Learning objectives:

To improve clinical competence and performance through:

1. Sessions on academic skills and professional development
2. Sessions on state of the art developments in the care of patients with pediatric digestive and nutrition disorders
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Victor Varela
Suzie Ward
Terry Young
NASPGHAN Conference for 2nd Year Fellows
Program

Thursday, March 12

3:30-4:20  Faculty orientation  Executive Lodge Boardroom
4:20-4:30  Introduction  El Teatro
 Alan Leichtner/Abbott
4:30-4:50  How to Succeed in Academia  John Barnard
4:50-5:10  Submitting a Manuscript and the Peer Review Process  Kathy Schwarz
5:10-5:30  Obtaining Advanced Training - Master's Degrees and 4th Year Fellowships  Conrad Cole
5:30-6:00  Reception
6:00-8:30  Dinner in Groups with Introductions  Cypress Court
 Janet Harnsberger

Friday, March 13

8:00-8:30  Breakfast  El Teatro
8:30-8:50  Introduction to NASPGHAN/CDHNF  John Barnard/George Ferry
8:50-9:10  Leadership  George Ferry
9:10-9:30  How to be an Effective Teacher/Giving Feedback  Alan Leichtner
9:30-9:50  Giving a Presentation  John Pohl
9:50-10:10  Break
10:10-11:50  Crafting Presentations in Small Groups
12:00-1:30  Lunch with Presentations  El Teatro
1:30-1:50  Running a Practice  Janet Harnsberger
1:50-2:10  Organizing a Multidisciplinary Program  Dana Ursea
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:10-2:30</td>
<td>Evidence-based Medicine and Guideline Development</td>
<td>John Pohl</td>
</tr>
<tr>
<td>2:30-6:00</td>
<td>Activities on own</td>
<td></td>
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<tr>
<td>6:30-8:30</td>
<td>Dinner</td>
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</table>

**Saturday, March 14**

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<thead>
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<th>Time</th>
<th>Activity</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>8:00-8:30</td>
<td>Breakfast</td>
<td>El Teatro</td>
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<tr>
<td>8:30-8:50</td>
<td>Running a Lab</td>
<td>Cheryl Gariepy</td>
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<tr>
<td>8:50-9:10</td>
<td>Clinical/Translational Research</td>
<td>Michael Stephens</td>
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<tr>
<td>9:10-9:30</td>
<td>Multicenter Research</td>
<td>Kathy Schwarz</td>
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<tr>
<td>9:30-9:50</td>
<td>Break</td>
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<tr>
<td>9:50-10:30</td>
<td>Panel Discussion</td>
<td>Harnsberger, Ursea, Pohl, Gariepy, Merritt, Stephens</td>
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<tr>
<td>10:30-11:30</td>
<td>Career Planning in Small Groups</td>
<td></td>
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<tr>
<td>11:40-12:00</td>
<td>Ethics for Pediatric Gastroenterologists</td>
<td>Ellen Blank</td>
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<tr>
<td>11:30-12:00</td>
<td>Break</td>
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<tr>
<td>12:00-1:30</td>
<td>Lunch - Case Discussion</td>
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<tr>
<td>1:30-2:30</td>
<td>Funding your Scholarship - Next Steps</td>
<td>John Barnard</td>
</tr>
<tr>
<td>1:50-2:10</td>
<td>Interviewing and Negotiating</td>
<td>Dana Ursea</td>
</tr>
<tr>
<td>2:10-2:30</td>
<td>Transition of your Research Program and Changing Mentors</td>
<td>Michael Stephens</td>
</tr>
<tr>
<td>2:30-6:30</td>
<td>Activities on own</td>
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<td>6:30-8:30</td>
<td>Dinner</td>
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**Sunday, March 15**

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>8:00-10:00</td>
<td>Breakfast with Wrap-Up and Evaluations</td>
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</tbody>
</table>
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Christine E Waasdorp Hurtado
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Bram Raphael
Monica Edith Tijerina Trevino
Jiliu Xu
How to Succeed in Academia

John Barnard, M.D.
Nationwide Children's Hospital and The Ohio State University

“How...the shape of my career...how meandering and unexpected it has been. This theme - with implicit course changes and serendipities - became a dominant one...

Harold Varmus, MD
English major
Nobel Laureate in Medicine
Former NIH Director
President, Memorial Sloan Kettering Cancer Center

Oscar Wilde

“The pure and simple truth is rarely pure and never simple.

Academia ≠ Subspecialty

Academia [L: see ACADEME; akademeia, the grove of Academos, a figure in ancient Greek legend; Academe is the grove near ancient Athens where Plato taught; relating to a school, especially a college or university

Pediatric GI Subspecialists

J Pediatr Gastroenterol Nutr 40: 396, 2005

Career Paths in Academics

• Teaching and patient care are primary responsibility
• Teaching, patient care and limited clinical research
• Major emphasis on research, limited patient care and teaching
  • patient-oriented research
  • health services research
  • basic research
• Local or national administrative positions with or without patient care, research and teaching
### Pros and Cons of Academia

<table>
<thead>
<tr>
<th><strong>PROS</strong></th>
<th><strong>CONS</strong></th>
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<tbody>
<tr>
<td>work in the framework of a large institution</td>
<td>work in the framework of a large institution</td>
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<tr>
<td>space and facilities provided; excellent benefits</td>
<td>fewer opportunities geographically</td>
</tr>
<tr>
<td>intellectually satisfying</td>
<td>serve many masters</td>
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<td>professional travel</td>
<td>financial</td>
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### Key Factors for Success in Academia

<table>
<thead>
<tr>
<th><strong>Internal factors</strong></th>
<th><strong>External factors</strong></th>
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<tbody>
<tr>
<td>Passion</td>
<td>Milieu</td>
</tr>
<tr>
<td>Time and task management*</td>
<td>Mentoring</td>
</tr>
<tr>
<td>Perseverance*</td>
<td>Understand metrics for success (P&amp;T)</td>
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<tr>
<td>Focus … on well defined goals</td>
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<tr>
<td>Productivity…write</td>
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<tr>
<td>Accept imperfection</td>
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<tr>
<td>Develop and community of national peers</td>
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<tr>
<td>Achieve work-life balance</td>
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<tr>
<td>Be a good citizen</td>
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### Time Management

**Definition:** Protected time is the time one spends conducting research or contribute to personal career goals or education.

\[
\text{PROTECTED TIME} + \text{UNPROTECTED TIME} = \text{ALL THE TIME YA’ GOT}
\]

### Time Management: Encroachment

**Clinical duties**
- Patient encounters, telephone calls, “case management”, lab/x-ray retrieval, dictation, etc
- Inpatient service
  - Assigned month, other ad hoc
  - On call duties
- Emergent patients, fatigue

**Administrative duties**
- Committee work, task forces/special projects, interviews

**Teaching**
- Didactic, bedside, conferences

**Off-site conferences**

**National duties**
- NASPGHAN, AGA, study section
**Time Management: Protection**

- **Job interview**
  - Track record of mentor/Division Director/Departmental Chair
  - Critical mass of Divisional colleagues
  - Clearly define protected time during job negotiations

- **On the job**
  - Just say no
  - Compartmentalize efforts
  - Obtain non-GI Divisional appointment
  - Gain respect of clinical partners
  - Use architecture to advantage
  - Be efficient
  - Make your nurse your best buddy
  - Limit meetings

**Time Management: Effort Calculation**

**ASSUMPTIONS:**
- exclude night call and weekend duty
- exclude Division and Department conferences, business meetings and committee meetings
- 10 hours/day (50 hrs/wk)

**DENOMINATOR:**
- 365 days per year
- 104 weekend days
- 20 days vacation (4 wks)
- 232 days eligible for calculation

**Bill Cosby**

“I don’t know the key to success, but the key to failure is to try to please everyone.”

**Perseverance**

Press on: nothing in the world can take the place of perseverance.
Talent will not; nothing is more common than unsuccessful men with talent.
Genius will not; unrewarded genius is almost a proverb.
Education will not; the world is full of educated derelicts.
Persistence and determination alone are omnipotent.

Calvin Coolidge (1872 - 1933)
Submitting a Manuscript and the Peer Review Process

Kathleen B. Schwarz, M.D.
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President-elect of NASPGHAN

My career path - Personal

• Alan Griffith Brogan and my parents
• Dr. Robert Palmer This paper is terrible. Do you want a D- or a chance to rewrite?
• Dr. Edward White Yes I’ll write your recommendation if you stop taking yourself so seriously
• Dr. Dennis Kelly If you must be a doctor talk to him about sweet nothings and not gallbladders!
• Frederick H. Schwarz, PhD Third date. If you want to be a doctor, go for it

My career path - Professional

• El Decano de UCV Esta stupida norteamericana no va estudiar aqui!
• James Peter Keating MD What this child needs is a doctor!
• Jessie L. Ternberg MD PhD If you don’t want to get hurt, don’t get involved
• David Alpers MD Write this paper for your grandmother
• Richard Recknagel PhD Young lady - don’t marry your hypothesis!
• Irene Schulze PhD Celebrate every celebratable moment – you never know what’s around the corner
• Frank Oski MD Only do biologically relevant research!

My Qualifications for providing advice

• Apologies to Phil Sherman
• “On the receiving end of multiple rejections from editors”
• “Occasional successes (that make it all worthwhile)”
• Reviewer for biomedical journals
• Editorial boards: JPGN, Clinical Gastroenterology and Hepatology, Current Pediatric Reviews

Outline

• Choosing a journal
• Writing the paper
• Proofreading the paper
• Receiving the review
• Responding to the review
Choosing a journal

- Impact factor vs likelihood of acceptance and thickness of your skin
- Readership vs your subject
- Information for authors
- Watching out for hidden charges and seductive invitations!
- Your message vs their requirements

Writing Readable Prose

- “There are two kinds of scientific writing: that which is intended to be read, and that which is intended merely to be cited. The latter tends to be infected by an overblown and pompous style. The disease is ubiquitous, but often undiagnosed, with the result that infection spreads to writing of the first type.”
  – Gregory 1992

Write for the reader

- “There was a strong correlation between the sexual orientation of those sharing a strain, with 71% of the 197 strains shared by two or more individuals recovered exclusively from either men who have sex with men or heterosexuals (86% of these were from groups of individuals who were at least 80% of a single sexual orientation) with the remaining 29% of strains seen in both men who have sex with men and heterosexuals” Choudhury et al 2006

The primary function of a scientific paper is to transmit a message

- Address one main question - the failure to do so = rejection (Lambert et al 2003)
- Ask a good research question – specific, novel, and of interest to the scientific community
- Avoid a thicket of unnecessary words

Use effective rhetoric

- “In addition to a simple presentation of the facts, I would point out that the best writing – medical, scientific, or otherwise – tries to convince the reader of something.”
  – David Reese, 1999

Avoid long-winded sentences

- “We adopt this broad-scale approach to determine that relationships occur both at the level of the population (and hence not confounded by [1] potential environmental variation and/or [2] statistical nonindependence of individuals) and also across individuals (because [1] relatively recent colonization of the UK by rabbits [15] and [2] previous work [18] demonstrating extremely fine-scale genetic structuring in UK rabbits over short spatial scales both make it difficult to define what constitutes a ‘population’ for analysis
  – Gage et al 2006
The title is the single most important phrase in the paper
• “Its impact must not be underestimated: a reader who cannot extract the significance of a paper from its title is unlikely to read further”
  – Bredan and van Roy, EMBO Reports 7:9:846-849, 2006

Write the abstract first (KBS) or last (Fisher, 2005)
• Free-form (molecular and cell biology)
• Structured (clinical and social science)
  – Objectives
  – Methods
  – Results
  – Conclusions

Write an introduction, not a literature review!
• Main goal – to draw a map of the research area
• Situate the manuscript within this map
• Put its aims, results and interpretation into the context

Methods section – not too many details, not too few
• Should be specific
• Should be detailed enough to allow other scientists to reproduce the experiments, but no more
• Common mistake – failure to provide essential information
• Explain statistics – p values, randomization, blinding, use references including computer programs

Write the Results Section Coherently
• Study the results and organize them in a logical fashion before writing the paper
• Don’t include extraneous results
• “In fact, there is nothing more disconcerting than trying to assemble a story from a jigsaw puzzle of results”
  – EMBO

Explain, interpret, predict, suggest, hypothesize and even speculate
• Provide a forum to convince the reader of
  – The logical experimental setup
  – The soundness of the results
  – The validity of the speculations
• Use appropriate references
Remember Two Things

• The message
• The reader

Issues to Consider I (Phil Sherman)

• Ethics
• Institutional Review Boards
• Rights and permission
• Patents
• Figures and Tables

Issues to Consider II

• The peer review process: how to deal with editors
• The publishing process (it ain’t over til it’s over – galleys, reprints)

How to Craft a Letter of Response (Phil Sherman)

• 1. Write in a collegial tone
• 2. Create a positive and engaging atmosphere
• 3. Detail a point by point response to each of the reviewers’ comments and suggestions
• 4. Delineate where changes are made in the revised manuscript

Critical role of reviewers
Additional Reading

• The author slams his finger in a desk drawer after receiving a rejected manuscript in the mail. He suggests that writers should consider other ways of venting their frustration - yelling at managed care administrators, arguing with drug reps, or refusing to go to any hospital committee meetings.

Opportunities for Advanced Skill Development

Division of Pediatric Gastroenterology, Hepatology and Nutrition
Department of Pediatrics
Emory University School of Medicine
Atlanta, GA.

My background

• Fellowships
  – Nutrition and Metabolism Research
  – Pediatric Gastroenterology, Hepatology and Nutrition
• Degrees
  – Master of Public Health in Health Policy and Outcomes Research
  – Master of Science in Clinical Research
• Career Development Award
  – CDC Young Investigator in Public Health Research Award
  – K12/KL2 -NCCR

What is advanced skill development?

• Level 1 training: Basic training for all trainees
• Level 2 training: Advanced training for experts

Why pursue an advanced skill?

• You want to!
• It is a requirement for your career
  – Transplant Hepatology
• You are advised that it is important for your career development
  – Fellowship director/Mentor
  – Division Chief
  – Department Chair

Types of advanced skill development?

• Clinical
• Research
• Didactic
• Combination

Components of career development

• Candidate
• Mentors
• Career development plan
• Research project
• Environment
Advanced clinical skills development
• Provides specialized instructions
• Develop consultants to other Gastroenterologists
• Intensive training during 2nd/3rd year of fellowship
• 4th year of training
  – Transplant Hepatology
  – Motility
  – Nutrition
  – Clinical Research
• Early post fellowship years

Understanding Health Research

Advanced Research Skills
• Basic Science Research
  – Develop new lab skills
  – Mechanisms of disease

Clinical Research
• Patient oriented research
  – Mechanisms of disease
  – Therapeutic Interventions
  – Clinical trials
• Epidemiology & behavioral research
• Outcomes & health services research

Functional health
↓
Clinical outcome → Outcome ← Cost
↑
Patient perception of care

Didactic component
• Courses
• Diploma/Certificate
• Extra degree that has at least two letters in it
  – Skills set
  – Science
  – Language
Training

- Public Health
- Biostatistics and Epidemiology
- Clinical Investigation/Research
- Health Policy/Economics/Management
- Molecular science
- Prioritization of health issues
- Exposure to policy makers

Functional Health
- CHQ
- Liver Transplant database
- Medical
- Medicaid
- NCW

Components of advanced skill development

- Mentors
  - Federal funding
  - History of mentoring previous successful junior faculty
  - Commitment to spend time with junior faculty
  - Expertise in component of candidate’s research project

Career Development Plan: Example

- Planned Studies:
  - Cost-Effectiveness Analysis
  - Multi-variate logistic regression analysis of risk factors associated with infants with surgical short bowel syndrome
  - Studies of risk factors for blood stream infections and bacterial overgrowth on infants with surgical short bowel syndrome (Using blood stool and random mucosa samples to look for any specific genetic abnormality)
  - Multi-variate and univariate logistic regression analysis of dietary factors associated with vitamin D and zinc deficiencies in preschool children
  - Studies of dietary manipulations to improve iron and zinc absorption in neonates (with normal intestines and short bowel syndrome) and preschool children

Career Development Plan: Example

- Career Development Plan:
  - Get additional coursework in statistics/logistic regression analysis
  - Get additional coursework in clinical research and nutrition
  - Mentor with nutrition support specialist and attend lab seminars in molecular nutrition lab
  - Mentor with nutrition epidemiology specialist
  - Mentor with Health Services Researcher for additional training in conduct of RCTs, cost-effectiveness analysis, risk factor studies

Career Development Plan: Example

- Career Development Plan:
  - After Five Years:
    - Trained in translational research of nutritional epidemiology through better understanding of basic molecular nutrition
    - Trained in conduct of multi-center RCTs
    - Trained in risk factor analysis of data
  - Will be able to successfully apply for independent award
Career Development Plan

- You are telling a story
  - Define coursework and patient recruitment in Years 1-2
  - Define data analysis and publication of primary study in Year 3
  - Define data analysis and publication in Years 4-5
  - Define preparation of independent award application in Years 4-5

How do you fund the training?

- Fellowship – T32
- Training Curriculum in Patient-Oriented Research (TCPOR), an in-depth NIH-funded program at 58 institutions
- Training component of CTSA
- Start up funds as junior faculty
- Career development award – Federal/Foundation

Benefits of advanced skill development

- Publications
- Superb/Master clinician
- Grant applications
- Demonstrates commitment to academic career
- Involvement with Academic GI Organizations
- Career Development
- Research Projects

What are the components of a successful advanced skill development training/plan?

- Must have a follow-up plan

- Intent of advanced skill development:
  - Make you successfully and independent
**Leadership – What Is It And How Do You Get it**

George D. Ferry, M.D.

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### What Is Leadership?
- Leadership is influence and the ability to obtain followers
- Leadership is not the ability to achieve a position
- It is not a title
- A leader is great, not because of his or her power, but because of his or her ability to empower others

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### How Are Leaders Different?
- Leaders are long term thinkers who see beyond today’s crisis
- Leaders interests to not stop within the division they lead – they want to know how everything functions
- Leaders put heavy emphasis on vision, values, and motivation
- Leaders don’t accept the status quo
- Inspiring other to do better work is may be the greatest accomplishment of a leader

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### Key Ingredients of Leadership
- Integrity
- Attitude
- Ability to prioritize
- Understanding how and when to delegate
- Initiate

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### Integrity – The Most Important Ingredient In A Leader
- Integrity builds trust
- Integrity has high influence value
- Integrity leads to higher standards – especially for the leader
- Integrity results in a solid reputation – not just an image
- Integrity means living it **myself** before leading others
- It is a hard won achievement

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### Attitude – A Key Ingredient Of Successful Leadership
- We are responsible for our attitude
- It may not run on automatic – it may need maintenance
- Attitude can shift from positive to negative very quickly – only you can decide to change it back
- People catch our attitude
  - The pessimist complains about the wind
  - The optimist expects it to change
  - The leader adjusts the sails
Priorities
- You cannot overestimate the unimportance of almost everything
- You have to be efficient to survive
- Prioritize – organize or agonize
  - High importance/high urgency – do now
  - High importance/low urgency – set deadline and work into daily routine
  - Low importance - delegate

Delegate
- Use the help you have
- Ask for the help you need
- Set expectations

Initiate
- Lead – pick up the phone - make contact
  - E-mails are a poor substitute
- Spend time planning – anticipate problems
- Invest time with people

Learning the Skill
- Look for model leaders and choose the best from more than one source and style
- Read and study – identify your own strengths and weaknesses
- It takes self discipline to be a great leader

Final Notes
- Accept that you are a leader or have the potential to become a leader
  - Work on the skills needed to be a great leader
- Get the facts before making decisions or taking sides
  - Charging into a situation without the facts can get you in big trouble
- Reach outside your job – community involvement and service are important
How to be an Effective Teacher

Alan M. Leichtner, MD
Children’s Hospital Boston
March 13, 2009

Elements of Effective Teaching

• Understanding adult learning principles
• Using learning contracts
• Knowing how to lead discussions effectively
  – Asking the right questions
• Dealing with the challenges of the medical environment
  – Teaching on rounds
• Keeping the ultimate goal in mind
  – Life-long learning
• Giving Feedback

7 Principles of Adult Learning

• Adults learn better in an informal, non-threatening environment – should be fun
• Adults learn better when they want or need to learn something – integrates with demands of their own life
• Adults learn better when their individual learning needs and styles are met
• Adults learn better when their previous knowledge and experience are valued and used

Modified from Peter R. Sheal How to develop and present staff training courses (New York: Nichols Publishing, 1989)

7 Principles of Adult Learning

• Adults learn better when there are opportunities for them to have some control over the learning content and activities – creating investment
• Adults learn better through active mental and physical participation in the learning activities and have opportunities to practice or to apply successfully what they have learned
• Adults learn better when there is guidance and some measure of performance so that learners have a sense of progress toward their goals - feedback

What is a Learning Contract?

• Agreement between teacher and learner
• 4 elements
  – Needs of learner
  – Expectations of teacher and learner
  – Roles of teacher and learner
  – Content/activities

How Do We Do In Medical Teaching?

In medicine, learning contracts rarely spoken, rarely negotiated, and rarely recognized


How Do We Craft a Contract?

• Important to understand your students:
  – Background
  – Individual educational needs
• Provide information about yourself
• Logistics:
  – Activities
  – Means of evaluation

Expectations

• Your expectations of students:
  – Preparation
  – Participation
  – Professionalism
• Students’ expectations of teachers:
  – Commitment to student learning
  – Provision of safe and effective environment
  – Follow-up on issues raised
  – Prompt and appropriate feedback

Our Learning Contract

• My expectations of you:
  – Pay attention
  – Participate, interact – ask questions, make comments
  – Give feedback
• Your expectations of me:
  – Provide useful advice – satisfy objectives
  – Keep entertained

Leading a Discussion

Establishing Relationships

• Create a partnership with students – less hierarchical than lectures
• Start with introductions and use names

http://www.learningandteaching.info/learning/learntea.htm
Accessed: 20 February 2009
Create optimal environment for learning

- Arrange room
- Limit interference
- Invite opinions
- Make it safe to ask questions
- Make it OK not to know answers
- Be supportive, but challenge the learners – don’t “spoon-feed”

Basics of Leading Discussions

Your Role

- Concentrate both on content and process
- Ask questions that promote discussion
- Be an active listener and respond appropriately
  - Restate what the student has said
  - Provide feedback
- Encourage interaction between the students
- Summarize important concepts at the end

Asking the Right Questions

The Case for Discussion at Intern Rounds

- An 18 month old has a 3 month history of vomiting after meals. He is prescribed 7.5 mg of lansoprazole once a day, but his symptoms don’t improve.

What questions would you ask to stimulate discussion?

Questioning

- Asking for specific information
  - Facts
    “What are the drugs used to treat GERD?”
  - Open-ended
    “What are the issues in this case?”
- Diagnostic questions
  - Call for interpretation or explanation
    “Why do you think the child didn’t respond to treatment?”

Questioning

- Challenge questions
  - Provoke review and further analysis
    “Does this child really have GERD?”
- Extension questions
  - Encourage further thought along a path
    “What else?” “And?” “Keep going…”
- Priority questions
  - Ranking issues
    “What is the most likely thing on the differential diagnosis?”
Questioning

- **Action questions**
  - Concrete actions
    - “What testing would you order?”
- **Prediction questions**
  - Predicting events
    - “What do you think an UGI would show?”
- **Summarizing questions**
  - Take-home points
    - “Based on our discussions, what are the three most critical issues in approaching the toddler with GERD?”

Teaching on Rounds

“Good and Bad”

- **Good**
  - On-the-job training
  - Multidisciplinary
  - Family-centered
- **Bad**
  - Limited time
  - Competing priorities
  - Constant interruptions

Tips for Success

- Set daily agenda for teaching
- Limit interruptions – “4 Ss”
  - Sanctuary
  - Sanctity
  - Synchronization
  - Stalling
- Have trainee take lead at bedside and ask others to comment on interaction after the visit to keep other members involved


Content for Rounds

- Critical elements
  - Focus on discrete topics prompted by clinical issues
  - Multiple short discussions often better than one long unfinished one
  - Provide references and follow-up
  - Model practice-based learning

Mistakes to Avoid

- Insufficient wait time – “Three Mississippi”
- Demanding telepathy/programmed answers
- Rapid awards
- Ego-stroking

Sondra M. Napell Six common non-facilitating teaching behaviors. HBS Case No. 8-389-104
Keys to Effective Teaching

- Start with a contract
- Let learners participate in diagnosing their learning needs, formulating objectives, and planning learning activities
- Make sure aims of each session are clear, relevant, and in context
- Provide an effective and comfortable learning environment

Keys to Effective Teaching

- Master the three elements of listening, questioning, and responding
- Keep learning an active process
- Make it enjoyable
- Provide timely feedback and involve learners in evaluation
- Encourage life-long self-directed learning

The Reflective Practitioner - Schon

- Reflection – the process of critically assessing and giving meaning to an experience
- The Reflective Practitioner is able to critically analyze a situation using a theoretical background and practical experience
- Mindfulness
- Such reflection is necessary for life-long self-directed learning

Giving Feedback

Experiential Learning - Kolb

- Most teachers have had few models to emulate
- Many teachers have had bad experiences with negative feedback
- Fear that feedback will damage relationships
- May be insufficient knowledge of performance to give feedback
Types of Feedback

- Verbal or written
- Formal or informal
  - Formal
    - Sit-down session at midpoint or end of inpatient resident rotation
  - Informal
    - Unscheduled
    - Often not recognized as feedback!

Setting the Stage

- Establish a relationship with student
- Create environment of trust
- Make sure objectives for learning experience understood by both student and preceptor – contract made

Introducing Feedback Plan

- Review how feedback will occur
  - Formal vs. informal
  - Team dynamics
- Set timeline
- Anticipate pitfalls

Bad Feedback

- During our weekly clinical seminar, three months after the fellows’ conference, an attending tells Bram that she heard he did a bad job presenting at the fellow’s conference. She tells Bram “if you are such a bad presenter, perhaps I should do the case today!”

Principles

- Should be clear and specific – based on first-hand data and validated by other observers
- Should be descriptive, not evaluative
- Should be practical and useful
- Should be timely
- Should be fair and honest, not disingenuous

Principles

- Should be directed toward behavior, not the individual
- Should be presented as a method of improvement
- Should emphasize correct performance rather than dwelling on what was done wrong
Principles

• Should be given at an appropriate time
• Should be given in a reasonable amount
• Should be given in a quiet, private, comfortable place

The Feedback Sandwich

• Start with positive feedback
• Next discuss areas needing improvement
• Finish with positive feedback — but don’t be disingenuous

Prepare for Next Steps

• Possible solutions to problems should be prepared beforehand
• Important to insure that learner has understood the feedback and ideally can offer a plan for remediation
• Should include follow-up
• Get feedback on the feedback

Bad Feedback
Why was it Bad?

• Wrong place
• Wrong time
• Disparaged individual rather than behavior
• Didn’t acknowledge good aspects
• Wasn’t constructive and provided no plan for remediation

Feedback for Presentations

• Content
  – Does title capture interest?
  – Is background at appropriate level and prepare audience for understanding study?
  – Does hypothesis follow from background in logical manner?

Feedback for Presentations

• Content
  – Are the aims appropriate to prove hypothesis and clearly defined?
  – Is the methods section complete and presented clearly?
  – Are the results presented in a logical progression?
Feedback for Presentations

• Content
  – Does the summary help tie together the results?
  – Do the conclusions follow from the results and relate back to the original hypothesis? Are you stimulated to think about next steps and other applications?

Feedback for Presentations

• Slides
  – Right amount of information per slide?
  – Appropriate number of slides?
  – Text easily readable?
  – Background not distracting?
  – Visuals employed effectively?

Feedback for Presentations

• Delivery
  – Is the speaker’s appearance appropriate?
  – Is the rate of speech reasonable? Is it understandable?
  – Does he/she make eye contact and use appropriate gestures?
  – Does he/she refer appropriately to the information on the slides?
  – Does he/she handle questions effectively?
Tips on Presenting a Talk

John F. Pohl MD

Good Quote

“Three things matter in a speech: who says it, how it is said, and what is said – and, of the three, the last matters the least.”

John Morley

Teaching tips (Courtesy of E.O. Wilson)

- **Focus on problem solving**
  - Basic premise → lecture hall style teaching does not always lead to teaching.
  - Can you involve adult learning models? (ex. teaching residents how to run a code).

Teaching Tips

- **Teach top-down**
  - Start with the large concept first, before going into details (diagnostics, therapeutics).
  - This method prevents audience from being lost in details.

Teaching Tips

- **Reach outside biology (medicine) when teaching**
  - Medical history (*Excrement in the Late Middle Ages*, S. Morrison PhD!!)
  - Basic science biology

Teaching tips (Courtesy of E.O. Wilson)

- **Cut deep and travel far (the “T-shaped” approach)**
Teaching tips (Courtesy of E.O. Wilson)

- **Commit yourself**

You Are Asked to Do a Talk…

Now what?
You need to define:
1. **Purpose** of talk
2. Who is the **audience**
3. **Time** allotment
4. **Format** allowed
5. What other talks will be given

Preparing the Talk

- You need to be clear WHO THE AUDIENCE IS…
- Scientific talk: provide clear presentation on your research / current research
- GME / CME talk: provide clear overview of topic discussed.
- Nursing talk (CNE): Usually a VERY attentive audience
- Do NOT go over / under the audience’s head.

Slide Tips

- **KISS**
- **KILL**

Slide Tips

- Keep font legible.
- No more than 6-8 lines per slide
- Simple colors, simple background (I like blue)
- Proofread slides (if a big talk, have a friend review)
- Rehearse OUT LOUD.
Examples of “Too Busy” Slides

Example #1

GERD: Lifestyle Changes
- PRONE position: Less GER (documented by pH probe) noted in infants compared to supine position. 
- Prone position has been shown to be superior to head elevation for GERD. 
- This conflicts with SIDS prevention. 
- In infants 0 – 12 months, SIDS prevention is paramount → therefore, supine position 
- Prone position → while awake (esp. postprandial), when risk of death from GERD is higher than risk of SIDS, or if > 12 months of age.

Example #2

Hirschsprung’s Disease
- Due to absence of ganglion cells in mucosa (Meissner’s plexus) and muscularis (Auerbach’s plexus).
- Secondary hyperplastic nerve fibers (Schwann’s cells)
- Long history of constipation. 
- 1st diagnostic test: unprepped BE, ARM
- 2nd diagnostic test: Acetylcholine esterase staining
- Rectal exam reveals “transition zone.”
- Can progress to enterocolitis, perforation, shock
- Treatment: surgical resection.

Example #3

Busy Quote Slide
- “Will Parsival ever learn that only humility...can locate the Holy Grail?”
  Stephen J. Gould PhD
- “The beauty of the scientific life is that every honest practitioner may add a permanent contribution to the edifice of knowledge. They may be remembered by few of their intellectual successors, but their contribution counts, even if it is anonymous. It is not necessary to be one of the famous few to make a permanent impact.”
  Richard Fortey PhD

Example #4

Going to the Talk
- Keep 2 (potentially 3) copies of talk
  A. On CD or flash drive
  B. On computer
  C. Email talk to the organizer

For CME talks, I often take my laptop for extra lectures in case someone drops out.

Example #5

Going to the Talk
- Scope the place out day prior / day of talk.
- Introduce yourself to moderators so that they know you are there.
- Say “Thank you” (and mean it).
- Don’t ask where your honorarium is.
Now You Are Standing in Front of Folks! Speaking Tips:

- Thank the moderators.
- Thank the association.
- Be clear. Be pleasant.
- Smile (but not too much)

Remember the “Doctor Fox Lecture”

Speaking Tips

- Walk the stage?
- Stand in front / side of podium?
- Don’t laser blast the screen.

Differential Diagnosis: FTT

Decreased Caloric Intake:

- Neurologic disease / impaired swallow
- Injury to mouth / esophagus
- Congenital abnormalities to mouth, upper airway, esophagus
- Chromosomal disorder
- Malignancy
- Renal disease
- Congenital heart disease
- Liver disease
- Inflammatory bowel disease
- Food allergy / cow’s milk protein allergy
- HIV / AIDS
- GERD
- Psychologic
- Neglect / abuse / improper formula preparation / improper parental food selection

Speaking Tips: Easy format to follow (Scientific talk):

- Background
- Hypothesis
- Methods
- Results
- Conclusion
- Future issues

Art ↔ Science

Speaking Tips: Easy format to follow (CME talk):

- Background
- History of disease
- Signs and symptoms
- Diagnostic testing
- Treatments
- When to refer

Art ↔ Science
Speaking Tips

Art?
- Be lively. No monotone speaking.
- Be enthusiastic
- Some, but not exaggerated hand movements.

The Talk is Done
- Say “Thank you.”
- If someone asks a question, repeat it for the audience.
- If lots of questions, be respectful to the other speakers’ time.

Extra Pointers
- Cartoons can be good but should be appropriate and in good taste.
- Google Images is helpful and copyright free.
- Can use patient images if allowed by the family.

Our patients

Thank You
RUNNING A PRACTICE
Janet Harnsberger MD
Salt Lake City

What Was I Thinking?
“I ain’t gonna work on Maggie’s farm no more”
Bob Dylan

The Vision
- A Private Practice with
  - Personalized care for children
  - On time service
  - Wonderful esprit de corps
  - Versatile working hours
  - Strong community camaraderie

I Was Threatened
- You will lose your skills
- Your fund of knowledge will be antiquated
- You will not have any referrals
- You can’t use the endoscopy suite
- You are GENERALLY A BAD PERSON

Starting a Private Practice
- It is really easy
  - It takes a maximum of two week’s work
- Almost every community needs you
- You can figure it out so that you are not on call all the time
- It is incredibly fulfilling and rewarding

Starting a Private Practice
- The bank will loan you the money you need for equipping an office, malpractice insurance, and a few month’s of salaries
- Choose an office preferably in a building or neighborhood with lots of Pediatricians and Family Practitioners
- Hire your office manager
  - Es agradable a hablar Espanol!
Starting….

- Bond with the office manager by deciding together on office décor, stationery, chart-keeping plans, ancillary staff
- Meet with the Hospital Administrators
  - The administrators will buy the endoscopy equipment you need and set up Grand Rounds and other introductions
  - The administrators will send out notice of your practice to the newspaper and the hospital staff

- Meet with the Hospital Administrators
  - The administrators will buy the endoscopy equipment you need and set up Grand Rounds and other introductions
  - The administrators will send out notice of your practice to the newspaper and the hospital staff

- Be maximally available to the medical community (at first)
  - Set up lunches with potential referring groups—make use of your pharmaceutical reps!
  - Be on the wards and in the physician lounge in the mornings, noon, and at afternoon rounds
  - Drop a pile of your cards in all the ERs

- Communicate
- Join community clubs

My Logistics

- Joe and Bill offered me space in their office
- The bank loaned me $25,000
- Chris and Dick’s built short exam tables
- I hired my whole staff (one person) from medical records
- I gave conferences everywhere
- Julia designed my award-winning stationary

Credentialing

- Plan on a minimum of 2 months for this to be accomplished once you have provided the required information
- Write “pending” on license and malpractice coverage so as not to delay the credentialing process

- You will need to submit the same information to obtain malpractice coverage as you sent for credentialing
- For the first three years, your costs are on a sliding scale (up)
  - The expense is not bad as you start
- Give the process 2 months, apply with multiple companies (the rates change ephemerally)

- Start compiling lists now for applications
  - Have you met training criteria for the procedures and “level of care” credentials that you are requesting?
  - Continuing medical education
  - Malpractice history
  - Criminal investigations (be forthcoming..)
Is Private Practice a “Dead End?”

- Of course not

Now the Practice is Up and Running!

- You need to keep track of things
  - Get QuickBooks – it’s an easy way to pay your bills and track your expenses over the years
  - Get Paychex – they will do your payroll and ALL of your taxes for a minimal fee
  - Hire a medical billing company
    - Once you have your feet under you it is more efficient to buy a billing system and bill in-house

Your Expenses

- Rent, utilities, telephones and cleaning
- Malpractice
- Hospital and NASPGHAN Dues
- Salaries
- Office supplies

I wrote 14 checks in January 2009 – you just do not need a business manager for this

Maintaining Your Office Staff and Reputation

- BE SUPPORTIVE to the opinions of your referring physicians
- BE SUPPORTIVE to your office staff
  - Ask them what is not going well
- BE SUPPORTIVE to your patients and their parents
- TRY NEVER TO WASTE ANYONE’S TIME

Maintaining Your Office Staff and Reputation

- Be honest and straightforward
- Educate and learn from your office staff
- Psychiatricize with the staff
- Be predictable
- You will be offered opportunities to engage in alternative ventures. This generally does not come out well.

How Did it Work Out for Me?

- Utah Woman of the Year in 2000
- I received the only national Best Practices Award for a private medical practice
- Teacher of the Year awards from the Department of Pediatrics – four times
- Horizonte Community Service Award
Will it Work Out for You?

- Enjoy the process, you have worked for this all of your life
- You will find the best situation if you are true to yourself
- It is easy to change and you haven’t lost much if you find you want a different direction for your career
Organizing a Transdisciplinary Program

Dana I. Ursea, M.D.
Director Swallowing, Diagnostic and Therapeutic Center
Division of Pediatric Gastroenterology and Nutrition
Phoenix Children’s Hospital

Transdisciplinary program

- Transdisciplinary - requires the team members to share roles and cross discipline boundaries
- Purpose = pool and integrate the expertise of team members to provide more efficient and comprehensive assessment and intervention services
- Communication = continuous give-and-take between all members on a regular, planned basis
- Professionals = teach, learn, and work together to accomplish a common set of intervention goals for a child and her family
- Role differentiation between disciplines - needs of the situation rather than by discipline-specific characteristics
- Assessment, intervention, and evaluation are carried out jointly by designated members of the team
- Benefits = decrease number of professionals who interact with the child's family regularly

Before getting started

- Identify medical problem
- Make sure you are passionate about the subject
- Be ready to be a champion
- Research the needs and available resources in the community
- Gather opinions from colleagues, administration and department chair

Transdisciplinary Program Development

- Goals and Objectives
- SBAR
- Formal Budgeting
- Approval

Types of clinical programs

- Disease related: IBD center, Eosinophilic Diseases of the GI tract, Hepatitis, Celiac Disease, Bowel Rehabilitation Program, Transplantation Program
- Problem related: Aerodigestive Program, Feeding Program
- Syndrome related: Down’s syndrome

Goals

- Increase effectiveness of patient care
- Comprehensive patient care
- Establish clinical protocols in applying standard of care
- Increase positive outcomes
- Decrease morbidity and/or mortality

Before getting started

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Goals

- Increase effectiveness of patient care
- Comprehensive patient care
- Establish clinical protocols in applying standard of care
- Increase positive outcomes
- Decrease morbidity and/or mortality
Objectives

- Establish referral criteria
- Comprehensive intakes and screening
- Patient education
- Complex comprehensive 360 degrees evaluation of patients
- provide family support

Monitor outcomes

- Clinical
- Operational
- Financial stability of the program
- Need for staff, efficacy
- Maintaining / obtaining funding
- Publish

BUILDING THE TEAM

- Children with complex/multifactorial medical problem may have physical, behavioral, cognitive, language, and/or learning disabilities
- Identify and approach all the necessary players in your team (pediatric subspecialties, rehab specialists, psychology, dietician, social work, surgical specialties)

LEADERSHIP

YOU

Must balance 3 competing needs:
- INDIVIDUAL
- TEAM
- TASK

(Adair leadership model)

Creating a team

- Common goals, aims and objectives
- Goal: service improvement, develop new care pathways, work redesign
- Many team building theories
- 4 stages - Forming
  - Storming
  - Norming
  - Performing

Tuckman’s Stages of Team Building

<table>
<thead>
<tr>
<th>Stage/Behavior</th>
<th>Leader Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forming - members get to know each other - start to agree on goals - “best behavior” but independently</td>
<td>Directive/clear</td>
</tr>
<tr>
<td>Storming - ideas compete for precedence - individuals open up / true style - general disagreement - relationships are made or broken</td>
<td>Strong but facilitate style</td>
</tr>
<tr>
<td>Norming - more harmonious working - rules of behavior / work - trust and accept contributions - limit agenda and on with the task</td>
<td>Less directive/ encouraging</td>
</tr>
<tr>
<td>Performing - high performance, mature / capable, collaborative decision making, group loyalty, self-regulating</td>
<td>Light touch</td>
</tr>
</tbody>
</table>
Myers-Briggs Type Indicator (MBTI)

- Developed by Isabel Briggs Meyers and her mother Katherine Cook Briggs
- Based on the work of psychologist Carl Young
- Helps understand why people excel at different tasks and why they sometimes find it hard to understand other team member behavior
- 16 personality preferences
  - Personal types (E extrovert, I introvert, S Sensing, N intuitive, T thinking, F feeling, J judging, P perceiving)

Team roles (Belbin, 1981)

- **Implementer**: operationalises ideas, lists practical actions, disciplined, reliable, conservative and a little inflexible and unwilling to adjust
- **Team worker**: The cement of the team, sociable, perceptive and accommodating, listens and averts friction, not sufficiently decisive in a crunch situation
- **Completer/Finisher**: Follows through, conscientious, anxious, searches out errors, delivers on time, inclined to worry unduly and reluctant to delegate
- **Monitor/Evaluator**: sober, strategic and discerning, objective, sees all options, judges accurately, sometimes appears to lack drive and ability to inspire others

Team Roles (Belbin 1981)

- **Shaper**: shapes the team effort, dynamic outgoing, challenging, finds ways round obstacles, prone to impatience
- **Plant**: source of original ideas
- **Resource Investigator**: externally focused, extrovert, communicative, explores opportunities, develops contacts, may lose interest
- **Coordinator**: clarifies and promotes decision making, mature, confident, chair, not the most creative

For More Information

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dursea@phoenixchildrens.com

www.phoenixchildrens.com

References

- Garfield J – Harvard Business School, 2005
- Copolla N – Healthcare Executives, 2008
- Adair - Action Centered Leadership, 1973
- www.healthcarecommission.org
- Tuckman B - Stages of small group development, Group organizational studies 1977
Clinical Guidelines: Is It Possible in Pedi GI?
John F. Pohl MD

Levels of Evidence
- Level I: Evidence obtained from at least one properly designed randomized controlled trial.
  - “Random”
  - “Controlled”
  - Need one study

U.S. Preventive Task Force

Levels of Evidence
- Level II-1: Evidence obtained from well-designed controlled trials without randomization.
- Level II-2: Evidence obtained from well-designed cohort or case-control analytic studies, preferably from more than one center or research group.
- Level II-3: Evidence obtained from multiple time series with or without the intervention. Dramatic results in uncontrolled trials might also be regarded as this type of evidence.

U.S. Preventive Task Force

Pediatric Issues
FDA: “Pediatric Knowledge Gap”:
1. Ethical concerns
2. Population limit for certain rare diseases
3. Need for multi-center trials for recruitment
4. Lack of accepted endpoints
5. Lack of validated pediatric assessment tools.
6. Limited marketing potential ($$$)

Pediatric Issues
- End Point issues: How can a MDI or nebulizer be studied in an infant if you can’t do PFTs?
- Validation Tools: How can you develop a pain scale for infants?
Pediatric Issues

Extrapolation of Efficacy

- Can data from adult studies be used to extrapolate to pediatric studies?

Examples:
- HIV antiretrovirals
- Antihistamines

1999: FDA Pediatric Ethics Working Group Recommendations

- Pediatric studies should be performed in those children who would benefit from participation in a trial.

1999: FDA Pediatric Ethics Working Group Recommendations

- Patients who can provide assent should be enrolled, if possible, in preference to children who can't give assent.

1999: FDA Pediatric Ethics Working Group Recommendations

- Pediatric patients should be protected by law under the auspices of the FDA.
- These recommendations have been expanded annually (use of placebo, caregiver information, etc.)…

2002 Best Pharmaceuticals for Children Act (BPCA)

- Authorized exclusivity for pediatric drug trials (can start drug trials earlier).
- FDA and NIH must collaborate on drugs that pharmaceutical companies will not study.
- Allows public dissemination of studies.

2003 Pediatric Research Equity Act (PREA)

- REQUIRES pediatric studies of certain drugs / biologics.
- Ex. New indications, new dosage forms, new route of administration, etc.
- This law was seen as a significant improvement.
- Legislation continues…
Problems with EBM

- Placebo-controlled trials can be unethical (ex. Open heart surgery).
- Certain groups have been historically under-researched (ex. Children).
- "Gold standard" testing (placebo-controlled) can be $$$.
- May miss some studies in some journals.

How does this relate to foreign bodies?

Foreign Body Prevalence in Children

- Most foreign body ingestions occur in children.
- Most of items are coins.

What type of EBM would you expect to exist with pediatric foreign bodies?

<table>
<thead>
<tr>
<th>Type of Foreign Body</th>
<th>Location</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coin</td>
<td>Esophagus</td>
<td>Remove immediately</td>
</tr>
<tr>
<td>Food</td>
<td>Stomach</td>
<td>Observe with serial radiographs, remove if abdominal pain</td>
</tr>
<tr>
<td>Sharp object</td>
<td>Intestine</td>
<td>Observe with serial radiographs, remove if abdominal pain or signs of obstruction</td>
</tr>
<tr>
<td>Battery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Magnet</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Coins
Most important issue: Airway management during procedure. I do coin removal during general anesthesia / tracheal intubation.

Debatable Points:
1. If coin cannot be removed from esophagus and is < 2 cm diameter / 5 cm length, can push scope and coin into stomach.
2. Foley catheter to remove coins (performed by fluoroscopy).

Debatable Points:
- You don’t know what pathology may lie below the coin when you push (ex. tumor distally).
- You don’t know what the pathology may be above when you use a Foley catheter (ex. stricture).
- No control of the object when pulling out with a Foley.
- Need to control the airway when using a Foley.

Ex. Retrospective analysis 468 children with foreign bodies in esophagus.
- Mean age: 3 yrs.
- 88% were coins.
- 88% success rate (rest needed EGD).
- No aspiration events.


When to remove?
- Prospective study of coins in esophagus in the ER.
- 2 groups: 1) Immediate endoscopic removal, 2) Overnight observation with repeat X-ray in 16 hours.
- Equal spontaneous passage in each group (25%).
- No increased risk of complications.
- Authors recommend 8-16 hour observation window in asymptomatic coins in the esophagus.


After 1982, pennies became zinc based, not copper.
- Risk of corrosive changes from zinc.
- Radiographic changes of corrosion can be seen in 48 hours (holes in coin and erosions on edges).
- So, if such changes are seen in the stomach in 48 hours, recommend proceed with endoscopic removal.
- “Potential for ulceration”


Food
Food Impaction in a 17-Year Old Male

Food Impaction - Imitators

- A great imitator: **Eosinophilic esophagitis**
- Dense eosinophilic infiltration of eosinophils into the esophagus.
- Feeding problems in younger children.
- **Food impaction** in older children.
- Review of our cases at S&W: 38% presented with either 1) dysphagia with solid food or 2) food impaction.

Eosinophilic Esophagitis

- A histologic diagnosis.
- Can see typical mucosal changes of the esophagus ("furrowing").
- Esophageal biopsies reveal ≥ 20 eos. / 400X HPF.
- Food allergies may play a role but not always.
- Treatment: Dietary manipulation, swallowed fluticasone propionate.

Eosinophilic Esophagitis

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Median Age</th>
<th>No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeding disorder</td>
<td>28 (2-62)</td>
<td>15 (33.6)</td>
</tr>
<tr>
<td>Vomiting</td>
<td>28 (3-32)</td>
<td>27 (66.3)</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>12 (8-35)</td>
<td>27 (66.7)</td>
</tr>
<tr>
<td>Dysphagia</td>
<td>13 (8-35)</td>
<td>30 (72.7)</td>
</tr>
<tr>
<td>Food impaction</td>
<td>18 (11-75)</td>
<td>7 (16.7)</td>
</tr>
</tbody>
</table>

* Patients may have had more than one symptom, but only the most prominent symptom is included here. The median age was significantly greater in the young group (p<0.001 by the Student's t-test).

A 9 year-old male who ingested 2 magnets…High risk of intestinal volvulus.

6-year old male who swallowed multiple magnets 3 weeks ago with 3 weeks of colicky pain...


Spontaneous enterotomy from pressure of magnet
Magnets

- One magnet → probably safe and follow with serial radiographs.
- 2 or more magnets → risk of volvulus, perforation, fistula formation. Needs immediate laparotomy.
- Consumer Product Safety Commission has noted 1 death and 19 serious injuries in the United States due to magnet ingestion since 2003.

Level III

Magnets

- Is Level III poor evidence?
- Can multiple case reports, case series still count as important evidence?
- Toy Magnet Ingestion in Children: Revising the Algorithm (Butterworth and Feltis, J Pediatr Surg, 2007) → based on one report

My Interest in Foreign Bodies:

- Publisher sent me all data from InfoPOEMS (review monthly of 100 top-tier journals).
- Evidence levels based on Centre for Evidence-Based Medicine (Oxford)
- How many references was I asked to review based on their strict criteria?

InfoPOEMS Data Available on...


Just One Literature Citation!!!

Future Directions in Pediatric GI Care

- AAP is putting together a consensus statement for foreign body management in children.
Future Directions in Pediatric GI Care

- More use of multi-center studies
- PEDS-CORI
- PIBD Net
- The future is yours (ours) to determine good quality evidence-based care!

One Word of Warning...

Infectious Disease Society of America
Released clinical guidelines for treatment of Lyme disease.

International Lyme and Associated Disease Society (advocacy group for chronic Lyme disease), including:
1) President of company who runs tests for chronic Lyme disease
2) Several physicians that the ILAD refers for treatment of chronic Lyme disease

JAMA 2009; Vol. 301: 665-667

Never miss an opportunity to teach…

Thank You
Running a Research Lab: Life of the Physician-Scientist
March 2009
Cheryl E. Gariepy, MD

Why?
• It is fun
• With bench research, I can at least get the answers to little questions
• I like being an “expert” at something
• I like to have some control of my time
• I’m moderately antisocial

Being a PI
A bit like running your own small business
– Must “sell” you ideas to get funding and investors (collaborators)
– Hire, fire and manage people
– Watch “the bottom line”
– Comply with regulations
You are responsible for everything.
Successful small business owners work long hours and love their jobs.

Being a good salesperson
• Get your message out – publish and present your work
• If your not excited about it, no body else will be
• Best to build a story on one area of research – keep this in mind at the beginning
• Mentors can be very helpful in making contacts

Managing lab personnel
• Reliable technician/lab manager
• Post-doctoral researchers, long and sort term
• Graduate students, long and short term
• Undergraduate students
• High school students
Each of these types of employees can make critical contributions to your research, but they also require time and monetary commitments.

Lab personnel
Lab personnel are not just employees
Personnel often require your mentoring – not just teaching, but consideration of their timeline and their career development.
Having successful graduates from your lab, enhances your reputation (it is also very personally rewarding and looks good on the CV)
Managing the funds/facilities

• Available funds may alter research conducted
• All equipment is bid and purchased by the PI – though it may not belong to the PI
• “Core” facilities are great but not generally free
• Animal costs can add up very quickly
• Your money, your budget, your decisions

Compliance

• IACUC
• IRB
• The Institutional Biological and Chemical Safety Committee (IBCSC)
• OSHA
• NIH/Other funding agencies
• The Office for Research Compliance and Integrity
• Technology transfer

The best part – Science

• What aspect of what I’m working on is most interesting (to me and to others)?
• Are there implications of my results to other areas of medicine beyond my original topic?
• What are all the possible ways of explaining this result?
• What techniques are available or could be developed to answer the question?

The second-best part – Strategy

• Are the experiments “sure” or “risky”?
• What is the relative expense of the experiments?
• How long will it take to get results?
• Is there a niche for me?

The nasty bits –

Rejection will happen, repeatedly

Success consists of going from failure to failure without loss of enthusiasm.

-Winston Churchill

The nasty bits –

Physician-scientists in the lab generally must deal with Promotion and Tenure
Promotion and Tenure

- Research
  - Publications
    - number vs. quality
    - collaborative vs. independent
  - Reputation
  - Funding
- Teaching
  - Success of students
  - Evaluations

Variable by institution:
- How many years?
- How assessed?
- What is most important?

The nasty bits –

Randomness
- If I could predict the results, it wouldn’t be science
- There’s no insurance and it doesn’t matter if it’s not your fault
- Patients always come first in the short run, so be very careful to control how many you have

Gariepy career path

Unpopular career choice for women
1) Concerns regarding combining successful career with childbearing and family life
2) Feel need to “super-compete”
3) Little encouragement
4) Lack of compelling role models

Distribution of faculty by rank 2008

- The criteria for judging success and determining promotions in academic medicine was established by men.
- Men are more successful in this system than women.

“Structural Sexism”
Barriers to success

- Institutional barriers
- Personnel barriers

"Children make it less likely that women in science will advance up the academic job ladder beyond their early post-doctorate years, while both marriage and children increase men's likelihood of advancing."

-Ginther, D and Kahn, S, 2006 National Bureau of Economic Research

Challenges for women

Institutional challenges
- Discrimination
- Success requires long hours and career breaks are not tolerated
- Meetings are held at times when it is very difficult to get child care
- Tenure clock vs. biological clock

Personal challenges
- Personal/societal attitudes about parenting

How do you feel about working?

"...there is no scientific evidence that women shortchange their infants and toddlers by working outside the home. Not only are the much-touted negative effects of day care questionable at best, but studies usually show that working mothers spend close to the same amount of time with their children as do the so-called stay-at-home mothers."


Work ≠ Career

"A fulfilled, successful mother can be a powerful positive role model for her children" - Barry Wolfe
- I've always been very impressed by my mother and proud of her career
- A supportive father can also be an extremely important positive role model
Why it matters

"If the culture is to change, women must not only be recruited for senior faculty jobs, but also for key leadership positions in the administrations of medical research institutions." – Nancy C. Andrews MD PhD, Dean of Medicine, Duke University

The Career Rules

• Prepare yourself to qualify for work that will hold your interest for many years
• Treat work seriously
  – “If the job really needs to be done, someone will pay you to do it.” – Barbara Wolfe
  – Do what must be done to succeed
  – Don’t be too idealistic
• Don’t put yourself in a position of unequal resources with your partner

Career rules for working parents

• Approach work with the mindset that you must succeed (and be able to support yourself and your children)
• Carefully consider you attitudes regarding work/parenting. Discuss these attitudes in detail with your partner
• Don’t feel bad about using “the village”
• Organize, prioritize, and compartmentalize

Gariepy career/life path

My pride and joy

Acknowledgements

Yasushi Kisanuki, MD

Mentors
John Andersen, MD
Judy Splawski, MD
Masashi Yanagisawa, MD PhD
Chris Dickinson, MD
James Lopez, MD PhD
John Barnard, MD
Multi-center Research

Kathleen B. Schwarz, M.D.
Johns Hopkins University SOM
President-elect of NASPGHAN

Principles of Research

• “On being asked to talk on the principles of research, my first thought was to arise after the chairman’s introduction, to say, ‘Be careful’, and to sit down……
• That principles of research do in fact exist, or that there are persons qualified to expound on them, is not self-evident.”
  • J Cornfield

Peginterferon with or without Ribavirin for Chronic Hepatitis C in Children and Adolescents: Final Results of the PEDS-C Trial


DISCLOSURES
Kathleen B. Schwarz MD
Johns Hopkins University School of Medicine

I have a financial relationship within the last 12 months relevant to my presentation with: (Hoffman LaRoche, Inc.)

AND

My presentation does include discussion of off-label or investigational use: Pegylated interferon alfa-2a and ribavirin

• What questions will the study address?
Purpose
• To assess the safety and efficacy of peg interferon alfa 2a (PEG) in combination with ribavirin (Rbv) versus PEG alone for the treatment of chronic HCV infection in children.

Why are these questions important?

Background
• ~132,000 US children anti-HCV + = ~66,000 HCV RNA+ at risk for cirrhosis and HCC
• Children with HCV respond better to standard IFN monotherapy than adults: SVR gt 1: 27% vs 8-10% for adults (Jacobson)
• One FDA-approved rx for children with HCV – IFN/ribavirin – SVR 46% gt 1 (Gonzalez-Peralta)
• Peg IFN α monotherapy: SVR 46% gt 1 (Schwarz)
• Peg IFN α + ribavirin: SVR 48% gt 1 (Wirth)
• Ribavirin potentially teratogenic and embryotoxic
• Many pediatric patients with HCV are females of child-bearing age

How will the study be carried out?

Methods
• Creation of the study infrastructure
• Determination of the study design
  – Peg IFN α 180 mcg/1.73 m² BSA s.q. q wk + ribavirin 15 mg/kg/day p.o. in 2dd or placebo
  – Inclusion and exclusion criteria
  – 24 week decision point
  – Monitoring for depression with Childhood Depression Inventory (CDI)
  – Pediatric AIDS Toxicity scale for AE’s and SAE’s
  – HRQOL
  – Body composition and growth

Who are the subjects, and how will they be selected?
Inclusion criteria

- Male or female patients who are 5 to 18 years of age
- HCV viremia present on 2 tests over 6 months
- Chronic liver disease consistent with chronic hepatitis C virus infection on a liver biopsy within 36 months pre rx
- Compensated liver disease
- Signed informed consent
- Hemoglobin values >11 g/dL for females; >12 g/dL for males
- Normal TSH
- Demonstration of ability to swallow a 100 mg ribavirin or look alike placebo tablet.

Exclusion criteria

- Previous IFN therapy
- Other liver disease
- Autoimmune disease, cytopenias
- Chronic extrahepatic disease
- Major depression
- Transplantation,
- Severe retinopathy
- Sexually active subjects not practicing contraception
- Females with a positive serum pregnancy test
- Active substance abuse
- A sibling/child sharing the same primary care giver

Who are the best collaborators?

- DSMB
- NIDDK
- Monitors
- Centralized Lab
- Medical Safety Committee
- Central Pathologist
- DCC
- Coordinator
- GCRC
- Investigational Pharmacy
- Ophthalmologist
- Pediatric Hepatologists at 11 Clinical Sites
- Psychologist
- Radiologist
- PI

What measurements will be made?

<table>
<thead>
<tr>
<th>HCV +</th>
<th>HCV -</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compassionate PEG 2a + RV</td>
<td>Untreated Follow-up</td>
</tr>
<tr>
<td>Continue PEG 2a + RV</td>
<td>Week 24 1st Decision Point</td>
</tr>
<tr>
<td>Week 48</td>
<td></td>
</tr>
<tr>
<td>Week 52 2nd Decision Point</td>
<td></td>
</tr>
<tr>
<td>DC Therapy</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HCV +</th>
<th>HCV -</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEG 2a + Placebo</td>
<td>Week 24</td>
</tr>
<tr>
<td>Untreated Follow-up</td>
<td>Week 48</td>
</tr>
<tr>
<td>Week 72</td>
<td></td>
</tr>
<tr>
<td>DC Therapy</td>
<td>Week 76</td>
</tr>
<tr>
<td>Untreated Follow-up</td>
<td>Week 100</td>
</tr>
</tbody>
</table>
• How large is the study and how will it be analyzed?

Participant Randomization

Participant Follow-Up

Baseline Characteristics

SVR rate by baseline features
### Multivariate Predictors of Viral Response

**Children receiving Combination Therapy**

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Odds Ratio</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combo vs mono</td>
<td>5.4</td>
<td>0.002</td>
</tr>
<tr>
<td>Female vs male</td>
<td>3.6</td>
<td>0.027</td>
</tr>
<tr>
<td>Other vs Maternal</td>
<td>6.8</td>
<td>0.005</td>
</tr>
<tr>
<td>Genotype Other vs 1</td>
<td>4.5</td>
<td>0.023</td>
</tr>
<tr>
<td>Moderate vs mild inflammation</td>
<td>3.4</td>
<td>0.033</td>
</tr>
<tr>
<td>None vs mild steatosis</td>
<td>6.7</td>
<td>0.001</td>
</tr>
</tbody>
</table>

### Conclusions
- Superiority of combination therapy
- Addition of ribavirin increased ETR/SVR
- Compassionate mono/combo SVR 41%
- Excellent safety profile
- Neutropenia and anemia common
- Excellent compliance - >90% for both rx

### Acknowledgments
- NIDDK
- FDA OPD
- Roche
- Maryland Medical Research Institute
- DSMB
- Coordinators/pharmacists
- Patients
- Caregivers
Bioethics for Pediatric Gastroenterologists

Ellen L. Blank, MD, MA
Associate Professor of Pediatrics
Medical College of Wisconsin
Children's Hospital of Wisconsin
Milwaukee, WI

Conflict of Interest Declaration

- None

After this presentation you will be able to

- Identify the four principles of bioethics
- Apply them to common ethical issues encountered by pediatric gastroenterologists
- Understand the issues surrounding choices for pediatric nutritional support

Ethical Dilemma: Nourishing the Child with Cerebral Palsy

- Incidence of Feeding Problems
  - 86% with quadriplegia
  - 37% with diplegia or hemiplegia

VA Stallings, Dev Med Child Neurol, 1993

Four Principles of Modern Bioethics

- Autonomy
- Beneficence
- Non-maleficence
- Justice

Bioethics: Study of Ethical Issues Arising from Health Care & Biomedical Sciences

Law
Medicine
Theology
Bioethics
Cultural Anthropology
Philosophy
How do the four principles of bioethics apply to children?

**Autonomy**

- Children are not autonomous agents
- Some children will never be autonomous agents

**Normal Developmental Milestones to Emerging Autonomy**

- Ages 4-5: Language development and control over bodily functions
- Ages 7-8: Ability to understand cause and effect
- Ages 11-15: Puberty and sexual maturation
- Age 18: Completion of high school

**Pediatric Assent**

- Age-appropriate discussion with a child
- Expectations for tests and treatments
- Clinical assessment of child’s comprehension
- Solicitation of child’s acceptance of care
- Required for children over age 8 to participate in research studies

**Beneficence & Non-maleficence**

Parents act in the best interests of their children and avoid harm

**Other Consent Issues Related to Minors**

- State laws vary in granting rights to minors to refuse or consent to medical care
- Mature minors
- Emancipated minors
- *Parens patriae* power of the State
  - Child neglect
  - Life-threatening situations
  - Vaccinations
  - Blood transfusions
  - Child abuse
  - Religious objections to standard treatments

ASSENT DOES NOT REPLACE INFORMED CONSENT BY PARENTS!
Evaluating Best Interests of Infants and Children

- Severity of medical condition
- Availability of cure or corrective treatment
- Likelihood to achieve treatment goals
- Serious neurological impairment
- Extent of patient suffering
- Number of other serious co-morbidities
- Life expectancy of child
- Treatment-related benefit : burden

Weir and Bale, 1989

U.S. Child Abuse Amendments of 1986

- Defined medical neglect:
  - Withholding of medically indicated treatment likely to ameliorate or correct a medical condition
  - Included:
    - Nutrition
    - Hydration
    - Medication
    - Other “reasonable treatments”

Nourishing the Child with Cerebral Palsy

Oxford Feeding Study
- 89% needed help to eat
- Symptoms during meals
  - 56% choking
  - 43% stressful/prolonged meals
  - 22% vomiting
PB Sullivan
Dev Med Child Neurol, 2002

Justice

- Healthy children do not have universal access to health care in the U.S.
- Life-sustaining care in the U.S. is not based on ability to pay
- U.S. Congress has NEVER fully funded Baby Doe regulations or 1986 Child Abuse Amendments

Autonomy

- Informed consent
- Assess child’s cognitive ability to participate in decision-making
- Discuss choices to supplement nutrition
- Solicit parental consent
- Solicit child’s assent as appropriate

Beneficence

- Goal = Improved health with better nutrition
- Improve the process to nourish the child
  - Improve safety
  - Improve efficiency
  - Improve quality of life
- Discuss best interests of patient
  - Parental perceptions
  - Caregiver perceptions
Non-maleficence
- Avoid harm
- Caregiver concerns
  - Sequelae from continuing status quo
  - Side effects of medications
  - Surgical complications
- Parental concerns
  - Concerns raised by caregivers
  - Trust issues with caregivers
  - Changes in family dynamics

Parental Concerns about Harm from Artificial Feedings
- LOSS
  - parent/child interaction
  - family bonding experience
  - enjoyment of eating for the child
  - parental satisfaction to nourish their child
  - parental satisfaction to effect weight gain (flourish)

Justice
- Funding is available in the U.S. for disabled children to receive fluids and hydration by natural or artificial means.
- Medical treatment is mandated by the Child Abuse Act of 1986 for children with ameliorable/correctable conditions.

Withdrawal of Nutritional Support in Children
- Brain death is very rare
- Best interest by parents/legal guardians
- Emerging autonomy of older children
- Parens patriae responsibility of the state
- Permissible when child has a terminal illness and is receiving palliative care
- Withholding and withdrawing nutritional support are ethically the same in patients with fatal conditions

Puberty
- Growth spurt to adult size
- Evolving sexual feelings without insight
- Inappropriate acting out of sexual feelings
- Vulnerability to sexual abuse by others
- Parents’ fear of pregnancy

“Ashley” Case in Seattle
- Ashley
  - 6 1/2 year-old girl
  - Severe global delays
  - Total dependent care
  - Non-ambulatory, non-verbal
  - G-tube fed
  - Smiles, responds to caregivers
- Parents request hysterectomy, removal of breast buds, high-dose estrogen treatment to attenuate growth

L. Rouse, Brit J of Learning Disabilities, 2002
Arch Pediatr Adolesc, 2006
“Ashley” Case in Seattle

- Parents’ Reasoning to avoid pubertal growth:
  - Too large to care for at home
  - Separation from family
  - Discomfort she can’t understand
    - Dysmenorrhea
    - Routine gynecology exams
    - Multiple female relatives with chronic breast pain during monthly hormonal cycles
  - Vulnerable to sexual abuse

- Local ethics committee agreed with parents’ reasoning
- Emphasized need to evaluate requests by families on case-by-case basis
- Decision later scrutinized and found to have violated state law because of no court order for elective hysterectomy for a minor prior to surgery

Summary

- Use of new technologies will nourish children who would naturally die from malnutrition
- Tube feeding provides a safe route to deliver nutrition
- Growth from better nutrition creates new chronic care issues
- Nutrition may be ethically withdrawn from children with terminal illnesses
- The most important ethical issue for children is placement of the tube
**Funding Options for Junior Physician Faculty**

John Barnard, M.D.
Nationwide Children's Hospital and The Ohio State University

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**Overview**

- 80:20 Rule
- Types of research grants
- Laying the groundwork
- Writing a grant
- Perseverance

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**The 80:20 Rule in Academia**

- Pareto Rule: Law of the Few
  - 80% of the effects come from 20% of the causes.
- Typical time paradigm for research effort
  - 80% research : 20% clinical
  - 80% clinical : 20% research/academics

---

**80% R : 20% C**

- NIH program, center grants, etc
- R01
- R21
- K-Award
- Start-up funding
- Foundation
- Pharmaceutical industry
- Internal funding (pilot projects, etc)

**20% R : 80% C**

- Foundation funding
- Pharmaceutical industry
- Internal funding (intramural)
- No funding

---

**Overview**

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- Writing a grant
- Perseverance

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**Desirability**

- Competitiveness
- Prestige
- Space/resources
- Indirect $$
- OPM

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### K Awards

- **K08**
  - Mentored Clinical Scientist Development Award
  - Development of the independent clinical (M.D.) research scientist
  - Limited budget and indirect costs
- **K23**
  - Mentored Patient Oriented Research Career Development Award
  - Development of the independent research scientist in the clinical arena
  - Limited budget and indirect costs
- **K12**
  - Usually and internal award (CHRC, CTSA, other)

### R Awards

- **R01**
  - Traditional research grant
  - Single investigator initiated
  - Multiple PI (new)
  - Most common funding mechanism by NIH
  - Higher indirect cost rate
  - Usually 3 to 5 years
- **R21**
  - Investigator-initiated grant
  - Two years
  - Institute specific

### “Other” Grants

- Center grant pilot project (DDRC, CTSA, other)
- Child Health Research Center (K12)
- “Intamural” grants
- Foundation grants (CCFA, CF Foundation)
- AGA Institute Awards
- NASPGHAN/CDHNF Grants
  - Nestle Nutrition Award
  - Young Investigator Awards
  - NASPGHAN/CCFA Awards

### Success Rates: 2007

- Success rate = number of applicants funded / number of applicants submitting grants in a given year
- Women ≠ men for follow-up applications
- Success rates > 2007 than 2006

### Overview

- 80:20 Rule
- Types of research grants
- Laying the groundwork
- Writing a grant
- Perseverance
Job Search: Negotiating Research Funding

• Important institutional factors
  – Institutional history, tradition and vitality
    • Leadership (CEO, Department Chair, Division Chief)
    • P&T criteria
    • mentoring history/culture
  – Critical mass
    • clinical gastroenterologists
    • research scientists
  – Protected time
    • 80% : 20%

Job Search: Start-up Packages

• Negotiate during recruitment
• Obtain commitment in writing
• Key features of a a good start-up package
  – Flexible structure
  – Expect milestones
  – Usually 3 to 5 years
  – Salary support for non-clinical time
  – Equipment/supplies
  – Personnel

Overview

• 80:20 Rule
• Types of research grants
• Laying the groundwork
• Writing a grant
• Perseverance

Writing a Grant

• “First-time applicants may have less preliminary data and fewer publications than more seasoned investigators would. Reviewers and NIH staff understand this. More emphasis is placed on the applicant’s demonstration that he or she is truly independent of any former mentors, has some of his or her own resources and institutional support, and is able to independently lead a laboratory.” NIDDK WEB site
• Relevant
• Carefully-controlled
• Feasible
Writing a Grant

- Select a novel project in area of high current interest (innovation)
- Clearly state testable hypotheses
- Emphasize significance
- Demonstrate feasibility with preliminary data
- Clearly describe experimental approach, including contingency plans, strengths and weaknesses
- Sell yourself (investigator) with letters of support and collaboration (environment)

"Advice for the first-time applicant"
- Ask for advice from experienced colleagues and NIH Program Directors
- Deadlines are true deadlines
- Suggest a study section or Institute in a cover letter
- Do not give up; application may be resubmitted
- Do not propose more than can be done

"Think like a reviewer"
- has a breadth and depth of knowledge, experience and wisdom in judging a large range of work
- may be a non-expert, but can understand a clearly written proposal
- must be convinced of independence, knowledge of field, ability to design well-controlled experiments
- wants a clear, error-free, concise and precise (easy to read) presentation

Overview

- 80:20 Rule
- Types of research grants
- Laying the groundwork
- Writing a grant
- Perseverance (again)

**Perseverance**

Press on: nothing in the world can take the place of perseverance. Talent will not; nothing is more common than unsuccessful men with talent. Genius will not; unrewarded genius is almost a proverb. Education will not; the world is full of educated derelicts. Persistence and determination alone are omnipotent.

Calvin Coolidge (1872 - 1933)
Graduating Medical Fellowship
Improving Your Interview Skills

Dana Ursea, M.D.
Phoenix Children’s Hospital
Phoenix, AZ

What Are the Interviewers Looking for?

✓ Solid and special skills in your training
✓ “Soft” skills such as
  ➢ Ability to communicate
  ➢ Analytical thinking
  ➢ Willingness to learn
  ➢ Ability to judge
  ➢ Hard worker
  ➢ Initiative, adaptability, accountability, teamwork & cooperation

What Are You Looking for at the Interview?

✓ That the hospital and the program represent a good fit with your career aspirations
✓ That you want to live in the city or town where the hospital is
✓ To demonstrate your effective two-way communication skills

Preparing for the Interview #1

✓ Know yourself
  ➢ Your “soft” skills
  ➢ Your passions and interests
  ➢ Your career target for the medium term

✓ Give examples
  ➢ You must have evidence to back up your claims
  ➢ Be ready to “tell stories”

“Telling Stories”

✓ Evidence of your skills/interests is best illustrated with stories about your Achievements
  ➢ Stories can come not only from your academic life, but also paid jobs, volunteer work and extra-curricular activities
“Telling Stories”
✓ Consider using the “P.A.R.” Formula:
  ➢ P – state the problem you faced
  ➢ A – describe the action you took
  ➢ R – explain the results of your actions
    – In terms of %, $, #’s

Preparing for the Interview #2
✓ Know about:
  ➢ The city
  ➢ The hospital
  ➢ The specialty
  ➢ The programs
  ➢ Their research
  ➢ The profession as a whole
✓ Where can you get that information?:
  • Internet, literature that you received
  • Talk to current faculty, director

Preparing for the Interview #2
✓ Prepare “intelligent” questions for the interviewer from your research
✓ Learn how to cope with stress!

About Your Questions
✓ Ask questions about the program, not about things
✓ Your questions should reflect a strong interest in developing and learning and should not reflect an aversion to work
✓ Don’t ask questions in which you’re not interested in the answers
✓ Don’t “cross-examine”

Which of These Questions Would You Ask?
1. Can you tell me how your program will help me meet my learning objectives?
2. For me to learn effectively, I really need to have practical, hands-on/clinical experience. Does your program offer that?
3. How many CT scans does your hospital have?
4. Can you tell me about the call schedule?
5. How are residents included in hospital rounds?

Now That You’ve Prepared, On to the Interview…
What are the main elements of an interview?
A: What you say
B: How you say it
C: Physical appearance & dress
D: Your body language
A: What You Say
Typical Interview Questions

✓ Chit-chat:
  ➢ show your personality, but be professional; don’t be too familiar; you are always being interviewed – even at the so-called “casual” lunch
✓ Behavioural based on past experiences:
  ➢ “Can you tell me about a time when you had to work under stress?”; “when you led a team to achieve a goal?”; “when you failed?”
✓ Behavioural based on how you might act in the future:
  ➢ “what would you do if a patient said they wanted a ‘real’ doctor?”

More Interview Questions

✓ To get a sense of your knowledge of the profession/program/specialty/medicine/hospital:
  ➢ “What are your expectations about this program?”
  ➢ “Why are you applying here? To this specialty?”
✓ To get a sense of your self knowledge:
  ➢ What kinds of people are your friends?
  ➢ Who are your heroes?
  ➢ With which types of people/patients do you have trouble working?

Other Possible Questions

✓ How do you see the delivery of health care evolving into the 21st century? (political and social issues)
✓ What would you do if the house staff had a “job action” or strike? (ethical issues)
✓ Tell me about the patient from whom you learned the most

Other Possible Questions

✓ If you could be any cell in the human body, which would you choose to be, and why?
✓ How do you explain…
  ➢ low grades,
  ➢ leaves of absence
  ➢ poor clinical narratives
✓ What is your energy level like?

Difficult Interview Questions

✓ Please tell me about yourself
✓ Can you tell me why I should let you do your residency here?
✓ Please tell me about one of your weaknesses; strengths
✓ Any questions about your age, marital status, sexual orientation, religion or political views
  ➢ What are your plans for a family?
✓ Would you have any trouble working in this predominantly catholic (Jewish) hospital?

More Difficult Questions

✓ Where else did you apply?
✓ Is this program your first choice?
✓ How will you rank us?

Be careful about verbal promises made to you at the time of the interview!
More About What You Say

☑ DO NOT
  ➢ Be negative about another program; say how the program is different from others
  ➢ Say "My, that's a difficult question"

☑ DO
  ➢ Organize your answers
    • Have a beginning, middle and end
  ➢ Be brief, to the point and interesting

B: How You Say It

☑ Check your volume, tone and speed
☑ Enunciate carefully
☑ Avoid fillers:
  ➢ "you know", "um", "and things like that", "sort of"
☑ Allow silences to occur –
  ➢ take time to organize your answers!
☑ Avoid slang and informal language

C: Physical Appearance & Dress

Role: Faculty/Attending Physician
  ➢ a confident, with a touch conservative individual
  ➢ Wash!
  ➢ Shave or trim beard
  ➢ Use deodorant, but not perfume or cologne
  ➢ Clean nails
  ➢ Breath freshener
  ➢ NO GUM or CIGARETTES
  ➢ Clothes clean and pressed

Dress the Role
  Invest in appropriate attire!

Men:
  ➢ Suit (two piece and a dark color)
  ➢ Grey trousers and blue blazer
  ➢ A white or pale colored shirt
  ➢ A tie (silk, no animals)
  ➢ Socks that match the suit
  ➢ Shoes conservative, polished
  ➢ Belt matching the shoes
    • (pot leaf belt buckle to be left at home)

Women:
  ➢ A suit or a skirt with jacket
  ➢ A blouse in a matching but subdued color with long sleeves or turtleneck
  ➢ Blouse buttoned up or a scarf around your neck
  ➢ Pantyhose (neutral color not fishnet)
  ➢ Sensible shoes matching or complementing the outfit, no spikes
  ➢ Make-up: natural, sparingly

Dress the Role
  Invest in appropriate attire!

Jewelry
  ➢ Less is more, none is better; discrete
  ➢ Eyebrow piercing and tongue stud?

Outer wear
  ➢ Coat and boots that protect your clothes
    • You will be interviewing in winter
Dress the Role

The Briefcase
✓ For everyone (for women—better than a purse)
  ➢ Contents:
    • CV x 3
    • Personal statement
    • Material not included in application
    • Pen/paper/palm pilot to take notes
    • Instructions/maps
    • Material that is given to you
    • Wallet, etc.

If you are travelling—
➢ Don’t travel in your interview clothes
➢ Change when you get there
➢ Once you are dressed correctly, forget about it
➢ Use carry-on baggage - if possible
➢ Always carry important papers, money, etc on you
➢ Arrive night before - if possible – and get good rest

D: Body Language
✓ Handshakes
✓ Posture: “walk tall”
✓ Hand gestures – yes? no?
✓ Facial expressions – smile!
✓ Eye contact – make it!
✓ Show confidence

Finally...
After the interview:
✓ Assess your performance to improve for the next time
✓ Optional: write a short thank you note to the interviewer (and secretary) referring to something you learned during the interview

Final Notes
✓ Be yourself! Don’t lose your personality!
  ➢ But be your “self-aware” self
✓ Be honest!
  ➢ But don’t put yourself down
✓ Be passionate!
  ➢ But don’t overdo it; avoid superlatives
✓ Be genuine!
  ➢ Don’t try too hard to figure out the “right” answers
✓ Sell yourself!
  ➢ Give them the evidence to allow them to justify selecting you
Negotiating for the ideal job

Dana Ursea, MD
Phoenix Children’s Hospital
Phoenix, AZ

Negotiating Tips

- Plan ahead, knowledge is power
- Group, HMO, Department
- Know your worth
- Salary information
  - Professional organizations
- How long has the position been offered
- Do you have a skill in demand
- Interview for several positions

Negotiating Tips, cont.

- Set priorities
  - What do you need
  - What do you want
  - What can you get

- Is the item worth the fight
  - Choose your battles wisely

- Is your demand legitimate
  - Be realistic

- Define your limits, but keep them private
  - Don’t be afraid to ask
  - But remember some things may not be negotiable

It’s Not Easy to Talk About Money

- In a salaried position, the salary you accept now will play a role in your future salary
- Promote yourself so that your employer sees your worth
  - Easier to do this when you are well qualified for the position you’re seeking
  - Elaborate on your strengths
- Money won’t make you happy ... But it sure makes life easier

- Early on, talk about salary ranges
  - Don’t lowball
  - An absolute amount may be seen as confrontational

- Try to keep the salary specifics for the end of the interview
- If the salary is under what you want but the job is perfect focus negotiations on
  - Future salary / Bonuses
  - Other forms of compensation
Negotiating tips, cont.

- Never say yes to the first offer
- Have a deadline, but don’t be too rigid
- Negotiating is a 2 way street
- Fine line between protecting your interests and being seen as difficult

And Don’t Forget...

- Your first negotiations with this future partner/group/chairman/university won’t be your last
  - Was it fair?
  - Was it more of a struggle than it needed to be?

  It’s unlikely to change the next time around!

Gone are the days of a handshake to settle the deal!

Contract:

an agreement between parties, especially one enforceable by law

Employment Contract

- Details of the contract will differ depending upon the employer
- Start negotiating before you have a contract in writing
- “Standard” contracts can be changed

Contract Terminology

- Preamble
- Recitals
- Definitions
- Obligations
- Terms
- Termination
- Signatures
- Exhibits
The Physician Contract

- Compensation and benefits
- Partnership provisions
- Professional obligations
- Termination
- Restrictive covenant

Compensation and Benefits

Salary

- Fixed
  - “Safe”
  - Usually for a year
- Base salary with an incentive based on productivity
  - Is the bonus based on billings or collections
- Solely productivity based
  - Lag between time billed and time collected
- Academics
  - Typically base with incentive

Factors That Influence Salary Offer

- Location
- Fellowship training
- Type of fellowship training
- Board certification
- Reputation of the group/department

Productivity

- Billings
- Overhead
  - Ranges from 35 - 65%
  - Will vary in the same group over time
  - If you have to share overhead, contract should state what your share is
- Collections
  - Payer mix / population you serve
  - Negotiated contracts
  - Efficiency of billing service

Adjusted vs. Unadjusted Collection Rates

- Patient visit: You charge $100, have a contract with that insurance company that you will receive $65 for the visit and it is paid
  - Unadjusted collection is 65%
  - Adjusted collection is 100%
Example of a Salary Offer

- Your base salary is $100,000
- After you have billed $300,000, you will receive 25% of what is billed
- After $300,000 is collected, you will receive 25% of what is collected

Incentive Bonuses

- If you bill $500,000 your first year:
  - And your bonus is based on gross billing:
    - your first year salary will be $150,000
  - And your bonus is based on collections, if your adjusted collection rate averages 60%:
    - your first year salary will be $100,000
    - to make $150,000 you would have to bill $833,000

Other Ways Bonuses May Be Determined

- Number of patients seen
- Patient satisfaction
- New referrals
- Academics
  - Publications/ Presentations
  - Grants
  - Teaching awards
  - Productivity

More on Bonuses

- A productivity based bonus is most fair to both you and your employer

Other Income

- Fees for reviewing medical records for a lawyer
- Fees for being an expert witness
- Honorarium for speaking engagements
- Pharmaceutical sponsored investigational drug studies

More on Academic Salaries

- Differences with private practice typically less when first starting, then increase dramatically in the next few years, then at the middle/end of one's career, approach each other
- Academic salaries are in part tied into how the institution is doing
- Keep this in mind when interviewing
- Ask about recent pay raises for faculty
Insurance

- Malpractice insurance
- Do you need tail coverage?
  - claims made
  - occurrence - University insurance
- Health insurance
- Disability insurance
- Life insurance

Retirement Plans

- Plans differ substantially, and include profit sharing plans
- How much does your employee contribute?
- Do they have a matching program?
- How long does it take to be 100% vested?
- How much control do you have over the plan?
- Most academic institutions use TIAA/CREF

Other Benefits

- Signing bonus
- Moving allowance
- Vacation time
- Days off
- Sick leave
- Personal leave
- CME time
- Cafeteria plan

Other Benefits, cont.

- “The group/department will pay X amount for ...
- Academy dues
- State license fees
- DEA fees
- Journal
- Board fees

Pre-tax dollars

Promotion and Tenure

P&T

- Instructor or assistant professor?
- What track will you be appointed to?
  - Nontenure
  - Tenure
    - Make sure it's right for you
- Changing your track
- Tenure clock
Partnership Requirements

The Cost of a Partnership
- In general, managed care has decreased the value of a medical group
- The worth of a practice is hard to pin down, and is always changing
- Your buy-in amount should be less than what it would cost you to start a practice on your own

Restrictive Covenant
- If you leave the group, it forbids you to practice within a certain geographic area for a certain length of time
- Are they legal?
  - States vary
  - Legality may depend upon
    - How reasonable they are
    - What the need is for health care in the area
  - Academic centers are starting to have them

Restrictive Covenant
- Buy out clause
- Clause that admits it is illegal, but that you will abide by it
- To fight it if you should leave will take time and money
- Nonsolicitation clause

Professional Obligations
Your Will Need to be Able to Obtain:
- Unrestricted state medical license
- DEA number
- Privileges at hospitals
- Malpractice insurance
- Right to participate in health care plans

Your Responsibilities
- Clinical responsibilities
  - Clinic
  - Hospital
  - Call coverage
  - Attend staff meetings
  - Obtain board certification in a set number of years

Academic Responsibilities
- Protected time
  - Is it commensurate with your track?
  - Is it similar to your peers?
- Teaching responsibilities - residents and medical students
- Other responsibilities
  - Residency director
  - Student clerkship director
  - Resident clinic
  - Ward/consult attending

Obligations of the Practice or Department
- Office space
- Equipment
- Staffing
  - Receptionist, transcriptionist, medical assistant, nurse
- Billing services

Other Areas to Negotiate
- Promotion and advertising when you join
- Beeper, paging service
- Mobile phone and service
- Personal office furniture
- Computer, printer, internet service, access to Medline

Termination
- Termination without cause
  - Time limit - 90 days
  - Give notice - 60-120 days
  - Ramifications
- Termination with cause
  - Should be specific
  - Failure to cure
    - May include a time to correct problem
  - What happens if the group is bought
  - What happens if you don’t get tenure?
Watch out for a practice that:
- Drags its feet providing items in writing
- Has a spouse involved in the management

Think twice about the department that:
- Has an acting chairman
- Has a poor promotion rate

Reconsider a job that:
- Won’t provide an incentive bonus
- Has a revolving door

Now that you’ve been there a while...
- Do you have enough support staff?
- Nurse
- Have you landed a grant or pharmaceutical study?
- If it offers salary support, then your obligations to the department should change accordingly
- Meet with your chairman yearly to discuss your academic progress
- Working hard is important, but it isn’t enough - make sure you’re noticed!

Final Comments
- The contract should be as specific as possible
- Don’t be afraid to walk away from a bad deal
- Start early
- You can negotiate with 2 (or more) groups/departments at the same time
- Use a lawyer who specializes in contract law and or health care law in the state you’ll practice in
## 2009 Evaluation Form

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<th>Speaker/Speakers</th>
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<td>Crafting Presentations in Small Groups</td>
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<td>1 2 3 4</td>
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</tr>
<tr>
<td>Lunch with Presentations</td>
<td></td>
<td>1 2 3 4</td>
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</tr>
<tr>
<td>Running a Practice - Janet Harnsberger</td>
<td></td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Organizing a Multidisciplinary Program - Dana Ursea</td>
<td></td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Topic</td>
<td>Speaker(s)</td>
<td>Usefulness</td>
<td>Overall</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Evidence-based Medicine and Guideline Development</td>
<td>John Pohl</td>
<td>1 2 3 4</td>
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<tr>
<td>Running a Lab</td>
<td>Cheryl Gariepy</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
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<tr>
<td>Clinical/Translational Research</td>
<td>Michael Stephens</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Multicenter Research</td>
<td>Kathy Schwarz</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Panel Discussion</td>
<td>Harnsberger, Ursea, Pohl, Gariepy, Merritt, Stephens</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Career Planning in Small Groups</td>
<td></td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Ethics for Pediatric Gastroenterologists</td>
<td>Ellen Blank</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Lunch - Case Discussion</td>
<td></td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Funding your Scholarship - Next Steps</td>
<td>John Barnard</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Interviewing and Negotiating</td>
<td>Dana Ursea</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Transition of your Research Program and Changing Mentors</td>
<td>Michael Stephens</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>
**Conference Overall**

**Usefulness**
1 2 3 4

**Overall**
1 2 3 4

Suggestions/Comments: ____________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
NASPGHAN Fellows (Subspecialty Residency) Questionnaire
Please circle the most appropriate answer or fill in the blank

Demographics

1. What is your current age? ______ years

2. What is your gender? Female ____  Male ____

3. Do you have a significant other (e.g. spouse, boyfriend, girlfriend) who figures into your career choices?
   a. yes
   b. no

4. How many children do you have? __1 ___2 ___3 or more

5. My current citizenship status is?
   a. US citizen training in US
   b. Canadian citizen training in Canada
   c. Foreign medical graduate – [if yes, answer #6]

6. If you are a foreign medical graduate, what is your visa status:
   a. US citizen
   b. Permanent resident
   c. H-1 visa
   d. J-1 visa
   e. O-1 visa

7. My current year of GI subspecialty training is?
   a. 1st year
   b. 2nd year
   c. 3rd year
   d. 4th year
   e. 5th year

8. What is your current (total) educational debt burden? (Please do not include your spouse’s debt burden)
   a. None
   b. ≤ $50,000
   c. $51,000-100,000
   d. $100,000-200,000
   e. ≥ $200,000

Fellowship program

9. How many fellows are in your training program (total in all years)? __________

10. Is your fellowship program accredited by the ACGME?
    a. Yes
    b. No
    c. Don’t know
11. Do you have a guaranteed salary for all three years of your training?
   a. yes
   b. no

12. What is the source of your current salary?
   a. Hospital/institutional funding
   b. NIH Training Grant/National Research Service Award
   c. Other NIH grant funding
   d. Private or foundation grant funding
   e. Other (Please specify:____________________)

13. How many years of training in your program are clinical?
   a. 1
   b. 1.5
   c. 2
   d. 3

14. Most training programs require a minimum of one year of clinical training. Your current program is best described as:
   a. A continuous first year of clinical training
   b. Clinical training distributed throughout the 2-3 years of fellowship
   c. Other (please describe)_______________________________________________

Clinical service and procedures

15. To date, approximately how many of the following procedures have you performed or assisted with?
   a. Esophagogastroduodenoscopy _______ (number)
   b. PEGs _______ (number)
   c. Flexible sigmoidoscopy _______ (number)
   d. Colonoscopy _______ (number)
   e. Polypectomy _______ (number)
   f. Suction rectal biopsy _______ (number)
   g. Anorectal manometry _______ (number)
   h. Percutaneous liver biopsy _______ (number)
   i. Liver transplant _______ (number)

Teaching conferences

16. How many formal teaching sessions (lectures, clinical, research, pathology, x-ray conferences or journal club pertinent to GI/Liver/Nutrition) are available to you each week?
   a. None
   b. 1
   c. 2
   d. 3-4
   e. 5+
17. How many formal teaching sessions (lectures, clinical, research, pathology, x-ray conferences or journal club pertinent to GI/Liver/Nutrition) do you attend per week?
   a. None
   b. 1
   c. 2
   d. 3-4
   e. 5+

**Research opportunities**

18. As part of my fellowship, there are opportunities for training in *(Circle all that apply)*:
   a. basic research
   b. clinical research
   c. outcomes research
   d. clinical research plus obtain an MPH or Masters in Clinical Science
   e. there are no opportunities for research training

19. As part of my ongoing fellowship, I am currently engaged (2nd or 3rd year fellow) in, or plan to work (current 1st year fellow) in *(Circle all that apply)*:
   a. basic research
   b. clinical research
   c. outcomes research
   d. clinical research plus obtain an MPH or Masters in Clinical Science
   e. I will not perform research during my fellowship

**Career decision-making**

20. I made the decision to pursue a career in Pediatric Gastroenterology during *(Circle one answer)*:
   a. undergraduate years
   b. medical school
   b. 1st year of residency
   c. 2nd or 3rd year of residency
   d. other (please specify) ______________________________________

21. The individual who most influenced my decision to pursue a career in Pediatric Gastroenterology was *(Circle one answer)*:
   a. Department head
   b. Division head
   c. Faculty member
   d. Subspecialty fellow/resident
   e. Specific patient/disorder
   f. Research (PhD) scientist
   g. Other ________________________________

22. The experience that most influenced my decision to pursue a career in Pediatric Gastroenterology was *(Circle all that apply)*:
   a. experience caring for a specific patient
   b. disease in myself or family member
   c. basic or clinical research experience
   d. individual pediatric GI mentor
   e. successful publication or national presentation of research
   f. other ________________________________
23. Rate each of the factors below as to their importance to you as you prepare for a career in Pediatric Gastroenterology? Rate each factor from 1 (very important) to 5 (not important at all):

<table>
<thead>
<tr>
<th>Factor</th>
<th>Very important</th>
<th>Somewhat</th>
<th>Not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job availability</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Desire to teach</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Teaching opportunities</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Desire to do research</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Research possibilities</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Potential research collaboration</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Clinical opportunities</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Specific patient populations</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Administrative possibilities</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Positive role models</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Financial compensation</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Lifestyle e.g. night call</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Time for family</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Number of GI Procedures</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Intensive care e.g. liver transplant</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Intellectual challenge</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Types of disorders seen</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

24. Are you considering a career in private pediatric gastroenterology practice?
   a. yes
   b. no

25. For those interested in private practice, my goals for success in pediatric gastroenterology include (Circle all that apply):
   a. being a highly competent and skilled endoscopist
   b. becoming the head of the pediatric GI group
   c. becoming medical staff president
   d. writing case reports, reviews and chapters
   e. performing pharmaceutical-sponsored trials
   f. I am not interested in private practice
26. Some of the factors that might influence me to consider private practice include *(Rate each factor from 1 (very important) to 5 (not important at all)):*

<table>
<thead>
<tr>
<th></th>
<th>Very important</th>
<th>Somewhat</th>
<th>Not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty of performing research</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Concern re: ability to obtain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>research funding</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Level of compensation</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Excess debt burden</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concern re: ability to gain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>promotion</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Career plans**

27. Following completion of my training in Pediatric Gastroenterology I plan to practice in:
   a. United States
   b. Canada
   c. My home country outside the US or Canada

28. If I could design it (assuming adequate pay and time for family), my ideal pediatric GI job would be? *(Rank your top 3 choices in order 1=highest, 2=2nd highest, 3=3rd highest)*
   __ Clinician in private practice – 100% patient care, mostly out-patient
   __ Clinician in private practice with teaching of residents – 80% both in-patient and out-patient
   __ Clinician in private practice with administrative responsibilities
   __ Academic clinician-educator – 70% patient care and 30% teaching of residents & fellows in academic setting
   __ Academic clinician-investigator – 70% patient care and 30% clinical research in academic setting
   __ Academic clinician-investigator – 50% patient care and 50% clinical research with extramural funding
   __ Academic laboratory-based investigator – 75% laboratory-based research with extramural funding with little patient care
   __ Physician-administrator – 50% patient care and 50% program administration
   __ Other (e.g. public health, pharmaceutical company) Please specify ______________________
29. Which of the following will be factors in your choice of job choice? *(Rate each factor from 1 (very important) to 5 (not important at all)):

<table>
<thead>
<tr>
<th>Factor</th>
<th>Very important</th>
<th>Somewhat</th>
<th>Not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational debt</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Ability to extend my work visa</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Availability of appropriate career mentor</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Ability to live in a specific geographic area</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Ability to continue my research interests</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>The long range career plan that was developed with my fellowship mentor</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Needs of my family</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>(e.g. spouse's career, children)</td>
<td></td>
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</tbody>
</table>

**Fellowship satisfaction**

30. Overall, I feel about my fellowship training in Pediatric Gastroenterology? *(Rate each factor from 1 (extremely satisfied) to 5 (extremely dissatisfied)):

<table>
<thead>
<tr>
<th>Factor</th>
<th>Extremely Satisfied</th>
<th>Neutral</th>
<th>Extremely Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical training</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Educational conferences</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Procedural training</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Research training</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Research mentoring</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Career counseling</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Personal support</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Overall fellowship training experience</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
**Long-range plans**

31. Ten years from now, which of the following factors will be important to you in determining the success of your career in Pediatric Gastroenterology? *(Rate each factor from 1 (very important) to 5 (not important at all)*):

<table>
<thead>
<tr>
<th>Factor</th>
<th>Very important</th>
<th>Somewhat</th>
<th>Not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being a respected referral clinician</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Being a tertiary referral consultant</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Not having been sued for malpractice</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Intubating the terminal ileum during colonoscopy</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Productive patient-oriented research</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Above with small private &amp; drug funding</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>NIH funded patient-oriented research</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>NIH funded laboratory-based research</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Having 15-25 publications</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Getting promoted to associate professor</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Becoming a division head</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Having the 5-bedroom house with pool</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE!**

*The NASPGHAN Training and Fellow’s Committees*
Reimbursement Form

Receipts must accompany requests for reimbursement. Requests must be received no later than April 7, 2009. Requests received after April 7 cannot be reimbursed

Purpose of Travel: NASPghan 2nd Year Fellows Conference

Make Payable to: _________________________________________________________

Mail to:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Phone: ____________________________ FAX: _______________________________

Social Security #: _________________________________________________________

Expenses (Please attach receipts):

Hotel/Lodging On master account

Airfare: On master account

Other: ______________

Total: ______________

Return this form to:
Margaret Stallings
NASPghan
PO Box 6
Flourtown, PA 19031
mstallings@naspghan.org