

The original documents are located in Box 15, folder “6/4-8/76 - California and Michigan (1)” of the Betty Ford White House Papers, 1973-1977 at the Gerald R. Ford Presidential Library.

Copyright Notice

The copyright law of the United States (Title 17, United States Code) governs the making of photocopies or other reproductions of copyrighted material. Betty Ford donated to the United States of America her copyrights in all of her unpublished writings in National Archives collections. Works prepared by U.S. Government employees as part of their official duties are in the public domain. The copyrights to materials written by other individuals or organizations are presumed to remain with them. If you think any of the information displayed in the PDF is subject to a valid copyright claim, please contact the Gerald R. Ford Presidential Library.

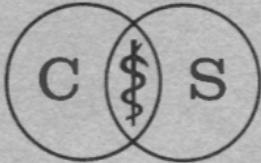
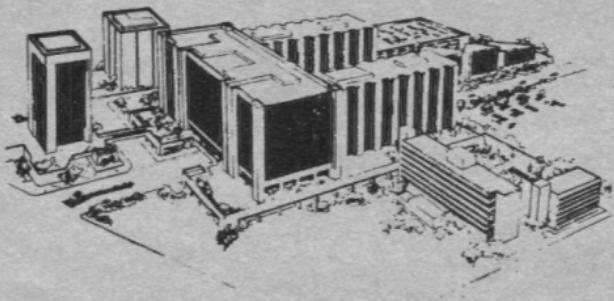
graduate medical education

**FIRST GRADUATE YEAR
(INTERNSHIPS)**

RESIDENCIES

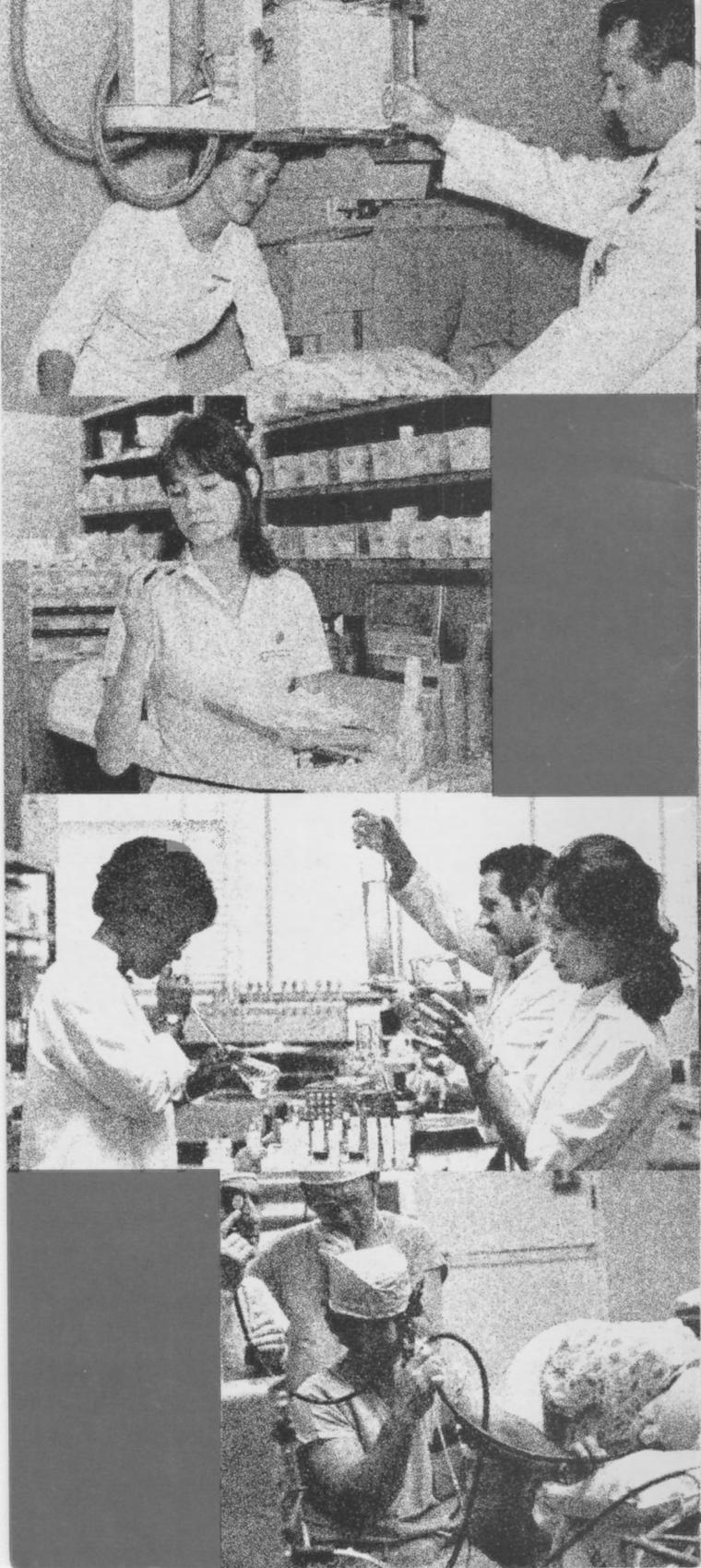
FELLOWSHIPS

EXTERNSHIPS



CEDARS-SINAI MEDICAL CENTER

LOS ANGELES, CALIFORNIA



contents

GENERAL INFORMATION	1-7
FIRST GRADUATE YEAR (INTERNSHIPS)	8-12
RESIDENCIES	13-44
FELLOWSHIPS	45-51
EXTERNSHIPS	52



Cedars-Sinai Medical Center is the largest private, nonprofit, voluntary hospital west of the Mississippi. Comprised of two divisions Cedars of Lebanon and Mount Sinai Hospitals the medical center has taken its place among the nation's leaders in patient care, research, education and community service.

about cedars-sinai medical center

The Medical Center includes two separate general hospital facilities. Cedars of Lebanon Hospital Division, in the Hollywood district of Los Angeles, has more than 500 active beds with about 100 reserved for free or part-pay nonprivate patients. At Mount Sinai Hospital Division, located seven miles west of Cedars of Lebanon near Beverly Hills, there are more than 230 beds with 25 reserved for service patients. Obstetric and Pediatric inpatient services are entirely at Cedars; the Psychiatric inpatient services are entirely at Mount Sinai. Outpatient services, located at Cedars Division, record more than 120,000 visits and procedures annually.

The construction of a new Cedars-Sinai Medical Center of 1120 beds at the present Mount Sinai Hospital site is underway and will combine the resources of both hospital divisions for patient care, medical research and medical education. Completion is planned for early in 1976.

The Medical Center is licensed by the State of California to operate a nonprofit hospital which includes a large nonprivate service. It is fully approved by the Joint Commission on Accreditation of Hospitals. All graduate medical training programs are approved by the Council on Medical Education of the American Medical Association and the specialty boards in which the programs are maintained.

The Cedars-Sinai Medical Center is a major teaching hospital of the University of California at Los Angeles School of Medicine and 2nd, 3rd and 4th year medical students are assigned regularly to the Departments of Medicine, Ob-Gyn, Pediatrics, Psychiatry and Surgery. Nursing programs are affiliated with UCLA, California State College and Los Angeles Trade and Technical College.

medical staff

There are more than 75 physicians on the Medical Center's full-time and part-time staff whose collective and individual interests are related to Graduate Medical Education.

Full-time directors serve in the major clinical departments responsible for the training programs. Professional activities are conducted by the Director of Professional Services, the Director of Continuing Medical Education and the Director of the Medical Research Institute.

More than 1200 physicians, all Specialty Board certified or eligible, make up the attending staff with all fields of medicine and subspecialties represented.

Voluntary attending staff members collaborate with full-time clinical department directors for the graduate education programs on the nonprivate and private teaching services.

The Medical Executive Committees of Cedars of Lebanon and Mount Sinai Divisions are responsible for the maintenance of the highest quality patient care. In this endeavor they are supported by full-time, part-time and volunteer attending staff who serve on such active standing committees as medical education, medical research, hospital utilization control, medical records controls, infectious disease control, IV therapy, patient care evaluation, transfusion, mortality and others.

critical care facilities

The objective of these units is to supplement health services for the critically ill whose condition is potentially reversible, and to provide constant monitoring of patients with cardiac arrhythmias or recent myocardial infarction. Patients are admitted from both private and nonprivate services, and all are assigned to the teaching service.

They are designed to provide a concentration of highly trained personnel and specialized equipment in a single area. Nurses are specially trained before qualifying for patient care responsibilities.

INTENSIVE CARDIAC CARE UNITS, with 7 beds at Cedars, and 5 beds at Mount Sinai, are reserved as a supplement for health services already provided patients with cardiac disease of any etiology. Equipment includes recorders for constant monitoring of intra-arterial pressure, central venous pressure, ECG, cardiac output and blood gas determinations. A research unit for assisted circulation was recently opened.

CARDIAC OBSERVATION UNITS with 19 beds at Cedars, and 12 beds at Mount Sinai, make possible constant ECG monitoring of patients with less complex problems.

POST SURGICAL CARE UNITS at both hospital divisions provide intensive care and highly refined nursing care for routine post-operative surgical patients. There are 5 beds at Cedars and 7 at Mount Sinai.

INTENSIVE CARE UNITS include 13 beds at Cedars and 4 beds at Mount Sinai for special surgical patients (cardiac, cardiovascular, thoracic, neurosurgical, etc.).

In addition, at the Cedars Division 2 special units exist. One, a MEDICAL INTENSIVE CARE UNIT, is for purely medical cases requiring critical care and has 5 beds. The other is an 8 bed NEONATAL INTENSIVE CARE UNIT equipped and staffed for the care of critically ill neonates.

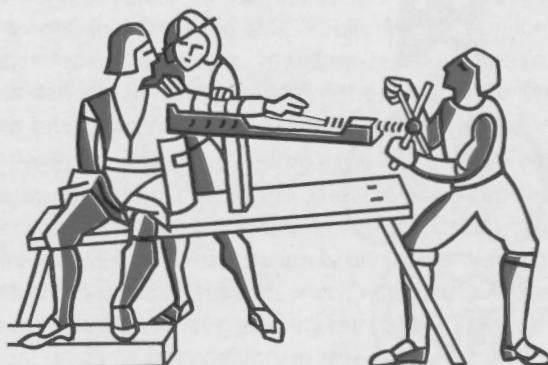
department of rehabilitation

The Rehabilitation Center at the Cedars Division is located in a three-story unit which covers 36,000 square feet of floor space. The efforts and skills of many professional disciplines work together to provide a comprehensive program of rehabilitation.

A thirty-member Rehabilitation Center staff is headed by a full-time Board-certified Physiatrist. More than 23,000 inpatient and outpatient visits are recorded annually, with 60,000 treatment units provided.

The Rehabilitation Center facilities include a Physical Therapy section, a fully-equipped Gymnasium, a hydrotherapy section which provides a therapeutic pool and a Hubbard Tank, as well as an Occupational and Functional Therapy section, including a section on Speech and Audiology.

The Laboratory of Indirect Measurement of the Division of Cardiology, and the Pulmonary Function Laboratory, are appropriately located in this facility to assist in the utilization of techniques and procedures to evaluate and treat the handicapped individual, and to work towards the goal of independence within their own physical capabilities.



medical research

Medical research is an integral function of the Medical Center's commitment to developing excellence in patient care. All research facilities, personnel, projects and programs are coordinated as the Cedars-Sinai Medical Research Institute under the

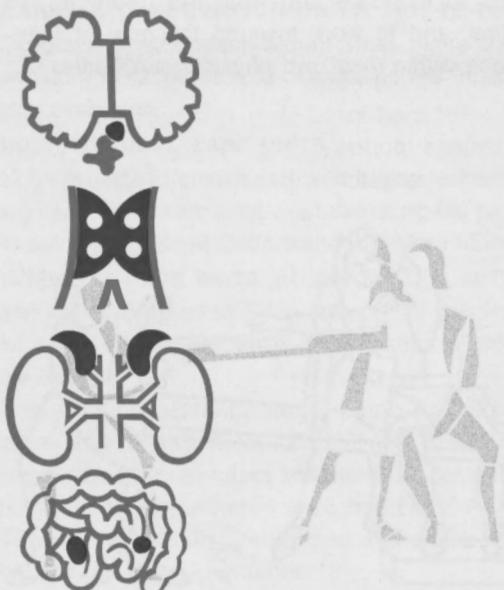
professional and administrative leadership of the Director of Professional Services. The Institute strives for an environment of uninhibited scientific pursuit providing a constant contribution to the goals of the Medical Center in research as well as patient care and medical education.

Over 100 ongoing projects encompass the basic disciplines of biochemistry, immunology, microbiology and physiology, with clinical programs in cardiology, chest diseases, endocrinology, gynecology, hematology, infectious diseases, nephrology, oncology, pediatrics, perinatal medicine, pharmacology, psychiatry, surgery, as well as the surgical subspecialties.

In addition, a Myocardial Infarction Research Unit (MIRU) has been established under a long term contract from the National Heart Institute. This multi-discipline project conducts core studies of hemodynamics and metabolism, as well as clinical evaluation of high fidelity electrocardiography, indirect monitoring, responses to indirect monitoring, responses to drug therapy and effects of emotion.

There is ample opportunity for house officers to become engaged in ongoing research activities or to initiate pilot projects under the supervision of established investigators. Research funding is divided between Medical Center resources and funds of grantors, including the U.S. Public Health Service, other federal agencies, voluntary health agencies, foundations, industry, friends of the Medical Center and interested community groups.

Research programs are regularly reviewed by the Research Committee of the Medical Staff and the Research and Education Committee of the Board of Directors. Prime consideration is given to projects in basic and clinical research which enrich knowledge of the health sciences, and encourage the development of young investigators in research areas.



learning resource center

The Medical Library, under the supervision of a full-time medical librarian, carries some 11,000 texts, 600 current journals and 15,000 bound volumes of key clinical and basic science periodicals. The library staff assists in research bibliographies and arranges for photocopies and reprints. These services include libraries at Cedars, Mount Sinai and the Community Mental Health Center. Borrowing arrangements are in effect with the Los Angeles County Medical Association library, libraries at University of Southern California and the University of California at Los Angeles, other libraries in the greater Los Angeles area and the National Medical Library, Washington, D.C.

An Audiovisual Department supplies for use by participants in the graduate medical programs audiotapes, videotapes, cassettes, 16 mm films and numerous other educational modalities. In addition, Medline and other computerized literature search facilities exist as well as several automated or computerized individual instruction programs.

As a related activity, the library sponsors the Cedars-Sinai History of Medicine Society. At regular intervals the Society presents programs on outstanding leaders in medical history with introductions and discussions by members of the medical staff or visiting authorities.

social service

Case work service provided by the Department of Medical Social Service includes psycho-social study and brief or extended social treatment. Patients and their families are offered assistance with personal and environmental difficulties and attitudes, feelings or interpersonal relationships which may interfere with obtaining maximum benefit from medical care.

The staff participates in teaching other disciplines through collaboration in patient care, conferences, seminars and ward rounds in order to increase understanding of patient attitudes and behavior as well as reaction of illness, hospitalization, and diagnostic and treatment procedures. Affiliated agencies supplement classwork instruction by providing practice opportunities while members of the staff at both hospitals provide field work supervision.

first graduate year (internship)

All programs for the first graduate year are categorical and include training in the areas of Medicine, Obstetrics and Gynecology, Pathology, Pediatrics and Surgery. Assignments within each program are made on an individual basis whenever possible, to provide maximum experience based on the participant's future plans. The programs combine the educational advantage of large non-private and private teaching services, and allow for the optimum degree of responsibility under close supervision, and teaching through the combined efforts of the full-time staff, selected members of the attending staff and the resident staff.

MEDICINE: The curriculum includes six months on general inpatient medicine at Cedars of Lebanon and Mount Sinai Divisions. The remainder of the year is divided into rotations through cardiology, emergency or screening services, and one elective. Continuous outpatient experience is provided throughout the year with the participant maintaining his own clinic one half-day per week.

OBSTETRICS AND GYNECOLOGY: The curriculum for the first graduate year includes four months in medicine and the rest involved in the clinical and didactic program described in the material regarding the residency in Obstetrics and Gynecology.

PATHOLOGY: In California at this time it is acceptable to spend the first graduate year in Pathology participating directly and entirely as a resident. The residency program is described elsewhere in this brochure.

PEDIATRICS: The first graduate year, formerly straight internship, is now first year pediatric residency (PL-1). It includes inpatient and outpatient pediatrics and premature and newborn nurseries. It is the first of a 3-year experience described under the residency program in Pediatrics.



SURGERY: The first graduate year in Surgery (the straight surgical internship) is acceptable as the first year of postgraduate surgical education in the newly designated role of dual appointment surgical intern/first year surgical resident. During the academic year, the straight surgical intern will rotate on the non-private general surgical service for six months, the cardiothoracic-peripheral vascular service for three months, an emergency department service for one month, and clinical surgery electives for two months.

All activities, both clinical and didactic, described under the surgical residency program, also constitute the academic training for the straight surgical interns. The program is designed to provide maximal clinical exposure in a setting where intensive study and responsible follow-up care are emphasized.

General Information: The Medical Center participates in the National Intern and Resident Matching Program for appointment of 34 individuals, on the first graduate year level in categorical programs as follows:

Medicine	18
Ob-Gyn	4
Pathology	2
Pediatrics	6
Surgery	4

Graduates of foreign medical schools must have successfully passed (1) the examination given by the Educational Council for Foreign Medical Graduates and (2) the written examination of the California Board of Medical Examiners (FLEX).

The academic year for individuals on the first graduate year level begins and terminates during the fourth week of June in order to allow time for physicians completing their programs to arrive at a new destination by July 1st. In unusual circumstances, special arrangements can be made for an appointment to begin at another time.

The stipend for the first graduate year (internship) at the time of publication is \$11,580 per year plus maintenance which includes uniforms and laundry of uniforms, medical and dental care for the individual and his immediate family, and malpractice insurance. Individuals at this level receive a three-week vacation plus nine paid holidays.

Applications may be obtained from the **Director of Continuing Medical Education, Cedars-Sinai Medical Center, 4833 Fountain Avenue, Los Angeles, California 90029**, or the appropriate program director. Forms must be completed in duplicate, one copy sent to the appropriate department head, and one copy processed through the Dean's Office of the candidate's medical school according to established National Intern and Resident Matching Plan procedures.

Formal application will be considered complete upon receipt of (1) transcripts of professional records, and (2) letters of recommendation from at least two medical sponsors, one of which should come from the Dean's Office of the medical school.

Final appointment to the house staff is contingent upon evidence of good health provided by physical examination at this Medical Center. A personal interview at Cedars-Sinai is desirable.



RESIDENCIES

Medicine	Page 15
Obstetrics and Gynecology	Page 21
Pathology	Page 23
Pediatrics	Page 25
Psychiatry	Page 27
Diagnostic Radiology	Page 35
Radiation Therapy	Page 37
Surgery	Page 39
Thoracic and Cardiovascular Surgery . .	Page 43

GENERAL INFORMATION

Application for residency in each clinical department may be made for any year of the program and the resident will be assigned at the level appropriate to his previous training and experience.

Currently graduates of foreign medical schools, in order to be eligible for an internship in the State of California, must have successfully passed the examination given by (1) the Educational Council for Foreign Medical Graduates and (2) the written examination given by the California State Board of Medical Examiners. After completion of internship the candidate must complete the oral examination for State Licensure. This then allows the applicant to practice



medicine

medicine in the State of California or to go on for residency training. The California State Board of Medical Examiners requires that a licensure to practice medicine in California must be obtained *before* the applicant can begin a residency. Since the laws frequently are modified it is recommended that you obtain further information by writing the State Board of Medical Examiners 1700 "N" Street, Sacramento, California.

Stipends are based on the previous training of the individual and take into consideration the year level of the residency assignment and are currently:

2nd graduate year	\$13,896
3rd graduate year	\$15,036
4th graduate year	\$16,200
5th graduate year	\$17,364
6th graduate year	\$18,516

Medical and dental care for the resident and his immediate family, uniforms and laundry of uniforms are provided as well as malpractice insurance. Every resident receives a three-week vacation plus nine paid holidays. Suitable housing may be found in the immediate vicinity of both Cedars of Lebanon and Mount Sinai Divisions.

Inquiries and applications should be addressed to the appropriate department director or the **Director of Continuing Medical Education, Cedars-Sinai Medical Center, 4833 Fountain Avenue, Los Angeles, California 90029.**



PROGRAM SUMMARY: The three-year residency provides for gradual development of responsibility and sophistication in Medicine.

The first year is oriented primarily to experience in general clinical medicine, with six months of inpatient medicine including rotation at Cedars of Lebanon and Mount Sinai. The remaining six months are devoted to rotations including cardiology, elective subspecialty rotations and ambulatory care.

The second year includes two to four months of inpatient medicine with the remainder of the year on subspecialty electives. Assignments may be made in cardiology, chest diseases, endocrinology and diabetes, gastroenterology, hematology, infectious diseases, nephrology, neurology and rheumatology. Special arrangements may be made for oncology, psychiatry and radiology rotations. Each subspecialty includes experience in care of inpatients and outpatients on nonprivate and private teaching services. The resident also acts as medical consultant to the nonprivate surgical services.

The third year is arranged to conform to the individual's future plans. A full year as resident in one of the subspecialties is offered, as well as a year of rotation through selected subspecialties for two, four or six month periods each.

All medical residents spend one half-day per week in the general medical outpatient clinic, where they are responsible for following selected patients discharged from the inpatient service, for evaluation and continuing care of medical outpatients assigned to the individual during his service at Cedars-Sinai.

CLINICAL PROGRAM: Medical Service teaching patients include both non-private and private patients.

Nonprivate inpatients are admitted to both the Cedars and Sinai Hospital Divisions after screening by a medical resident. The total number of medical nonprivate inpatients at any one time is approximately 20.

Private teaching patients are geographically concentrated at both hospital divisions with a 60 patient service at Cedars and 45 at Sinai. Private patients are admitted to the service at the request of private physicians, all of whom are Board Certified or Eligible in Internal Medicine. The house staff is responsible for the admission history and physical, nursing orders, progress notes, all appropriate diagnostic and therapeutic procedures, and narration of the final discharge summary.

Teaching rounds are conducted by voluntary and full time medical staff in addition to the instruction provided through house staff contact with admitting physicians.



In the Outpatient Department each house officer is assigned to the general medical clinic one half-day each week. This provides the physician an opportunity to maintain outpatient followup of patients previously hospitalized under his care. The resident also evaluates new outpatients, follows them for the duration of his appointment and coordinates their comprehensive medical care. The full range of consulting medical subspecialty services are available, including general surgical, surgical subspecialty, psychiatric and social service facilities.

DIDACTIC PROGRAM: A series of lectures, conferences and practical training exercises for the resident are programmed by the fulltime and attending staff of each clinical division during the 12-month academic year. The Department of Diagnostic Radiology offers a continuous year-long luncheon lecture series which systematically reviews the fundamentals of diagnostic radiology for nonradiology residents. Regular medical subspecialty luncheon conferences are held by the sections of cardiology, oncology, endocrinology and rheumatology. Medical Grand Rounds alternate each week between Cedars of Lebanon and Mount Sinai Divisions. Death conferences, autopsy review sessions for clinicopathologic correlations and mortality conferences and medical-surgical conferences are scheduled regularly.

SUBSPECIALTIES

Cardiology: The medical resident rotates through cardiology for a minimum of two months. He receives closely supervised training and experience in the cardiac care units. Individual and organized instruction programs are provided in the interpretation of electrocardiograms, vectorcardiograms, phonocardiograms, echocardiograms, exercise tests, indirect pulse recordings, cardiac roentgenology and cardiac fluoroscopy.

Chest Diseases: An assignment to the Pulmonary Service affords the resident an opportunity to concentrate on clinical and pathophysiological aspects of chest disease. He participates in the Outpatient Clinics and renders care to selected private patients. He also has the opportunity for participation in rigid and fiberoptic bronchoscopy as well as other procedures. He participates in the performance and interpretation of interesting pulmonary function studies and delivers consultations to patients with pulmonary problems. He organizes and participates in the pulmonary work conferences and pulmonary teaching conferences.

Endocrinology and Diabetes: A two-month rotation provides training and experience in all aspects of outpatient and inpatient endocrinology. The resident acts as primary consultant to the medical and surgical non-private inpatient services and is responsible for evaluating and caring for selected patients on the private teaching service. He coordinates a monthly endocrine conference, rounds with subspecialty consultants in endocrinology and diabetes and spends one day a week in the endocrinology clinic of Harbor General Hospital.

Gastroenterology: During a one or two month rotation, the resident is responsible, under supervision, for the diagnostic workup and therapeutic management of selected private patients of the GI attending staff. He acts as GI consultant for non-private medical-surgical and pediatric patients with supervision by the GI Fellows and attending GI staff. He is involved in procedures on non-private and private patients including endoscopies, biopsies and secretory studies. The resident participates in the outpatient GI clinic and in the several weekly conferences.

Hematology: The resident is assigned for two months to the hematology service where he is responsible for private patients on the service of the attending

hematologists, and for certain patients admitted for special treatment of solid tumors. He also acts as consultant to the non-private service with the responsible attending physician and attends the Hematology Clinic. Organization of the monthly hematology conference, geared for benefit of the house staff, is his responsibility.

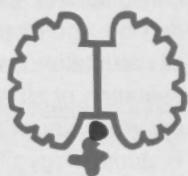
INFECTIOUS DISEASES

A one or two month rotation on the Infectious Disease Service provides training in all aspects of inpatient Infectious Disease management. The resident or intern is responsible for Infectious Disease consults, management of non-teaching patients in Medicine, Surgery, and OB/GYN. In addition, a large part of his responsibilities involve the workup and management of private patients, along with the private infectious disease consultant, when a consult is requested.

He is responsible for preparing the monthly Infectious Disease Conference as well as the monthly Infectious Disease Grand Rounds attended by UCLA, Sepulveda and Wadsworth VA Hospitals.

There is also ample opportunity for training in the basic skills of clinical microbiology.

Nephrology: The medical resident assigned to the nephrology service functions as consultant for both inpatients and outpatients and is responsible for evaluation and care of selected inpatients on the private medical service. Cedars-Sinai maintains an active program in chronic hemodialysis and renal



obstetrics and gynecology



transplantation. The resident receives training and experience in all aspects of renal disease including contrast radiography and renal biopsy, peritoneal dialysis and hemodialysis, and participates actively in section conferences and seminars.

Neurology: A medical neurology rotation is available for house staff. He serves as consultant in neurology to inpatient medical and surgical services, participates in the outpatient department and is responsible for evaluation and care of selected inpatients on the private medical teaching service. There is ample opportunity for exposure to all radiological and radioisotopic diagnostic procedures.

Psychiatry: A rotation is available for house staff. The goals of this program are to enhance the physician's (1) knowledge of the interrelationship of emotional stress and physical disability; (2) skills in recognizing and dealing with the emotional aspects of, and reactions to, physical illness; and (3) the application of this knowledge and skill to the concepts and practice of comprehensive care. Ambulatory and inpatients are utilized for this program.

Diagnostic Radiology: By special request an elective in radiology is available on a limited basis. The program is designed to meet the needs of the house officer desiring the rotation.

Rheumatology: A rheumatic disease rotation provides techniques of joint examination, clinical features, diagnosis and management of rheumatic diseases. This includes direct patient contact through inpatient consultations, ambulatory clinics, the rehabilitation service, and the radiologic and immunologic aspects of rheumatic diseases. There is active didactic presentation of all aspects. In addition to Cedars-Sinai activities, you will have the opportunity to attend the Rheumatology Grand Rounds at UCLA.

PROGRAM SUMMARY: The Division of Obstetrics and Gynecology offers a four-year program which is fully approved by the American Board of Obstetrics and Gynecology. The resident's time is equally divided between Obstetrics and Gynecology.

For three months of each of the first two years, the resident rotates to USC Medical Center for obstetrics and UCLA Medical Center for oncology as well as spending nine months of each year at Cedars of Lebanon. In the third year an opportunity is often available to rotate each person through the Endocrine Infertility Clinic at USC. In the final year there is opportunity to spend three months at an affiliated private community hospital.

CLINICAL PROGRAM: The inpatient service averages three hundred fifty deliveries per month, with about 25% of the obstetrics being on the nonprivate service. All gynecology patients are on the teaching service.

Outpatient clinics are held daily and are the responsibility of the residents. Besides the usual prenatal and gynecology clinics, there are special clinics for high risk pregnancy, endocrine-infertility and Family Planning.

Related Programs: Special experience can be gained in fetal medicine, endocrinology, oncology, and obstetric anesthesiology if the resident is interested.

DIDACTIC PROGRAM: Regular conferences, Rounds, and Journal Club are held and residents are urged to participate.

pathology

ANATOMIC PATHOLOGY:

Twelve months are devoted to autopsy pathology; twelve months to surgical pathology.

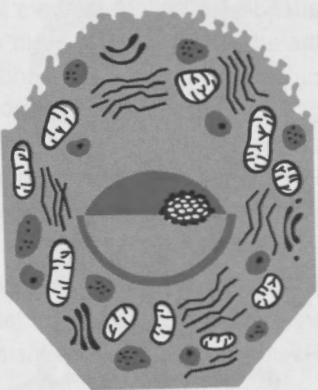
Approximately 450 autopsies are performed each year with fundamental supervision given during autopsies, the cutting of specimens and interpretation of microscopic slides. About 15,000 surgical specimens are processed annually. Frozen section work and operating room consultations are carried out by staff pathologists with resident pathologists in attendance.

Cytology is emphasized throughout the program. Electron microscopy is performed regularly. In addition, there is an active Cytogenetics Laboratory.

CLINICAL PATHOLOGY:

Bacteriology and Parasitology: Approximately 50,000 examinations are performed annually, using routine and special procedures in bacteriology, mycology and parasitology.

Biochemistry: A great part of the routine analyses in biochemistry is automated. Additional routine procedures are carried out by flame photometry, spectrometry, microgasometry, radioimmunoassay, etc. About 400,000 are performed each year.



PROGRAM SUMMARY: A four-year residency program, fully approved by the American Board of Pathology, is offered by the Department of Pathology. The basic program, operating on a rotating system, provides two years of anatomic pathology and two years of clinical pathology. Straight residencies in either anatomic or clinical pathology may be elected. Although the four-year program meets the prerequisite for the examination in Clinical and Anatomic Pathology, fifth year appointments are available to outstanding candidates for furthering special interests in subspecialty areas, or gaining increased experience in research and administration.

Laboratory volume is derived from both private and nonprivate patients. A unified laboratory service provides all clinical and anatomic pathology needs of both hospital divisions of the Center. The staff is comprised of 13 full-time Board Certified Pathologists, and a Ph.D. staff in biochemistry and microbiology.

Blood Bank: About 6,000 transfusions are performed each year, along with some 50,000 typings, cross-matches and pretransfusion screenings. The full range of antibody detection techniques are used to evaluate positive Combs tests and cross-matching problems. A unique frozen red blood cell unit is operative at this time.

Hematology: Each year, over 100,000 blood examinations are performed. Bone-marrow aspirations are carried out and studied by the residents and review conferences are held regularly with the clinical hematologists.

Immunohematology: Studies include extensive evaluations of hemolytic anemia, hemolytic disease in the newborn, leukoagglutinins, platelet agglutinins, and immunoelectrophoresis.

Seriology and Immunology: About 30,000 per year which include all available serologic tests and in vitro immunologic tests.

DIDACTIC PROGRAM:

Gross demonstrations of completed autopsies are attended daily by members of the clinical staff and the attending pathologist. In addition, special histopathologic periods are conducted in dermatology, gynecology, nephrology, pediatrics, thoracic and cardiovascular disorders, hematology, etc. Clinical Pathology offers review seminars of laboratory material of current interest, as well as daily interaction with the staff.

The Department of Pathology also offers a one-year training program for laboratory technologists. Residents participate as instructors in this program.

PROGRAM SUMMARY: The Department of Pediatrics offers a three-year residency training program. The program is designed to offer increasing responsibility with each year. The first year offers the trainee an opportunity to observe the field of Pediatrics in general and to gain technical competence. The second and third years offer the trainee increasing levels of responsibility, and inpatient, outpatient, neonatal, and subspecialty experience.

At all levels the team approach is utilized, the team being comprised of a voluntary attending physician, a house officer of PL-2 or PL-3 rank and a house officer of PL-1 rank. This concept provides the atmosphere for the PL-1 to assume prime responsibility but with adequate supervision.

Candidates for the training program may apply at any year level and the appointment is made according to the applicant's prior training.



psychiatry

The Department is formally affiliated with the Department of Pediatrics at the University of California at Los Angeles, School of Medicine. Students from the University are accepted in their second, third and fourth year of training. Upon recommendation from the Dean's office of other medical schools throughout the country, selected students in various years of training are also accepted.

CLINICAL PROGRAM: The Pediatric Department consists of 59 inpatient beds which include an eight bed neonatal intensive care unit. In addition, there is a 48 crib newborn nursery to accommodate approximately 4500 newborns delivered each year.

All patients, whether private or nonprivate, are part of the teaching program. Up to one-fourth of the inpatient beds are available for nonprivate patients.

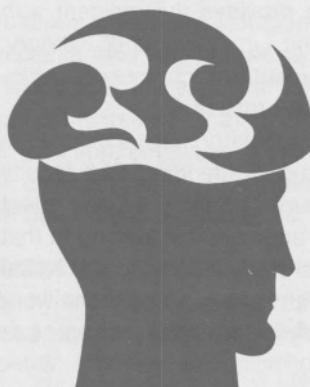
The outpatient service encompasses training in general pediatrics and its subspecialties, including allergy, cardiology, dentistry, dermatology, diabetes, endocrinology, gynecology, metabolic diseases, nephrology, neurology, ophthalmology, orthopedics and psychiatry. In addition, there are active acute, well-baby, and adolescent clinics and additional participation in programs in community and school health programs.

DIDACTIC PROGRAM: The Department of Pediatrics has an active teaching program for the house staff. There are regular lectures and seminars in general pediatrics, in all of the applicable subspecialties, and in the allied disciplines. There is also a Pediatric Journal Club, clinical pathologic conferences and mortality conferences. In addition, ward rounds with voluntary attending staff and full-time staff, formal and informal sessions with the Director of the Department and other full-time staff are held regularly.

PROGRAM SUMMARY: The Psychiatry Department offers a three-year residency upon completion of internship. The program fulfills the educational requirements outlined by the American Medical Association and the American Board of Psychiatry and Neurology. It is designed to provide a high level of proficiency in all modalities of treatment of psychiatric patients. This includes various forms of short and long term individual, group and family psychotherapy, emergency and crisis therapy, home care, and the use of psychopharmacological and other psychology, social service, nursing and other ancillary services is an integral part of the approach to all problems.

Emphasis is on detailed study and treatment of a wide variety of clinical conditions seen in all services of the hospital and in the community. These experiences, comprising both adult and child psychiatry, are sustained by intensive individual supervision of therapy and a well-planned, integrated didactic program.

The three-year residency is designed to offer a graded progression of responsibilities. Sharply delineated block assignments are avoided so that continuity of care can be preserved without regard to



assignments to particular services. Residents retain responsibility for their patients throughout the whole course of treatment, including outpatient care, part-time hospitalization, or inpatient treatment. The concept of home care is added to this continuity. The resident acquires experience with community psychiatric problems and the use of community resources. He develops skills in working with psychosocial and general community agencies, institutions such as schools, churches, police departments, and courts of law.

The program emphasizes all modalities of the concept of a Community Mental Health Center. Participation in psychiatric teams working in outpatient clinics and inpatient services of other departments provides better understanding of comprehensive patient care, regardless of the primary medical problem. The resident acquires a good working knowledge of some of the basic principles of sociology, social psychology, cultural anthropology, psychology, neurophysiology, and general psychophysiology. He is exposed to research problems and methodology, basic concepts of the philosophy of science, research design and sound critique of scientific work.

The training program provides the resident with a thorough background in psychiatric theory, psychopathology, therapeutic techniques, socio-cultural and physiological processes.

The Department of Psychiatry has access to a large full-time, part-time and attending staff faculty of high professional stature, including a Department of Child Psychiatry fully approved for training in that specialty. Most members of the faculty hold medical school appointments; many are involved in the work of the two psychoanalytic institutes in the Los Angeles area.

TRAINING PROGRAM

FIRST YEAR

CLINICAL: The year is spent on the Inpatient Service and Admission and Evaluation Services at the new Cedars-Sinai Community Mental Health Center. During the first year, residents treat patients individually and in groups, and study the psychiatric ward as a social system. Continuity of care is maintained during the year and residents follow patients after they are discharged to the Outpatient Department at Cedars-Sinai.

DIDACTIC: A series of didactic seminars introduce the first year residents to psychopathology and clinical syndromes, theories of behavior and personality development, basic concepts of psychotherapy, psychopharmacology and neurophysiology as well as community psychiatry, group therapy and psychology. Weekly inpatient and outpatient clinical conferences are conducted.

SECOND YEAR

CLINICAL: During the second year, the resident is assigned to the Outpatient Services of Cedars-Sinai. He is assigned a diverse clinical care load, i.e., different diagnostic categories, different ages, and patients who are treated by different modalities. If during the year a patient needs hospitalization, the patient is treated by the resident whenever possible. In addition, emphasis is placed on developing skills in child psychiatry, crisis treatment, and consultation to other clinical services.

DIDACTIC: Seminars are designed to expand the knowledge acquired during the first year in ego psychology and dynamic psychopathology, the therapeutic interview and psychotherapeutic techniques

including group therapy, psychosomatic medicine, child and family psychotherapy and, in addition, a course in the behavioral sciences. Clinical conferences with resident participation continue.

THIRD YEAR

CLINICAL: Individual, group and family therapy continues throughout the year and residents may elect more intensive work in areas of special interest. Specific assignment to specialized services are made in community psychiatry, emergency and crisis therapy, geriatric care, neurology outpatient service, medical-psychiatry (conducted jointly by the Department of Medicine and Psychiatry), and consultations. Residents are given leading responsibilities for medical and social work, students, nurses, interns and first year residents.

DIDACTIC: The didactic program includes advanced theory, community psychiatry, research techniques, psychiatry and the law, hypnosis and basic neurology.

DEPARTMENT OF CHILD PSYCHIATRY

National Institute of Mental Health Fellowships are available for full-time training in the Department of Child Psychiatry at third, fourth and fifth year residency levels.

The third year of training fulfills American Board of Psychiatry and Neurology requirements for General and/or Child Psychiatry. The program is approved by the Subspecialty Board in Child Psychiatry for two years of training.

The majority of faculty in the department are formally trained in psychoanalysis. Clinical management and theory is eclectic but based always upon psychoanalytic constructs. Whenever possible, diag-

nosis and clinical management are related to total family study and participation. Flexibility in clinical procedure is emphasized. Group therapy is frequently employed.

CLINICAL PROGRAM: Outpatient therapy for families and children is offered in the Thalians Community Mental Health Center, constituting the major base for the training program.

There are two Therapeutic Preschool Centers, one for research in child and family therapy around early psychopathology; the other for briefer, community oriented service. Case assignments are made in each of these.

Inpatient experience with children and adolescents is arranged for the second half of the second year at UCLA Neuro Psychiatric Institute.

The Pediatric training program at Cedars-Sinai allows ample for joint case reviews and ward rounds. A Well Baby Clinic, staffed by pediatric residents in conjunction with the Child Psychiatry Department, meets each month.

Community Psychiatry training evolves out of the numerous interagency contacts that are core experience in Child and Family Psychiatric practice. Additionally, consultation to schools and small group discussion sessions with parents and with various professionals are all in process during the year.

A major teaching modality is demonstration of clinical technique by senior staff. Whenever possible, case reviews include group observation of interviews using audiovisual equipment.

DEPARTMENT OF CLINICAL PSYCHOLOGY

The training program in Clinical Psychology for pre-doctoral interns and post-doctoral fellows is under a National Institute of Mental Health training grant.

Students enrolled in a program leading to a Ph.D. in Clinical Psychology, approved by the American Psychological Association, are eligible for a one-year internship. Students who have completed their Ph.D. at one of the approved universities and have completed at least one full calendar year in a supervised clinical internship are eligible for a two-year post-doctoral program.

The Department of Psychiatry includes the In-patient Unit for Adults and Adolescents, the Adult Outpatient Psychiatric Service, The Psychiatric Research Department, the Psychology Department, and the Department of Child Psychiatry. This department consists of an Intensive Treatment-Clinical Research Unit for pre-school children and their families (the Child and Family Study Center) and an Outpatient Child Guidance Unit for children up to 17 years of age and their families (The Thalians Community Mental Health Center).

The Department of Child Psychiatry participates in training psychiatric residents and all trainees and fellows in Clinical Psychology. It also offers an advanced two-year training program, supported by the National Institute of Mental Health, for child psychiatrists and intensive training for interns and fellows who wish to specialize in Clinical Child Psychology.

The goal of the Clinical Psychology Training Program is to prepare the trainee for independent professional practice in various settings. It provides theoretical discussion and extensive clinical experience with intrapsychic, interpersonal and socio-cultural aspects of human problems, implemented by didactic courses, seminars, lectures, case conferences, audiovisual observation, field visits and field placements.

The core of the entire program is intensive individual supervision of psychotherapy, including long-term individual psychoanalytically-based psy-

chotherapy, group psychotherapy, family therapy, brief psychotherapy and crisis intervention.

Trainees have an opportunity to work with adults, adolescents and children presenting a variety of character structures and problem areas. In addition, they participate in all phases of diagnostic assessment, treatment planning and evaluation. All trainees, including pre-doctoral, are expected to have mastered the technical aspects of the major psychological diagnostic methods. Close personal supervision is given in the interpretation and presentation of psychological test data and in acquiring and improving diagnostic interviewing skills. All trainees conduct intake interviews with emphasis on social and life history data as the basis for diagnostic evaluation.

The training program provides supervised experience in mental health consultation through assignment to community agencies such as the Probation Department and the Parent-Teachers School Guidance Center. In collaboration with the Psychological Center, trainees have an opportunity to participate in the training of non-professional volunteers in remedial reading and case aid services to disadvantaged families.

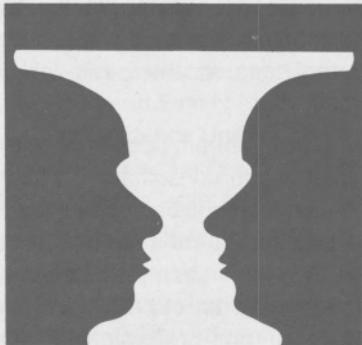
In the second post-doctoral year, fellows usually concentrate on a specialty area of their choice, such as psychoanalytic psychotherapy, mental health consultation and community psychology, child psychology or medical psychology. In special cases where the trainee's previous training and interest warrant, concentration on a major area can begin in the first year of post-doctoral training.

Individuals are provided supervision of the Department of Psychiatry staff and by consultants to the Clinical Psychology Training Program. All supervisors are diplomates of the American Board of Examiners in Professional Psychology, graduates of

diagnostic radiology

psychoanalytic training institutes or experts in a specialty area such as mental health consultation or family therapy.

Throughout their training, interns and fellows are encouraged to participate in the Department's ongoing research or to engage in projects of their own. Pre-doctoral interns may use 10 to 15% of their time for doctoral research.



PROGRAM SUMMARY: A three-year residency program, fully approved by the American Board of Radiology, is offered by the Department of Diagnostic Radiology. A program in straight diagnostic radiology is offered. Training in any particular procedure is started with observation and followed by independent performance. All films are reviewed with the resident by a staff radiologist. Teaching material is derived from both private and nonprivate patients.

DIAGNOSTIC RADIOLOGY

CLINICAL PROGRAM: After an initial orientation period, the resident is assigned to fluoroscopy where he learns basic procedures under close supervision. By the end of the tour of the diagnostic service, each resident will have had full experience in all fluoroscopic procedures, including cholecystography, examination of the gastrointestinal tract and heart, as well as pyelography, bronchography, hysterosalpingography, myelography, cholangiography, and the full range of angiography.

Film reading is developed in a progressive manner with the range of material expanded according to a schedule. Initially, the resident reviews films that have been screened and found to be negative. When his appraisal is made, the films are then reviewed with a staff radiologist who passes on the adequacy of the report. As the resident's ability and experience increase, the variety of work assigned to him is also increased, so that near the end of the training period, the entire responsibility of the report is shifted to the resident himself.

DIDACTIC PROGRAM: One hour each day is devoted to a conference attended by all of the residents in service. Two of these conferences are conducted by the Department of Diagnostic Radiology. One is devoted to an organized review of the systems explored radiologically from a didactic standpoint with correlating film studies. The second, attended by a staff radiologist and a staff pathologist, is concerned with correlation of radiologic and pathologic findings. All residents attend a monthly Radiologists' Diagnostic Conference. Attendance and participation in various conferences held by the pediatric, surgical, medical and gastrointestinal services give the radiology resident a cross-section of medical practice.

The radiology resident is responsible for the major contact with the house staff. Review of films with fellow residents and interns and discussion of further roentgen diagnostic procedures, as well as their possible contraindications, provide a basis of experience in his future dealings with clinicians.

An optional period of four months in the Department of Laboratories may be elected during the two-year tenure on the diagnostic service. This permits correlation of gross surgical specimens and post-mortem material with the roentgen findings.

Although a staff radiologist is available for consultation at all times, the major responsibility for night and weekend emergency work rests with the resident.

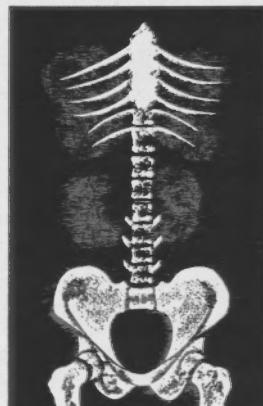
NUCLEAR MEDICINE:

The resident in diagnostic radiology is trained for a period of at least three months in Nuclear Medicine. During that period experience is gained in diagnostic and therapeutic application of radioactive isotopes, including radiation physics and radiobiology. This program is detailed in the fellowship section of this brochure.

PROGRAM SUMMARY: Cedars-Sinai Medical Center has a joint training program with the UCLA Division of Radiation Therapy. Residents are selected in conjunction with this Division. A total of 3 positions, one for each year of the program is offered by the Cedars-Sinai Medical Center. These residents will be designated as Cedars-Sinai residents but will have portions of their training at both the UCLA Medical Center and at this Center.

Facilities:

1. 4.0 MeV linear accelerator with isocenter mount.
2. Cobalt unit with rotational and stationary capabilities.
3. 250 Kvp deep therapy unit.
4. 100 Kvp superficial unit.
5. 190 mg of radium and 165 mg radium equivalent of cesium in the form of needles, tubes plus appropriate after-loading equipment for intracavitary and interstitial work.



surgery

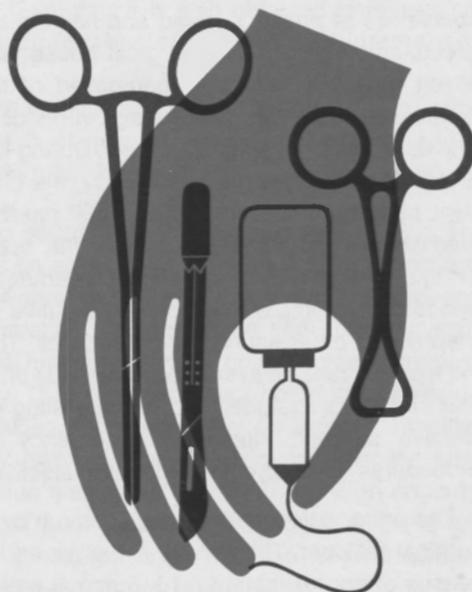
DIDACTIC AND CLINICAL TRAINING: The program is scheduled as follows: 15 months with new patients to include didactic teaching and integration with the existing equipment. On a rotational basis time is then allocated as follows: 3 months in Nuclear Medicine, 3 months in Medical Oncology, 6 months of elective time (spent in basic radiobiological research, or in clinical activities), 3 months of Pathology and 6 months as Chief Resident. In the latter capacity, one is chiefly concerned with consultations, follow-up evaluations and supervising junior residents. Opportunity for basic and clinical research work throughout one's training is provided. All residents will spend their initial training at the UCLA Medical Center where they will receive weekly lectures in medical physics and radiation biology throughout the academic year. The practical aspects of the medical physics are didactically taught at both Centers by full-time medical physicists on a one to one basis.

While on rotation at the Cedars-Sinai Medical Center the resident will attend and participate in weekly Tumor Board, Tumor Clinic, Gynecology-Radiation Therapy Conferences. In addition, residents will attend the weekly pathology slide conferences and gross demonstrations.

It is stressed that the program with UCLA is completely integrated, designed to capture the enormous clinical material available at both institutions while presenting the resident with a complete variety of equipment and techniques. On-going clinical protocols jointly entered will insure uniformity of treatment techniques but the uniqueness of each institution will lend itself to a variety of problems to complete their training.

PROGRAM SUMMARY: The general surgical residency program is four years and encompasses training in general surgery and in the major surgical subspecialties. The program is fully approved by the A.M.A. Council on Medical Education and meets the requirements of the American Board of Surgery. In addition to the full program, general surgical residencies for one, two and three years are available to individuals who plan to enter the subspecialties of urology, orthopedics, otolaryngology, neurosurgery and plastic surgery. Rotations for these residents are arranged according to their future plans.

The first year program includes three months on the non-private teaching service headed by the chief resident, three months on a non-private surgical subspecialty, and six months on private teaching general surgery, during which time it is possible for elective rotations through anesthesiology and surgical pathology.



The second year of the residency provides continued general surgical experience with individual variations according to the resident's specialty goal. During this year rotations will include non-private and private teaching general surgery, head and neck surgery and surgical pathology.

The third year includes six months on cardio-thoracic-peripheral vascular surgery and six months as senior resident at the Mount Sinai Division.

CLINICAL PROGRAM: The non-private inpatient surgical services are housed at the Cedars of Lebanon Hospital Division and include both general surgery and the related subspecialties. These services are run by the appropriate surgical resident, who is also responsible for the corresponding outpatient department and for giving inpatient and outpatient surgical consultation services.

The general surgical service includes the subspecialties of pediatric, head and neck, plastic and proctologic surgery. The surgical house staff team which runs this service is composed of the chief surgical resident, two junior surgical residents, and one or two straight surgical interns. During his fourth and final year of surgical residency, the chief resident performs between 350 and 450 cases. Junior members of the house staff have the opportunity on this service to perform such procedures as appendectomy, simple mastectomy, inguinal herniorrhaphy and other equivalent procedures. This service typically runs an average daily census of 15 beds. The service is assigned two full operating days for elective surgery. Numerous emergency surgical procedures serve to complement the elective cases.

The orthopedic inpatient service is run by a junior surgical resident. The service averages an inpatient census of approximately 7-10. Surgical patients are

seen in bi-weekly outpatient clinics and surgery is performed electively on one day each week. The orthopedic surgical service crosscovers neurosurgery to provide more complete clinical experience.

The urologic surgical service is the responsibility of a junior surgical resident and the service averages a daily census of approximately 5. The urology service has one full operating day per week, in addition to which endoscopic procedures are also performed.

Outpatient Department: Residents assigned to the Outpatient Department are responsible for evaluation of patients in the general surgery clinic and for postoperative followups. Consultative services of the medical clinics are available.

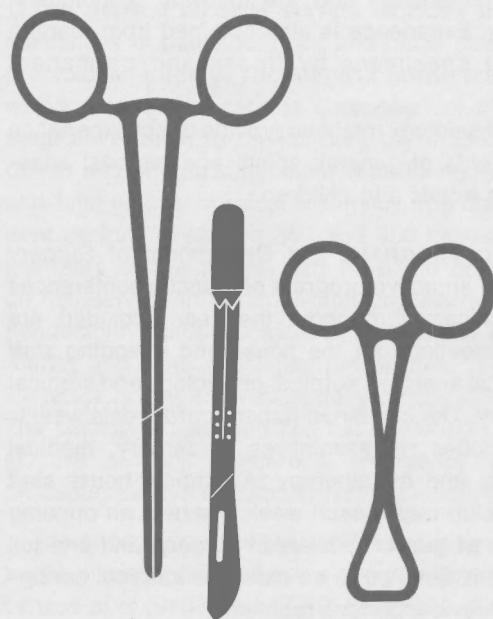
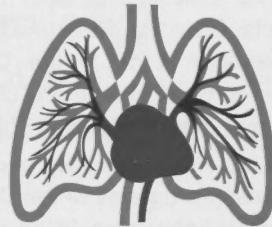
Related Programs: Surgical anatomy and pathology training is offered by the Department of Laboratories. Residents receive closely supervised training in autopsy dissection and the followup pathological anatomy. Experience is also obtained from reading surgical specimens by frozen and permanent sections.

Anesthesiology rotations provide direct experience in the fields of general, spinal and regional anesthesia in adults and children.

DIDACTIC PROGRAM: The Department of Surgery conducts an active program of didactic conferences and seminars throughout the year. Included are weekly meetings for the house and attending staff in surgical anatomy, surgical physiology and surgical radiology. The combined tumor board meets weekly and includes representatives of surgery, medical oncology and radiotherapy. A surgical house staff journal club meets each week. There is an ongoing program of guest speakers in surgery, and one full morning is devoted to an inservice surgical conference to review current problems.

Autopsy demonstrations and surgical mortality conferences are scheduled regularly. There is ample opportunity for residents at each year level to take part in the surgical research program of the Medical Research Institute. Facilities include a modern dog surgery laboratory and appropriate devices for physiological and biochemical monitoring. The research program is administered by the Director of Surgery and the Director of Experimental Surgery. Interested residents may develop new areas of research or assume responsibilities within ongoing projects.

thoracic and cardiovascular surgery



PROGRAM SUMMARY: A two or three year program including training in General Thoracic, Cardiac and Peripheral Vascular Surgery is offered. Applicants must be board eligible in General Surgery.

The philosophy of the department is to foster multi-disciplinary medical and surgical interaction. Accordingly, residents participate in the ongoing activities in Cardiology, Pulmonary Diseases, Radiology and Pathology. Progressive experience in pre-operative, operative and postoperative care is the basis for increasing patient responsibility during two years. An elective third year will provide advanced experience in clinical cardiology and cardiovascular surgery for residents preparing for full-time hospital, academic and/or laboratory investigative careers.

CLINICAL PROGRAM: The resident functions as a member of a combined medical and surgical team in association with Residents in General Surgery and Fellows in Cardiology, under the supervision of the full-time and voluntary attending staff. Direction of

fellowships

the program of care is advanced upward from the most junior member of the team for the scrutiny, modification and ultimate approval of the responsible attending physician.

Inpatient activities encompass the full range of Cardiovascular and Thoracic Surgical problems in chest, congenital and acquired heart, and peripheral vascular diseases at both the Cedars and Sinai Hospital Divisions. Preadmission and followup evaluations are made in the Outpatient Department where surgical clinics are coordinated with corresponding medical specialty clinics.

Interested residents are encouraged to participate in ongoing programs of the Cardiovascular Surgical Research Laboratory which include laboratory and clinical evaluation of valvular prostheses, pulmonary transplantation, and evaluation of assisted circulation devices. In addition, research opportunities are available in conjunction with the programs in General Surgery, Endoscopy, Cardiology, Pathology, Radiology and Nuclear Medicine.

DIDACTIC PROGRAM: A comprehensive program of didactic specialty and interdisciplinary rounds, conferences, and seminars is conducted throughout the year. These include weekly Cardiac Catheterization Conferences, Cardiovascular and Thoracic Surgical Walking Rounds, Radiology Rounds and Pathology reviews. Twice monthly there are Thoracic and Cardiovascular Surgical Seminars, Cardiology Research in Progress, and Chest Disease Conferences. Clinical Case Review and Mortality meetings are held monthly by the Thoracic, Cardiac and Vascular Sections. In addition, active participation in Medical and Surgical Grand Rounds and Tumor Board is encouraged. Outside visitors and guests are frequently invited to preside at the didactic sessions in all sections under the auspices of the Visiting Scientist Program.

CARDIOLOGY CHEST MEDICINE CLINICAL PHARMACOLOGY ENDOCRINOLOGY GASTROENTEROLOGY NEONATOLOGY NEPHROLOGY NUCLEAR MEDICINE

CARDIOLOGY: Applicants for fellowships in cardiology must have completed at least two years of internal medicine training. Appointments of fellows are not made for less than one year, and rotation is dependent upon previous training, future plans and the duration of the fellowship.

AREAS OF ASSIGNMENT

Cardiac Catheterization Laboratory: Fellows receive closely supervised training in all aspects of cardiac catheterization. This includes precatheterization evaluation of adult and pediatric cases, attainment of technical proficiency by performance of cardiac catheterization, evaluation of recorded data and followup care.

Intensive Coronary Care and Coronary Observation Units: Fellows act as consultants to house staff and attending physicians when required, and assist in the management of patients. A night call rotation of fellows and cardiology residents provides a 24-hour

coverage of the units for care of patients with complicated myocardial infarctions and cardiac emergencies related to other disease states.

Heart Station: Individual instruction in interpretation of vector and electrocardiograms are given by a member of the full-time staff, and the fellow participates in the placement of pacing catheters and subsequent followup evaluation in the pacemaker clinic.

Laboratory of Indirect Measurements: Comprehensive non-invasive evaluation of cardiac performance is performed by fellows and house officers under the supervision of full-time staff. Routine studies include echocardiography, phonocardiography, treadmill exercise testing, apex cardiography and indirect pulse recordings.

Clinical Cardiology: The nonprivate inpatient and outpatient services provide teaching fellows with ample consultative and direct care experience. Regular clinical teaching rounds are conducted by members of the full-time, part-time and attending staff, and include the private as well as nonprivate teaching services.

Cardiovascular Surgery: The fellow bears primary responsibility for postoperative management in consultation and supervised by full-time medical and surgical staff. In addition, he participates in the performance of cardiac surgery according to his capabilities and interests and the needs of the department.

Research: Each fellow is assigned to a senior department member's supervision early in the first year of fellowship according to his interests. During the two-year program, he then spends six full months in any area of research he and his preceptor feel is of value. A Myocardial Infarction Research Unit (MIRU) has been established at the Medical Center through a contract from the National Heart Institute, and fellows are active participants in the program.

CHEST MEDICINE: The Chest Section offers fellowships to qualified applicants who have completed at least two years of approved training in medicine, anesthesiology, surgery or pediatrics. A minimum of one year must be spent in the pulmonary fellowship although two years is generally advised. The Chest Fellowship includes clinical, laboratory and teaching experiences in all aspects of pulmonary diseases. There is emphasis on newer techniques of management of acute and chronic pulmonary failure. Extensive research facilities to study clinical lung diseases, lung physiology and metabolism are available. The applicant may participate in original research programs or join ongoing research by part and full-time members of the department. The fellow participates in the numerous work conferences, teaching and research seminars of the department. The Cedars-Sinai Pulmonary Division is affiliated with the UCLA Hospital System and rotations at the affiliated hospitals in areas of special interest are available.

CLINICAL PHARMACOLOGY: The Department of Clinical Pharmacology, associated with the UCLA Center for the Health Sciences and the Wadsworth Veterans Administration Hospital, offers a combined clinical research fellowship for one or more years, encompassing both private and nonprivate services of the Medical Center. Clinical training is provided by means of a consultative assignment for the evaluation of patients exhibiting idiosyncratic, toxic, or side effects of drugs; and for the recommendations regarding drug efficiency in clinical situations.

The research program is adapted to the individual fellow, and includes an opportunity for developing methods for the study of drugs on patients, as well as in laboratory animals. Studies presently in progress are: (1) the pharmacology of central nervous system depressants and the treatment of sedative

overdosage; (2) the evaluation of antihypertensive drugs; (3) the use of antibiotics in patients with chronic renal insufficiency, renal transplantation and chronic hemodialysis.

ENDOCRINOLOGY: Applicants for the two-year fellowship in Endocrinology and Metabolism must have completed at least two years of Internal Medicine training. One year is spent in obtaining an in-depth clinical experience in pediatric, adult and reproductive (gynecologic) endocrinology. Four outpatient clinics, three inpatient rounds a week, three weekly conferences, and a monthly Endocrine Grand Rounds are included. Instruction in the use of radioisotopes for thyroid diagnosis is available through the Nuclear Medicine Department. The second year is devoted to laboratory research pursuits. Facilities for tissue culture, electron microscopy, biochemical analyses, radio-immunoassays, and animal experimentation are available.

GASTROENTEROLOGY: The Gastroenterology training program comprises advanced clinical training including special investigative and diagnostic procedures, supervised laboratory and clinical research training as well as teaching responsibilities. The minimal period of training is two years. The program is structured flexibly to comply with the talents, experience and objectives of the individual trainees. Thus, the program may be oriented towards research, clinical activities or a combination of both. Clinical experience includes outpatient and inpatient services and provides both learning and teaching opportunities for the GI Fellows. Rounds are made at least four times weekly with the GI full-time or attending staff. Patient care is both consultative and primary. The GI outpatient clinic meets weekly. Facilities and instruments for endoscopy are excellent. Trainees become sufficiently familiar with techniques in the GI diagnostic laboratory so as to

become capable of independently setting up such a complete laboratory. GI conferences and seminars include clinicopathophysiology, radiology, pathology, medical-surgical, problem case and basic science. Excellent research facilities and supervision are available in several research programs in gastroenterology including inflammatory bowel disease, liver disease, and cholelithiasis. Several programs for teaching and research in gastroenterology at the UCLA affiliated hospitals have been integrated and coordinated.

NEONATOLOGY: A one or two year program is available and is based on time spent on a very active clinical service and in the research laboratory. The faculty for the program is headed by the Director of Neonatology in the Department of Pediatrics and consists of the staff neonatologists and other members of the staff in Pediatrics and Obstetrics.

There are 4500 deliveries annually from the high risk-oriented Department of Obstetrics. This Department's keen interest in fetal and maternal medicine provides a very active clinical service as the spring-board for neonatal medicine at the Medical Center.

The Neonatal Service begins in consultation in the high risk pregnancy clinics and carries on into the intrapartum period and, of course, through the care administered in the Newborn or Intensive Care Nurseries. The Neonatal Intensive Care Unit is well equipped and well staffed and serves as a referral center. Over 50% of the admissions to this 8 bed facility are from the community hospitals of Southern California. These infants are admitted via a unique hospital-operated transport system. As well as spending time gaining experience in clinical management, ample opportunity exists for participation in the ongoing research projects of the department, or in the implementation of original clinical or laboratory research projects.

NEPHROLOGY: The section on Nephrology and Hypertensive Disorders offers fellowships to qualified applicants who have completed at least two years of approved medical training. These appointments are adapted to individual requirements and long-term desires.

Experience in clinical nephrology is provided in all aspects of the diagnosis and management of patients with acute and chronic renal diseases. Fellows have the opportunity to engage in evaluation of patients during peritoneal dialysis, acute and chronic hemodialysis and care of patients before and after renal transplantation. He receives training in closed renal biopsy and methods for study of renal function.

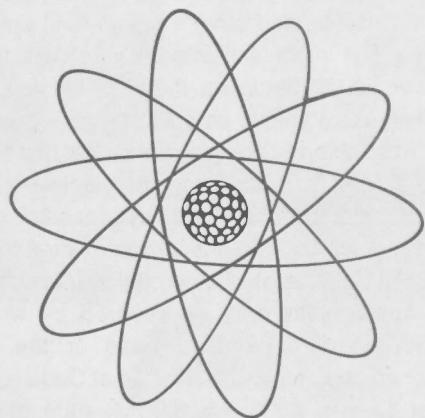
Emphasis in research is based on the fellow's interest. Training is available in every aspect of laboratory nephrology, and there is opportunity for participation in ongoing research programs and for development of new investigative projects. Facilities include flame photometry, spectrophotometry, and complete laboratories for fundamental procedures in renal physiology, biochemistry and radiobiology, etc. A large, modern animal laboratory and a long-term animal care unit tended by a full-time animal keeper is part of the research facility.

NUCLEAR MEDICINE: The fellowship program is offered for one or two years, directed toward eligibility for certification by the American Board of Nuclear Medicine and by the American Board of Radiology in "Special competence in Nuclear Radiology", with appropriate previous experience. Radionuclides are used for both diagnosis and treatment. The Nuclear Medicine Department is exceptionally active. Equipment is continually updated, and the most advanced techniques are utilized. Dynamic studies and imaging of various organs and of the whole body are

done using Anger cameras and scanners with computer analysis.

Clinical training is provided through supervised experience, encompassing both the private and non-private services of the Medical Center, progressing to supervision of technicians and residents in various nuclear medicine procedures, including *in vitro* and *in vivo* testing. The fellow participates in the tumor board, medical, surgical and pediatric conferences and endocrine clinics as well as staff conferences both at the Medical Center and at USC and UCLA School of Medicine.

Opportunity is given to the fellow for clinical or original investigation consisting of the evaluation of new radiotracers, new procedures or equipment, or review of clinical case material.



externships

Externships (clinical clerkships) exist in nearly every department and division of the Medical Center. Many departments and divisions already are involved in student programs which are part of the curriculum of the Medical School at UCLA.

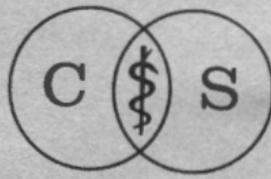
Students not from UCLA may, with the permission of their Dean and department head do their clinical clerkships at the Medical Center for credit. More often, however, students elect a special session in the 3rd or 4th year of training.

As clinical clerks, students are usually assigned to a single service. Duties consist of taking histories, doing physical examinations, performing a variety of diagnostic procedures under supervision, assisting in the operating room, and attending conferences, ward rounds and other medical staff activities. Evening and night assignment vary with the different services. Students on the 4th year level often are given assignments as sub-interns.

In addition to the programs described above, students are also accepted for electives in the Pathology Laboratories and by specific and special arrangements with the program directors are also accepted for a combined clinical-research program.

Applications may be secured by writing to the appropriate department head or the Director of Continuing Medical Education at Cedars-Sinai Medical Center, 4833 Fountain Avenue, Los Angeles, California 90029.





CEDARS-SINAI MEDICAL CENTER

Cedars of Lebanon Hospital

4833 Fountain Avenue

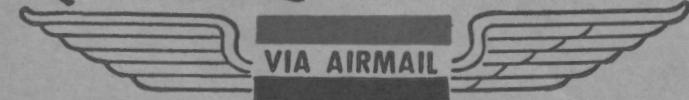
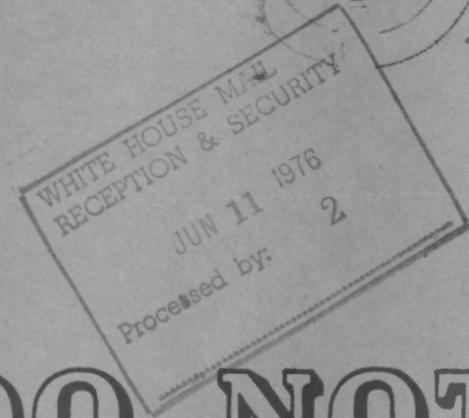
Los Angeles, California 90029

Mount Sinai Hospital

8720 Beverly Boulevard

Los Angeles, California 90048

Severnam
35282 Fairhaven Dr.
Newark Ca 94560



DO NOT FOLD

Carolyn Prentka
The White House
1600 Pennsylvania Avenue
Washington, D.C.

WITHDRAWAL SHEET (PRESIDENTIAL LIBRARIES)

FORM OF DOCUMENT	CORRESPONDENTS OR TITLE	DATE	RESTRICTION
Schedule	Proposed schedule for Mrs. Ford's visit to California and Michigan on June 4-8, 1976. 14 pages. (3 copies)	6/3/1976	B

File Location:

Betty Ford White House Papers, Box 15, Folder: "64-8/1976 - California and Michigan"

SMD - 7/23/2018

RESTRICTION CODES

- (A) Closed by applicable Executive order governing access to national security information.
 - (B) Closed by statute or by the agency which originated the document.
 - (C) Closed in accordance with restrictions contained in the donor's deed of gift.
-

MRS. FORD'S TRIP
TO CALIFORNIA & GRAND RAPIDS
June 4-8, 1976



<u>Friday 6/4</u>	<u>Sat. 6/5</u>	<u>Sun. 6/6</u>	<u>Mon. 6/7</u>	<u>Tues. 6/8</u>
- 10:30 <u>Leave W.H.</u>	11:00 <u>Arr. Hotel</u>	9-11 Albert Ruess 11-12:30 Eskewz		
<u>MONTEREY</u>			<u>FLY TO GRAND RAPIDS</u>	
12:15 <u>DROP-BY B.R. CELEB.</u>				
1:00 <u>PRIV. LUNCH</u>				
2:45 <u>LAWN PARTY / RECEPT.</u>	2:00 <u>CEDARS - SINAI HOSP. DEDICA.</u>			
<u>COSTA MESA</u>				
5:00 <u>DROP-BY ANNUAL FISH FRY</u>				
<u>OAKLAND, CALIF.</u>	<u>FULLERTON</u>	<u>FREIGHTLINE:</u> -DINNER 7:00 Sammy Davis, Jr.		4:00? W.H.
- <u>RECEPT:</u> 5:30 V.F.P. 6:00 - General	6:00 <u>RECEPT. AT BEAVER RES.</u>		- <u>comitant</u>	
FREE EVENING	FREE EVENING	FREE EVENING	8:00 <u>CENTHS. COMMENCEM.</u>	
RON OAKLAND CLAIRMONT-HOTEL	RON L.A. BEN.WIL	RON L.A. BEN.WIL.	RON GR.R. PONTIAC	D.C.

NANCY

MRS. FORD'S TRIP
TO CALIFORNIA & GRAND RAPIDS
June 4-8, 1976

Friday 6/4

- 10:30 Arr. U.H.

OAKLAND,
CALIF- RECEPT.
5:30- V.I.P.
6:00- GeneralFREE
EVENINGRON OAKLAND
CLAIRMONT HOTELSat. 6/5

11:00 Arr. Hotel

MONTEREY12:15 DROP-BY
BIR. CEDARS1:00 PRIV.
LUNCH2:45 LAWN
POETRY/RECEP.COSTA MESA5:00 DROP-BY
ANNUAL FISH
FRYFULLERON6:00 RECEPT.
1ST BEANER
RES.FREE
EVENINGRON L.A.
BAL.WILSun. 6/62:00 CEDARS -
SINAI HOSP.
DEDICA.TERMINATE:
-DINNERFREE
EVENINGRON L.A.
BEN.WIL.Mon. 6/7FLY TO
GRAND RAPIDS

- continue

8:00 CENTS
COMMENCEMENTTues. 6/811:30 Drop-by
Zelicks
12:00 go to
Picnic drop-by
1:00 Private
Beach, Ervin's.4:00?
U.H.

D.C.

+ *Noon or Thursday*

CAROLYN

MRS. FORD'S TRIP
TO CALIFORNIA & GRAND RAPIDS
June 4-8, 1976

Friday 6/4

-10:30 Leave Ht.

Friday 6/4	Sat. 6/5	Sun. 6/6	Mon. 6/7	Tues. 6/8
	11:00 Get Hotel			
OAKLAND, CALIF	MONTEREY		FLY TO GRAND RAPIDS	
- RECEIPT: 5:30 - V.I.P. 6:00 - GENERAL	12:15 DROP-BY BIR. CEDARS 1:00 PREV. WEST LANDS etc. LUNCH	2:00 CEDARS SINAL HOSP. DEDICA.		11:30 Drop-by Selicks
FREE EVENING	45 min drive FULLERON			12:00 Get Line Picnic drophy Bonnie Welch 1:00 Thriate Lunch, Errands. man for driving
R.D. OAKLAND CAIRN MONT HOTEL	6:00 RECEIPT. AT BEAVER RES.	TELEPHONE: -DINNER Campaign type? 12 people	- combat	11:00? wt.
	FREE EVENING	FREE EVENING	8:00 CENTHS COMMENCEM.	D.C.
	RON L.A. BEN. WIL.	RON L.A. BEN. WIL.	RON GR.R. PONTIUD	



For immediate release
Wednesday, June 2, 1976

Mrs. Ford

THE WHITE HOUSE
Office of the Press Secretary to Mrs. Ford

Following is the schedule for Mrs. Ford's trip to California and Grand Rapids, Michigan.

FRIDAY, June 4, 1976

11:30 A.M. (Approx) Depart Andrews AFB en route Oakland, California
2:05 P.M. (Approx) Arrive Oakland Airport, Oakland, California

4:00-7:00 P.M. Reception at Clairmont Hotel Ballroom sponsored by the Bay Area Republican Alliance. Public will have an opportunity to meet Mrs. Ford and she will make brief remarks.

RON in Oakland, California

SATURDAY, June 5, 1976

11:15 A.M. (Approx) Depart Oakland Airport
11:45 A.M. (Approx) Arrive Monterey Peninsula Airport (subject to change)

Mrs. Ford will stop by Memory Garden, Pacific Building, Warf # 1 Section in Monterey to participate in Merienda Ceremony celebrating Monterey's 206th birthday.

2:00 P.M. Reception honoring Mrs. Ford at the home of Mrs. Allen Pattee, 155 Corall de Tierra (off highway 68 midway between Monterey & Salinas). Guests will be Republic women from the Carmel, Monterey, Salinas and Santa Cruz area.

4:00 P.M. Depart
en route Orange County Airport
5:00 P.M. Arrive Orange County Airport

Arrive Lions Park, 18th and Anaheim Avenue, to participate in the 31st Annual Lions Club fish fry, Costa Mesa.

6:00 to 7:00 P.M. Reception honoring Mrs. Ford hosted by Mr. and Mrs. Robert Beaver, 1235 Margarita Drive, Fullerton, California, for Republican supporters and volunteers in the Orange County area.

RON in Los Angeles, California

Continued.....

SUNDAY, June 6, 1976 (Los Angeles)

2:00 P.M.

Mrs. Ford will participate in the dedication of the new Cedars-Sinai Medical Center, 8700 Beverly Blvd. The hospital, one of the largest and most comprehensive health care facilities in the United States, is a 1.6 million square foot building with 1,120 beds for in-patient care. Built to serve the entire Los Angeles community, the 150 million dollar cost was raised through private contributions. The hospital, which merged in 1961, was formerly Cedars Lebanon Hospital, founded in 1902, and Mount Sinai Hospital, founded in 1921.

RON in Los Angeles, California

MONDAY, JUNE 7, 1976

9:15 A.M.

Press availability, Hollywood-Burbank Airport.
Wheels up en route Grand Rapids, Michigan

Arrive Grand Rapids Airport, Grand Rapids, Michigan

8:00 P.M.

Commencement exercises for Central High School, Grand Rapids. Mrs. Ford, a member of the Class of '36, will make brief remarks.

TUESDAY, JUNE 8, 1976

2:00 P.M. (Approx)

Depart Grand Rapids Airport

3:25 P.M. (Approx)

Arrive Andrews AFB, Washington, D.C.



For immediate release
Wednesday, June 2, 1976

THE WHITE HOUSE
Office of the Press Secretary to Mrs. Ford

TRAVEL SCHEDULE, Mrs. Ford's trip to California and Grand Rapids Michigan, Friday, June 4-Tuesday, June 8:

Mrs. Ford will be traveling to California and Grand Rapids, Michigan, Friday, June 4 through Tuesday, June 8.

She will depart Washington Friday morning and arrive in Oakland California midafternoon. She will attend a reception at the Clairmont Hotel Ballroom Friday afternoon sponsored by the Bay Area Republican Alliance. The public will have an opportunity to meet Mrs. Ford and she will make brief remarks.

Mrs. Ford will remain overnight in Oakland, California, and depart Saturday morning, June 5, for Monterey.

Mrs. Ford's first stop will be at Memory Garden, Pacific Building, Warf # 1 Section in Monterey to participate in Merienda Ceremony celebrating Monterey's 206th birthday.

Mrs. Ford will go from there to a reception at the home of Mrs. Allen Pattee, 155 Corall de Tiera (off highway 68 midway between Monterey and Salinas). Other guests will be Republican women from the Carmel, Monterey, Salinas and Santa Cruz areas.

Mrs. Ford will then fly to the Orange County Airport in the afternoon and attend the 31st Annual Lions Club Fish Fry in Costa Mesa at about 5:30 at Lions Park, 18th and Anaheim Avenue.

A reception honoring Mrs. Ford will be held from 6:00 P.M. to 8:00 P.M. hosted by Mr. and Mrs. Robert Beaver, 1235 Margarita Drive, Fullerton, California. Other guests will be Republican supporters and volunteers in the Orange County area.

Mrs. Ford will remain overnight in Los Angeles California. On Sunday, June 6, at 2:00 P.M., she will participate in the dedication of the new Cedars-Sinai Medical Center, 8700 Beverly Blvd. The hospital, one of the largest and most comprehensive health care facilities in the United States, is a 1.6 million square foot building with 1,120 beds for in-patient care. Built to serve the entire Los Angeles Community, the 150 million dollar cost was raised through private contributions. The hospital, which merged in 1961, was formerly Cedars Lebanon Hospital Hospital, founded in 1902, and Mount Sinai Hospital, founded in 1921.

Mrs. Ford will remain overnight in Los Angeles, and depart for Grand Rapids Monday morning, June 7. Monday evening she will attend the commencement exercises for Central High School in Grand Rapids, where she was a member of the Class of '36. She will make brief remarks.

Mrs. Ford will remain overnight in Grand Rapids and return to Washington midafternoon on Tuesday, June 8.

3890 Lake drive

2nd flth E. Paris

THE WHITE HOUSE
WASHINGTON



Change in location of Mrs. Ford
luncheon, Tuesday, June 8
from Kent C.C. to residence
of Mrs William Irwin,
3890 Lake Drive S.E.

OK? Will inform Lil Godwin.



	Room #	INTERCOM	PHONE
FIRST LADY	950	2	458-1551
SAIC BALL	944	7	458-1555
COMMAND POST	933	4	458-1550 } 458-1559 }
STAFF SEC.	948	3	458-1554
MEDICAL REP.	954	6	458-1556
STAFF Adv.(SOROM)	959	5	458-1557
PRESS SEC.	947	-	458-1558
PRESS Adv.	956	-	458-1636
S.S. Adv. (BAY)	940	-	458-1633
RAMP PHONE			942-1630
HOLDING Room (CIVIC AUD.)		-	458-1639
STAFF Adv.(CAVERLY)	963	-	458-1557
WHCA (ROSE)	863	-	458-1634



* Do you have any comment on the poll that was released today?

I don't know when the poll was taken. But I've been hearing good things and am feeling very optimistic. Reports coming from phone banks throughout California indicate that the President is closing the gap and that we could ~~win~~ California. It would be a great plus. California is extremely important. If everyone pulls together we can win.

* But isn't it true that the President has written off California.

Absolutely not. I'm here. I've been here for two weeks

Part of pitch - App saying Pres. writing off Calif.

Questions

should be revised



Hays - Public Payroll

Rhodesia - Unresponsive

help find a way peace & prosperity
that has ^{U.S.} conflict & war

Ann Armstrong - office called
W.H. know they're
concerned - added
to say she ~~has~~ supports
Pres. Ford

Polls - Don't know when taken
~~Now that I~~
but feel optimistic -
hearing good things,
I p. tho., that all
Ford pp get out & vote

Pres. - writing off Calif - has
given up. Not true. I'm here.

Tach - Sens. Baker & ~~Gates~~
& Long. Pettit for example.
~~Henry~~ is ~~we win~~ Calif.

very ~~imp~~^{important}. Reps. should back Ford

like answer on Reagan - appealing
to the contest. But we're talking about
a Presidential election and that's
business as usual and
we'll win. Hell

Reagan hasn't - not to my knowledge.

dropped out of
but not

not even now Ford - 211st
- it's not going to be
just long process

No talk, out of
stop the tag off but

in 70s Do you know - 2nd
and in 1. out talk to me

and next 2nd - next

you're at first you
first time

Sen. Baker, Sen. Griffen
and Cong. Pettis have just
come in with me to campaign
in behalf of the President.

California is extremely
important - and we have
a good chance of winning
if everyone supporting the
Pres. votes. ~~If they stay~~
~~home, Republican party may~~
~~be in trouble. The President~~
~~is the only one in~~

Should Hays resign his
chairmanship of House

Administration Committee?

He should step aside
until the question of
his alleged abuse and
misuse of public funds is
resolved.



P. bch - Same as Ohio
but add follow-up:

What's this nonsense that
the Pres. ~~is~~ is writing off
Calif. I'm here, Taft is
~~here~~ here for two weeks, advocates
here. Calif. extremely
important. Republicans
backing Pres. must vote -
then he'll win. If they
stay home Rep. Party may
be in trouble. Pres. the only
one who can win the
primary - First Ballot.

Recomm'g theme - If
supporting Pres. go & vote -
we'll win. Don't stay home.
Calif. very important.



SUBJECT:

"Marienda" at Monterey, California
on June 5, 1976

The "Marienda" is an annual celebration commemorating the establishment of the City of Monterey, California. On June 5, 1976 they will celebrate their 206th anniversary.

The event is sponsored by the Monterey History and Art Association, Mr. Raymond Smith, President (408-624-1593). Attendees will be only History and Art Association members - about 750.

The event will be held in the Pacific Building near Fisherman's Wharf (buildings belong to the State Parks and Fisheries Administration). It starts at 12:00 noon with a reception and barbecue. Among the special guests will be "La Favorita", the Queen of the event who comes from an old line California family, and her princesses and a Duena and Mayor Peter Coneiglio along with the Spanish Counsel General from San Francisco.

Following lunch there is a cake cutting ceremony and entertainment.

This is a colorful and festive occasion which has been in existence for about 25 years. It is not a Bicentennial event.





Rep. Shirley Pettis, who was elected to fill her husband's seat after his death in a plane crash, represents California's 37th District. The district is one of the largest geographically in the country. It includes all of San Bernardino County (20,000 Square Miles) and most of Riverside County. It stretches almost from the ocean to the Colorado River. The district includes upper-income parts of San Bernardino and its suburb of Redlands and Palm Springs and other desert towns with heavy populations of retired people.

Mrs. Pettis won more than 50 percent of the vote in a field of Democrats and Republicans in the special election, but it is expected she will have difficulty retaining the seat.

Mrs. Pettis, a 7th Day Adventist, had managed the family ranch and helped operate Magentic Tape Duplicators Co. and Audio Digest Foundation before her election to Congress. She has two children, a son and a daughter. She was active in the Congressional Wives Club and the Congressional Wives Prayer Group.

Rep. Burt Talcott, a Republican from California's
16 District, was first elected to Congress in 1962.

The district is noted for its scenic beauty, including
the Monterey cypresses at Carmel's Pebble Beach and
the mountainous Big Sur coast. The 16th also contains
some of the nation's richest farmland, including the
lettuce fields of the Salinas Valley and the artichoke
fields near Watsonville.

Talcott is from Salinas as was the late John Steinbeck.
More than eight percent of the District's voters are
college students from California State Polytechnic in
San Luis Obispo or the University of California branch
at Santa Cruz.

Talcott, considered by the Almanac of American
Politics as one of the most strait-laced members of Congress,
is a member of the Appropriations Committee. In 1972 and
1974, Talcott has had a tough fight with a Mexican-American
candidate. In 1974, Talcott was the target of liberal and
environmental groups, but won a narrow (2,000 vote) victory.

He is married and has one son, an Air Force Captain.
He graduated from Stanford University and is a lawyer.



OAKLAND is divided between two Congressional districts, the 8th and the 9th. Both are represented by Democrats.

Rep. Ronald Dellums represents the 8th District, which includes ~~Oakland~~ the north Oakland black ghetto. Dellums, a former social worker and Berkley city councilman, was first elected in 1972.

Rep. Forney (Pete) Stark, who also was first elected in 1972, represents the 9th District. This district includes the suburbs of Oakland and the East Bay area across from San Francisco. Stark, a wealthy banker and former board member of Common Cause, is a member of the Ways and Means Committee.

The Oakland Tribune is still owned by the family of the late Republican Sen. William F. ~~Knowland~~ Knowland.

31st Annual Lions Club Fish Fry

You will be presenting three trophies: the Sweepstake Trophy for the best Float; Sweepstake Trophy for the best Band; and the Host Band Trophy. There is a host band annually.

The winners will not be selected until the day you present them.

20 cities

20 bands

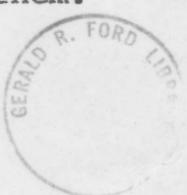
21 floats

Committee of judges are members of the Lions Club
expect 10,000 people

expect to raise \$30,000 (people buy fish)

this is a three day event and very important to the people of the
community

proceeds go to Costa Mesa which gives it to numerous and various
charities such as: boy scouts, girl scouts, boys clubs, etc.



PROPOSED REMARKS--Cedars-Sinai Medical Center Dedication
June 6, 1976



The energy, dedication, money and time of thousands of caring people built Cedars-Sinai Medical Center. Team-work and devotion have made this dream come true, and I am very proud to be here for this important moment.

The cost of these excellent facilities, research programs, health care and medical education can be measured in dollars, but the value of this center in saving and improving lives cannot. The doctors trained here and the research results will reach far beyond Los Angeles and touch the lives of thousands of Americans.

The center is about people---those who need help and those who give it. Cedars-Sinai truly is a house built by love, faith and hard work, and I dedicate this medical center to all whose love and compassion made it possible.

#



CEDARS - SINAI MEDICAL CENTER

SUNDAY - JUNE 6, 1976

CALIFORNIA

THE ENERGY,
DEDICATION,
MONEY AND TIME
OF THOUSANDS OF CARING PEOPLE
BUILT CEDARS-SINAI MEDICAL CENTER.





TEAM-WORK AND DEVOTION
HAVE MADE THIS DREAM COME TRUE,
AND I AM VERY PROUD TO BE HERE
FOR THIS IMPORTANT MOMENT.



THE COST OF THESE EXCELLENT FACILITIES,
RESEARCH PROGRAMS, HEALTH CARE
AND MEDICAL EDUCATION
CAN BE MEASURED IN DOLLARS,
BUT THE VALUE OF THIS CENTER
IN SAVING AND IMPROVING LIVES CANNOT.



THE DOCTORS TRAINED HERE
AND THE RESEARCH RESULTS
WILL REACH FAR BEYOND LOS ANGELES
AND TOUCH THE LIVES
OF THOUSANDS OF AMERICANS.



THE CENTER IS ABOUT PEOPLE---
THOSE WHO NEED HELP
AND THOSE WHO GIVE IT.



CEDARS-SINAI TRULY IS A HOUSE BUILT BY
LOVE, FAITH AND HARD WORK,
AND I DEDICATE THIS MEDICAL CENTER
TO ALL WHOSE LOVE AND COMPASSION
MADE IT POSSIBLE.



CEDARS - SINAI MEDICAL CENTER

SUNDAY - JUNE 6, 1976

CALIFORNIA

THE ENERGY,
DEDICATION,
MONEY AND TIME
OF THOUSANDS OF CARING PEOPLE
BUILT CEDARS-SINAI MEDICAL CENTER.





TEAM-WORK AND DEVOTION
HAVE MADE THIS DREAM COME TRUE,
AND I AM VERY PROUD TO BE HERE
FOR THIS IMPORTANT MOMENT.



THE COST OF THESE EXCELLENT FACILITIES,
RESEARCH PROGRAMS, HEALTH CARE
AND MEDICAL EDUCATION
CAN BE MEASURED IN DOLLARS,
BUT THE VALUE OF THIS CENTER
IN SAVING AND IMPROVING LIVES CANNOT.



4

THE DOCTORS TRAINED HERE
AND THE RESEARCH RESULTS
WILL REACH FAR BEYOND LOS ANGELES
AND TOUCH THE LIVES
OF THOUSANDS OF AMERICANS.



THE CENTER IS ABOUT PEOPLE---
THOSE WHO NEED HELP
AND THOSE WHO GIVE IT.



CEDARS-SINAI TRULY IS A HOUSE BUILT BY
LOVE, FAITH AND HARD WORK,
AND I DEDICATE THIS MEDICAL CENTER
TO ALL WHOSE LOVE AND COMPASSION
MADE IT POSSIBLE.