NASPGHAN/NESTLÉ NUTRITION INSTITUTE

FIRST YEAR PEDIATRIC GASTROENTEROLOGY FELLOWS CONFERENCE

CELEBRATING ITS 10TH ANNIVERSARY

JANUARY 12 – 15, 2012

Course Director: Daniel Kamin, MD
Co-Director: Valeria Cohran, MD
# 2012 First Year Pediatric Gastroenterology Fellows Conference

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Dear Pediatric GI Fellows:

On behalf of NASPGHAN and the Nestlé Nutrition Institute, we warmly welcome you to the Marriott Harbor Beach Hotel in sunny Fort Lauderdale, Florida!

We are thrilled that for the last decade, NASPGHAN and the Nestlé Nutrition Institute have continued to bring together all the North American 1st Year GI Fellows for this conference. This year, we have tied for a record 109 fellows and 15 faculty members! We are most pleased that the membership of our 1st Year Fellow class continues to be robust – truly reflective of our diverse communities and the attractiveness of our field.

The goals of this conference are:

1. To help you develop a strategy to get the most out your training, with a particular focus on the choice of scholarly activities to pursue during the 2nd and 3rd years
2. To educate you about the various career paths available to you
3. To encourage a healthful approach to work/life balance and personal/professional issues such as burnout
4. To encourage the development of professional friendships that will serve you well in the years to come

This is truly a unique opportunity to meet your peers and a rich variety of NASPGHAN faculty. Indeed, many of those whom you meet in these three days will become not only future colleagues, but future mentors, collaborators, and life-long friends.

A full agenda has been carefully planned, and we hope the next 3 days will not only be educational and instructive, but will also transmit the enthusiasm of the great faculty who have come together. We hope you take back home with you new ideas, new tools with which to examine them, and the exciting beginnings of a professional network of creative, budding gastroenterologists.

So.......get ready for some candid conversations, frolicking fun, and fantastic food!

Sincerely,

Daniel S. Kamin
Course Director

Valeria Cohran
Course Co-Director
# FACULTY

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Thursday, January 12

16:00  Faculty Briefing

18:00  Wine and Cheese Reception

18:30  **Dinner** - Welcome/Opening Remarks *Daniel Kamin and Mike Narkewicz*

19:30  Introduction of Faculty Leaders *Daniel Kamin*

20:00  **GI Quiz Show** – “Getting to Know You Exercise” *Mike Leonis and Leonel Rodriguez*

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Friday, January 13

08:00  **Breakfast**

**09:00-10:20 Session 1: Becoming a Gastroenterologist**
Moderator: *Daniel Kamin*

- **09:00**  “Where Did We Come From? Historical Highlights in Pediatric Gastroenterology” *Athos Bousvaros*

- **09:20**  “Whetting the Appetite: How cyclical vomiting syndrome has evolved over the Past Decade” *B Li*

- **09:40**  “NASPGHAN, DDW, and Beyond: Strategies to Successfully Show Your Work at National Meetings” *Valeria Cohran*

- **10:00**  “Getting to the Question: What Makes a Research Question Good?” *Mike Narkewicz*

10:20  **Nutrition Break**

**10:45-14:30 Academic Group Bonding Activity-Designing a Research Project**

- **10:45**  Introduction *Valeria Cohran/ Daniel Kamin*

- **11:00**  Designing Mock Research Projects
13:00  **Lunch with Presentations: “So You Think You Can Present?”**
       Hosts: Valeria Cohran and Daniel Kamin

14:45  Group Picture

**15:15-16:30  Session 2: Choosing a Scholarly Project**
**Moderator: Valeria Cohran**

15:15  “What Kind of Academic are You?”  **Jeannie Huang**

15:35  “Context is Key: What to Look for in a Research Mentor”  **Josh Friedman**

16:00  Panel Discussion: “Cases in Point: Why we chose what we did, and how the choosing continues”  **Karen Murray, panel leader**

***Please sign up for dinner by career pathway - we will try to accommodate everyone’s choice***

16:30  Free Time

19:00  Wine and Cheese Reception

19:30  **Tenth Anniversary Tribute**  **Pepe Saavedra and B Li**

19:45  **Dinner – Seating by career pathway**

   1) Private Practice
   2) Laboratory Scientist Track
   3) Clinician Educator Track
   4) Clinical Investigator/Translational Researcher Track
   5) Industry
Saturday, January 14

08:30 Breakfast with NASPGHAN and The NASPGHAN Foundation
NASPGHAN Executive Representative (Athos Bousvaros)/Fellow Representative (Elizabeth Yu)

09:30-13:00 Session 3: Enjoying the Ride: Integrating Fellowship into Your Life
Moderators: Daniel Kamin and Valeria Cohran

09:30 “Being Smart About Time Management” Sue Rhee
09:50 “Apps, devices, and websites that help you at work, and therefore, in life” Leonel Rodriguez
10:10 “Financial planning in Fellowship” Mike Narkewicz
10:30 Nutrition Break
10:50 “Work-life Balance” Elaine Moustafellos
11:10 Panel Discussion: “Maximizing personal and professional satisfaction: anecdotes that matter”
11:30 “Recognizing Burn Out During Fellowship” Daniel Kamin
11:45 Box Lunch - Burn Out Discussions with Faculty Leaders

13:00 Free Time Options
1) 1:1 Time with Faculty Members
2) 13:30 – 15:00 Private beach in front of hotel available for activities such as beach volleyball
3) Activities on own

19:00 Wine and Cheese Reception
19:30 Dinner and Awards
21:00 Entertainment
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| 08:45 | Fellow Feedback Session/Complete Surveys/ Wrap Up and Closing Remarks  
  *Daniel Kamin and Valeria Cohran* |
| 09:30 | Faculty Feedback Session                                    |
### Group 1
**Pepe Saavedra**

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### Group 6
**Mike Leons**

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### Group 7
**Athos Bousvaros/ Elizabeth Yu**

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<td>Irene</td>
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<td>Jodie</td>
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<tr>
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<td>Mordechai</td>
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<tr>
<td>Webster</td>
<td>Toni</td>
<td><a href="mailto:webster@nihs.edu">webster@nihs.edu</a></td>
<td>New Hyde Park</td>
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<tr>
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<td>Sandra</td>
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### Group 8
**Leo Rodriguez**

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<tr>
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<td>David</td>
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<tr>
<td>Herzlinger</td>
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### Group 9
**Valeria Cohran**

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<td>Foster</td>
<td>Alice</td>
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### Group 10
**Elaine Moustafeflos**

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### Large Groups

1 and 13
2 and 14
3 and 12
4 and 10
5 and 11
6 and 7
8 and 9
Pediatric GI: where have we been, and where are we going?

Athos Bousvaros MD
Associate Director, IBD Center
Children’s Hospital Boston

My own story

• Childhood in Greece and Albany New York
• Williams College (Williamstown, MA)
• Medical School and Residency at Duke
  – No clue what I wanted to do

Fellowship in Boston – my first consult

3 week old baby – rectal bleeding
Pediatric GI in 1988

• Premier pedi GI textbook – Silverman and Roy
  – two authors, one volume, many pictures
• Liver book – Sheila Sherlock
  – “non-A, non B hepatitis”
  – “there seem to be two main types. A blood borne variety associated with blood transfusion, and an enteric type that may be episodic or sporadic”
• “Reflux meds”
  – ranitidine and cimetidine, Maalox
• “Constipation meds”
  – lactulose, mineral oil, Ex-lax (phenolphthalein), senna
• Much less endoscopy and colonoscopy
  – Anesthesia not present in pediatric endoscopy units

The big changes in the last 25 years – clinical

• Way more pediatric GIs
• Sub-specialization
  – IBD, motility, nutrition, hepatology, eosinophilic disease, obesity, and celiac disease
  – Better “one disease” doctors, less depth
• Doctors multitask less
  – Nurses place IV’s, phlebotomists draw blood
• Way more paperwork (computer work)
• Work hours
• Residents spend less time spent talking to patients.

“Highlights” in clinical pediatric GI

• 1980’s
  – Immunomodulators and nutritional therapy for IBD
  – H. pylori therapy
  – Liver transplantation
• 1990’s
  – Proton pump inhibitors for GI disease
  – Improved understanding of cyclic vomiting
  – Hepatitis treatments (interferon)
  – Polyethylene glycol for constipation
  – Discovery of “EE” as an entity distinct from reflux
Highlights in pediatric GI (2)

• 2000- present
  – Increased availability of anesthesia in endoscopy units
  – Biologics for IBD
  – Interferon/ribavirin/lamivudine for hepatitis
  – Improved understanding of eosinophilic esophagitis
  – Quality benchmarks and quality improvement

“Lowlights” in clinical pediatric GI

• Cisapride for GE reflux
  – NASPGHAN gets “spanked” by the New York Times
• Secretin for autism
• M+M = M
• The Wakefield affair

Moral: it’s all about conflict of interest

Research trends

• The gradual demise of the “triple threat” MD
• Increasing regulation and oversight:
  – IRB and HHS
  – FDA and GCP
  – Hospital administrators and legal staff
• Fewer investigator initiated clinical trials
• Increasing numbers of research teams
  – Physicians, scientists, statisticians, industry
• Studying the “Omes”
• Doctors who study doctors rather than patients
Research: where are we going?

• Decreased federal funding for research
• Replaced by
  – Closer partnerships between academia and industry
  – Foundations — NASPGHAN, CCFA, ALF
  – Individual philanthropy
  – Insurance?
• “Patients as partners”
  – Patient reported outcomes

The goals of (translational) research

• Better, less invasive diagnostic techniques
• Prognosis and risk stratification
• Designing better treatments
• Finding the cause of a disease
• Preventing the disease
Summing it up

- You picked a great career
- Medicine will evolve
- Diversity is important
- Advice
  - Take advice, but don’t let that replace thinking
  - Never stop thinking
  - Talk with your patients
  - Be a good citizen - NASPGHAN
  - Innovate

Innovations come in many colors
Designing a Research Project

Michael R Narkewicz, M.D.
Professor of Pediatrics
Hewit-Andrews Chair in Pediatric Liver Disease
University of Colorado SOM
Children’s Hospital Colorado

Revised from Joshua Friedman, 2011

Overview

- Know the subject/status quo
- Develop the General Research Question
- Hypothesis
- Specific Questions
- Study Strategy
What Makes a Successful Research Project?

FINER
• Feasible
• Interesting
• Novel
• Ethical
• Relevant

Feasible
• Is the question answerable?
• Do you have access to all the materials needed for the study?
• Will you have enough time and money?
  – 2 years maximum from start to FINISH
• Do you or your mentor have the expertise to complete the study?

http://www.fmdrl.org
Interesting
• Start with something you care about
• Now find out if anyone else will care

Novel
• Has the study been done before?
• Will the study add new information?

Ethical
• Can the study be done in a way that does not subject subjects to excess risks?
Relevant

- Will it further medical science?
- Will the results change clinical practice, health policy, or direct new avenues of research?
- Will the results provide a base for further

General Research Question

- Derives from the research topic
- Broadly encompassing question
- Allows you to generate a hypothesis
Familiarity with the literature is key to successful research

• Familiarity with the topic
  – “To advance the boundaries of knowledge within a specific area, it is necessary to know the status quo within that area” (Br J Sports Med 2000, 34:59)

• Literature Review
  – Identify related research
  – Define gaps in current knowledge base
  – Avoid redundancy
  – Set your research within the proper context

Tip
At the start of your research project, identify “model” articles...use these as guides in the design of your research project.

General Research Question Development

• Discuss with Mentor and Other Experts
  – Unpublished work
  – Recent discussion at meetings
  – Recent reviews
General Research Question

• Be prepared to justify with published evidence to support
  – Why is it a good idea?
  – Why is the research worth doing?
• Consider the consequences if the research is positive, negative, or inconclusive
  – Best question is one where any answer matters
• Will others be interested in this work?

General Research Question

• “Connect the dots” between two (or more) phenomena

General Research Question

Does drinking coffee improve the procedural skills of pediatric gastroenterology fellows?
Formulating a Hypothesis

- Formulation of the hypothesis comes after you have had the idea for the research, performed a careful and thorough literature review, and generated a general research question

- Puts the research into focus

- Leads directly to study design

What is a Hypothesis?

- A statement derived from the general research question that is used as a basis for argument

- A statement that can be tested
  - Dependent vs. independent variables

- Essential part of statistical inference
Formulating a Hypothesis

• Use prior evidence (induction vs. deduction)
  – Clinical observation
  – Published literature
  – Basic biomedical (mechanistic) understanding
  – Preliminary research data

Formulating a Hypothesis

• Good hypotheses
  – Make a prediction
  – Specify independent and dependent variables
  – Specify effects of independent variables on dependent variables

Formulating a Hypothesis

• Consists of two competing claims:
  – Null hypothesis ($H_0$) - negation of the research question of interest
  – Alternative hypothesis ($H_1$) - acceptance of the research question of interest

• Why a null hypothesis?
  – A logical formalism that reduces the hypothesis to two statements relating the variables
**Null Hypothesis**

- Important in statistical testing – receives special consideration
- Must be disproved statistically
- Cannot be rejected unless the evidence against it is sufficiently strong
- Reject $H_0$ in favor of $H_1$ or Do not reject $H_0$
- Never Reject $H_1$ or Accept $H_1$

**Hypotheses**

- **Good hypotheses**
  - Specific
  - In advance
  - Simple
  - Null is stated
- **Bad hypotheses**
  - Vague
  - After the fact
  - Complex
  - No clear null

**Tip**

Look down the road; don’t formulate a hypothesis that will lead to a type of research you cannot or do not want to perform.
Hypothesis

Research Question: Does drinking coffee improve the procedural skills of pediatric gastroenterology fellows?

Hypothesis

The amount of coffee consumed by Pediatric GI fellows prior to performing colonoscopy increases the rate of success of colonoscopy.

Null Hypothesis

The amount of coffee consumed prior to performing endoscopy by pediatric GI fellows does not increase the rate of success of the procedure.
Specific Research Questions

• What are the specific research questions that need to be answered in order to support or reject the null hypothesis or specific aims
• Can be answered with: Yes, No, or by a Figure
• Sufficient detail to make the study strategy and analysis obvious
• No more than 3 questions

Specific Aims

• Determine the rate of ileal intubation
• Determine the length of time for colonoscopy completion
• Determine the amount of coffee consumed in the 2 hours prior to colonoscopy
• Assess the relationship between coffee consumption and ileal intubation and procedure time
**Study Strategy**

- Specific Research Questions should lead to the study strategy
  - observational study vs. interventional Study

**Measurement**

- Moves the hypothesis from concepts to concrete data
- Define or assign numbers to the concepts under study
- Organizes data collection

**Measurement**

- Coffee consumption -- ounces of coffee
- Success rate -- time of procedure in minutes, intubation of the terminal ileum
Study Strategy – Statistics

• Consult with a statistician
  - at the outset of the study design process
• Discuss study design
• Types of statistical tests
• Power of study
• Sample size

Study Strategy

• Is the strategy feasible?
  – Time
  – Money
  – People
  – Equipment
  – Patient population
  – Animal/cell resources

• Consider alternative strategies
  – List advantages and disadvantages

Study Strategy - Ethics

• Don’t leave ethical considerations as a last step item
• Protection of Participants
• Informed Consent
Study Strategy – Formalized Protocol

• Written study plan, detailed
• Without a protocol research can become an unguided exercise in data collection
• Necessary for a study to be replicable

Formalized Protocol

• Background and Rationale
• Hypothesis
• Objectives - Specific Research Questions
• Research Design
• Study Flowsheet, Clinical research forms (CRFs) /Timeline

• Methods
  – Patient Population
  – Enrollment criteria
  – Recruitment Plan
  – Sample Size
  – Intervention
  – Outcome measurements
  – Data Analysis & Statistics

• Human Subjects Protections
  Consent Procedures

Tip

Have your statistician review the final protocol!
Tip

• Have fun
• Investigate things that you care about
• You can learn something from any study: Make sure that you do learn something.
What kind of Academic are You?
Jeannie Huang, MD, MPH
University of California, San Diego

academic - n.
1. A member of an institution of higher learning.
2. One who has an academic viewpoint or a scholarly background.

Prior Successful Academic

- RESEARCH
- TEACHING
- CLINICAL
- ADMINISTRATION
- PERSONAL
Today’s Academic

YOU

Clinical

Research

Teaching

Administration

Pathway Choices

A

B

My Humble Beginnings

• >10 years ago
• 1st NASPGHAN Fellows Conference
• Children’s Boston
Research

- How are you going to contribute?
- What kind of research?
- What question to answer?

First Attempt

- Bone disease
- No one in the area of IBD and bone disease
- Entered into adult arena
- HIV

- Setting
  - Eosinophilic esophagitis
  - Entertained
  - Infliximab
  - No pediatric data
  - Obesity
    - NAFLD not fully recognized or described
First Success

- Investigations into the relationship between body composition and bone health in setting of HIV disease
- Work led to abstract, paper presentations
- K award
- Obtained degree in public health
  - Solidified interest in clinical research

First Real Job

- UCSD
- San Diego, California
- 80% Research, 20% Clinical/Teaching

Teaching/Education

- Offered position as co-director of fellowship
- PIF Document
- ACGME Accreditation
Success

• Fellowship grown
  – Started with 1 fellow/year now at 2 fellows/year
• Continued accreditation
• Faculty growth
  – Started with 8 – now faculty of 18

More Than Expected

• Fellowship Director
• Expected
  – Teaching & Education
  – Fellow scheduling
  – ACGME Accreditation
• Fellowship Director
• Unexpected
  – Administrative Duties
  – Clinical Operations
  – Accreditation Agencies
    • Education Position
    • ACGME Preparation
    • Peer evaluations
  • Time & Resources needed

Detours
Research Detour

• UCSD
• Transferred K award
• Adult HIV group
• Reality check
  – Treatment oriented

• Success Modified
  – Body image & Lipodystrophy
  – R21
    • HIV Osteopenia and Bisphosphonate therapy
  – Field changing
    • US to International

Second Attempt

• Re-oriented my area of contribution
• Well-aligned with my clinical interests
  – Pediatrics
  – Nutrition
  – Chronic Disease
• Pediatric Obesity
  – Obesity Management in the clinical setting
    • Primary Care
    • Subspeciality
• Education

My Ultimate Detour

• 2nd son born 5 years out of fellowship
• 3 weeks of life
• Fever, minor URI symptoms
• Hemophagocytic Lymphohistiocytosis
  – Familial form
Change

Career
- 4-5 years out from fellowship
- Research
- Teaching/Education
  - ACGME Accreditation

Personal
- Take son through BMT
- Unknown outcome
- Traveling across country seeking medical care

Re-evaluation
- What was important to me?
- Where was my career headed?
  - Modified schedule?
  - Work at all?
  - Key areas of contribution?

Hardship/Opportunity
- Hardest thing
- Limits of medicine & human knowledge
- Forced evaluation
  - What is important?
  - What is of value?
- Contributions
  - What really matters?
Third Attempt

• Re-oriented my area of clinical and research contributions
• Chronic Disease Management
  – Tools and Skills
  – NIH Funding
  – MD2Me
• Patient Education
  – Pragmatic

The Journey Forward

• Academic Career
  – Research
    • Collaborate with a wide field investigators
  – Clinical
    • Contribute to patients in field with personal meaning
  – Teaching/Education
    • Fellowship Director
  – Administrative
    • GME

Pearls/Truths

• You can’t plan life or an academic career.
• Mistakes are part of the process.
• It’s OK to redo/restart.
• The best things in life and in your career will come in unexpected packages.
• You can obtain skills that will help you deal with the unexpected (life/career).
Fulfillment
Choosing and Working with Your Research Mentor

Joshua R. Friedman, M.D., Ph.D.

The Perelman School of Medicine at the University of Pennsylvania
The Children’s Hospital of Philadelphia
What makes someone a good mentor?
How do you find a mentor?
How do you find a mentor?

- Networking
- Talk to as many people as possible
- Must be a good match for your personality
- Not just about “chemistry” - must be able to give you honest feedback
How do you find a mentor?

- What is the path that brought you here?
- What is your definition of a successful trainee?
- Can you tell me about some previous mentees?
Signs of a good mentor

- Enthusiastic
- Unselfish
- Available
- Fosters independence
- Great listener & questioner
Building the Mentor-Mentee Relationship

• Establish your expectations
• Maintain communication
• Develop a plan for independence
The Mentorship Contract

- Examples of Mentor Responsibilities:
  - Provide opportunities, skills, expertise
  - Regular meetings
  - Define milestones
  - Periodic Evaluations
  - Provide national exposure
  - Maintain confidentiality
The Mentorship Contract

• Examples of Mentee Responsibilities:
  • Work hard
  • Learn how to conduct research
  • Learn how to present results
  • Be honest and ethical
  • Treat colleagues and materials with respect
  • Engage in ongoing feedback
Difficulties in the Mentor-Mentee Relationship
Dealing with Problems

• Common pitfalls
  • Cultural differences
  • Silence is not golden
  • Lack of regular feedback
• What is said and what is heard
<table>
<thead>
<tr>
<th><strong>LESS EFFECTIVE</strong></th>
<th><strong>MORE EFFECTIVE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>“Clean up your bench!”</td>
<td>“I’m concerned that the condition of your bench is creating a fire hazard. I’m sure you don’t want to put the safety of the lab at risk, so what can we do to fix the situation?”</td>
</tr>
<tr>
<td>“Be on time to lab meetings from now on.”</td>
<td>“You know, when you come into lab meeting fifteen minutes late, it’s disruptive to the group and makes the person talking feel that their work isn’t important to you. Is there some conflict in your schedule that I don’t know about or do you think you can be on time in the future?”</td>
</tr>
<tr>
<td>“You’ll never get anywhere in science if you don’t dig in and stick with problems until you solve them.”</td>
<td>“You seem to be giving up on solving this problem. I want to help you learn how to see problems through to their solutions, so what can I do to help? I want to work on this because problem-solving is going to be important throughout your career.”</td>
</tr>
</tbody>
</table>
“A mentor is someone who sees more talent and ability within you than you see in yourself, and helps bring it out of you.”

Bob Proctor
References and Resources

• Carole Brand, Ph.D. (U. of Minnesota)

• https://www.aamc.org/initiatives/postdoccompact/

• www.researchmentortraining.org
BEING SMART ABOUT TIME MANAGEMENT
Sue J. Rhee, MD
Assistant Professor, Pediatrics
Clinical Director, Pediatric GI, Hepatology, Nutrition
Medical Director, Pediatric Intestinal Rehabilitation Program
UCSF Benioff Children’s Hospital

The Life of a GI Fellow
- Take care of patients on inpatient service
  - Answer pages...
- Take care of patients in outpatient clinic
  - Answer pages...
- Take calls from community physicians
  - Answer pages...
- Perform procedures
  - Answer pages...
- Prepare lectures
  - Answer pages...
- Read to expand knowledge base and stay up to date on current literature
  - “Accidentally” drop pager in toilet...
- Master the art of multi-tasking

Life Imitates Art
Case #1

- It’s Dr. Colon’s first week as a fellow
- To be diligent and thorough, he plans to keep a “To Do” list

Case #1

- He comes in early to pre-round on patients only to…
  - find that an NG Golytely cleanout has gone awry and the patient is due in the Endo Unit in 10 minutes
  - get paged that there is a baby in the ER with rectal bleeding that needs to be seen
  - receive a frantic call from a liver transplant patient saying she ran out of Prograf and needs a new Rx called in right away
  - run into one of the General Pediatricians wanting to curbside him on a 6-year-old with chronic abdominal pain

- All of a sudden, he starts developing cramping, peri-umbilical abdominal pain, has an ‘uh oh’ moment, tries to run as fast as he can to the nearest bathroom...

Diagnosis?

- Irritable bowel syndrome
- Why?
  - Stress/anxiety from multiple demands
  - Want to solve problems right away
  - Immediate gratification syndrome
  - No time to triage/prioritize
  - Type A personality
  - Want to do a good job
  - Feel obligation to patient care
  - Difficulty allocating tasks and asking for help
Treatment

- BLOCKADE/BOUNDARIES (anti-cholinergics)
  - Prioritize demands
  - Not only OK to do so, but an important skill to develop
  - Set limits
  - Don't get held hostage
  - Know how to direct conversations
  - Accept that you will not please all the people all the time
  - Will come with experience
  - Not a reflection of your commitment or qualification

- UTILIZE RESOURCES (fiber)
  - Ask for help

Case #2

- Dr. Doody is busy on service
  - GI bleeder that needs to be scoped
  - Fulminant hepatic failure that needs to be evaluated for transplant
  - 4 new Friday afternoon consults
- She can't help but think about
  - Discharge summaries
  - Clinic notes
  - Patient phone calls
  - Presentation she has to give on Monday
- She has terrible rectal pain, decreased appetite, and has developed withholding behaviors as she has not had time to go to the bathroom

Diagnosis?

- Constipation
- Why?
  - Things piling up
  - Too much to do, too little time
Treatment

- **SET A SCHEDULE** (sitting after meals)
  - Organize your time
  - Limit time dedicated to each task

- **CLEANOUT** (stool softener/laxatives)

Case #3

- Asked if he would like to help write a book chapter for Walker’s textbook
- One of his co-fellows just realized that he was going to be out of town next week when he was scheduled to present at GI Conference and asked him to switch
- One of his patients called and said they were coming down for an appointment with another service on Monday, they live 4 hours away, could you squeeze them in so they don’t have to drive all the way down again
- All of a sudden Dr. Burpee feels lightheaded, diaphoretic, hypoglycemic...

Diagnosis?

- Dumping Syndrome
  - Why?
    - Too much all at once
    - Overextending yourself
Treatment

- **PACE YOURSELF** (avoid boluses)
  - One-eyed-one-horned-flying-purple-people-pleaser
  - OK to say "NO"

- **KNOW WHAT IS IMPORTANT TO YOUR TRAINING** (follow dietary guidelines)
  - Easy to get distracted

Key Points

- Prioritize demands
  - Think carefully about what needs to be done when

- Set limits
  - Value your time, it is ok to control it

- Appreciate that you cannot do it all
  - The infinite "To Do" list
  - Don't feel like you have to be a one-eyed-one-horned flying purple people pleaser
  - Learn how to say "NO" when you need to

- Utilize your resources
  - Don't be afraid to ask for help

- Keep your eye on the prize, **know your goals**
Financial Issues

Disclosures

• I am not a financial advisor
• I have never made a bunch of money by investing
• I do not give financial advice to fellows
• I only want to present topics for consideration and discussion

Med School Class 2008 Indebted Graduates

<table>
<thead>
<tr>
<th>Type</th>
<th>Median Medical School Debt</th>
<th>Percent of all indebted students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>$170,000</td>
<td>40%</td>
</tr>
<tr>
<td>Public</td>
<td>$135,000</td>
<td>60%</td>
</tr>
<tr>
<td>All</td>
<td>$150,000</td>
<td>100%</td>
</tr>
</tbody>
</table>
Trends in Average Educational Debt Among Graduating Pediatric Residents


Some Resources for Medical Economics

- Aamc.org Some data and advice on financial issues after medical school
- http://www.aap.org/sections/ypn/r/life_after/fi-fin_planning.html AAP financial planning site
- http://www.lrp.nih.gov/about_the_programs/pediatric.aspx NIH loan repayment program

Fellowship may cost ~250,000 vs General Pediatrics
Concepts

- Seek professional advice
  - Many medical schools have financial planning opportunities from professionals

- Control debt load where you can
  - Consumer debt is a significant issue for residents and fellows and can have direct impact on financial future

- Protect for the unexpected
  - Disability: Short and Long term
  - Malpractice (tail coverage: previous events)
  - Health Insurance: preexisting conditions
  - Life Insurance: Protect your family
  - Auto Insurance with adequate liability (MDs can be targets)

NIH Loan Repayment Program (LRP)

- Effort to increase interest and ability of postdoctoral health professionals to pursue a career in research

- Focused in the following areas
  - Pediatric Research
  - Clinical Research
  - Health Disparities Research
  - Clinical Research for Individuals from Disadvantaged Backgrounds
  - Contraception and Infertility Research

Loan Repayment NIH General Eligibility

- US citizen or permanent resident
- Health professional doctoral degree
- Total qualified educational debt equal to or in excess of 20 percent of your institutional base salary
- Domestic, nonprofit research funding - your research must be supported by a domestic nonprofit foundation, university, professional association, or other nonprofit institution, or a U.S. government agency
- Qualified Research - you must engage in qualified research that represents 50 percent of your level of effort
Benefits

• Up to $35,000 per year repayment (paid directly to the loan holder)
• Payment of tax liability associated with the $35,000

Data: 2011

• 3,159 applications
• 61 percent from new applicants
• 50% of all applications were awarded
• Average debt level of awardees: $104,000
• 75% had more than $50,000 in debt

Success Rate 2011
Have a realistic idea of future income so you don’t overextend

• Salary is only part of a complete package
• Varies by region
• Varies by duties
• Posted salaries may include potential bonuses and bear any relationship to take home pay

Sources:
– AMGA oft quoted 2010: based on only 29 responses
– AAMC has data on faculty salaries: all pediatric departments have this information (publication costs about $380)
Things to consider/discuss with knowledgeable individuals

• To buy a house or not?
• When should I start a college fund?
• How fast should I pay off my debt?
• When and how should I invest for retirement?
• Disability? I won’t get hurt or ill will I?
Work – Life Balance

Not always 50:50!

Work – Life Balance

Varies over time....
Work - Life Balance
One size does not fit all....

Goal.....Balance

Achievement
Versus
Enjoyment

Key to Balance......
Balance

Bite off what you can chew!
Accept help
Laugh and have fun
Amount - quality vs. quantity
No!
Clock - always ticking
Expectations

Bite off what you can chew!

Accept Help

Sometimes you can’t juggle everything
Laugh and Have Fun!

Amount - Quality vs. Quantity

Say NO!
For both work and life...
Clocks - Time Management

Expectations
Be realistic...and you won't be disappointed

Perfectionism...

• Everything does not have to be perfect all of the time
• Sometimes it's ok to cut corners
Keep things in perspective...

Achievement vs. Enjoyment

never get so busy making a living that you forget to make a life.

Work-Life Balance

Don't get caught up on the treadmill...

Stop...and relax
Work - Life Balance...

• Goal is to be happy at work and play!

Work-Life Balance

Achieve and Enjoy!

Nestle First Year Fellow Conference 2012