Edward Mallinckrodt Department of Pediatrics

The primary aim of the teaching program of the Department of Pediatrics (http://pediatrics.wustl.edu) is to stimulate interest in developmental biology, especially human growth and development, and to provide students with a foundation sufficiently comprehensive so that they will have an appreciation of clinical pediatric problems regardless of their future career choices in medicine.

The major clinical and research facilities are in St. Louis Children's Hospital (http://slch.org), and the newborn services are at Barnes-Jewish Hospital. St. Louis Children's Hospital is a facility with 264 beds that accepts patients through 21 years of age with all types of medical and surgical problems. Hospital admissions average 11,200 annually. Pediatric medical ambulatory activity, including subspecialty and emergency visits, averages about 152,000 visits a year. Nearly 4,000 infants are born annually at the Washington University Medical Center.

Website: http://pediatrics.wustl.edu

Degrees & Requirements

While the Department of Pediatrics does not offer its own degree, some of the department's courses are open to students in the MD and MSTP (MD/PhD) programs. Further information about the MD and MSTP degrees can be found in the Degrees & Programs Offered (http://bulletin.wustl.edu/medicine/degrees) section of this Bulletin.

Research

Ana Maria Arbelaez, MD
Northwest Tower, 10th Floor
Phone: 314-286-1138
Clinical Research in Diabetes Mellitus. Clinical research studies on hypoglycemia associated autonomic failure in patients with type 1 diabetes mellitus and on cystic fibrosis related diabetes.

Charles E. Canter, MD
Northwest Tower, Division of Cardiology, 8th Floor
Phone: 314-454-6095
Single-center and multicenter clinical studies and trials in pediatric cardiomyopathy, heart failure, and heart transplantation.

F. Sessions Cole, MD and Jennifer Wambach, MD, MS
Northwest Tower, 8th Floor; and McDonnell Pediatric Research Building, 5th Floor
Phone: 314-454-6148
Using candidate gene sequencing, exome sequencing, whole genome sequencing, and computational prediction and filtering strategies for discovery of deleterious variants in population-based cohorts, case-control cohorts, and trios of affected infant and parents, our laboratory focuses on discovering novel candidate genes associated with neonatal respiratory distress syndrome and understanding the contribution of genetic variation in candidate genes of the pulmonary surfactant metabolic pathway (including surfactant protein B, surfactant protein C, NKX2-1, and ABCA3), to risk of neonatal respiratory distress syndrome.

Vikas Dharnidharka, MD, MPH
Northwest Tower, 10th Floor
Phone: 314-286-1574
Clinical and translational research in childhood kidney disease. Our group is involved in several different types of clinical and translational research, including (a) multicenter clinical intervention trials to improve teen adherence with transplant medications and test new medications in children on dialysis; (b) translational biomarker studies in transplant acute and chronic rejection and genomic studies or post-transplant lymphoproliferative disease; (c) large transplant database epidemiological analyses for associations of immunosuppressive regimens with efficacy and morbidity balance.

Allan Doctor, MD
McDonnell Pediatric Research Building, 5th Floor
Phone: 314-454-2527
Role of Erythrocytes in Pathologic Vascular Signaling. We employ several novel experimental platforms to pursue a range of basic, translational, and clinical studies exploring: (1) the role of erythrocytes in context-responsive metabolism of vasoactive effectors in flowing blood; (2) molecular control of antioxidant defense in erythrocytes; (3) the role of acquired injury to normal erythrocytes in the pathophysiology of acute lung injury and multiple organ failure syndrome; and (4) the impact of genetic abnormalities in erythrocytes upon antioxidant defense and vascular signaling (modeled by sickle cell anemia). Query is modeled on many levels from isolated proteins – cell culture – isolated organ – whole mouse – to studies in humans.

Todd Druley, MD, PhD
4444 Forest Park Avenue, Room 6203
Phone: 314-286-2124
Translational genomic research in pediatric oncology. The Druley lab aims to develop novel genomic and computational methodologies for characterizing the functional impact of rare acquired and germline variation on the etiology and outcomes of various pediatric malignancies.

Jennifer Duncan, MD
McDonnell Pediatric Research Building, 3rd Floor
Phone: 314-747-0802
Understanding the Transgenerational Impact of Maternal Nutrition. Our lab uses Drosophila melanogaster as a model system to evaluate the impact of maternal caloric excess on
metabolism and mitochondrial function in offspring. We are currently pursuing epigenetic mechanisms, specifically the role of histone modification, for altering gene expression. In addition, we are evaluating the molecular mechanisms underlying triglyceride excess in the offspring and are evaluating tissue-specific mitochondrial function. This elective is for students interested in research in any of these areas.

**Stephanie A. Fritz, MD, MSCI**
Northwest Tower, Room 10125  
Phone: 314-454-4115

Our research team studies the epidemiology, microbial virulence mechanisms, and host defenses against community-associated methicillin-resistant Staphylococcus aureus (CA-MRSA) colonization, transmission and disease. We are investigating the transmission dynamics of CA-MRSA in households and interventions to interrupt the transmission of CA-MRSA and prevent subsequent infections. Our lab also explores the microbial and host genomic determinants, as well as the host immune response to staphylococcal toxins implicated in the pathogenesis of CA-MRSA, in patients across a spectrum of disease states. Our goal is to develop novel approaches for the prevention of CA-MRSA infections.

**Carmen Halabi, MD, PhD**
McDonnell Pediatric Research Building, 4th Floor, Room 4107  
Phone: 314-286-1376

Extracellular matrix in vascular development and disease: The research in the laboratory focuses on vascular biology. Specifically, we study extracellular matrix proteins that make up the elastic fibers of blood vessels. Elastic fibers convey elasticity to blood vessels allowing large arteries to store energy during systole and release it during diastole. Abnormalities in elastic fiber components lead to various complications including hypertension, stiff vessels, and aneurysms. In the laboratory, we utilize mouse models to understand how abnormalities in these proteins lead to disease, which helps us not only learn about the normal function of these proteins, but also identify potential novel therapeutic targets.

**Robert J. Hayashi, MD**
St. Louis Children's Hospital, Suite 9S  
Phone: 314-454-4118

Clinical research interests include stem cell transplantation and its complications, including Post Transplant Lymphoproliferative Disease and long-term side effects of therapy.

**Keith A. Hruska, MD**
McDonnell Pediatric Research Building, 5th Floor  
Phone: 314-286-2772

The research in the laboratory focuses on chronic kidney disease (CKD) and its complications of the chronic kidney disease mineral bone disorder syndrome that involves skeletal frailty, cardiovascular disease, and vascular calcification. The lab has discovered important new pathologic mechanisms of disease leading to vascular calcification through systemic effects of factors involved in renal repair and hyperphosphatemia. Translational studies that continue to develop new therapeutic approaches are being aggressively pursued. New therapies for chronic kidney disease, and its complications, are being studied in clinical trials.

**Paul Hruz, MD, PhD**
McDonnell Pediatric Research Building, 3rd Floor  
Phone: 314-286-2797

Research interests include structure/function relationships in facilitative glucose transporters, congenital and acquired lipodystrophy syndromes, and insulin resistance associated with HIV protease inhibitor therapy.

**David A. Hunstad, MD**
McDonnell Pediatric Research Building, Room 6106  
Phone: 314-286-2710

Work in our lab focuses on the interactions of pathogenic bacteria with their hosts. We aim to elucidate the modulation of host immune responses by pathogens and to determine the mechanisms by which these bacteria present specific virulence factors on their surfaces. Currently, we use cultured bladder epithelial cell models and murine models of cystitis to investigate the ability of uropathogenic Escherichia coli to modulate host innate and adaptive immune responses. In addition, we are studying the molecular mechanisms by which selected outer membrane proteins contribute to the virulence of uropathogenic E. coli. Our primary goal is to discover novel targets for interventions that will prevent and better treat bacterial infections of the urinary tract. Along these lines, we are leveraging recent discoveries in UTI pathogenesis to design nanoparticle-based therapies for prevention of acute and recurrent UTI. We have also launched a new translational study of immune responses to UTI in male and female infants, paired with an innovative new mouse model of male UTI that permits first-ever studies of sex differences in these infections.

**S. Celeste Morley, MD, PhD**
McDonnell Pediatric Research Building, Room 6105  
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Our laboratory investigates the molecular mechanisms underlying immune cell signaling and trafficking using mouse models. We hope to identify molecules critical for host defense against infectious organisms such as pneumococcus. Our focus is currently on an actin-binding protein called L-plastin, which is required for normal T and B cell motility.

**Audrey R. Odom, MD, PhD**
McDonnell Pediatric Research Building, Room 6108  
Phone: 314-747-2370

Our laboratory uses translational approaches to develop new methods to diagnose and treat malaria. Antimalarial therapies and diagnostics. Severe malaria due to infection with Plasmodium falciparum kills nearly a million children annually. My laboratory uses translational approaches to develop new methods to diagnose and treat malaria. Projects are available in several research areas, ranging from clinical studies to molecular parasitology approaches in the lab. We are eager to have students join either our team on campus, where we study parasite metabolism and evaluate new potential
therapies, or our team in the field in Malawi, where we are collecting samples for new malaria biomarkers.

Jose A. Pineda, MD  
Northwest Tower, 10th Floor, Patient Oriented Research Unit  
Phone: 314-286-1246  
Mechanisms of brain injury in children. Our clinical research efforts focus on investigating the mechanisms and potential new treatments for brain injury, including strategies for implementation of best clinical practices. We utilize high-resolution physiological monitoring, biochemical analysis of clinical samples, and innovative implementation science methodologies.

Alan L. Schwartz, PhD, MD  
St. Louis Children's Hospital, Suite 3S36  
Phone: 314-454-6005  
Investigative efforts are aimed at understanding: (1) the biology of cell surface receptors, including biochemical and molecular dissection of the mechanisms responsible for receptor-mediated endocytosis of blood coagulation proteins; and (2) the regulation of intracellular protein turnover.

Shalini Shenoy, MD  
St. Louis Children's Hospital, Suite 9S  
Phone: 314-454-6018  
Investigation of novel reduced intensity transplant strategies for pediatric non-malignant disorders and the immunologic basis of graft versus host disease and graft rejection.

Gregory A. Storch, MD; Kristine Wylie, PhD; Todd Wylie, BS; Richard S. Buller, PhD  
St. Louis Children's Hospital, Suite 2N52  
Phone: 314-454-6079  
Infectious disease genomics. Our laboratory is interested in applying genomic analysis to a variety of problems in infectious diseases, mostly related to viral infections. Recent studies include use of next generation sequencing to define the human virome in immunocompromised children, improved methods for detecting viruses using next generation sequencing, use of next generation sequencing for clinical diagnosis, analysis of the human transcriptome response to acute infections, sequencing of the genome of enterovirus D68 and development of a rapid diagnostic test for that virus. Students would have the opportunity to learn genomic techniques, including informatics analysis.

Phillip I. Tarr, MD  
McDonnell Pediatric Research Building, Room 6103  
Phone: 314-286-2848  
Research in Pediatric Gastroenterology, Hepatology and Nutrition. Students have opportunities in broadly encompassing research projects. Investigators in the Division have funded and vibrant projects in liver disease (fatty liver disease, acute liver failure, biliary atresia, liver transplants, cystic fibrosis liver disease), inflammatory bowel diseases (Crohn's Disease and ulcerative colitis), infections of the gastrointestinal tract (diarrhea), acute liver failure, Hirschsprung Disease, diarrhea, gut microbiome, aflatoxin injury to the liver and stunting, health services research, necrotizing enterocolitis, antibiotic-resistant pathogens in the human gut, and quality improvement, particularly related to inflammatory bowel disease management. Short- and long-term projects can be arranged around these and other related efforts. The exact nature of the project depends on the time that the student can contribute to the effort, and the availability of any of the Division faculty, who all have established track records as mentors. Interested students should contact any of our faculty, or Dr. Tarr, to discuss the possibilities.

Neil H. White, MD, CDE  
St. Louis Children’s Hospital, Northwest Tower, 9th Floor  
Phone: 314-286-1157  
Our work involves patient-oriented research in the management of diabetes in children. Arrangements can be made for involvement in, or development of, projects aimed at improving outcome or prevention of diabetes mellitus and its complications.

David B. Wilson, MD, PhD  
McDonnell Pediatric Research Building, Room 3102  
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Research is focused on the molecular switches that regulate control genes during early embryonic development and differentiation.

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Visit our website for more information about our faculty (http://pediatrics.wustl.edu/directory) and their appointments.

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MD Saint Louis University 1981
BA University of Missouri 1977

Justin O Ogbuoven, MBBS
Instructor in Clinical Pediatrics (primary appointment)
MBBS University of Lagos 1982

Andrea Cohron Orr
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BS University of Georgia 2007

Valerie Orrico
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Rachel C. Orscheln, MD
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MD University of MO Columbia 1998
BS University of MO Columbia 1994

Cynthia M. Ortinau, MD
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MD University of MO Kansas City 2005

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MD University of Puerto Rico 1985
BS University of Puerto Rico 1981

Amir Mordechai Oryan
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UNKNOWN University of Cape Town 1982
P

Pamela B Padda, MD
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BA University of Michigan 1986
MD University of Illinois 1990

Stephen C Pak, PHD
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BS University of Sydney 1990
BS University of Sydney 1990
PHD University of New South Wales 1996

Jennifer Ann Panasci
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Purvi R Patel, MD
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BA Rice University 1996

Jose A Pineda Soto, MD
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Associate Professor of Neurology
MD Francisco Marroquin University 1993
BS Francisco Marroquin University 1988

Jessica E Pittman, MD, M PH
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MD Washington Univ in St. Louis 2004
M PH University North Carolina 2009
BS Oberlin College 1998

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MD University of Rochester 1996

Daniel S Plax, MD
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BA Brown University 1988
MD Washington Univ in St. Louis 1993

John Samuel Plowden, MD
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BS Washington & Lee 1979
MD Medical College Georgia 1984

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MD School Not Listed 1987
BA Washington Univ in St. Louis 1982

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MD Southwest Texas State Univers 1979
BA University of Dallas 1975

Brooke Ivan Polk, MD
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BS Colorado St University 2008
MD University of Colorado Boulder 2012

Claudia Preuschoff, MD
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MD Wake Forest University 1983

Cassandra Michelle Pruitt, MD
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BA Emory University 1994
MD Texas Tech University 1999

Peter J Putnam, MD
Assistant Professor of Clinical Pediatrics (primary appointment)
MD Dartmouth College 2007
BS Williams College 1993

Jenna M Putzel
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BS University of South Dakota 1973
BA Cornell College 1970
MD University of Chicago 1975

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UNKNOWN School Not Listed 1960

Vidya Raman
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MS School Not Listed 1972

Rakesh Rao, MBBS, MD
Associate Professor of Pediatrics (primary appointment)
MBBS University College of Med Sci 1992
MD Maulana Azad Medical College 1996

Emanuel Rashet, MD
Instructor in Clinical Pediatrics (primary appointment)
MD Saint Louis University 1962
BS University of Illinois 1958

Sheryl S Ream, MD
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Institution(s)</th>
</tr>
</thead>
</table>
| Shawn Robert Reathaford, MD | Instructor in Pediatrics (primary appointment) | BA Saint Louis University 1982  
MD Saint Louis University 1986 |
| Neil F. Rebbe, PHS, MD      | Instructor in Clinical Pediatrics (primary appointment) | BA University of MO St Louis 1978  
PHS Washington Univ in St. Louis 1983  
MD Saint Louis University 1996 |
| Catherine R Remus, MD, MSN  | Assistant Professor of Clinical Pediatrics (primary appointment) | MD School Not Listed 1983  
BA Luther College 1975  
MSN Rush University 1978 |
| Kenneth Eugene Remy, MD     | Assistant Professor of Pediatrics (primary appointment) | MD Jefferson Medical College 2004 |
| George H Rezabek, DOST      | Instructor in Clinical Pediatrics (primary appointment) | BS St Louis College of Pharmacy 1982  
DOST School Not Listed 1988 |
| Edward K Rhee, MD           | Adjunct Assistant Professor of Pediatrics (primary appointment) | MD University of Pittsburgh 1993  
BA University of Pennsylvania 1986 |
| Noor Riaz, MD               | Assistant Professor of Pediatrics (primary appointment) | MD Washington Univ in St. Louis 2008 |
| Katherine Rivera-Spoljaric, MD, MS | Associate Professor of Pediatrics (primary appointment) | BS University of Puerto Rico 1997  
MD University of Puerto Rico 2001  
MS Washington Univ in St. Louis 2008 |
| William L. Rives, MD, MS    | Assistant Professor of Pediatrics (primary appointment) | MD University of Missouri 1996  
MS University of Missouri 1992 |
| Janis B Robinson, MA, MD    | Associate Professor of Clinical Pediatrics (primary appointment) | MA Yale University 1972  
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BA St Joseph College 1969  
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BS Oklahoma St University 2005  
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PHD Washington Univ in St. Louis 2010  
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BS Rutgers University 2015  
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MD University of Texas Austin 1983  
BA Rice University 1978  
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MD University of Maryland 1984  
Kelly Ross, MD | Assistant Professor of Pediatrics (primary appointment) | BS University of MO Kansas City 1991  
MD University of MO Columbia 1996  
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MD Washington Univ in St. Louis 1972  
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MD University of Chicago 1976  
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Professor of Neuroscience
PHD Albert Einstein College of Med 1994
MS Albert Einstein College of Med 1992
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MD Albert Einstein College of Med 1994

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BS Saint Louis University 1988

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MA State University of New York 1979
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BS University of North Carolina 1998
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MD Kasturba Medical College 1985

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Professor of Cell Biology and Physiology
Professor of Genetics
PHD University of Chicago 1982
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BS Washington Jefferson College 1978

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UNKNOWN University of Nairobi 1975

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BA Yeshiva University 1978

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Robert W Tolan Jr., MD, MA
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BS University of Notre Dame 1997
MD Washington Univ in St. Louis 2001
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MD Vanderbilt University 2001
BS Vanderbilt University 1997

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BS University of Dayton 1976
MD University of Cincinnati 1985
MS University of Massachusetts 1981

Michael S Watson, PhD, MS
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BS The American University 1974
PHD University of Alabama 1981
MS University of Alabama 1978

Benjamin David Weintraub
Instructor in Clinical Pediatrics (primary appointment)

Don Weiss, MS, MD
Instructor in Clinical Pediatrics (primary appointment)
BS Dickinson College 1979
MS Saint Louis University 1996
MD School Not Listed 1986

Valerie B. Welch, MD
Instructor in Clinical Pediatrics (primary appointment)
MD University Texas San Antonio 1998
BA Baylor University 1994

Jennifer Corinne Wessman, MD
Instructor in Pediatrics (primary appointment)
MD Commonwealth College 2005
BS College of William and Mary 2001

Neil Harris White, MD
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Professor of Medicine
BS State Univ of NY at Albany 1971
MD Albert Einstein College of Med 1975

Andrew J White, MS, MD
James P Keating Professor of Pediatrics (primary appointment)
Vice Chair of Medical Education in Pediatrics
MS University of Chicago 1989
BA Brandeis University 1986
MD University of Texas Southwest 1994

Nicole Izetta White, MD
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MD Indiana State University 2004
BS University of MO Columbia 2000

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BS Washington Univ in St. Louis 1993
MD Washington Univ in St. Louis 1998

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MPH Saint Louis University 2001
BA Georgetown University 1989
MD Georgetown University 1994

Marcia Christine Willing, D SC, MS, MD
Professor of Pediatrics (primary appointment)
D SC George Washington University 1981
MS University of Michigan 1976
MD University of Virginia 1982
BS Goucher College 1973

David B Wilson, PhD, MD
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Professor of Developmental Biology
PHD Washington Univ in St. Louis 1986
BA Kalamazoo College 1980
MD Washington Univ in St. Louis 1986

Loralee Jane Wold, MD
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MD Saint Louis University 1997
BA Saint Louis University 1993

Patricia Ann Wolff, MD
Professor of Clinical Pediatrics (primary appointment)
MD University of Minnesota 1972
BA University of Minnesota 1968

Mark Norman Woolley, MD
Instructor in Pediatrics (primary appointment)
BS Rockhurst College 2009
MD Saint Louis University 2013

Kathie R Wuellner, MD
Associate Professor of Clinical Pediatrics (primary appointment)
MD Saint Louis University 1978
BS University of Illinois 1973

Hayley Wurzel, MD
Assistant Professor of Clinical Pediatrics (primary appointment)
MD Washington Univ in St. Louis 1999
BS Brown University 1995

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PHD Saint Louis University 2009

Todd N Wylie
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BS Southern Ill Univ Edwardsville 1995

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Xunjun Xiao, PhD, MS
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PHD Virginia Tech 2005
MS China Agriculture University 2001
BS China Agriculture University 1998
Christina Marie Yadao  
Instructor in Clinical Pediatrics (primary appointment)

Mona Yassin, MD  
Instructor in Clinical Pediatrics (primary appointment)  
MD School Not Listed 1979

Julia Catherine Young  
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Cecilia H Yu, MD  
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BS Brown University 1987  
MD University of Texas Southwest 1992

Aurora Denise Zertuche-Sanchez  
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Amy Christine Zimmermann, MD  
Instructor in Clinical Pediatrics (primary appointment)  
BS University of MO Columbia 1998  
MD University of MO Columbia 2003

Bridget Bilyeu Zoeller, MD  
Assistant Professor of Pediatrics (primary appointment)  
BS University of Illinois 2003  
MD Southern Illinois University 2007

Andrew C. Zuckerman  
Instructor in Clinical Pediatrics (primary appointment)

Courses


M65 Peds 640 Pediatrics: Physicians, Patients & Society  
Students are introduced to the unique nature of pediatrics as a subspecialty through a series of lectures and Team-Based Learning sessions designed to demonstrate the longitudinal nature of pediatrics through a variety of sessions addressing normal and pathologic aspects of human growth and development as well as the unique role of the physician in assessing and managing pediatric patients at all stages of development. Credit 27 units.

M65 Peds 760 Pediatric Clerkship  
This six-week curriculum, which is a component of the 12-week Women's & Children's Health Clerkship, emphasizes pediatric pathophysiology and normal growth and development from birth through adolescence. Two weeks will be spent assessing newborns in the regular or special care nurseries at Barnes-Jewish or Christian NW Hospitals or spent seeing patients in the pediatric emergency department. Four weeks will be spent at St. Louis Children's Hospital on an inpatient service. Emphasis is on performing a pediatric history and physical examination and developing an appropriate differential diagnosis. Daily rounds with house staff and attending physicians as well as weekly case management conferences further this emphasis. A weekly core lecture series is also offered during this 12-week combined clerkship (Women's & Children's Health) with OB-GYN. Credit 231 units.

M65 Peds 801 General Pediatric Sub-Internship - St Louis Children's Hospital  
This is the general pediatric sub-internship. The student will be assigned patients on one of two inpatient pediatric floor teams. They will follow patients from initial evaluation and for continuing care until discharge. Students work directly under the supervision of the senior resident and manage their own patients without co-coverage by an intern. Teaching rounds are conducted by the faculty. The elective will provide experience in the management of many pediatric medical conditions (variable depending on floor) and will include the care of patients with various diseases including pulmonary, infectious diseases, gastrointestinal, renal, neurological, endocrine, and rheumatologic issues. Additionally, patients with failure to thrive, asthma exacerbations, poisonings, PICU transfers and undiagnosed conditions may be seen.

M65 Peds 808 Pediatric Asthma and Allergy  
In a predominantly outpatient setting, students will evaluate patients with a wide variety of allergic and immunologic disorders including asthma, allergic rhinitis, anaphylaxis, food allergy, atopic dermatitis, urticaria, angioedema and primary immunodeficiency. Rotation goals include: (1) the extension of history-taking skills to include environmental exposures, (2) the recognition of physical findings suggestive of allergic disease, (3) understanding the indications and interpretation of diagnostic testing including skin testing and assessment of pulmonary function, and (4) application of appropriate therapeutic strategies to these disorders. Weekly didactic conferences and inpatient consultations provide additional educational opportunities to the student.

M65 Peds 809 Pediatric Pulmonary Sub-Internship  
On the 7 East Respiratory Unit, the sub-intern is an active member of a multidisciplinary care team, consisting of attending pulmonologist or allergist, advanced practice nurses, second-year pediatric residents, unit nurses, and other care providers and takes responsibility for children with acute and chronic lung diseases admitted to the unit. The student will be co-managed with a senior pediatric resident, and the sub-intern will be directly supervised by the pediatric residents and attending physician in the daily care of patients. The rotation is structured to provide students with a primarily clinical experience to allow them to gain exposure to the breadth of lung diseases seen at St. Louis Children's Hospital. The volume of patients on the 7 East Respiratory Unit varies with the number of patients covered by the sub-intern at any time, and they will typically be responsible for the care of two to six patients at any given time. The student will be exposed to children with wide-ranging lung diseases and breathing disorders, such as asthma, cystic fibrosis, bronchopulmonary dysplasia, bronchiolitis, pneumonia, chronic respiratory insufficiency, and congenital lung anomalies during their clinical rotation. The student will also have the opportunity to participate in tests and procedures essential to the practice of pulmonary and allergy medicine, including pulmonary function studies, flexible fiberoptic bronchoscopy, and overnight polysomnography. Sub-interns do not have evening coverage responsibilities, and weekend responsibilities are limited to two days during the four-week block. They are strongly encouraged to attend departmental and divisional conferences.
M65 Peds 811 Pediatric Critical Care Medicine
This elective is designed to familiarize the student with the diagnosis and treatment of critical illness in infants and children. To this end, each student is made responsible for a small number of assigned cases under the direct supervision of pediatric residents, pediatric critical care fellows, and faculty. The teaching activities emphasize the understanding of pathophysiological processes that lead to respiratory, circulatory, and central nervous system dysfunction and their therapy in the developing subject. Students are expected to participate in all the daily activities of the Pediatric Intensive Care Unit at St. Louis Children's Hospital and be on occasional call after hours.

M65 Peds 813 Pediatric Cardiac Catheterization
This elective focuses on the interpretation of hemodynamic and angiographic data acquired in the cardiac catheterization laboratory.

M65 Peds 819 Pediatric Cardiology-Outpatient Service
Valid start weeks for four-week blocks are: Weeks 1, 5, 9, 13, 17, 21, 25, 29, 33, 37 and 41. Students will be exposed to the wide spectrum of pediatric cardiology on an outpatient basis. In addition to general cardiology clinics, several subspecialty clinics are also available, including heart failure/ transplant, electrophysiology/inherited arrhythmias, pulmonary hypertension, William's syndrome, Down syndrome, and preventative cardiology clinic. Students will independently evaluate clinic patients referred for a variety of cardiac complaints, such as cardiac murmurs, chest pain, syncope, arrhythmia, as well a wide variety of congenital cardiac lesions, and report their findings to the attending. Cardiac auscultation skills will be enhanced through auscultation of cardiac patients in a clinic environment. Students will learn basics of ECG and echocardiogram interpretation by reviewing studies performed during clinic with the attending. Clinics are held at St. Louis Children's Hospital and the Children's Specialty Care Center in West County. Students also have the option to participate in outreach clinics that occur on a monthly basis (locations include Cape Girardeau, Poplar Bluff, Rolla, Bonnie Terre, and Columbia). Depending on interest, students may spend additional time in the echocardiography laboratory for more in-depth exposure to echocardiography. Participation in weekly surgical conference and daily cardiology educational conferences is encouraged.

M65 Peds 826 Genetics and Genomic Medicine
Valid start weeks for four-week blocks are: Weeks 1, 5, 9, 13, 17, 21, 25, 29, 33, 37 and 41. The goal of this senior elective is to facilitate the acquisition of clinical skills and knowledge in genetics and genomic medicine. The student will actively participate in the diagnosis and management of pediatric and adult patients with genetic disease in both the ambulatory and inpatient settings. Emphasis will be placed on application of the science of genetics to the bedside and will include a broad exposure to patients with biochemical, metabolic, structural and complex genetic diseases. Students will have an opportunity to visit clinical laboratories involved with diagnosis of genetic disorders, including the cytogenetics, molecular genetics and biochemical genetics laboratories. Students will be expected to participate in the weekly clinical case conference.

M65 Peds 827 Pediatric Hematology/Oncology Sub-Internship
Valid start weeks for four-week blocks are: Weeks 1, 5, 9, 13, 17, 21, 25, 29, 33, 37 and 41. Students will assume the responsibilities of a pediatric resident on the inpatient Hematology/Oncology service at St. Louis Children's Hospital. Credit 154 units.

M65 Peds 836 Pediatric Rheumatology
Valid start weeks for four-week blocks are: Weeks 1, 5, 9, 13, 17, 21, 25, 29, 33, 37 and 41. Opportunities are available to care for children with a variety of immunologic and rheumatologic disorders. Students will see patients in outpatient clinics and inpatient consultations. An in-depth approach to evaluating disorders of the immune system will be provided. Students will participate evaluation of new patients with a variety of rheumatologic diseases including JRA, SLE, and scleroderma at both SLCH and Shriners Hospital clinics. Students may elect to participate in conferences and seminars.

M65 Peds 838 Pediatric Gastroenterology, Hepatology & Nutrition
Valid start weeks for four-week blocks are: Weeks 1, 5, 9, 13, 17, 21, 25, 29, 33, 37 and 41. The rotation in Pediatric Gastroenterology, Hepatology, and Nutrition provides broad exposure to specialized and common pediatric problems. Gastroenterology patients are seen in the outpatient suites and in the hospital. Students see outpatients with common pediatric complaints like abdominal pain, constipation, and poor growth. Additionally, students experience the ongoing outpatient care of patients with liver disease, inflammatory bowel disease, short-gut syndrome, celiac disease, and other rare disorders. The inpatient service provides experience in caring for patients with acute illnesses such as gastrointestinal bleeding, malnutrition, liver failure, complications of inflammatory bowel disease, and pancreatitis. Students participate in diagnostic and therapeutic endoscopic procedures. At weekly divisional conferences, attendings, fellows and students review pathology slides from current cases and discuss difficult patient problems and topics of interest.

M65 Peds 839 Antimicrobial Use, Resistance, and Stewardship
In 2013 the CDC estimated that 23,000 Americans die annually from antibiotic-resistant infections, and an additional 2 million are infected with one of these difficult-to-treat pathogens. The primary driver of this resistance is the use — and, more importantly, the misuse — of antibiotics. In 2015, the White House published the National Action Plan for Combating Antibiotic Resistance Bacteria. This plan calls for improvement in antimicrobial use in human and agriculture medicine, better diagnostics, increased collaboration domestically and internationally, and accelerated development of new antibiotic agents. This fourth-year elective rotation will be focused on educating the student on the current state of domestic and global antibiotic resistance and the mechanisms by which health care systems are addressing this problem. The student will participate in the daily antimicrobial stewardship activities conducted at St. Louis Children's Hospital, attend weekly stewardship and clinical infectious diseases meetings both at the hospital and BJH system level, review antimicrobial use data, and participate in hands-on activities in the microbiology laboratory. At the end of this rotation, the student will be able to: 1. List the antimicrobials and the pathogens they effectively treat. 2. Analyze bacteria
M65 Peds 840 Pediatric Infectious Diseases
Valid start weeks for four-week blocks are: Weeks 1, 5, 9, 13, 17, 21, 25, 29, 33, 37 and 41. The goal of this elective is to provide the student with an opportunity to learn the importance of the physical exam using flexible fiberoptic bronchoscopy with biopsies, the histopathology of infection and graft rejection, and the pathophysiology of specific diseases, and primary accountability of the student for patient management decisions and procedures will be emphasized. In addition, collaboration with nursing staff and other health care providers in decision-making (especially concerning the viability of individual infants) and family management will be regularly required. Students during each rotation will have the opportunity to become involved in the transport of acutely ill infants, while those on the Labor and Delivery Service will have the option to rotate through the Neonatal Intensive Care Unit at St. Louis Children's Hospital and/or the labor and delivery services at Barnes-Jewish Hospital. Students assigned to the Neonatal Intensive Care Unit at St. Louis Children's Hospital also will have the opportunity to provide the student with a wide exposure to all aspects of pediatric renal disease and an opportunity to explore a desired aspect of the field in-depth. The student will be an integral part of the Renal Team and as such will see both inpatients and outpatients. Students will have an opportunity to follow the courses of patients with renal disease as well as those with more chronic problems and will help to plan the evaluation and therapeutic management of these patients. Discussions and rounds with the attending staff and fellows emphasize the relationship between clinical problems and the pathophysiology of the underlying disease. These informal teaching sessions are supplemented by more formal sessions. These include renal attending rounds, renal research rounds and grand rounds, which are conducted weekly in conjunction with the Renal Division of Barnes-Jewish Hospital. Renal biopsy material is reviewed with the renal pathologists. Attendance at the weekly pediatric grand rounds and pediatric case conferences is encouraged. Opportunities in clinical and translational research projects will be discussed with interested students.

M65 Peds 876 Pediatric Renal Disease
Valid start weeks for four-week blocks are: Weeks 1, 5, 9, 13, 17, 21, 25, 29, 33, 37 and 41. This course is designed to provide the student with a wide exposure to all aspects of pediatric pulmonary disease and an opportunity to explore a desired aspect of the field in-depth. The student will be an integral part of the Pulmonary Team and as such will see both inpatients and outpatients. Students will have an opportunity to follow the courses of patients with respiratory disease referred for consultation in our three outpatient clinics each week. In addition to a divisional conference to review referred patients, several joint conferences with the adult Pulmonary and Nephrology divisions (clinical rounds, journal club/research seminar, case conference) are held weekly. The student will have an opportunity to evaluate and manage patients with a wide variety of emergent and urgent medical and surgical problems. Examples include: respiratory distress, abdominal pain, lacerations, bone injuries, rashes, fever, etc. Students will work either a day shift (7:30 a.m.-3:00 p.m.) or an evening shift (3:00 p.m.-11:00 p.m.) in rotation. Daily teaching conferences are provided by the attending staff. A weekly meeting of the students and senior faculty will occur to review interesting cases. Also, attending staff and senior pediatric residents provide 24-hour on-site supervision. Each medical student will be expected to prepare a 20-minute presentation on a topic of their choosing.

M65 Peds 877 Pediatric Lung Transplantation
Valid start weeks for four-week blocks are: Weeks 1, 5, 9, 13, 17, 21, 25, 29, 33, 37 and 41. St. Louis Children's Hospital has the largest pediatric lung transplant program in North America. This unique clinical rotation will enable students to be exposed to the process of transplantation from referral and listing to the actual surgery and postoperative care. Both inpatient and twice-weekly outpatient clinics will be available for participation and learning. The use of diagnostic tests, such as flexible fiberoptic bronchoscopy with biopsies, the histopathology of infection and graft rejection, and the complexities of immunosuppression will be all explored. Weekly

M65 Peds 876 Pediatric Renal Disease
Valid start weeks for four-week blocks are: Weeks 1, 5, 9, 13, 17, 21, 25, 29, 33, 37 and 41. The goal of this course is to provide students with responsibility for caring for newborn infants who range from normal to acutely ill to chronically ill and for their families. The physiology of the transition from fetal to extrauterine existence, the pathophysiology of specific diseases, and primary accountability of the student for patient management decisions and procedures will be emphasized. In addition, collaboration with nursing staff and other health care providers in decision-making (especially concerning the viability of individual infants) and family management will be regularly required. Students during each rotation will have the opportunity to become involved in the transport of acutely ill infants, while those on the Labor and Delivery Service will routinely be involved in normal newborn care and delivery room management. The student will be expected to rotate patient responsibilities every fourth night.

M65 Peds 875 Pediatric Renal Disease
Valid start weeks for four-week blocks are: Weeks 1, 5, 9, 13, 17, 21, 25, 29, 33, 37 and 41. This course is designed to provide the student with a wide exposure to all aspects of pediatric renal disease and an opportunity to explore a desired aspect of the field in-depth. The student will be an integral part of the Renal Team and as such will see both inpatients and outpatients. Students will have an opportunity to follow the courses of patients with acute renal disease as well as those with more chronic problems and will help to plan the evaluation and therapeutic management of these patients. Discussions and rounds with the attending staff and fellows emphasize the relationship between clinical problems and the pathophysiology of the underlying disease. These informal teaching sessions are supplemented by more formal sessions. These include renal attending rounds, renal research rounds and grand rounds, which are conducted weekly in conjunction with the Renal Division of Barnes-Jewish Hospital. Renal biopsy material is reviewed with the renal pathologists. Attendance at the weekly pediatric grand rounds and pediatric case conferences is encouraged. Opportunities in clinical and translational research projects will be discussed with interested students.

M65 Peds 852 Clinical Pediatric Pulmonary Medicine
Valid start weeks for four-week blocks are: Weeks 1, 5, 9, 13, 17, 21, 25, 29, 33, 37 and 41. This elective provides an opportunity for students to be exposed to the full scope of respiratory diseases in infants and children. Pediatric referrals will be seen in both an inpatient and outpatient setting. Goals include: (1) to learn the importance of the physical exam using inspection, percussion and auscultation; (2) indications and interpretation of diagnostic tests, such as CXR, chest CT, VQ scan, pulmonary function testing, and bronchoscopy with biopsy and lavage; (3) therapeutic interventions and the use of bronchodilators, anti-inflammatory agents, et. al. Unique aspects of this rotation include a broad exposure to children with congenital lung defects, life-threatening asthma, cystic fibrosis, and end-stage cardiopulmonary diseases referred for transplantation. Weekly didactic sessions as well as weekly divisional patient care sections are an opportunity to further learn and practice presentational skills.

M65 Peds 861 Newborn Medicine
Valid start weeks for four-week blocks are: Weeks 1, 5, 9, 13, 17, 21, 25, 29, 33, 37 and 41. The goal of this course is to provide students with responsibility for caring for newborn infants who range from normal to acutely ill to chronically ill and for their families. The physiology of the transition from fetal to extrauterine existence, the pathophysiology of specific diseases, and primary accountability of the student for patient management decisions and procedures will be emphasized. In addition, collaboration with nursing staff and other health care providers in decision-making (especially concerning the viability of individual infants) and family management will be regularly required. Students during each rotation will have the opportunity to become involved in the transport of acutely ill infants, while those on the Labor and Delivery Service will routinely be involved in normal newborn care and delivery room management. The student will be expected to rotate patient responsibilities every fourth night.
transplant meetings with our multidisciplinary team, as well as didactic/psychosocial and ethical and divisional care meetings will all be available. Our patient referral base is worldwide, and the primary cardiopulmonary disease states include: cystic fibrosis, pulmonary hypertension, complex congenital heart defects, and alveolar proteinosis.

M65 Peds 878 Clerkship In Rural Primary Care Pediatrics
Valid start weeks for two-week blocks are: Weeks 1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 37, 39, 41 and 43. Valid start weeks for four-week blocks are: Weeks 1, 5, 9, 13, 17, 21, 25, 29, 33, 37 and 41. The clerkship in rural primary care pediatrics is designed to provide the student with first-hand experience in general pediatric practice in a rural community setting. Students will have the opportunity to see patients in a private office, participate in delivery room resuscitation, evaluate patients in the emergency department, and provide pediatric consultation to family practitioners, obstetricians and surgeons. The objective of this elective is to provide the student with the experience of serving as a general pediatrician providing comprehensive health services in a rural community. Students assume responsibility for ongoing care of patients and have opportunities to perform procedures. Two-week or four-week blocks are available.
Credit 154 units.

M65 Peds 900 Research Elective-Pediatrics
Research opportunities may be available. If interested, please contact the Department of Pediatrics.