

660G Pediatric Endocrinology

This rotation is not accepting international students
All students must get prior approval for all CHOC based rotations.

Course Name Pediatric Endocrinology
Course Director Himala Kashmiri, DO (CHOC)

1. Course Director, Coordinator and General Administrative Information

FACULTY AND STAFF

| Name | Office Location | Phone | Email |
|-------------------------------|---------------------------|--------------|--|
| Director: Himala Kashmiri, DO | | 714-509-8634 | hkashmiri@choc.org |
| Coordinator: Frank Cruz | 505 S. Main St., Ste. 525 | 714-456-5650 | fcruz@hs.uci.edu |

DESCRIPTION

The student will attend all pediatric endocrine clinics at CHOC (1201 W. La Veta) or satellite clinics (Newport Beach, Mission Viejo, CAC-Irvine). At these clinics, the student will take an initial history and perform a physical exam, present to the attending at that clinic, and assist in forming treatment, laboratory test and follow up plans. The student will attend noontime pediatric conferences and pediatric grand rounds (if able to attend). **At the conclusion of the rotation, the student will make a brief presentation on a topic of chosen interest with review of the literature.**

PREREQUISITES

This course is intended for 3rd and 4th-year students enrolled in the undergraduate medical education program. All students must get prior approval for all CHOC based rotations

COURSE DIRECTOR

Dr. Kashmiri is a pediatric endocrinologist and also serves as the CHOC Pediatric Endocrinology fellowship program director. He completed his medical school at the University of North Texas Health Science Center and residency training at Loyola (Chicago, IL). He then obtained his pediatric endocrinology fellowship training at the Children's Hospital of Wisconsin (Milwaukee, WI) where his research interests were in functional genomics and transcriptome of different biological signatures in

autoimmune diseases, including type 1 diabetes. Given his passion for teaching, in April 2018 he became the pediatric endocrinology fellowship program director for UCI/CHOC.

Frank Cruz is the course coordinator for the course. Frank Cruz has been working as Student Coordinator for the UCISOM for 10+ Years. In addition to his Student Coordinator duties he also works as an assistant coordinator for the UCI-CHOC Pediatric Residency.

INFORMATION FOR THE FIRST DAY

Who to Report to on the First Day:

Frank Cruz Student Coordinator will contact with further details. fcruz@hs.uci.edu (714)456-5631.

Location to Report on First Day:

CHOC-based rotation: Frank Cruz Student Coordinator will contact with further details. fcruz@uci.edu (714)456-5631.

SITE: CHOC

DURATION: 4 weeks minimum

Scheduling Coordinator: UC Irvine students please email comsched@hs.uci.edu to make a scheduling appointment.

Periods Available: The time of the course must be pre-approved by the elective director at least 3 months prior to the start of the course. No exceptions.

NUMBER OF STUDENTS ALLOWED

CHOC-based rotation: 1

WHAT STUDENTS SHOULD DO TO PREPARE FOR THE COURSE

Obtain handout materials from Site Coordinator.

COMMUNICATION WITH FACULTY

Email Dr. Kashmiri, 1 week before the start of your elective: hkashmiri@choc.org. Questions about logistics should be directed to the Course Coordinator. Direct questions, comments, or concerns about the course can be directed to the Course Director. Contact information and office location are at the beginning of this document.

The Course Director is also available to meet in person. Please email fcruz@hs.uci.edu to arrange an appointment. To ensure that your email will not be

lost in the large volume of email received, please use the following convention for the subject line:

SUBJECT: COURSE NAME, your last name, your issue (e.g. XXX, Smith, Request for appointment)

2. Course Objectives and Program Objective Mapping

The following are the learning objectives for the course. Students are expected to demonstrate proficiency in these areas in order to satisfactorily complete the course. In addition, the extent of a student's mastery of these objectives will help guide the course evaluation and grade.

| Course Objective | Mapped UCI School of Medicine Program Objective | Sub Competency | Core Competency |
|---|--|---|------------------------|
| Knowledgeable about the principles and management of pediatric endocrine illnesses | A-2. Knowledge of the pathogenesis of disease, interventions for effective treatment, and mechanisms of health maintenance to prevent disease. | Disease Pathogenesis and Treatment | Knowledgeable |
| Able to recognize normal and abnormal patterns of growth | A-1. Knowledge of the structure and function of the major organ systems, including the molecular, biochemical and cellular mechanisms for maintaining homeostasis. | Structure and Function of Major Organ Systems | Knowledgeable |
| Able to characterize the importance of bone age in the different diagnosis of growth problems | A-3. Knowledge of basic clinical skills required to meet the skills objectives, including interviewing, physical diagnosis, communication and clinical reasoning processes | Basic Clinical Skills | Knowledgeable |
| Able to review the ages and stages of normal puberty | A-1. Knowledge of the structure and function of the major organ | Structure and Function of | Knowledgeable |

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| | systems, including the molecular, biochemical and cellular mechanisms for maintaining homeostasis. | Major Organ Systems | |
| Able to define and review the differential diagnosis of precocious and delayed puberty | A-2. Knowledge of the pathogenesis of diseases, interventions for effective treatment, and mechanisms of health maintenance to prevent disease | Disease Pathogenesis and Treatment | Knowledgeable |
| Able to outline an approach to the problem of failure to thrive | B-3. The ability to articulate a cogent, accurate assessment and plan, and problem list, using diagnostic clinical reasoning skills in all the major disciplines | Developing an Assessment and Plan | Skillful |
| Understand thyroid function tests and of causes of disordered thyroid function in childhood | A-3. Knowledge of basic clinical skills required to meet the skills objectives, including interviewing, physical diagnosis, communication and clinical reasoning processes | Basic Clinical Skills | Knowledgeable |
| Discuss keys to recognition of congenital adrenal hyperplasia as one of the causes of disorders of sex development | A-2. Knowledge of the pathogenesis of diseases, interventions for effective treatment, and mechanisms of health maintenance to prevent disease | Disease Pathogenesis and Treatment | Knowledgeable |
| Knowledgeable in the overview of the causes, characterizations, diagnostic evaluation and consequences of neonatal hypoglycemia | A-2. Knowledge of the pathogenesis of diseases, interventions for effective treatment, and mechanisms of health maintenance to prevent disease | Disease Pathogenesis and Treatment | Knowledgeable |

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| Able to identify patterns of disease presentation as related to various electrolyte disturbances. | A-3. Knowledge of basic clinical skills required to meet the skills objectives, including interviewing, physical diagnosis, communication and clinical reasoning processes | Basic Clinical Skills | Knowledgeable |
| Assess anomalies of calcium/phosphate metabolism and the skeletal system | A-2. Knowledge of the pathogenesis of diseases, interventions for effective treatment, and mechanisms of health maintenance to prevent disease | Disease Pathogenesis and Treatment | Knowledgeable |
| Able to highlight issues fundamental to the understanding of metabolic bone disease and rickets | A-2. Knowledge of the pathogenesis of diseases, interventions for effective treatment, and mechanisms of health maintenance to prevent disease | Disease Pathogenesis and Treatment | Knowledgeable |
| Knowledgeable of the pathogenesis and management of type 1 and type 2 diabetes | A-2. Knowledge of the pathogenesis of diseases, interventions for effective treatment, and mechanisms of health maintenance to prevent disease | Disease Pathogenesis and Treatment | Knowledgeable |
| Able to review the diagnosis and treatment of diabetic ketoacidosis. | B-3. The ability to articulate a cogent, accurate assessment and plan, and problem list, using diagnostic clinical reasoning skills in all the major disciplines | Developing an Assessment and Plan | Skillful |
| Acquire an understanding of some of the most common problems seen by family physicians. | A-2. Knowledge of the pathogenesis of diseases, interventions for effective treatment, and mechanisms of | Disease Pathogenesis and Treatment | Knowledgeable |

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| | health maintenance to prevent disease | | |
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3. Course Resources

- Pediatric Endocrine Society:
 - https://www.pedsendo.org/education_training/education_resources.cfm
 - https://www.pedsendo.org/patients_families/Educational_Materials/index.cfm
- Pediatric Endocrinology, M Sperling, 5th Edition, September 2020.
- Pediatric Endocrinology F. Lifshitz ed., 5th Edition, informa healthcare, 2006.
- Clinical Pediatric Endocrinology, SA Kaplan ed., WB Saunders, 1990.
- Pediatric Endocrinology J. Bertrand ed. Williams & Wilkins, 1993.

4. Major Exams, Assignments and Grading

MANDATORY SESSIONS

FOR CHOC BASED ROTATION:

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| [Endocrine Team meeting/Case Conference] | [505 S. Main St, Rm 120, 9 am-12 pm] |
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MAJOR ASSIGNMENTS AND EXAMS

FOR CHOC BASED ROTATION:

There will be a pre-test to assess your knowledge and a post-test after the rotation is complete.

At the conclusion of the rotation, the student will make a brief presentation on a topic of chosen interest with review of the literature.

GRADING:

Factors that will be taken into consideration for the final rotation grade (relative to level of training):

- Attendance and punctuality
- Enthusiasm / proactive learning
- Fund of knowledge
- Professionalism
- Cultural sensitivity

- Ability to formulate an initial assessment and plan of care for patients, including evidence of reviewing literature and applying the information to patient care
- Taking “ownership” in patient care, i.e., actively following up on pending labs/imaging, writing follow up notes on patients seen previously, and communicating/collaborating with appropriate team members

Medical Students are graded using the following scale: Honors (H), Pass (P), Fail (F), and Incomplete (I). For further information, please review the Grading Policy.

You have 30 days from the date of the grade to appeal any aspect of this grade. Please contact your Clerkship/course Director should you have any questions

Requirements for “Pass”:

To receive a grade of Pass, students must demonstrate successful performance in all the following areas:

- Knowledge
- Patient Care
- Practice-Based Learning
- Interpersonal & Communication Skills
- Professionalism
- Systems-Based Practice

Requirements for “Honors”:

To receive a grade of Honors, students must demonstrate exceptional performance all the following areas:

- Knowledge
- Patient Care
- Practice-Based Learning
- Interpersonal & Communication Skills
- Professionalism
- Systems-Based Practice

Grounds for “Incomplete”: You will not be issued a grade until all elements of the course have been completed.

REMEDIATION

Remediation, if needed will be designed by the Course Director to suit the issue at hand.

Grounds for “Fail”: You will receive a grade of "Fail" if the requirements for passing the course have not been met. Please refer to the [Grading Policy](#) for the impact of the "Fail" grade to the transcript.

