



CHILDREN'S HOSPITAL OF ORANGE COUNTY

Pediatric Residency Program

2009-2010

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High Ropes Course at the Fall Retreat 2009

An Overview of CHOC



- Free-standing children’s hospital, opened in 1964
- Located in the 5th largest county in the nation by population
- CHOC accounts for over 60% of all pediatric admissions in the county
- Accepts all children regardless of insurance coverage, and thus serves as both the “county” facility for Orange County and a major tertiary care center

The Hospital

96 bed medical/surgical wards
 18 bed PICU
 12 bed Cardiovascular Intensive Care Unit (CVICU)
 12 bed Intermediate Care Unit
 54 bed NICU (including 2 ECMO beds)
 28 bed Oncology ward
 12 bed Oncology ICU
 Day Health Oncology Outpatient Unit
 84 room Ambulatory Clinic
 26 general pediatric rooms
 54 subspecialty rooms
 22 room outpatient infusion/procedure center
 2 dental rooms
 2 treatment rooms
 Term Nursery at Saint Joseph’s Hospital
 Emergency Room at Saint Joseph’s Hospital



Annual Inpatient Admissions Annual Outpatient Visits

| | | | |
|------------------|------|---------------------------|--------|
| Medical/Surgical | 8520 | Subspecialty Clinic | 65,851 |
| Oncology | 933 | Procedure/Infusion Center | 2592 |
| OICU | 147 | CHOC Primary Care Clinic | 34,822 |
| PICU | 1113 | Clinica CHOC Para Ninos | 22,404 |
| CVICU | 247 | Boys & Girls Club | 7,425 |
| NICU | 634 | Costa Mesa Clinic | 10,710 |
| SJH Nursery | 5008 | Healthy Tomorrow Van | 2,195 |
| SJH Surgeries | 8165 | Emergency Department | 48,720 |
| Transports | 4300 | (pediatric visits only) | |

Recent and Ongoing Construction Project

2007 The Outpatient Procedure and Infusion Unit (OPI) opened on the second floor of the clinic building. This unit has 20 individual stations with 2 isolation rooms; last year 2600 patients were treated in the OPI.

2008 The Ambulatory Care Center was remodeled and expanded. The center now has 83 rooms, onsite radiology and orthopedic services, and serves general pediatrics as well as 23 subspecialties.

The new PICU on the sixth floor of the main tower was completed. This state of the art unit has 18 medical/surgical beds, a new 12 bed Cardiovascular ICU (CVICU), and a new 12 bed step-down unit.

The NICU expanded from 42 to 54 beds.

Construction on CHOC's new, seven-story patient care tower began in the fall of 2008. The first stage of the tower is planned to open in 2013. It will bring the total bed capacity at CHOC up to 450 beds, and provide increased space for the inpatient wards, oncology, PICU and NICU. In addition, the tower will house a new emergency department, pediatric surgical suites, along with laboratory, pathology, and radiology services.

The CHOC Institutes

CHOC has established four separate institutes to provide the highest standards of care in specific areas: Cancer, Heart, Neuroscience, and Orthopedics. Each institute provides a multi-disciplinary approach to the care of children in their subspecialty field. The team includes dedicated subspecialists, general pediatricians, intensivists, surgeons, nurses, social workers, recreational therapists, rehabilitation specialists, case managers, nutritionists, pharmacists, and psychologists.

Transport Team

CHOC's pediatric transport team is the third busiest in the entire country. Last year, 4300 patients were transported to CHOC from outside hospitals and emergency departments. Approximately 70% of our transports originate within Orange County, with 30% coming from neighboring counties or distant locations.



CHOC is one of very few centers that can use high frequency ventilation and nitric oxide during the transport. Currently we have two full teams that can be deployed with any combination of physicians, transport nurses, and respiratory therapists. Residents have opportunities to participate in transports while on the PICU and NICU rotations, and can gain additional experience through a 2-4 week transport elective.

Breathmobile

CHOC's Breathmobile program is one of only five mobile asthma treatment units in the country. These units provide underserved patients with comprehensive allergy and asthma evaluations, treatment, monitoring and education. Last year, over 3000 patients received care as part of this program.

The program has been very effective. After the first year of operation, patients served by the program saw a decrease in ED visits by 80%, in hospitalizations by 76%, and school absenteeism by 88%. A second breathmobile was added in 2007.

Dental Initiative

CHOC has partnered with Healthy Smiles and the USC Pediatric Dental Residency Program to provide increased dental access for underserved patients through the new Garden Grove Community Health Clinic.

In addition, dental residents from USC rotate through CHOC to provide support to our subspecialty clinics (e.g. craniofacial clinic), the inpatient wards and the emergency department. As noted, our newly remodeled clinic includes 2 dental examination rooms.

Radio Lollipop



CHOC's Radio Lollipop just celebrated its third birthday, with the help of KIIS-FM's Ryan Seacrest and other stars. Radio Lollipop is a fully equipped radio station running out of the CHOC lobby, staffed by volunteers. It broadcasts through the hospital's closed-circuit television system and provides a blend of children's favorites and "Top 40" hits for our patients. Patients can make call-in requests, participate in games and contests, and be "on-air" guests. CHOC's station is the first on the west coast and only the third in the United States.

CarePage

CHOC's free CarePage website allows hospitalized patients to post information about their progress, and to send and receive messages from friends and family.

Reach Out and Read Program

Choco's Reading Clubhouse is affiliated with the National Reach Out and Read Program, and was the first such program in Orange County. It promotes the importance of reading to children, beginning in infancy. Residents have the opportunity to give out free books to their patients during well child visits. This is one of the largest such programs in the state.



Parent Advice Line

There is a 24 hour Parent Advice Line (PAL), providing recorded information on a host of pediatric acute and well child care issues. Similar information can be found online at the CHOC website.

Safe Sitter Program

The Safe Sitter program trains adolescents in the basics of babysitting including basic first aid, what to do in an emergency, how to get kids to bed on time, and how to help a crying child.

Healthy Tomorrow Program

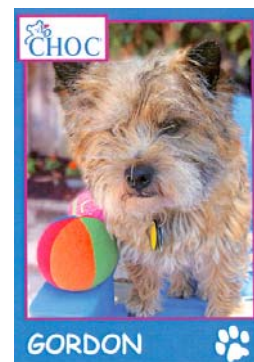
The Healthy Tomorrow Vans began as a cooperative effort between CHOC, the Santa Ana School District and the Orange County Department of Social Services. These vans provide acute care, well child care, sports physicals, adolescent services and immunizations to underserved patients at 35 elementary schools throughout Orange County.

Mobile Safety Van

CHOC's Mobile Safety Van is a 40 foot long "house" that offers hands-on training in injury prevention and safety-proofing of homes. Started in 2001, it is the only program of its type in the nation, and reaches approximately 50,000 parents and caregivers annually.

Caring K9s

We have a very active program of pet-facilitated therapy dogs (Caring K9s) to help the recovery of our young patients. CHOC is one of only 50 hospitals in the country to provide this service. These dogs can be found in oncology, on the med-surg floors, in the outpatient clinics, as well as the physical/occupational and speech therapy departments. Each dog has his own CHOC badge along with a personal information card (like a baseball card) that kids can collect.



Medical Student, Resident and Fellow Training

Over 125 medical students rotate through CHOC each year, from schools throughout the country. Beginning in November 2009, CHOC will become a clinical site for core and elective rotations in pediatrics for medical students from the University of California, Irvine.

CHOC serves as an important training site for residents and fellows from other programs:

- Surgical residents in Orthopedics, Urology, Plastic Surgery, and ENT from the University of California, Irvine
- Orthopedic Residents from Riverside County
- CHOC is a major clinical site for the Pediatric Critical Care and Neonatology Fellowships at Harbor-UCLA in Torrance
- The Pediatric Neurology Fellowship Program at UCI now uses CHOC as its primary clinical training site
- The Family Medicine Residency Program at Kaiser Permanente in Orange County sends its interns to CHOC for inpatient training.
- The U. S. Navy Pediatric Residency Program and U. S. Navy Emergency Medicine Programs in San Diego both send residents to CHOC to train in our PICU.
- Dental residents from USC rotate through CHOC clinics and inpatient services, and are available for consultations at any time.
- Over the last year, UCI pediatric residents have begun rotating at CHOC in the PICU, Emergency Department, Inpatient Wards and subspecialty electives.



Research

CHOC has a busy bench and clinical research program, with major efforts in molecular neurobiology, stem cells, immune and inflammatory diseases, cancer and bleeding disorders, and infectious diseases. CHOC recently received a Phase I clinical trial designation for pediatric oncology patients (the only such facility in the southwest). For more information, please check online at CHOC's main webpage.

Our faculty are very eager to help residents get involved in established research projects, help residents write up interesting case reports, or supervise them in retrospective studies based on the tremendous diversity of disease seen at CHOC.

Research Projects recently completed by CHOC residents:

- Chuang, Maria. Listeria Meningitis after Infliximab Treatment of Ulcerative Colitis. *Journal of Pediatric Gastroenterology and Nutrition*, November 2009.
- Cheng, Yi-Neng. Exploring Cardioneural Signal from Non-Invasive ECG Measurement. Presented at IEEE Symposium on Bioinformatics and Bioengineering, 2007.
- Do, Thomas. Fontan Patient with Plastic Bronchitis Treated Successfully Using Aerosolized Tissue Plasminogen Actuator: A Case Report and Review of the Literature. *Pediatric Cardiology*. Volume 30, Number 3, April 2009.
- Salehi, Parisa. Effective Growth Hormone Treatment of Short Stature in a Patient with 46Yr(X). Poster presentation for Endocrinology Conference in June 2009.

A Short History of CHOC

The Hospital

Children's Hospital of Orange County (CHOC) opened its doors to the children of Orange County in 1964. At the time, CHOC consisted of a leased, 62 bed unit on the campus of St. Joseph Hospital. A Pediatric Transport Team was established in 1972, and by 1981 was transporting more critically ill infants and children than any other hospital in California. In 1975, construction on a freestanding children's hospital began. Inpatient services were transferred to this new CHOC tower between 1977 and 1979. The new tower included services for PICU, NICU and surgical short stay, with a total bed capacity of 202. In 1988, construction began on a six story tower to accommodate the growing population of Orange County; this new hospital opened in 1991. The first dedicated pediatric emergency rooms, located within the St Joseph's Emergency Department, opened in 1996. In 2008, CHOC expanded its critical care services. The new PICU is a state of the art unit with 18 bed med/surg beds, a 12 bed Cardiovascular ICU, and a 12 bed step-down unit. In the NICU, 12 beds were added to the existing 42 bed unit. With these additions CHOC now has a bed capacity of 220.

Construction on CHOC's new, seven-story patient care tower began in the fall of 2008, and the structure is expected to increase CHOC's total bed capacity to around 450 beds when it opens in 2013. This new tower will also house CHOC's new Emergency Department, surgical suites, radiology and laboratory services, allowing CHOC to function completely separately from St. Joseph's Hospital.

The Clinics

CHOC's first outpatient facilities opened in 1965. This was replaced by the CHOC Clinic and Research Building ("CHOC West") which opened in 1990; the new structure nearly doubled the available clinic space and added four floors dedicated to research.

CHOC's first community facility, Clinica CHOC para Niños, opened in 1993 to serve the low-income, mostly Latino, community of Santa Ana. A second pediatric community clinic was opened at the Boys & Girls Club of Santa Ana in 2000, followed by the Garden Grove Community Health Center in 2005 and the Costa Mesa Clinic in 2007. During this same time, CHOC expanded its subspecialty services into off-site clinics in Aliso Viejo, Rancho Santa Margarita and, most recently, Hoag Presbyterian Hospital in Newport Beach.

In addition to the above, CHOC combined with Healthy Smiles for Kids of Orange County and the USC Pediatric Dental Residency Program to develop a new program to provide dental care to the underserved of Orange County; this new service is located on the second floor of the Garden Grove Clinic. In 2007, the 16 bed Outpatient Infusion Center opened at CHOC to allow patients to be seen and managed on an outpatient basis for treatments such

as blood transfusions and chemotherapy. This was followed by the opening of the expanded 83 room Ambulatory Care Center in the fall of 2008, which now houses the general pediatric clinics and 23 subspecialty clinics.

The Pediatric Residency Program

Early on, CHOC provided pediatric training to residents as part of a joint CHOC-UC Irvine pediatric residency program. In the spring of 1992, CHOC received approval from the Accreditation Council for Graduate Medical Education for a new independent residency program and accepted its first group of residents that summer. Dr. David Lang was the CHOC Residency Program's first program director, and the first class consisted of one intern and three third-year residents. The next year, the program welcomed 8 interns, and the program remained this size until the intern class was increased to 12 in 1998. Dr. Antonio Arrieta took over from Dr. Lang in 1999, and served as the interim program director for the next 2 years.

Dr. James Korb was recruited to be the full-time Program Director in 2001, and Dr. Daphne Wong joined him as Assistant Program Director in 2002. The intern class increased to 14 residents in 2002, 16 in 2004, and 19 in 2007, bringing the program up to its current size. The program received a full five years accreditation from the ACGME in 2003, and recently underwent another accreditation visit in June, 2009.

CHOC and UC Irvine entered into a strategic affiliation in the fall of 2008, and the two institutions are working together to create a new, combined residency program for the future. Depending on the timing of approval from ACGME, the new pediatric residency program will begin training its first intern class in 2011 or 2012.



Benefits

The Orange County Register recently named CHOC as one of the top three “Best Places to Work.” We were also recognized as a “hidden gem” in the best hospitals category and the 2nd best place to volunteer!

Salary

| | |
|------|----------|
| PL-1 | \$46,488 |
| PL-2 | \$48,006 |
| PL-3 | \$49,878 |

Meals

- Continental breakfast at all Morning Reports and Grand Rounds
- Lunch provided at Noon Conferences
- Meal cards are provided monthly for evening shifts and on-call



Memberships paid by CHOC

AAP national and local chapter dues
Orange County Medical Association

Educational Resources

Yearly academic fund of \$300

Paid subscription to *Pediatrics in Review* and *MDConsult*

Full internet access in clinics and on the wards

Burlew Library resources

- On-line access to over 40 important journals in pediatrics
- Additional books and journals available on-site
- Access to the following research databases: Cochrane, Clinical Evidence (BMJ), OVID Medline, PUBMED Medline
- Librarian searches, interlibrary loans, copies of articles (photocopy, scan, email and pdf)

Other Benefits

Vision, Dental and Health insurance

Long-term and short-term disability plans are available

403b retirement plan

Four weeks paid vacation

An additional 4 days off at either Christmas or New Year as part of the holiday schedule

Free parking

Back-up and sick-call system

One call-free elective in both the second and third year

Cell phones for the ward team residents to facilitate communication

Residency Sharepoint Website

This last year we instituted a new password-protected website available to residents on or off-site. The website serves as a key source of current information about the program. Weekly emails from the chief residents are posted here, as well as current schedules, rotation goals and objectives, PDF versions of articles about recent Morning Report cases, articles for Continuity Clinic talks, copies of resident presentations during certain rotations, and so forth. Upcoming social events and birthdays are also noted.

Board Review Preparation

An in-house board review course is available on DVD, and all senior residents are expected to complete the course in the second half of their third year.

For those residents with low scores on the yearly In-Service Test, the chief residents, program directors or advisor will work with the resident to set up a study/reading program. Residents who have difficulties on standardized tests have access to an educational consultant to improve their test-taking skills.

CHOC's average pass rate on the American Board of Pediatrics Certifying Exam over the last three years is 94%. Congratulations to our graduating class of 2009 for a perfect 100% pass rate!

Advisor Program

All residents are provided with a faculty mentor or advisor. The advisor is chosen by the resident a few months into their internship. This allows the resident to develop a close relationship with a member of our faculty who can then serve to encourage and guide the resident throughout the next three years. The advisor meets with the resident formally at least twice a year and often informally on many other occasions. During these meetings, the advisor will review their resident's progress and evaluations, and provide help with career guidance. In addition, the advisor helps the resident set quarterly goals for their Individualized Learning Plans.

Schedules and Calls

PL-1 Schedule # Rotations

| | |
|---------------------------|-----|
| Inpatient Wards | 5.5 |
| Oncology | 1 |
| NICU | 1 |
| Term Nursery | 1 |
| General Pediatrics Clinic | 2 |
| Elective | 1.5 |
| Vacation | 1 |



PL-2 Schedule # Rotations

| | |
|---------------------------|-----|
| Inpatient Wards | 4.0 |
| NICU | 1 |
| PICU | 1 |
| Emergency Department | 1 |
| Adolescent Medicine | 1 |
| Behavior/Development | 1 |
| Electives (one call-free) | 3 |
| Vacation | 1 |



PL-3 Schedule # Rotations

| | |
|---------------------------|-----|
| Inpatient Wards | 4.0 |
| NICU | 1 |
| PICU | 1 |
| Emergency Department | 1 |
| General Pediatrics Clinic | 1 |
| Advocacy | 0.5 |
| Electives (one call-free) | 3.5 |
| Vacation | 1 |

In-House Call

Call is in-house every 4th night for inpatient and intensive care rotations. In compliance with ACGME duty hour regulations, residents are guaranteed four days off per month, work no more than 80 hours/week averaged over four weeks, and leave by 30 hours on post call days.

There are 4 main ward teams on the medical/surgical inpatient services, each staffed with 2 interns, a second-year resident and a third-year resident. Additional medical students and subinterns round out the team.

An intern and one of the senior residents are on call together every fourth night. Post-call, the other half of the team is available to help with the workload and insure that the post-call residents can leave on time.

Residents on the intensive care rotations take call every 4th to 5th night, depending on the number of residents in the unit that block. Both an attending

neonatologist and a PICU attending are present overnight to help supervise and teach the residents. On most nights, a NICU fellow and PICU fellow are also present on call.

A Rapid Response team, consisting of a PICU nurse, respiratory therapist and PICU attending, is available 24 hours per day to assess ill patients throughout the hospital. The team can be activated by any health care provider whenever there are concerns about the status of a patient. It is designed specifically to provide help with the management of a patient before that patient suffers a cardiac or respiratory arrest, and it has been tremendously successful in reducing the number of actual arrests on the floors. Over the last year, the nursing staff instituted a new Pediatric Emergency Warning System (PEWS) to provide early recognition of possible deterioration in sick patients on the wards, allowing for intervention by the physicians to stabilize the patient. This system has led to a marked decrease in the number of calls to the rapid response team.

Night and Day Resident Teams

Each resident will spend a portion of their ward experience on the night resident and day resident teams.

The Night Resident service consists of a senior resident and an intern working as a third team on at night, helping the other ward teams to admit patients from 7:00 pm to 7:00 am. Two senior residents and two interns split the coverage over a two week period. This allows us to structure the rotation so that residents are never on call more than 3 nights in a row.



The Day Resident team is staffed by a senior resident. This team was originally designed to assist the other ward teams with the increased patient volume during the winter, but now functions all year round. The team cares for both subspecialty patients and patients admitted by private pediatricians in the community. The resident on the team cares for the team's patients from 7:00 am to 7:00 pm, and is generally not responsible for any admissions during the day. Two senior residents split the 2 week rotation.

Urgent Care Call

On the General Pediatric Clinic rotation, residents spend time at Urgent Care in the Emergency Department. Shifts are from 5:00 pm to 9:00 pm on weekdays, and from 4:00 pm to 10:00 pm on weekends. This is an invaluable opportunity for residents to practice performing a variety of procedures under the supervision of the Emergency Department physicians and physician assistants. Residents have urgent care call for 8 weeks during their intern year and for 4 weeks during their 3rd year.

Backup Call

While on electives, adolescent medicine, behavior and development, and advocacy rotations, residents are required to be available by pager in case another resident is ill or additional help is required for patient care. There are usually 8-9 residents on backup call per rotation, and separate intern and senior resident backup pools ensure appropriate coverage. When a backup resident is asked to cover a call or clinic for a colleague, he or she is usually repaid during a future rotation.

Call-Free Electives

In the second and third years, residents have one call-free 4 week rotation. The call-free rotation is useful for those applying for fellowships, those interested in international experiences, and those interested in away electives at other institutions. See the section on electives for further details.

Electives and Rotations

Currently offered electives:

| | | |
|----------------------|--------------------|------------------------|
| Adolescent Medicine | Allergy/Immunology | Anesthesia |
| Behavior/Development | Board Review | Cardiology |
| Dermatology | Endocrinology | ENT Surgery |
| Gastroenterology | Genetics | Hematology |
| Independent Study | Infectious Disease | International Medicine |
| Metabolics | Nephrology | Neurology |
| Neurosurgery | NICU | Nutrition |
| Oncology | Ophthalmology | Orthopedic Surgery |
| Pediatric Surgery | PICU/CVICU | Procedure |
| Psychology | Pulmonology | Radiology |
| Research | Rheumatology | Sports Medicine |
| Transport Medicine | Urology | |

Required rotations

Adolescent Medicine

The Adolescent Medicine Rotation at CHOC is designed to give second year residents a broad exposure to all aspects of adolescent health care, both at CHOC and in the community. Residents rotate through a variety of clinical sites, including the CHOC Adolescent Clinic, CHOC Adolescent Mobile Health Vans, CHOC Eating Disorders Clinic, Huntington Beach Women's Clinic, Orange County Public Health Department an STD Clinic, Juvenile Hall, a local group home for displaced children and wards of the state, UC Irvine's inpatient Adolescent Psychiatry Unit, a sports medicine clinic, and a local physical therapy program.

One of the unique experiences our residents participate in is the school-based PE4ME program through the local AAP chapter. Designed to address the growing obesity epidemic among youth in Orange County, the program emphasizes principles for life-long fitness and nutrition, using innovative cardiovascular and resistance training techniques. The program has been implemented in many of the high schools and secondary schools in Orange County.

In addition, residents spend one week at Chapman Medical Center's inpatient addiction program. This is a unique opportunity for residents to participate in group therapy sessions and education for adolescents and families affected by drug and alcohol addictions.

Advocacy

The two week Advocacy Rotation at CHOC aims to orient third year residents to the advocacy opportunities available in their immediate community, as well as at a state and national level.

The first week of the rotation is devoted to the CAST (Child Abuse Service Team) program. This is a multi-disciplinary program which combines medical and legal evaluations of physical and sexual abuse with social work and psychological support.

The second week of the rotation includes a variety of experiences. Local AAP representatives meet with residents to teach them how to effectively advocate for better care at the local, state, and federal level. Residents meet with CHOC's Public Relations representatives to learn how to work with the media to advocate for children and children's health issues. Finally, through the Orange County Department of Public Health, residents can participate in a variety of public health experiences that interest them. Residents might make home visits with a Public Health Nurse, for example, shadow the Orange County Food Inspector or work in the county's ID epidemiologic service.

Residents also have the opportunity to apply for and receive funding through the CATCH grant program for community-oriented health initiatives. Our general pediatric staff is happy to team up with any interested residents to help develop and manage the initiatives. Over the last two years, CHOC residents have received grants to develop an outreach program at a local homeless shelter and to improve physician training in dental screening and the application of fluoride varnish.

Behavior and Development

Each second year resident spends one month on this rotation. At the both the CHOC clinic and Clinica CHOC para Ninos, they participate in the evaluation of children with developmental delay, behavioral issues, school problems, ADHD and autism. Residents also rotate through the Pediatric Psychiatric clinic, Pediatric Neurology clinic, Metabolics clinic, and several multi-disciplinary clinics for special-needs children (such as the Muscular Dystrophy Clinic, Spinal Bifida Clinic, Craniofacial Clinic, Early Developmental Assessment Clinic for High Risk Infants, CUIDAR program for early identification and treatment of Autism, and Prader-Willi Clinic).

Oncology

All first year residents complete a one-month rotation in Oncology, taking care of both inpatients and spending some time in the Oncology outpatient clinics. Although this rotation is required, it fulfills one of the one-month elective blocks required by ACGME to graduate from residency.

Unique Elective Opportunities

Call-free Electives

Second and third year residents are allowed one four-week call-free elective each year. Many residents choose to spend that time working in international settings. For example, some residents choose to refine their medical Spanish skills by immersing themselves in the language through a program such as Pop Wuj (Xela, Guatemala) or PACE-MedSpanish (San Miguel de Allende, Mexico). Other residents choose primary care experiences, such as caring for HIV-infected children at the Botswana-Baylor Children's Clinical Center for Excellence or staffing clinics for underprivileged families with the Foundation for International Medical Relief of Children in San Jose, Costa Rica. Over recent years, residents have chosen electives in Micronesia, Costa Rica, Peru, Sudan, Vietnam, Taiwan, and India.



Several attending physicians within the CHOC family are active in medical missions and welcome resident participation. CHOC cardiologist Dr. Melville Singer, for example, has a well-established pediatric cardiology medical mission in Micronesia. Residents are always welcome to join him on his annual trips to the islands. CHOC neonatologist Dr. Sudeep Kukreja recently

founded Arpan Global Charities, an organization that works with local support in various parts of the world to provide and promote health care to the underserved. Recent Arpan missions with which residents have been involved include journeys to Ndola, Zambia, and Valledupar, Colombia.

For those residents planning on applying for a subspecialty fellowship, we strongly encourage them to take away electives in that subspecialty at one or two of the programs that they are most interested in. This works in a similar fashion as a sub-I rotation as a fourth year medical student, and allows both the resident and outside institution to get to know each other better.

Procedure Elective

CHOC is known for its tremendous ancillary services and nursing support. Despite this, residents need to practice and master many specific procedural skills to prepare them for both graduation and general pediatric practice. This unique rotation includes opportunities to practice intubations and start IVs under the supervision of our anesthesiology staff at the same-day surgery center, spend time in the Orthopedic casting clinic, work with the inpatient phlebotomy teams, and administer immunizations and nebulized inhalational treatments in our general pediatric clinic.

Clinics

General Pediatric Clinic (GPC)

This is the main acute care clinic at CHOC, with over 7000 visits per year. It serves as our primary walk-in clinic for sick visits, and provides residents with exposure to a wide range of acute pediatric problems. It is staffed by 1-2 senior residents and 3 interns, with two general pediatric attendings providing supervision and teaching.

Residents in the clinic take “call” in the Urgent Care at St. Joseph Hospital in the evenings and on weekends. The Urgent Care experience is focused on learning to perform minor procedures, such as the removal of foreign bodies from the nose, ear or eye, the repair of lacerations, incision and drainage of abscesses, and splinting of minor sprains and fractures.



Continuity Clinic

Each resident spends one afternoon a week in their assigned continuity clinic. Residents can choose to have continuity clinic at the main clinic adjacent to the hospital (CHOC Orange) or at one of three CHOC-affiliated satellite clinics: Clinica CHOC Para Niños, CHOC Clinic at the Boys and Girls Club, and CHOC Garden Grove. Each clinic session begins with a short talk on a general pediatric topic given by a resident or attending pediatrician. Residents see a mix of well child care visits and sick visits.

The CHOC Orange clinic is housed in the newly remodeled, state-of-the-art, Ambulatory Care Center on the CHOC campus. This beautiful new facility opened in August 2008, and offers on-site radiology and laboratory services, as well as greatly-expanded patient care areas, waiting rooms, and teaching and charting areas.



The three satellite clinics are located approximately 2-5 miles from the hospital. Clinica CHOC Para Niños and the CHOC Clinic at the Boys and Girls Club are both located in the heart of Santa Ana. They provide community-based health care to a primarily Spanish-speaking patient population. These clinics are an exceptional opportunity for residents confident with their basic Spanish skills to

work at a clinic with a true community feel. The CHOC Garden Grove clinic is located in the new Garden Grove Community Health Center. In addition to providing comprehensive community-based medical and family support services, the Community Health Center is a Healthy Smiles for Kids of Orange County site, providing pediatric dentistry services to patients without dental coverage.

Second Continuity Clinic

Each third year resident has the opportunity to spend one half day per week at a second continuity clinic site of his or her choosing. These clinics may be located in private pediatricians' offices, at Kaiser's Tustin/Santa Ana outpatient pediatric clinic, or at other approved community sites. The goal of the second continuity clinic is to offer a broader experience and introduce residents to primary care practice as it is practiced outside of the academic center. Many of our residents have gone on to full-time jobs in these practices.

For those residents planning on pursuing fellowship training, they have the option to attend one of our subspecialty clinics for their second continuity clinic. This gives them a "head-start" on their fellowship, allowing them to get additional training in the field while following a small group of subspecialty patients on a continuity basis.

Retreats and Seminars

CHOC holds both a Fall and Spring Retreat every year for its residents. In addition, we have additional seminars for our interns and second-year residents to prepare them for the ward rotations.

Fall Retreat

The Fall Retreat is the largest of the retreats, and is usually held in October or November. It starts on Wednesday evening and last until 5 pm on Friday. It is held off campus, usually at either the UCLA Lake Arrowhead Conference Center or the Doral Resort in Palm Springs. All residents at all levels attend, and the hospital is covered by the attending staff, fellows and previous residents now in practice.



Each retreat focuses on a different aspect of pediatrics, and Thursday and Friday mornings are reserved for teaching. The following topics have been covered over the last few years:

- 2009 Stressed Out: Stress Reduction for Residents
- 2008 Sports Medicine: the knee and ankle
- 2007 Evidence-Based Medicine
- 2006 Pediatric Dermatology
- 2005 Emergency and Transport Medicine
- 2004 Wilderness Medicine
- 2003 Suturing workshop
- 2002 Travel Medicine and Adoption

In addition to the educational time, the fall retreat is a chance to have fun with your fellow residents and relax. The chief residents organize evening games, which can include resident jeopardy, family feuds, the newlywed game and skits. During the afternoon on Thursday, residents have free time to go for a hike, play

tennis or golf, relax by the pool, go to the spa, or participate in a high-ropes course.

This year's retreat, "Stressed Out," focused on how to handle stress both in residency and at home. The teaching was led by Dr. Heather Huszti, the Director of the Psychology Training Program at CHOC, Dr. Carlos Konishi, a practicing psychologist and recent graduate from the program, and both of the program directors, Dr. Korb and Dr. Wong.

The material for the course was adapted from a course on coping with work and family stress that was designed at Yale and taught to the Yale anesthesia residents. We started with an initial overview of the various roles each individual plays and the stresses they face while attempting to meet the demands of each role. Causes and the consequences of stress were reviewed, as was the stress cycle (including active coping and counterproductive coping methods). The residents then broke into groups by class, and each class attended three interactive workshops. The first workshop taught how to use key questions to get a better understanding of the underlying issues in a stressful situation, and gave a rational method to solve the problem and reach the desired outcome. In addition, the role of each individual's social network in providing support and problem solving was addressed. The second workshop discussed elements of effective communication, including different styles of communication (passive, aggressive, assertive), the art of paraphrasing and active listening, and how to say "no." The last workshop examined how our thoughts and assumptions can lead to increased stress and poor self-esteem in stressful situations; ways to change your thinking about the situation were discussed.



Spring Retreat



The Spring Retreat is held in April for the current interns and second-year residents. It is a one day retreat that focuses on preparing the residents to be senior residents on the wards. In the morning, various aspects of being a senior are covered, from handling outside phone calls to organizing a ward team to supervising interns and medical students.

In the afternoon, we focus on how to teach medical students and interns, along with other topics such as how to deal with students or residents who are not meeting expectations or aspects of professionalism as a resident.

Annual seminar for new PL-2s

All of our second year residents participate in an 8-hour yearly seminar to prepare them to be effective seniors on the wards. As noted above, the Spring Retreat teaches the administrative, organizational and teaching skills needed by a senior resident; the annual seminar makes sure that the residents are comfortable with the diagnosis and treatment of common and life-threatening problems they will encounter on the inpatient service.

The lecture topics included antibiotic choices, the febrile infant, dehydration and fluid management, surgical emergencies, seizures, pain management, metabolic emergencies, oncologic emergencies, respiratory failure, septic shock and non-accidental trauma. Thanks to our critical care, emergency medicine, hospitalist and general pediatric attendings who taught the course.

Basic ward skills for interns

Each year the interns have a special weeklong series of noon conferences that cover basic, but important, concepts for inpatient care. The lectures included a review of antibiotics, the recognition of dehydration and appropriate fluid management, an overview of respiratory emergencies, and how to determine and calculate nutritional requirements for inpatients. A final interactive session by our chief residents helps to improve the intern's ability to present patients at attending rounds.



Inpatient Hospitalist Rounds

Approximately 80-90% of the patients on each ward team are supervised by one of our hospitalists. Each hospitalist rounds with their ward team every weekday morning for 2-2 ½ hours. Unlike some other programs, the entire team of residents and medical students are present. Depending on the attending, these rounds may be sit-down or walk rounds. Over the years, our hospitalists have won many teaching awards from the residents for the quality of these teaching sessions.

Teaching for the Night Resident rotation is provided by the program directors. One of them meets with the intern and senior resident in the morning after the night shift to review patients that were admitted overnight.



Teaching Residents to Teach

Developing the skills to teach well is a priority at CHOC. A large part of our yearly Spring Retreat for PL-1s and PL-2s is spent focusing on how to teach fellow residents and medical students. We address both formal teaching, such as brief lectures, teaching on rounds, and how to incorporate students into the ward team. In addition, we emphasize the importance of looking for teaching opportunities at any time, and discuss how to teach even when facing a busy call night.

Our residents get numerous opportunities to practice these teaching skills in formal settings. Each month, several of the Morning Reports are reserved for presentations by our second year residents rotating through Adolescent Medicine, Behavior and Development, and Emergency Medicine. At the beginning of each Continuity Clinic, residents alternate with attendings to give 15 minute discussions on key well child and general pediatric topics. Finally, our interns each teach 2-3 topics in our core lecture series for third year medical students.

How to give bad news to parents

Now in its third year, we are continuing our successful communication course on giving bad news to parents and dealing with stressed families. This was developed by Dr.

Heather Huzsti, the director of CHOC's Psychology Training Program, and Dr. Amit Soni, one of our Hematology attendings.

The course starts by introducing residents to a basic model to facilitate talking about difficult issues with parents. Then, with our psychology interns role-playing parents, our second-year residents have several opportunities to practice these skills. The sessions are videotaped, and residents receive feedback on their performance. Among the possible scenarios residents might participate in are child abuse, near drowning, and a new diagnosis of cancer.

CHOC was awarded a 2009 Picker Institute Challenge Grant to expand the communication training to the topics of death and end of life issues. Both parents and patients will serve as advisors in the development of the curriculum, and parents will rate the communication skills of residents in these areas both before and after the training. Videotaped sessions, similar to those above, will be used to improve the resident's skills in this area. We hope to integrate this component into the third year of residency sometime later this year.

Finally, to round out the training in communication, we have incorporated training on dealing with difficult and frustrated parents into the intern orientation.

Current Residents

Interns



Deepti Aggarwal, MD
University of Toledo

Chansa (Sam) Cha, MD
Loma Linda University

Daisy Cortes, MD
University of Illinois, Chicago

Emily Edwards, MD
Saint Georges University

Nwando Eze, MD
University of California, Davis

Alisha Floyd, MD
Michigan State University

Kathryn Ginder, DO
Western University of Osteopathic Med

Lisa Hoang, MD
University of California, San Diego

Helene Hoi, MD
New York Medical College

Lucy Huynh, MD
Drexel University

Deborah Kim, MD
Drexel University

Adebanke Lesi, MD
University of Wisconsin

Joy Mombourquette, MD
University of Colorado

Kirk Mulgrew, MD
University of California, Davis

Joan Nguyen, MD
University of Vermont

Pai-Wen (Serena) Sah, MD
University of California, Irvine

Leann Williams, MD
Creighton University

Jesse Wyatt, MD
Drexel University

Mabel Yang, MD
Temple University

Second Year Residents



Olubunmi Bakare, MD, MPH
Boston University

Jacqueline Chak, MD
Albert Einstein/Yeshiva University

Diane Faher, MD
Loma Linda University

Zachary Hoy, MD
University of Louisville

Mona Jasuja, MD
Royal College of Surgeons, Ireland

Georgie Joven, MD
University of Illinois, Chicago

Priya Mahajan, MD
Tulane University

Rachel Morgan, MD
New York Medical College

Junko Nakai, MD
University of California, Davis

Donna Nikanjam, MD
Rosalind Franklin/Chicago Med School

Kristin O'Sullivan, MD
Dartmouth Medical School

Bahman Panbehi, MD
University of Wisconsin

Sharon Pham, MD
University of California, Davis

Francoise Raiola, MD
American University of the Caribbean

Jacquetta Roberts, MD
Howard University

Katherine Roberts, MD
University of California, San Francisco

Kimberly Sobell, DO
Virginia College of Osteopathic Medicine

Jade Tran, MD
Tufts University

Third Year Residents



Miryah Baker, MD
University of Washington

Sanny Chan, MD
University of California, Davis

Brian Chen, MD
Loma Linda University

Yi-Ning Cheng, MD
Keck School of Medicine, USC

Maria Chuang, MD
University of California, Davis

Myrna Cortez-Perez, MD
Temple University

Jennifer Crisp Ho, MD
University of California, Irvine

Thomas Do, MD
New York Medical College

Cheri El-Halawany, MD
University of Missouri, Kansas City

Suman Ghosh, MD, MPA
SUNY Downstate School of Medicine

Jennifer Green, MD
Georgetown University

Daniel Lee, MD
Texas Tech University

Carol Lin, MD
SUNY Upstate School of Medicine

Nina Peng, MD
Rosalind Franklin/Chicago Med School

Parisa Salehi, MD
University of Nevada

Tracy Peck, MD
University of California, Irvine

Kevin Turner, MD
University of California, Irvine

Marisa Turner, MD
New York Medical College

What do our residents do after graduation?



The diversity and volume of our patient population, along with the high quality teaching, prepares residents very well for a career in general pediatrics or further subspecialty training.

| | | |
|-----------|--------------------|-----|
| 2002-2009 | General Pediatrics | 60% |
| | Fellowships | 37% |
| | Hospitalists | 3% |

Pediatric fellowships and the number of residents matching in each fellowship 2002-2009

| | | | |
|-----------------------------|---|---------------------|----|
| Adolescent Medicine | 1 | Hematology/Oncology | 5 |
| Allergy/Immunology | 1 | NICU | 10 |
| Cardiology | 5 | PICU | 2 |
| Develop/Behavioral Medicine | 1 | Infectious Diseases | 3 |
| Emergency Medicine | 4 | Nephrology | 1 |
| Endocrinology | 3 | Rheumatology | 1 |
| Gastroenterology | 2 | Research | 2 |
| Genetics | 1 | Sports Medicine | 1 |

Graduate Fellowship List

| | | |
|------|---|---|
| 2009 | Vasudha Arora, MD Neonatal Hospitalist, UC Davis UC Davis (2009) Neonatology (starting 2010) USC/ Children’s Hospital of Los Angeles | Douglas Blank, MD Baylor International Pediatric AIDS Initiative, Swaziland, Africa (2009-2010) Neonatology (starting 2011) University of California, San Diego |
| | Quynh Hoang, MD Sports Medicine | Jay Lee, MD Developmental/Behavioral Medicine |

Denver Children's Hospital/
University of Colorado

Schneider Children's Hospital, New York

Brian Miyazaki, MD
Endocrinology
UCLA

Erlын Smith, MD
Hematology/Oncology
Children's Hospital of Orange County

2008 Genevieve Buser, MD
Pediatric Infectious Disease
Children's Hospital of Philadelphia

Melissa Krebs, MD
Neonatology
CHOC/Harbor-UCLA

Clara Lo, MD
Pediatric Hematology/Oncology
Stanford University, California

Parul Patel, MD
Pediatric Endocrinology
Stanford University, California

Mary Jane Piroutek, MD
Pediatric Emergency Medicine
Loma Linda University, California

Anjana Uppal, MD
Pediatric Emergency Medicine
Albert Einstein College of Medicine, New York

Neda Zadeh, MD
Genetics
Stanford University, California

2007 Mia Karamatsu, MD
Pediatric Emergency Medicine
Loma Linda University, California

Anup Katheria, MD
Neonatology
University of California, San Diego

Anjuli Kumar, MD
Pediatric Gastroenterology
University of California, Los Angeles

Christina Southern, MD
Pediatric Endocrinology
Children's Hospital of Los Angeles

Anthony McCanta, MD
Pediatric Cardiology
University of Colorado, Denver

Varsha Puri, MD
Adolescent Medicine
Children's Hospital of Los Angeles

2006 William Binder, MD
Neonatology
Cedars-Sinai Medical Center, LA

Sarah Fleming, MD
Neonatology
University of California, San Diego

Christine Mikesell, MD
Pediatric Critical Care
CHOC/Harbor-UCLA

Vincent Thomas, MD
Pediatric Cardiology
Emory University, Atlanta

| | | |
|-------|--|---|
| 2005 | <p>Sally Ahmed, MD Neonatology University of California, San Diego</p> <p>Laura Cerny, MD Neonatology CHOC/Harbor-UCLA</p> <p>Maria King, DO Neonatology University of California, Los Angeles</p> | <p>Patricia Liao, MD Pediatric Critical Care Children’s Hospital of Los Angeles</p> <p>Delma Nieves, MD Pediatric Infectious Diseases Children’s Hospital of Los Angeles</p> <p>Faustino Ramos, MD Pediatric Cardiology University of Texas Southwestern, Dallas</p> |
| <hr/> | | |
| 2004 | <p>Loan Bui, MD Pediatric Hematology/Oncology Children’s Hospital of Orange County</p> <p>Sudha Rani Narasimhan, MD Neonatology CHOC/Harbor-UCLA</p> | <p>Faustino Ramos, MD Pediatric Hematology/Oncology Research Fellow Children’s Hospital of Orange County</p> <p>Justin Yeh, MD Pediatric Cardiology Tulane University, New Orleans</p> |
| <hr/> | | |
| 2003 | <p>Negar Ashouri, MD Pediatric Infectious Diseases Children’s Hospital of Los Angeles</p> <p>Ameer Mody, MD Pediatric Emergency Medicine Loma Linda University, California</p> | <p>Jennifer Schneiderman, MD Pediatric Hematology/Oncology Northwestern University, Chicago</p> |
| <hr/> | | |
| 2002 | <p>Christian Archambault, MD Chief Resident University of Connecticut</p> <p>Imelda Balboni, MD, PhD Pediatric Rheumatology Stanford University, California</p> <p>Amy Lovejoy, MD Pediatric Hematology/Oncology Children’s Hospital of Orange County</p> <p>John Reed, MD Pediatric Cardiology University of Colorado, Denver</p> | <p>Jennifer Schneiderman, MD Pediatric Hematology Research Fellow Children’s Hospital of Orange County</p> <p>Eugene Tsai, MD Allergy/Immunology University of California, Irvine</p> <p>Karyn Yonekawa, MD Pediatric Nephrology University of Washington, Seattle</p> <p>David Ziring, MD Pediatric Gastroenterology University of California, Los Angeles</p> |

Grand Rounds 2008-2009

Over the last two years

55% were given by CHOC faculty members

25% were given by non-CHOC faculty from other institutions in California

20% were given by national experts from outside of California

07/09/2008 **Update on Neonatal Jaundice**

Tom Newman, MD

Professor of Epidemiology and Biostatistics and Pediatrics

University of California, San Francisco

07/16/2008 **Evolving Paradigms in the Management of Vesicoureteral Reflux**

Antoine Khoury, MD, FRCSC,

Chief of Pediatric Urology and Professor, Department of Urology

University of California, Irvine

07/23/2008 **Glycogen Storage Diseases**

Alfred E. Slonim, MD

Director, Division of Metabolism for the North Shore-Long Island Jewish Health System

New York

Associate Professor of Pediatrics

New York University School of Medicine

07/30/2008 **Lupus Screening**

Alice Chang Hoftman, MD

Pediatric Rheumatologist, Pediatric Subspecialty Faculty

Children's Hospital of Orange County

08/06/2008 **Neonatal Emergencies After Discharge**

Sudeep Kukreja, MD

Medical Director, CHOC Early Development Assessment Center

Medical Director, Newborn Screening program CHOC & CHAM

08/13/2008 **Childhood & Adolescent Overweight & Obesity**

Jennifer Sluder, MD, FAAP

Assistant Professor of Pediatrics

Keck School of Medicine of USC

08/20/2008 **Fatal Fads in the ED**

Ameer Mody, MD

Clinical Director, Pediatric Emergency Medicine

Children's Hospital of Orange County, CHOC

Emergency Medicine Specialists of Orange County

- 08/27/2008 **Common Post-operative Problems in Pediatric Patients**
Linda Mason, MD
Professor of Anesthesiology and Pediatrics, Dept. of Anesthesiology
Loma Linda University Medical Center
- 09/03/2008 **Update on West Nile Virus - 2008**
Michele Cheung, MD
Deputy Medical Director, Epidemiology
OC Health Care Agency
- 09/10/2008 **Visual Diagnosis: Back to the Future with Apologies to Sir William**
Basil Zitelli, MD
Professor of Pediatrics (with tenure); Edmund R. McCluskey Chair in CME,
Children's Hospital of Pittsburgh
- 09/17/2008 **More Top Ten Syndromes in Pediatrics**
Touran Zadeh, MD
Director of Genetic Services, CHOC
Director, The Genetics Center
- 09/24/2008 **PURPLE Crying & Shaken Babies**
Ronald G. Barr, MDCM, FRCPC
Canada Research Chair, Professor of Pediatrics
Univ. of British Columbia
Director, Centre for Community Child Health Research
Vancouver, BC, Canada
- 10/01/2008 **Newborn Screening for Metabolic Disorders**
Jose Abdenur, MD
Chief, Division of Metabolic Disorders, PSF/CHOC
Medical Director, Metabolic Laboratory, CHOC
- 10/08/2008 **Failure to Thrive**
Donald Bendig, MD
Chief, Pediatric Hospitalist Division, CHOC
PSF, Pediatric Gastroenterologist
- 10/15/2008 **ABCs of Pharmacodynamics**
David R. Andes, MD
Assoc. Professor, Dept. of Medicine and Medical Microbiology and Immunology
Section of Infectious Diseases
University of Wisconsin
- 10/22/2008 **Childhood Drowning: Risk Factors & Prevention Strategies**
CDR Julie Gilchrist, MD
Medical Epidemiologist, Div. of Unintentional Injury Prevention
National Center for Injury Prevention and Control
CDC, Atlanta, GA

- 10/29/2008 **Sports Medicine in the Growing Child**
John A. Schlechter, DO
Program Director, CHOC Sports Medicine Program
- 11/05/2008 **Outcome of Fetal Cardiac Disease**
James Huhta, MD
Pediatric Cardiologist, Perinatal Cardiology; Congenital Heart Institute of Florida,
St. Petersburg, Florida
- 11/12/2008 **HIPAA and Family-Centered Care: Barrier or Protection?**
William Schwab, MD
Professor, University of Wisconsin, Department of Family Medicine
- 11/19/2008 **Immunization Update**
Jasjit Singh, MD
Associate Director of Pediatric Infectious Disease, CHOC/PSF
- 12/03/2008 **Dance Injuries**
Chris Koutures, MD
Pediatrics & Sports Medicine, Private Practice; Medical Team Physician, CSUF and
USA Men's Volleyball
- 12/10/2008 **Pediatric Thrombosis- Current and Future Perspectives**
Madhvi Rajpurkar, MD
Director, Pediatric Thrombosis Program, Associate Fellowship Director, Assistant
Professor, Research Educator, Wayne State University
- 12/17/2008 **The Advancements in the Understanding and Treatment of Stuttering**
Gerald Maguire, MD
Assoc. Professor of Clinical Psychiatry; Kirkup Endowed Chair in Stuttering
Treatment; Senior Associate Dean, Educational Affairs; UCI School of Medicine
- 01/07/2009 **Managing Infectious Diseases in Child Care**
Susan S. Aronson, MD, FAAP
Clinical Professor of Pediatrics, Univ. of Pennsylvania; Pediatric Advisor, ECELS-
Healthy Child Care PA
- 01/14/2009 **Cancer Late Effects in Children with Brain Tumors:**
Marcos Di Pinto, PhD
Pediatric Neuropsychologist, Department of Pediatric Psychology, CHOC
- 01/21/2009 **Hirschsprung Disease: An Historical and Clinical Review**
Jay L. Grosfeld, MD
Lafayette Page Professor of Pediatric Surgery and Chairman Emeritus; Department
of Surgery, Indiana University School of Medicine, Indianapolis, IN
- 1/28/2009 **Adults with Congenital Heart Disease**
Farhouch Berdjis, MD
Director of Adult Congenital Heart Disease at St. Joseph Hospital, Orange, CA

- 02/04/2009 **Winning the Heart & Mind of Children Undergoing Procedures**
Zeev Kain, MD
Professor of Anesthesiology & Pediatrics & Psychiatry and Human Behavior, UCI
Adjunct Professor of the Child Study Center at Yale University
Chairman, Department of Anesthesiology & Perioperative Care at UCI
Associate Dean for Clinical Research, UCI
- 02/11/2009 **So You Have a Teenager? Practical Guidelines for Parenting**
Heather Huszti, PhD
Psychologist, CHOC
- 02/18/2009 **Update on Diagnosis & Management of Type 1 Diabetes**
Mark Daniels, MD
Pediatric Endocrinology and Diabetes, PSF/CHOC
- 02/25/2009 **Review of Common Seizure Syndromes**
Naser Elabalesly, MD
Pediatric Neurology, PSF/CHOC
- 03/04/2009 **Impact of Vaccines on Community Acquired Blood Stream Infections**
Antonio Arrieta, MD
Division Chief, CHOC Medical Director Infectious Diseases, PSF
- 03/11/2009 **Pediatric Kidney Transplant**
Clarence E. Foster, III, MD, FACS
Director, Kidney and Pancreas Transplantation, UCI Medical Center; Health Sciences Associate Clinical Professor, UCI School of Medicine
- 03/18/2009 **From Atomoxetine to Zyprexa: What You Need to Know**
Wayne D. Nguyen, MD
CHOC Psychiatry
- 03/25/2009 **Phakomatoses**
David Sami, MD
Division Chief, CHOC/ PSF Pediatric Ophthalmology & Adult Strabismus
- 04/01/2009 **"Do Not Resuscitate" vs. "Allow Natural Death"**
Melvyn L. Sterling, MD, MACP,
Co-Medical Director of Palliative Care, St. Joseph Hospital
Private Practice – Internal Medicine, Orange, CA
- 04/08/2009 **Fatty Liver**
Bassam Younes, MD
Gastroenterology, PSF/CHOC
- 04/15/2009 **Update on Care of the Preterm Infant**
Sudeep Kukreja, MD
Medical Director of CHOC Early Development Assessment Center
Medical Director of the Newborn Screening program CHOC & CHM

- 04/22/2009 **Vitamin C, Vitamin D, and Child Abuse Defense Fallacy**
 Mark E. Nunes, MD
 San Diego Division Chief, Clinical Genetics
 Associate Physician, So. California Permanente Medical Group
- 04/29/2009 **AAP Injury Prevention: Pediatric Burns**
 Marianne Cinat, MD, FACS
 Associate Professor of Surgery; Director, UCI Regional Burn Center
 Director, Surgical Critical Care Fellowship, UCI
- 05/06/2009 **Approach to Pediatric Hypotonia**
 Ying Peng, MD, PhD
 Clinical Chief, CHOC/PSF Neurology
- 05/13/2009 **Swine Flu**
 Michele M. Cheung, MD
 Deputy Medical Director, Epidemiology, OCHCA
 Infectious Disease, CHOC/PSF
- 05/20/2009 **Sudden Death in Children and Adolescents**
 Anthony C. Chang, MD, MBA, MPH
 Medical Director, CHOC Heart Institute
 Anjan S. Batra, MD
 Assistant Clinical Professor of Pediatrics, UCI
 Director of Electrophysiology UCI/CHOC
- 05/27/2009 **How to Give Bad News**
 Heather C. Huszti, PhD
 Psychologist, CHOC
 Amit Soni, MD
 Hemostasis/Thrombosis Clinical Research Fellow
- 06/03/2009 **Puberty and Its Disorders**
 Floyd L. Culler, MD
 Pediatric Endocrinologist, Children's Specialists Medical Group, Sacramento, CA
- 06/10/2009 **Breastfeeding: Case Based Presentation**
 Christine Betzold, MSN, NP,
 Lactation Family NP PD, Food & Nutrition, CHOC
- 06/17/2009 **Addressing Parents' Concerns About Vaccines**
 Gary S. Marshall, MD
 Professor of Pediatrics
 Chief, Division of Pediatric Infectious Diseases
 Director, Pediatrics Clinical Trials Unit
 Univ. of Louisville School of Medicine, Louisville,
 KY
- 6/24/2009 **Pediatric Global Health: Why We Should Care**
 Anthony C. Change, MD, MBA,
 Medical Director, CHOC Heart Institute



Morning Report Topics 2009

| | | |
|-----------|--|--|
| July | Intussusception ALTE Enterovirus meningitis Africa International Rotation Anemia UTI Acute Lymphoblastic Leukemia Respiratory distress in newborn: RDS Thyroid Storm | Acute Chest Syndrome/Sickle Cell Disease Common Behavioral Problems (B&D) Hormonal Contraception (Adol) Hyperbilirubinemia Toxic Shock Syndrome Salmonella Asthma Peritonsillar Abscess/EBV |
| August | Tuberculosis M&M Gastroschisis and omphalocele MRSA bacteremia Foster Care and Adoption (B&D) Burns (ED) H1N1 GAS Septic Arthritis | GAS Septic Arthritis STDs (Adol) Leukemia New onset SLE Cobalamin C deficiency Nephrotic Syndrome Pneumonia (gram + cocci) Rickettsia |
| September | Eczema Stridor FUO: Crohn's Disease Board Review Questions ADHD Treatments (B&D) Abnormal Uterine Bleeding (Adol) Chest Pain (Prolonged QT Syndrome) | HIV Brain Abscess Osteomyelitis Hemolytic Disease of the Newborn Neurocytstercosis HSV Keratoconjunctivitis MSSA bacteremia/pyomyositis |
| October | Heme/Onc Board Review Questions SLE with H1N1 infection Zoonoses Adrenal Hemorrhage Toxic Ingestions (ED) Syncope (ED) Deaf Culture (B&D) Testicular Torsion | HIV in Adolescents (Adol) Board Review Questions Complications of H1N1 Infection Dengue Fever Necrotizing Fasciitis Non-Immune Hydrops Brucellosis |

Things to Do in the OC

Where to go...

Disneyland/California Adventure (*just minutes away from Mickey!*)

Santa Ana Zoo San Diego Zoo (*yes, the world famous zoo*)

Universal Studios
Crystal Cathedral
Knott's Berry Farm

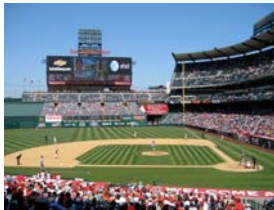
(*10 minutes to first theme park in America!*)

Wild Rivers Waterpark

Mission San Juan Capistrano



Go team!



Anaheim Angels
Anaheim Mighty Ducks
LA Galaxy
LA Dodgers
LA Clippers/Lakers
LA Kings

Enjoy the great outdoors...

Lots of beaches to swim, surf, kayak, boat, fish, camp, or just relax!!! (*Huntington Beach, Laguna Beach/Crystal Cove State Park, Newport, Dana Point, Long Beach, Bolsa Chica State Beach*)

Back Bay Natural Reserve (*15 minutes - biking, running*)

Skiing/Snowboarding (*Big Bear, Mammoth, Lake Tahoe*)

Trails for hiking
Dolphin/Whale watching (*Dana Point*)

Golfing/Tennis
Catalina Island (*hop on the ferry! - 22 miles off shore*)
Balboa Island



Annual events...



The OC Fair
Festival of Arts/Pageant of the Masters
US Open of Surfing
International Food Festival (*Old Towne Orange*)

Where to eat, drink and be merry!

Grove of Anaheim

Downtown Disney District (*Uva Bar, ESPN Zone, House of Blues, the famous Ralph Brennan's New Orleans Jazz Kitchen!*)

Downtown Fullerton

The Block at Orange (*Lucky Strike Lanes!*)

2nd Street of Belmont Shores

Where to shop...

Main Place

The Block

South Coast Plaza

Fashion Island

(*20 minutes away - Newport*)

Shops at Mission Third Street

Promenade (*60 minutes - Santa Monica*)

Irvine Spectrum



Museums/Performing Arts

Discovery Science Center (*down the street!*)

Bowers Museum of Culture and Art

Irvine Barclay Theater

Orange County Museum of Art

Anaheim Ballet

Performing Arts Center (*15 minutes away!*)

South Coast Repertory

Laguna Playhouse

First Thursdays Gallery

Art Walk (*Laguna!*)

Camino Real Playhouse (*San Juan Capistrano!*)



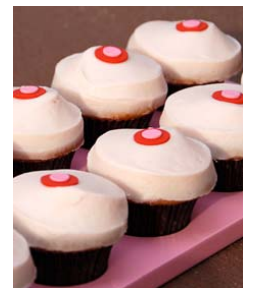
Other top picks!

Filling Station (*visit this former gas station for breakfast!*)

Sugar Shack (*Don't miss this breakfast in Huntington!*)

Ruby's Crystal Cove Shake Shack (*grab a famous shake in Newport!*)

Sprinkles Cupcakes (*Worth the wait..in Newport*)



CHOC Firsts and Facts

- First children's hospital in Orange County, and one of only 45 free-standing children's hospitals in the entire United States
- First in Orange County to open an emergency room for children
- Nation's first and only American Diabetes Association-certified pediatric diabetes program
- First in the nation to collaborate with the Boys & Girls Club to have a pediatric health care clinic on site at the club
- Conducted the nation's first balloon dilation of a cardiac lesion
- First in Orange County to perform fetal MRIs
- First and only facility in the nation to use high frequency ventilation in transporting critically ill children
- Performed the first bone marrow transplant in Orange County
- Only facility in Orange County to perform pediatric bone marrow transplantation
- The only Cord Blood Bank in Orange County & one of only a few in the nation approved by the National Marrow Donor Program
- The first and only facility to perform pediatric open heart surgery in Orange County
- First in Orange County to perform Double Switch surgery for Congenital Transposition of the Great Vessels
- The only children's hospital on the West Coast to offer the Vitalstim Therapy (with the most certified therapists) for children with swallowing disorders
- Only hospital in the nation to have a mobile safety house geared to providing home safety tips for parents and caregivers
- The first and only mobile asthma unit in Orange County (Breathmobiles)
- First out-patient facility in Orange County to offer the Reach Out and Read Program on site.
- Over the past 10 years, CHOC has distinguished itself as the fastest growing free-standing children's hospital in California.
- First Radio Lollipop studio on the West Coast
- CHOC serves the children of Orange County, the fifth largest in the nation based on population
- Children were transported from over 100 hospitals to CHOC's Orange campus for inpatient care last year
- Over 4,000 patients are transported by ambulance or helicopter to CHOC each year.



- CHOC has the only pediatric-dedicated neuroscience unit in the state staffed by specially trained nurses.
- CHOC has the only inpatient adolescent and young adult cancer unit in the state – a new addition unveiled this past summer.
- Has one of the busiest pediatric robotic-surgery programs on the West Coast.
- Recognized for extraordinary commitment to high-quality critical care standards, CHOC is the first children’s hospital in the nation to earn the Beacon Award for Critical Care Excellence.
- The first children’s hospital in California to offer minimally invasive robotic surgery for pediatric patients, CHOC has one of the busiest pediatric robotic-surgical programs on the West Coast.
- CHOC is one of only five facilities worldwide to receive a teaching grant from the National Institutes of Health (NIH) to share findings with international researchers.
- The NIH recently awarded CHOC a five-year \$3 million grant to use neural stem cells to study the impact of autism on the living brain – a completely novel approach to studying this condition.
- CHOC is one of the only children’s hospitals in the United States to have 24-hour coverage by board-certified critical care and neonatology specialists in the PICU and NICU.
- CHOC physicians are the first on the West Coast to perform Scoliosis Vertebral Body Stapling to prevent further curvature of the spine.
- CHOC is one of the few centers in the world with the team, equipment and expertise needed to diagnose and treat children with metabolic disorders and boasts one of the largest metabolic programs in the state.
- CHOC developed the region’s first pediatric electrophysiology program, offering invasive and non-invasive services for the management and treatment of arrhythmias and the prevention of sudden cardiac arrest.
- One of the nation’s few pediatric facilities to do so, CHOC offers a comprehensive inpatient complementary alternative medicine program – including therapy for NICU babies.

See more CHOC firsts on the CHOC website!

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