule

## UKSM-W Pediatric Conference Room #2050

<b>First Day Monday</b>	8– 9:00 AM	Cardiology – Cynthia Battiste, M.D.
	9–10:00 AM	Child Development – Valarie Kerschen, MD
	10-11:00 AM	Intro to Pediatrics – Brenda Issa, MD (Clerkship Director)
	11-12:00 PM	Peds Physical Exam – Mark Harrison, M.D.
	12- 1:00 PM	Peds Pulmonary – Maria Riva, M.D. (Lunch provided).
	1- 5:00 PM	Report to Assigned Hospital or Clinic
		Ambulatory – Wesley Peds Clinic, Level A Wesley Med Arts St. Francis – Report to Specialty Clinic at 848 N. St. Francis Wesley – Building 1, 6 <sup>th</sup> floor pediatric conference room

<b>First Wednesday</b>	1- 4:00 PM	Care of the Normal Newborn – Dr. Dorn or Dr. Reed
	4 - 5:00 PM	Immunizations Lecture – Dr. Robert Wittler

<b>Second Wednesday</b>	1 - 2:00 PM	Growth and Growth Failure – Dr. Kenneth Dykstra
	2 - 4:00 PM	Pediatric Infectious Disease – Dr. Robert Wittler
	4 - 5:00 PM	Anticipatory Guidance – Dr. Mark Harrison

<b>Third Wednesday</b>	1- 3:00 PM	Child Abuse – Dr. Katherine Melhorn
	3 - 4:00PM	Nutrition – Dr. Randy Reed
	4 - 5:00PM	Culturally Competent Care – Dr. Jennifer Brannon

<b>Fourth Wednesday</b>	1- 2:00 PM	Pediatric Toxicology – Philip Cherven, M.D.
	2- 3:00 PM	Behavior – Dr. Stephen Amos
	3 - 5:00PM	Diabetes – Dr. Richard Guthrie

<b>Fifth Wednesday</b>	1- 2:00 PM	Medical Ethics for Children – Katherine Melhorn, M.D
	2 - 3:00 PM	Gastroenterology – Brenda Issa, M.D.
	3 - 4:00 PM	Peds Hem/Onc – Dr. Stephanie Kuhlmann
	4 - 5:00 PM	Allergy – Teri Lower, M.D.

<b>Sixth Wednesday</b>	1- 3:00 PM	Peds Nephrology – Michelle Stuart –Hilgenfeld, M.D.
	3-5:00 PM	TBA

<b>Final Friday</b>	1:30 P.M.	National Board Exam in Roberts Amphitheater
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# Private Office Experience Schedule

May 14 - June 22, 2007

<u>Physician/Location</u>	<u>Student</u>	<u>Date/Time</u>
Monday – Friday		8am – 12:00 Noon
<b>Philip Newlin, M.D.</b> 818 N. Carriage Pkwy Wichita, KS 67205 316-651-2275 Please call Dr. Newlin the Thursday before to confirm time and place to meet.	<b>Ernesto Mendoza</b>	<b>May 21 – May 25</b>
<b>Camilo Palacio, M.D.</b> 1720 Osage Derby, KS 67037 789-8222 Please call Dr. Palacio the Thursday before to confirm time and place to meet.	<b>Warner Peng</b>	<b>May 21 – May 25</b>
<b>Kay Womack, M.D.</b> 9211 E. 21 <sup>st</sup> St. N. Wichita, KS 67226 609-4400 Please call Dr. Womack the Thursday before to confirm time and place to meet.	<b>Daniel Hansen</b>	<b>May 28 – June 1</b>
<b>Tina Haynes, M.D.</b> 6837 W. 37 <sup>th</sup> St. N, Bldg 1 Wichita, KS 67205 773-3100 Please call Dr. Haynes the Thursday before to confirm time and place to meet.	<b>Joe Hawkins</b>	<b>June 4 – June 6</b> (all day Mon, Tues morn only on Wed)
<b>Mark Springer, M.D.</b> 818 N. Carriage Pkwy Wichita, KS 67208 651-2278 Please call Dr. Springer the Thursday before to confirm time and place to meet.	<b>Jason Cheng</b>	<b>June 4 – June 8</b>
<b>Conrado Agustin, M.D.</b> 162 N. Hillside Wichita, KS 67214 685-5326 Please call Dr. Agustin the Thursday before to confirm time and place to meet.	<b>David Mayans</b>	<b>June 11 – June 15</b>
<b>Steve Chavez, M.D.</b> 9825 Shannon Woods. Wichita, KS 67206 634-2000 Please call Dr. Chavez the Thursday before to confirm time and place to meet.	<b>Andi McCown</b>	<b>June 18 – June 22</b>