

660Z Pediatric Neurology

Course Name Pediatric Neurology
Course Director Dr. Adam Z. Kalawi, MD

Elective at a Glance		
Available to: <input checked="" type="checkbox"/> UCI MS3 students <input checked="" type="checkbox"/> UCI MS4 students <input checked="" type="checkbox"/> Extramural Students		
Duration: 2 weeks min.	Number of Students: CHOC-based rotation: 2-3	Grading: H / P / F
Periods available: Variable, and additionally may be available upon request		

1. Course Director, Coordinator and General Administrative Information

FACULTY AND STAFF

Name	Office Location	Phone	Email
Director: Dr. Adam Z. Kalawi, MD	1201 W. La Veta Ave.	N/A	adam.kalawi@choc.org
Coordinator: Frank Cruz	505 S. Main St., Ste. 525	714-456-5650	fcruz@hs.uci.edu

DESCRIPTION

The student will be a member of the "team" responsible for evaluating and managing patients. Individual case instruction will be supplemented by didactic teaching. Facilities will include UCI Medical Center, Children's Hospital of Orange County and Fairview Developmental Center.

PREREQUISITES

UCI students must have successfully completed the basic science curriculum and their Pediatrics Core Clerkship.

RESTRICTIONS

All students must get prior approval for all CHOC based rotations.

COURSE DIRECTOR

Adam Z. Kalawi, MD is the course director for the 660Z course.
Frank Cruz is the course coordinator for the 660Z course.

INFORMATION FOR THE FIRST DAY

Who/Location/Time to Report to on First Day: Frank Cruz student coordinator will contact students with further details. fcruz@hs.uci.edu (714)456-5631

SITE: Monday morning sign out 8AM sharp, 5 West Conference room (1201 W La Veta Ave.) or Zoom/Teams

DURATION: Minimum of 2 weeks

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

Periods Available: Variable

NUMBER OF STUDENTS ALLOWED: CHOC-based rotation: 2-3

WHAT STUDENTS SHOULD DO TO PREPARE FOR THE COURSE

Review common disorders managed in pediatric neurology including febrile seizures, infantile spasms, and autism.

COMMUNICATION WITH FACULTY

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. 660Z, Smith, Request for appointment)

2. Course Objectives and Program Objective Mapping

The following are the learning objectives for the 660Z 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
Know the fundamentals of the pediatric neurological examination.	B-2. The ability to competently perform a complete and organ-system-specific examination including a mental health status examination.	Physical Exam	Skillful
Have experience in the differential diagnoses of pediatric	B-3. The ability to articulate a cogent, accurate assessment and plan, and problem list, using diagnostic clinical	Patient Management	Skillful

neurological disorders.	reasoning skills in all the major disciplines		
Be able to relate pathogenesis of pediatric neurological disease to diagnostic and treatment approaches.	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

3. Course Resources

TEXTS AND READINGS: SUGGESTED

- Fishman, M.A., Pediatric Neurology, Grune and Stratton, Inc., Orlando, FL, 1986.
- Fenichel G. Clinical Pediatric Neurology: A signs and Symptoms Approach.

Epilepsy

- Pearl P. Epilepsy syndromes in childhood. Continuum (Minneap Minn) 2018; 24 (1 Child neurology): 186-209
- Subcommittee on febrile seizures. Clinical Practice Guideline—Febrile Seizures: Guideline for the Neurodiagnostic Evaluation of the Child With a Simple Febrile Seizure. Pediatrics 201; 17(2): 389-394.
- Patel AD, Vidaurre J. Complex Febrile Seizures: A Practical Guide to Evaluation and Treatment. Journal of Child Neurology. 2013; 28(6): 762-767
- Mackay MT, Weiss SK, et al. Practice Parameter: Medical Treatment of Infantile Spasms: Report of the American Academy of Neurology and the Child Neurology Society. Neurology. 2004; 62:1668-1681.

Cerebral Palsy

- Wimalasundera N, Stevenson VL. Cerebral Palsy. Practical Neurology. 2016; 16: 184-194.

Developmental Delay/Intellectual Disability

- Purugganan O. Intellectual Disabilities. Pediatrics in Review. 2018; 39(6): 299-309.

Neuromuscular Disease

- Tsao, CY. Muscle Disease. Pediatrics in Review. 2014; 35(2): 49-61.

Sleep Medicine

- Maski K, Owens J. Pediatric Sleep Disorders. Continuum (Minneap Minn). 2018; 24(1, Child Neurology): 210-227.

Infectious/Para-infectious

- Donofrio PD. Guillain-Barre Syndrome. Continuum (Minneap Minn). 2017; 23(5): 1295-1309.
- Wingerchuk DM, Weinshenker BG. Acute Disseminated Encephalomyelitis, Transverse Myelitis, and Neuromyelitis Optica. Continuum (Minneap Minn). 2013; 19(4): 944-967.

- Falchek, SJ. Encephalitis in the Pediatric Population. Pediatrics in Review. 2012; 33(3): 122 – 133.

Genetic/Metabolic

- Korf BR, Bebin EM. Neurocutaneous Disorders in Children. Pediatrics in Review. 2017; 38: 119-128.

Nervous System Malformations

- Gaitanis J, Tarui T. Nervous System Malformatins. Continuum (Minneap Minn). 2018; 24(1, Child Neurology):72-95.

Hydrocephalus

- Wright Z, Larrew TW, Eskandari R. Pediatric Hydrocephalus: Current State of Diagnosis and Treatment. Pediatrics in Review. 2016. 37(11): 478-490.

CLINICAL RESPONSIBILITIES AND PATIENT CARE RESPONSIBILTY

Student Expectations/Responsibilities:

- Each morning check in with the team to get assignments for new patients. See your patients to collect the history and do the general physical and neurological exam. Present to the resident and, with the resident, form an assessment and plan.
- Follow the patients you see (checking in with the patient/family, follow up imaging, labs, overnight events, etc.)
- Present at least two cases to the whole team on rounds
- Write at least one H&P and review with the resident.
- Use the recommended reading below to better understand your patients' diagnoses and to learn about topics that may not currently be represented on the inpatient service.
- Attend didactics with residents.

4. Major Exams, Assignments and Grading

MANDATORY SESSIONS: N/A

EDUCATIONAL ACTIVITIES

Monday	<ul style="list-style-type: none"> • Sign-out, 8am in 12th floor conference room • Adult neurology streamed lecture, 12pm in 12th floor conference room
Tuesday	<ul style="list-style-type: none"> • Neuroradiology rounds (every other week), 7:30am in radiology 1st floor
Wednesday	<ul style="list-style-type: none"> • Adult neurology streamed lecture, 12pm in 12th floor conference room • Child neurology lecture, 1pm in 12th floor conference room
Thursday	<ul style="list-style-type: none"> • Case conference, 12pm – location varies • Professor rounds, 1pm in 12th floor conference room
Friday	<ul style="list-style-type: none"> • Epilepsy Surgery conference (every other week), 12pm in conference room A in 2nd floor Holmes Tower

MAJOR ASSIGNMENTS AND EXAMS: For four week rotations, students are encouraged to present a case, prior research, or a review of a disease for the final Thursday Case Conference of their rotation.

GRADING

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.

Students will be graded on an Honors/Pass/Fail structure. The grade will be determined by the residents and attendings that evaluate the student's performance. If the student fails the elective, a grade of "F" will be permanently recorded on his/her transcript. The student can repeat the course for a second grade; however, the "F" will not be removed from the transcript.

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.

REMEDICATION

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.