



# Pediatric Developments

VOLUME 2, ISSUE 3

MARCH 2016

## Department of Pediatrics

### Chair's Corner: Boonshoft Grads Rank Pediatric Clerkship Experience near 90th percentile Nationally

#### Dayton

#### Children's

#### Values

- Safety
- Compassion
- Ownership
- Collaboration
- Innovation
- Value Creation

#### Inside this issue:

Gogi Kumar	2
Family Resource Connection	2
Research Update	3
Resident Education in Mental Health	4

The Association of American Medical Colleges recently released the 2016 Missions Management Tool for Wright State University Boonshoft School of Medicine. This year's MMT includes data on 46 measures in six mission areas:

- ▣ Graduate a Workforce that Will Address the Priority Health Needs of the Nation.
- ▣ Prepare a Diverse Physician Workforce
- ▣ Foster the Advancement of Medical Discovery
- ▣ Provide High Quality Medical Education as Judged by Your Recent Graduates
- ▣ Prepare Physicians to Fulfill the Needs of the Community
- ▣ Graduate a Medical School Class with Manageable Debt

Here are a few highlights of the report.

BSOM leads the nation in preparing students for careers in primary care. 35% of those who graduated between 2001-2005 are in primary care, with 21% practicing in underserved areas. In addition, 35% of 2012-2014 graduates entered primary care residencies, which puts BSOM at the 90th percentile. This demonstrates that

our commitment to preparing medical students for careers in primary care has been sustained over time.

94.3% of 2013-2015 graduates rated the quality of their educational experiences in Pediatric Clinical clerkships as good or excellent. This is just below the 90th percentile. This is a great tribute to the amazing commitment all of you make to medical student education!

Cost of attendance for a 2015 graduate was \$233,424, which is at the 40th percentile, and below the mean of \$247,455. However, the average debt for graduates who have incurred any debt was \$176,857, which is at the 70th percentile. Thus, while costs are below average, incurred debt is above average.

If you would like to see the full report, including all six mission areas, let me know, and I will send it to you.

#### Public Service Loan Forgiveness Program.

If you are mentoring students, you may want to be aware of the Public Service Loan Forgiveness Program. If graduates are employed by a government or not-for-profit

organization, they may be able to receive loan forgiveness under the Public Service Loan Forgiveness Program. The Program forgives the remaining balance on Direct Loans after making 120 qualifying monthly payments under a qualifying repayment plan while working full-time for a qualifying employer.

Qualified employers include:

- Government organizations at any level (federal, state, local, or tribal)
- Not-for-profit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code
- Other types of not-for-profit organizations that provide certain types of qualifying public service
- Serving in a full-time AmeriCorps or Peace Corps position also counts as qualifying employment for the PSLF Program.

To learn more about the PSLF program, go to:

<https://studentaid.ed.gov/sa/repay-loans/forgiveness-cancellation/public-service#qualifying-payment>

## Gogi Kumar the AAN's Child Neurology Measure Work Group.

Please join me in congratulating Gogi Kumar on her appointment to the American Academy of Neurology's Child Neurology Measure Group. Responsibilities of the Work Group include:

- Developing quality measures that address desired outcomes and gaps in care.
- Ensuring quality measures are of high quality, valid and implementable.

The AAN has published a number of disease specific measures. For example:

DESIRED OUTCOMES FOR PATIENTS WITH A MUSCULAR DYSTROPHY include measures for :

1. Quality of Life
2. Independence
3. Health Specific Outcomes
4. Care Coordination
5. Patient and family engagement
6. Patient Satisfaction

I look forward to seeing new measures in child neurology from Gogi and her group.



## Family Resource Connection coming to DCH: from Jessica Saunders

The new Ronald McDonald Family Room is now online to provide hospitality services to inpatient families and the inpatient floors are working towards having in-room entertainment . At the same time, the needs of our patient's families seem to be getting even greater. This provides an opportunity to realign and restructure programming in the Family Resource Center.

Over the next couple months, we will be evolving and expanding our services into a program called the **Family Resource Connection**, which will build on all of the work that the staff and volunteers of the Family Resource Center have done over the past several years. The Family Resource Connection will be based on a well-respected national model, [HealthLeads](#), which will better address patient family needs in the context of improving their health. The basic model of this new program is that families referred to the Family Resource Connection will be screened for their basic social needs (food, utilities, commodities, etc). Family Resource Connection workers, called Advocates, will connect families to these resources. For more complex

cases, the Family Resource Connection will refer to the social work department.

At Dayton Children's, we know that so many of our patients face more than health challenges. HealthLeads envisions a healthcare system that addresses all patients' basic resource needs as a standard part of quality care. For this reason, HealthLeads was a wonderful partner for us. We are currently working in partnership with HealthLeads to support the new Family Resource Connection. We are leveraging their 20-years of experience building social needs programs in hospitals while ensuring that the processes we use at Dayton Children's best meet the needs of our patients and families. Over the next couple months, we will be sharing more with you on exactly how the Family Resource Connection will operate.

However, this change will require a transition in the Family Resource Center. Starting **Monday, March 28, 2016** the Family Resource Center will be closed for **drop-in** services for approximately 6 weeks. During this transition, the Family Resource Center will be open for limited hours. We will be

supporting families in the following ways. For an improved patient experience, movies and videos games will be available via a volunteer cart on three east, three west and Almost Home during the day. All of these units will also have a variety of movies and videos games replenished daily.

Requests for information, including community resources and medical information, can still be made. Families should complete our [information request form](#) and have it sent through inner-office mail Attn: Family Resource Center or through email to [FRC@childrensdayton.org](mailto:FRC@childrensdayton.org). Access to the copy machines, fax machine and computers for patient family use will be limited. We encourage families to call (937) 641-3700 before stopping down. Requests for car seat checks and cribs can still be made by calling (937) 641-3700.

Over the next few weeks, Jessica will be sharing more about the enhanced services that will be offered through the Family Resource Connection and how they will have a huge impact on the families we serve.

## Research Strategic Planning Update

The Research Strategic Planning Committee had its second session on February 29, 2016. The group did excellent work toward solidifying a mission, vision, goals, and objectives to guide our efforts in developing a culture that supports research at DCH and in the BSOM Department of

Pediatrics.

Many thanks to everyone who served on the committee, and to all who have shared their ideas on how to support the cultural transformation! Special thanks to Kelly Kavanaugh for facilitating the planning process.

Below you'll see a draft of the

proposed mission and vision.

Please feel free to offer your feedback to members of the Research Steering Committee:

Sherman Alter  
Cindy Brown  
John Duby  
Rob Lober  
Jena Pado  
Alex Stolfi

Stay tuned for more information as we finalize our goals and objectives.



### Mission

To improve the health of children of this region through innovation and state of the art research and medical care.

### Guiding Principles

- Dayton Children’s culture supports research by embracing innovation, curiosity and discovery
- Research is conducted in a transparent, ethical and inclusive manner
- Research fosters innovative, personalized and patient-centered care
- Children of the community deserve access to the best clinical trials
- The research considers social determinants of health and recognizes health care inequalities

### Vision

To be a model community of innovation in pediatric research and medical care.

### Strategic Imperatives

- Establish research leadership for building capability, focus and access to support
- Transform culture to value research, embracing the spirit of innovation and discovery required
- Build infrastructure through collaborations and dedicated staff and resources required to support research endeavors.
- Develop a financial model that leverages multiple sources of funds to launch and sustain a center of research excellence
- Identify areas of focus that strengthen programs of distinction, enhance patient experience (safety and quality) and improve children’s health and wellbeing

Department of Pediatrics  
Dayton Children's Hospital  
One Children's Plaza  
Dayton, Ohio 45404

Phone: 937-641-3484  
Cell: 330-524-9109  
Fax: 937-641-5408  
Email: john.duby@wright.edu



## Improving Resident Education in Mental Health

Ann Burke and I are among a group of about 20 pediatricians from across the country who have been invited to a Mental Health Education Conference: A Call to Action. This conference is hosted by the American Board of Pediatrics with the overarching goal of improving behavioral and mental health care in children through the training of future pediatricians.

During the meeting, the participants will share information **and develop a strategy to help ensure that current and future pediatric residents develop the knowledge and competence needed to provide appropriate care for children with mental and behavioral health problems, along with mental health professionals.**

The attendees will:

- Collect information about resources that are currently available to develop resident competence to provide mental and behavioral health care

- Propose goals for mental and behavioral health competence on the part of pediatricians
- Explore partnerships for development of curricula, faculty development, training models, assessment tools, and evaluation of programs
- Share information regarding possible funding opportunities for demonstration projects.

Organizations represented will include the American Academy of Pediatrics, the Association for Pediatric Program Directors, the Education Committee of the Association of Medical School Department Chairs, the American Academy of Child and Adolescent Psychiatry, the Academic Pediatric Association, the Society for Developmental and Behavioral Pediatrics, the Society for Adolescent Health and Medicine as well from the American Board of Pediatrics.

Ann and I look forward to bringing back great ideas to enhance our residents' education in mental health.

MEDICINE.WRIGHT.EDU/  
PEDIATRICS



*The right care for the right reasons*

**20% of children have developmental, behavioral, or emotional concerns, yet most pediatricians lack confidence in their ability to identify and address these issues.**

### Department Goals:

- Provide medical students with an education that will enable them to attain broad knowledge of all aspects of the primary care needs of infants, children, and adolescents
- Provide an environment and faculty for resident education that will produce physicians who can perform competently as pediatricians
- Prepare residents in family practice, emergency medicine, and other disciplines to meet the primary care needs of children and to recognize those conditions that require referral
- Provide continuing education of post-graduate physicians
- Allow for the development of research excellence and productivity in studies designed to improve health care delivery and attainment of new knowledge of disease causation and treatment.