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# FEATURE STORIES

## Clinic Serves Unique Needs of Foster Children



*Editor's Note: the following article was requested and is based upon a presentation given to the AAP NCE 2020: Council on Foster Care, Adoption and Kingship Care Innovative Models of Healthcare Delivery for Youth in Foster Care. Foster care clinic is a service offered through Pediatrics Public Health and Texas Children's Hospital. Dr. Rachael Keefe is the Director of the service.*

By Rachael Jean Keefe, MD

The foster care program at Baylor College of Medicine/Texas Children's Hospital is in a unique position to provide foster care and to learn best practices, considering that Houston is the fourth largest city in the United States, with a population of 2.3 million -- and growing exponentially. The foster care clinic's catchment area includes Harris County and the twelve outlying counties that comprise the Texas Department of Families Service Region Six. Harris County alone is the third most populous county in the U.S., with 7.4 million children who make up 25 percent of the population. During 2019 alone, 65,759 child protection investigations were conducted in Region Six, and some 7,470 children were in state custody.

These figures help to demonstrate the enormous challenges that confront healthcare providers and social workers with the goals of providing protection and care for children who are in foster care in Region Six. With those goals in mind, the Pediatrics Public Health Section and TCH established the Texas Children's Foster Care Clinic in January 2017. In fiscal year 2018, the clinic saw 701 patients, and by mid 2020, more than 1100 patients had been seen. During the COVID-19 epidemic, our clinic has been one of the only ones to continue to grow, in the midst of a decline in the number of patients seen in the other clinics. That growth continues to this day, with record numbers of patients continuing to be referred to us.

Referrals come from different sources, primarily judges and attorneys. Some referrals come directly from Child Protective Services caseworkers, and many come from the specialty courts in Harris County, including two of the Permanent Managing Conservatorship Specialty Courts and the Substance Abuse Specialty Court. A few referrals come directly from foster parents.

The clinic is serviced by one full-time physician (the author), two nurse practitioners, a nurse coordinator, a nurse manager, and a social worker. The clinic also provides care by psychologists with expertise in trauma and grief, preschool trauma, and maternal and infant health. A child and adolescent psychiatrist and a developmental pediatrician with a special interest in working with children in foster care provide their expertise, as well.

Finally, our integrated behavioral health model is also something that we have worked towards and something I am proud of. We have patients who are receiving an average of 6 to 8 psychotropic medications, more than 20 with mental health diagnoses and histories of 30 or more placement changes and changes in schools, spending more than 10 years in CPS custody. These are our typical patients who are integrated into the behavioral health multidisciplinary clinic. I take pride in sending these patients to psychologists and psychiatrists at one of the highest ranking children's hospitals in the country. These are people to whom I would send my own children for therapy.

We have adopted a specialty/consult model of care, with a focus on coordination of care with the 50+ Texas Children's Pediatrics Primary Care Clinics (PPCC) serving as the patient's primary and sick-care close to home. Our visits incorporate all members of the child's healthcare team and focus on improving communication, with an ultimate goal of improving the health and well-being of the child.

In addition to serving as information stewards across placements and helping to ensure the smoothest transition possible, we coordinate all of the physical and mental health needs of the child in foster care. By referring patients to one of the TCH's PPCC at the initial visit, we help assure that they receive healthcare close to home; when a child moves to another placement, we help provide a warm hand-off to another PPCC.

Finally, we refer all pediatric sub-specialty services at TCH as needed and assure completion of the appointments, including referral and transfer of appointment information across changes in foster-care placement.

What I consider to be most innovative is the involvement of judges and attorneys. For instance, in 2018, we worked on an opioid policy grant, interviewing more than 100 key stakeholders about policies surrounding substance-use disorders in pregnant and parenting women. Through this grant, we formed relationships with the presiding Judge of the Harris County Substance Abuse Court, and I started to see all the children and families involved in the Harris County Substance Abuse Court. My visits include patients, their foster parents or caregivers, their biological parents, CASA volunteers, CPS caseworkers, and the children's ad litem attorneys. Outside of clinic, the entire clinical team for the family (including therapists and other providers for the biological parents) spend a half day a month meeting to discuss the case's progress and concerns.

The judge that presides over the substance-abuse specialty court also presides over one of the Permanent Managing Conservatorship Specialty Courts in Harris County. More recently, a large portion of our patients have come from these courts.

Through these relationships that we have built, we are now at the table for all of the important decisions being made about our patients' futures, such as permanency conferences and Circle of Support Meeting for teens who are likely to age out of foster care, and we also have a strong voice within the legal and judicial system. The personal and professional relationships we have built with our community partners have led to a level of trust that I wish could be replicated elsewhere. I really feel that open and honest communication between all the adults in a child in foster care's life is one of the main keys to the child's success.

Also, when the Foster Care Clinic was founded, many within the child welfare community had the perception that our hospital was elitist. By building strong personal and professional relationships, as well as trust within the judicial, legal, child-protection communities through our non-clinical grant work, we have been able to bridge this divide.

# Nurturing and Developing the Teacher Within: 3 Habits to Create a Learning Environment Where People Grow and Thrive

*Editor's Note: On December 4, 2020, Dr. Teri Turner, Professor and Vice Chair of Education in Pediatrics, presented the Kelly DeScioli Memorial Lecture, on nurturing and developing teachers. She graciously accepted our invitation to provide this article on the topic so the information could be available online and reach a wider audience.*

by Teri L. Turner, MD, MPH, MEd

Each of us has opportunities to mentor those around us, in many ways and in many settings. How we approach those opportunities can actually change individuals' lives, so we are going to look at how we can nurture and develop the teacher within by engaging in three habits that I contend can create an optimal learning environment where people grow and thrive.

Many of us are familiar with the "Pygmalion Effect": that cycle whereby we form expectations about the student and then change our behaviors toward the student, who in turn changes behavior in response to us and confirms our expectations. Another powerful influence is the silent message we send: is it positive? or is it negative?

It all begins with our mindsets: how we think, our frame of mind or reference, any related beliefs or attitudes -- those ways of thinking that determine our behavior, outlook, and mental attitude. So let's look at 3 Habits that we can define and develop for positive results.

## Habit 1: Leverage a Growth Mindset

A simple quiz can tell us if we are cultivating a "growth" mindset or are stuck in a "fixed" mindset. The difference is determined by how we interpret a challenge with regard to our ability vs. our effort. If we see effort as the primary catalyst, we will respond to a difficult situation with a positive, "I can't do it.. YET!"

### Mindset Quiz



Dweck, C. Mindset: The New Psychology Of Success. 2006.

Contrariwise, if we consider our supposed ability (or inability) as the catalyst, we simply weigh the problem and say "I Can't Do It!" How much effort are we willing to invest?

Another way to identify our mindset is to consider some scenarios and consider our responses. For instance, if faced with being pushed to the edge of my ability, do I avoid these situations (fixed) or do I actively seek them (growth)? When others succeed, do I feel threatened (fixed) or do I feel inspired (growth)? Other ways to leverage a growth mindset are explained in the Goal Theory - setting and achieving realistic goals - and the Cognitive Strain-Yerkes-Dodson Law - how the strength of a stimulus affects how rapidly a habit is formed.

On the negative side is the Golem or Set-Up-To-Fail Syndrome. If the Pygmalion effect describes the dynamic in which an individual lives up to great expectations, the set-up-to-fail syndrome explains the opposite. It describes a dynamic in which students perceived to be mediocre or weak performers live down to the low expectations their instructors have for them. We can inadvertently set up students (or ourselves) for failure by not allowing them (or ourselves) to recover appropriately from making a mistake or not achieving an optimal result. It is a vicious cycle that starts with the trigger event, which elicits increased oversight, decreasing the student's confidence and then autonomy, and ending in



decreased performance. To avoid this pitfall, we might ask at the end of each day 5 questions about how we responded to the day's challenges (see sidebar).

Research has revealed how important our mindsets are to the medical field and to how we manage patients. They predict our patients' willingness to engage in preventive health behaviors, impact postoperative recovery of children, predict health-related quality of life assessment, and affect performance in graded activities among lower achieving students. Hence, it is important to promote a growth mindset by teaching about it, promoting improvement and self-mastery goals, reflecting on our own responses and behaviors, offering praise for effort, discussing our own journeys (including our failures), and encouraging trainees to do self assessment and offer feedback.

## Habit 2: Invest Up Front: Build Rapport and Team Psychological Safety

Letting people know they matter is one of the most important ways to develop relationships. Research has shown that simply using a students' names affects their attitudes about a course because they feel valued and usually want to invest in learning, their behaviors such that they become more involved and perform better, and their perceptions regarding the course and the instructor.



Students also need to know that they are in a friendly, safe environment for learning. Many have expressed concerns about being asked to perform in front of others. One stated it like this: *"Stand up in front of peers and staff and present. You are then asked probing questions to identify gaps in your knowledge. You get feedback on your performance (usually only when you are doing it poorly or wrong). You feel like you are under a constant microscope."*

We create safe environments for our students by taking time to ask pertinent questions about *them*: What interests them? What do they like to do outside of class? What's their favorite past-time or hobby? Also, realize that some residents may be struggling with depression or anxiety. If someone

### 5 Questions to Ask to Develop a Growth Mindset

1. What did I learn from today's performance?
2. What steps did I take to be successful today?
3. What are some different strategies I could have used?
4. How did I keep going when things got tough?
5. What can I learn from others who did it better?

seems stressed, ask what is wrong or how you can help...or simply let the learner know you are available if he or she just wants to talk.

Students also have shared what makes them feel valued: waiting to ask them questions about cases until after they have finished their presentations (i.e., avoid interrupting them), asking what they think is the best next step for a patient, accepting that sometimes they simply don't have the answers to your questions, asking them what they want to learn from a course or case. They also need expressions of affirmation. A simple word of encouragement on rounds, in written communication, or in public can make a huge difference in how they feel and how they respond to you and others.

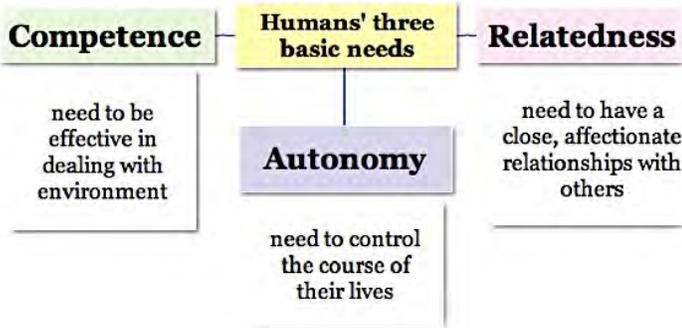
So, build relationships, promote psychological safety within the team, reflect on implicit biases, share personal stories, and empower the trainee by offering words of affirmation.

## Habit 3: Set Learners Up for Success

Success starts with knowing what is expected. Students have voiced the concern that they need expectations explained *before* they do something wrong. You can start by orienting the learner to the patient prior to the encounter. Review documentation, explain how to present a patient, allow them time to complete tasks. Sometimes, we need to remember how intimidating a situation can be. One student expressed it this way: *"Please recognize that I am doing my absolute best and striving to become better every day."*

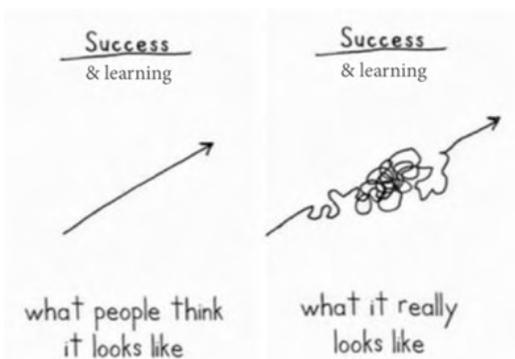


# Self-Determination Theory



Ryan and Deci. American Psychologist 2000  
 Kusrkar, and ten Cate. Academic Medicine 2013  
 Lyness et al. BMC Medical Education 2013.

Self-Determination Theory identifies three basic needs we all have: Competence, the need to be effective in dealing with the environment; Autonomy, the need to control the course of our lives; and Relatedness, the need to have a close affectionate relationship with others. One way to encourage competence is to catch learners doing something right and express praise. Also, we can help learners realize that success is not a consistingly straight line going upwards but a wiggly line that sometimes looks very messy as we learn from our mistakes. We can encourage them by telling them we don't expect them to always know the answers or to do things perfectly and that sometimes it may seem they are doing worse before they get better. We help them develop autonomy by asking questions and letting them make decisions, not by micromanaging them.



As we help them succeed, we must remember that changes in behavior don't happen overnight: they take time. We can give feedback, but we must

remember ourselves that feedback is not a guarantee that they will change their behavior.



Rather, a good place to start is by using "The Stages of Change Model," which involves pre-contemplation, contemplation, determination, action, success or relapse, and then maintenance. These take time! Also, the "DARES" approach is very helpful: **D**evelop discrepancy, **A**void argumentation, **R**oll with resistance, **E**xpress empathy, and **S**upport self-efficacy.

Reflection Coaching Model is another good tool to use to help learners self-identify where and how they can improve. It has four basic questions:

- 1) What are you hoping patients say about you (name 3 words)?
- 2) What are you doing at every visit to increase the chances they feel that way?
- 3) What are the barriers that make it hard for you to make that happen? And
- 4) Does your team know this is what is important to you?

As you coach your learners for success, remember to set clear expectations and link them to learning objectives. You can prime the learners by giving them the "scaffolding to succeed." The 4:1 ratio of positive reinforcement: corrective feedback will build competence and autonomy. And give learners TIME to improve! Success comes one step at a time: "Baby Steps Move Mountains."



## An Awakening in the Time of COVID

By Adiaha I. A. Spinks-Franklin, MD, MPH, FAAP

The world has been captivated, maybe *captured* is a better word, by the COVID-19 pandemic, and in the course of learning new ways to navigate life, we have come face-to-face with other issues, namely hidden or ignored complex layers of racial oppression and disparities. We have learned from the CDC data that hospitalization rates for severe COVID were five times higher for Indigenous Americans, five times higher for Black Americans, and four times higher for Latinx Americans, compared with White Americans. The Chinese community felt the impact in other ways, including anti-Chinese racism, racist attacks, and ostracism, based on the source of the disease. With the closing of many businesses, beginning in March 2019, unemployment rates soared, and individuals with essential jobs, such as those in the service and agriculture sectors, felt the impact in other ways, including a higher risk of coming in contact with COVID-19.

And so “Woke” happened. America woke up! Antiracism protests raised awareness of the injustices and the need for changes in policing policies and practices – and, the healthcare establishment woke up!

Whether intentional or unwittingly, the healthcare system has been complicit in perpetuating the disparities rooted in institutional and interpersonal racism. The former involves differential access to goods, services, and products; health care that is reflected in the location of hospitals, pharmacies, and emergency departments; differences in the racial makeup of healthcare professionals; health insurance coverage and rates; and so much more. The latter (interpersonal) includes racially motivated interactions between White and non-White individuals; health care influenced by a provider’s racial biases, whether implicitly or explicitly; and microaggressions that harm patient-provider relationships and influence treatment options.

These are not suppositions; rather, statistics show that Black, Latinx, and Indigenous American communities have much higher rates of being uninsured or underinsured, as well as less access to quality healthcare and preventive care and more incidence of chronic illnesses, compared to White Americans.

Children of color, particularly, suffer with suspected developmental disabilities. They are less likely to receive early intervention services and to be evaluated





## Global TB Program Helps Fill Tuberculosis GAPS

By Tara Devezin

Although tuberculosis (TB) has been seen as an airborne disease of the past, it remains the top infectious killer worldwide. In 2019, an estimated 10 million people fell ill with TB, of which 12% being children<sup>1</sup>. TB remains dangerously prevalent in our world and targets the world's most vulnerable populations - children and youth, people living with HIV, and the immunocompromised. Of these, children and youth are disproportionately affected by TB due to inadequate preventive services, poor diagnostic tests, large case detection gaps, limited access to TB care, treatment adherence challenges, and the existence of suffocating stigma.

In response to addressing TB inequities, Baylor College of Medicine (BCM) and Texas Children's Hospital (TCH) recruited Dr. Anna Maria Mandalakas in 2011 to develop and launch the BCM and TCH Global TB Program. The program aims to address gaps associated with pediatric TB care and treatment in the most vulnerable populations throughout the world. Over the past decade, the Global TB Program has implemented research and programmatic initiatives throughout sub-Saharan Africa and Asia.



In 2018, the Program received high profile attention and significant grant funding from both the Department of Defence (DOD) and the National Institutes of Health (NIH). These two research funded projects aim to evaluate TB diagnostics accuracy and create a pediatric TB diagnostic network among African research institutes in high TB/HIV burden countries to inform policy at the global level. In accompaniment, in 2020, the Program was also awarded European & Developing Countries Clinical Trials Partnership (EDCTP) funding to expand and further implement the aforementioned TB diagnostic research objectives.

While the team has received notification about significant funding over the past two years, the team was not granted foresight on how COVID-19 would impact their project implementation. While the aforementioned diagnostic projects were stalled in quarter two (March – June 2020) due to the pandemic, local implementation teams were able to think nimbly and creatively to establish protocols and procedures to resume project activities in late June 2020. Fortunately, this quick action has demonstrated the team’s ability to provide care and treatment, while abiding COVID-19 safety protocols, to those most in need at our international sites. With quick action in response to COVID-19, our team’s confidence in safely implementing projects has been solidified and properly managed.

Establishing this foundation, our team is confident in our ability to implement our most recent Centers for Disease Control and Prevention (CDC) award.



In August 2020, the team was notified that they would receive a 5-year, \$5 million award from their proposed project titled, “Closing – TB GAPS – for people living with HIV: TB Guidance for Adaptable Patient-centered Services.” TB GAPS will focus on finding and preventing TB in children and youth, while simultaneously determining the most cost-effective prevention strategy and promoting best practices to sustain the impact of our work.

This project will work in five high-TB, high-HIV burdened sub-Saharan African (SSA) CDC priorities countries – Eswatini, Lesotho, Malawi, Tanzania, and Uganda. It aims, while simultaneously determining the most cost-effective prevention strategy and promoting best practices, to sustain the impact of our work and to generate evidence to inform interventions targeting weaknesses within the TB and TB/HIV cascades of care.

Complementing TB GAPS, Global TB Program Associate Director, Dr. Alexander Kay, received K01 funding from the Forgarty Institute Center.

This research project aims to optimize outcomes for children and adolescents living with HIV through the promotion of differentiated service delivery throughout SSA. This research project will establish a tool to better predict viral non-suppression in children receiving antiretroviral therapy (ART), identify children at risk for death in the first year of ART, and retrospectively assess the impact of isoniazid preventive therapy on TB incidence and overall mortality in children and adolescents living with HIV.

Adding to these funds, the Global TB Program has also acquired philanthropic funding from Alpha Kappa Alpha Sorority, Incorporated Chi Omicron Omega (AKA-COO) Chapter of Katy, Texas. As our Global TB Program Manager, Tara Devezin, is a member of the sorority and the Global Impact Committee Chair of the chapter, we have been able to foster an ongoing partnership to further our outreach and impact.

On December 1<sup>st</sup> 2020, AKA-COO highlighted World AIDS Day and provided charitable giving for the Global TB Program's in country efforts in

support of clinical care and patient needs. It is anticipated that these international global health advocacy days will serve as charitable giving opportunities to sustain the relationship between BCM and TCH's Global TB Program and AKA-COO.

With great enthusiasm and well equipped local colleagues and partners, the BCM and TCH's Global TB Program is confident in their ability to successfully implement these projects during the pandemic. Ample safety procedures are being followed, and our staff members are remaining cognizant of protective measures and gear to ensure their safety. While the Global TB Program's multiple project implementation looks different from what was envisioned when proposals were submitted, the team looks forward to continuing productivity and answering research questions to advance science and create knowledge to further educate local and global communities.

<sup>1</sup> Global tuberculosis report 2020. (2020, October 14). Retrieved October 19, 2020, from [https://www.who.int/tb/publications/global\\_report/en/](https://www.who.int/tb/publications/global_report/en/)



# TRANSITIONS PEDIATRIC TO ADULT CARE

## PRM Works to Transition Patients with Complex Needs

By Unoma Akamagwuna, MD

The division of Pediatric Rehabilitation Medicine (PRM) follows complex patients with multi-disciplinary needs and has focused our initial transition efforts on our cerebral palsy population, which makes up 25% of the total patient population followed in PRM, for a total of 1,861 patients followed by the clinic in 2019. Frequently, these patients have multiple requirements, including spasticity management, orthopedic needs, and complex equipment and bracing needs. A unique challenge posed in this population is the incidence of intellectual and physical disabilities, necessitating a transition to adult care of the entire family unit as opposed to the individual patient alone.



The work in transition in our department has been ongoing for several years and is led by the Division Chief, **Dr. Aloysia Schwabe** (top). In 2019, **Dr. Unoma Akamagwuna** (bottom)



joined the practice and is leading a multidisciplinary team to advance and improve the process of transition for our patients. This is being accomplished through three primary aims (see box).

We are making use of QI methodology in our approach, employing PDSA cycles as we make each level of change. Our structure also makes use of the framework set up by Got Transition in order to have a systematic approach to our transition process.

### Primary Aims

To standardize the process for transition of patients with the diagnosis of Cerebral Palsy from pediatric to adult rehabilitation medical practice

To increase provider knowledge of resources related to transition in addition to knowledge of the process for transition of patients with Cerebral Palsy by provision of a pathway in addition to resource lists specific to transition

To increase transition readiness of patients and families with the diagnosis of Cerebral Palsy by provision of education and a transition related curriculum for patients

To date, we have administered provider surveys at several stages in our process to assess our efficacy in achieving the aims set as above. To that end, we performed a provider survey inquiring about providers' past experiences with transition, with most providers reporting that they do incorporate transition into their practice and 100% of our providers requesting further resources to aid them with their transition.

As a department, we met with our adult-care colleagues at BCM to ascertain how we can ensure a smooth transition process for our patients and families and that all needs were being met.

# Transition Process



We have been incredibly grateful for the support and mentorship of the TCH Transition Workgroup under the leadership of **Dr. Al Hergenroeder**. An incredible precedent has been put in place at TCH, and it is helpful to look to what has been done in the past as

examples as we work to improve care for our patients.

Some challenges we have encountered have been in navigating the transition of families of young adults who have intellectual disabilities in addition to physical disabilities. These families must take additional steps, such as seeking guardianship, to ensure early on in their children's lives that they are on various Texas Waiver wait lists that make it possible for their young adult children to have the potential to live independently. In addition, a number of our patients also have Intrathecal Baclofen Pumps to help manage their tone, and these patients require providers on the adult side with expertise in pump management to facilitate their transition.

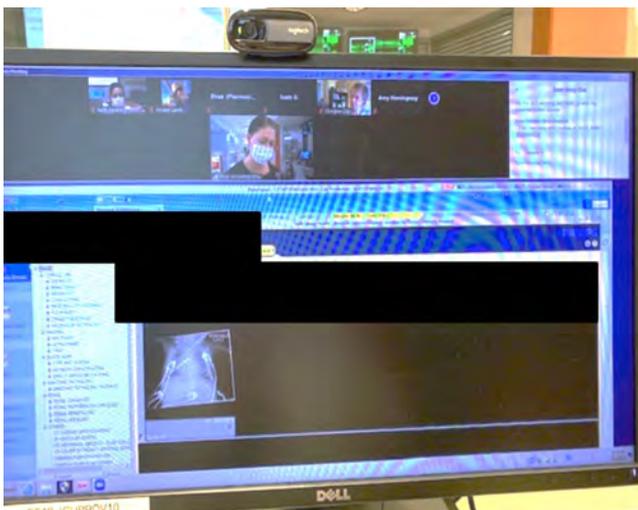
Fortunately, we have colleagues in the Department of Physical Medicine and Rehabilitation at Baylor McNair who share a similar passion and expertise for our patients.

To date, we have created dotphrases within Epic that give our providers tools that they can use as part of their transition process; these tools include a transition checklist, transition decision tree, family transition education, and a nursing checklist that we have incorporated to help. We have created a flow sheet and roles and guidelines to help make clear the responsibilities of each team member to aid in the process of transition for our patients. We have successfully scheduled appointments for a handful of these high priority patients with our adult partners at Baylor. Successful transition for us is two-staged, with the first stage being one successful appointment in the adult clinic and the second stage being completion of two appointments in the adult medicine clinic. We continue to work towards improving the process of transition itself in addition to assessment of family readiness for transition and improving educational resources for our families.



## DEPARTMENT NEWS SECTIONS & CENTERS

### **Pediatric Medical Providers Use Innovative Approaches to Provide Optimal Care During COVID-19**

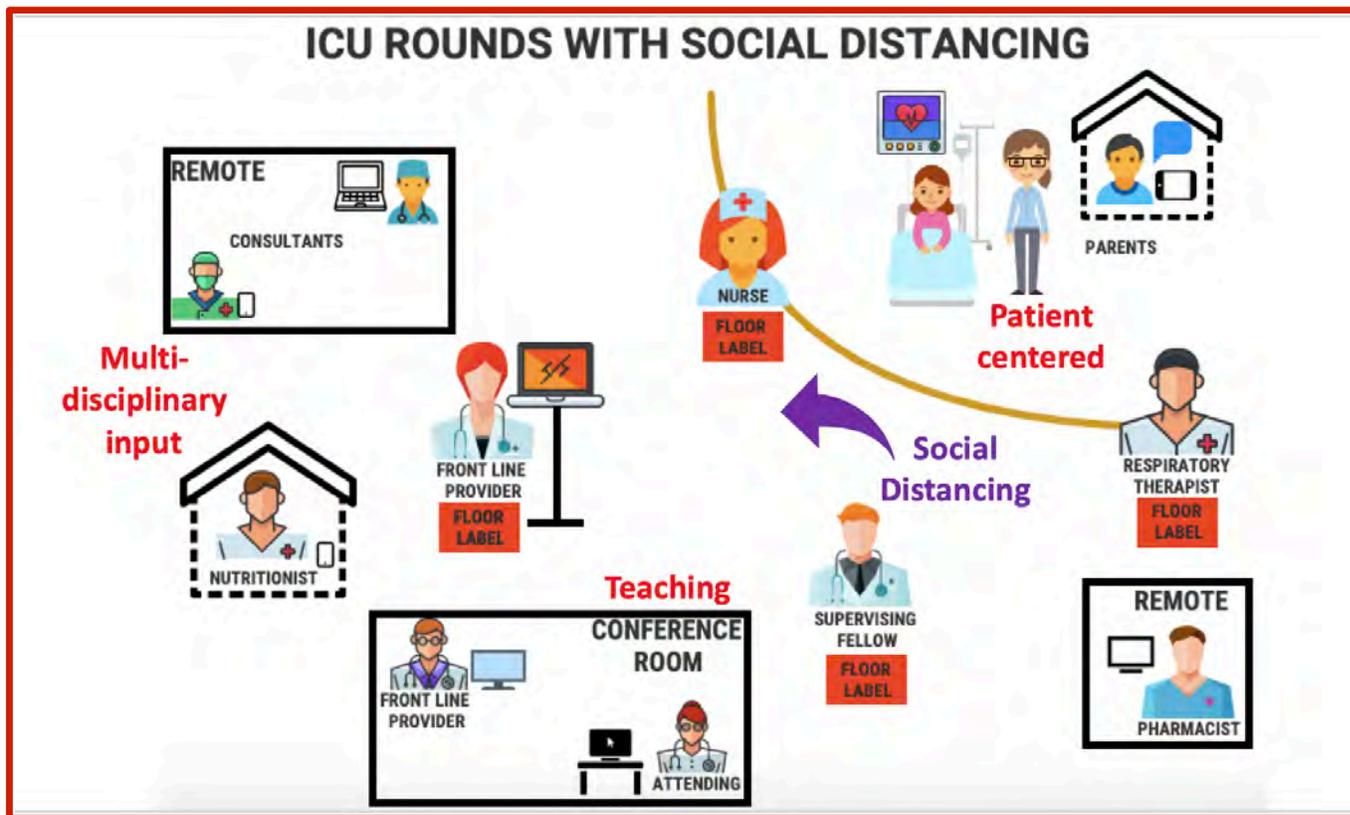


Faculty and other medical care providers used various techniques, including implementation of technology, to continue to provide optimal care while maintaining safe distances. Here, Critical Care faculty use “eRounds” that provide access to patients and their care givers.

For more information on the innovations used by Critical Care, please see page 16.

## Critical Care Physicians Go Extra Mile to Treat COVID-19 Patients

The summer and fall of 2020 have offered unprecedented challenges to the team of medical professionals with different levels of licensure that comprise the Critical Care Section. By the first of September, the section had cared for 255 patients\* with COVID-19 and related complications, including more than 40 MIS-C patients. The team staffed the implementation of two brand new service lines: one at the West Campus Special Isolation Unit (SIU) and another within Legacy Tower (16<sup>th</sup> floor), with a total COVID ICU capacity of 28 beds.



Special recognition is given to **Drs. Aarti Bavare** and **Jordana Goldman**, who designed and implemented a system of making bedside rounds using a hybrid model of E-rounds that combines bedside presence and remote participation of the team. The purpose is to maintain family-centered care while respecting safe distancing for providers, learners, and family members. The system is constantly being adapted to the needs of individual units and as been well received by the different stake holders.



[\*Editor's Note: *Pedi Press* apologizes for the delay in publishing this information, which inadvertently was not included in the last issue, and thanks Dr. Fernando Stein for his submission and kind patience.]

# Section Plays Central Role in Virtual World Congress

By Dr. Fernando Stein

The Critical Care Section had a central role in the **10th World Congress of the World Federation of Pediatric Intensive & Critical Care Societies**. The Congress, titled “Critical Care Without Borders: Intensive Caring Everywhere” was held virtually in Mexico City, Mexico, from December 1 - 4, 2020. Total participants registered to the Congress were 2250 from 107 countries. The meeting had 191 speakers and instructors from 25 countries, 1,092 abstracts submitted, 91 scientific sessions, 8 networking sessions, and 23 live workshops.



BCM/TCH faculty had leadership participation at many levels, including **Dr. Jorge Coss-Bu**, Professor (left), serving as Chair of the Scientific Program and **Dr. Nicholas Ettinger**, Asst. Professor (right), as the AAP representative. A total of 26 BCM faculty participated, with 16 serving as chairs of programs. The total contributions from our institution were 18 presentations, two oral presentations, six electronic posters.



Two plenary sessions were provided by our faculty: “COVID in Children: Myths, Facts, Figures, and the Future,” by **Dr. Lara Shekerdemian**, Professor and Chair of the Section of Critical Care (left), and “Interdisciplinary Integral Care in the PICU,” by **Dr. Fernando Stein**, Professor (right). Dr. Stein also was moderator for a networking session entitled, “My PICU Experience: A Family Perspective.”

The Section also participated in three workshops:

“Transport,” with **Dr. Renan Orellana** (Coordinator), Dr. Carolina Gazzaneo, and Karen Morales, RN, of the Kangaroo Crew.



“Ultrasound,” with **Dr. Saul Flores** (Coordinator);

and “Heart Failure,” also with Dr. Saul Flores (Coordinator).



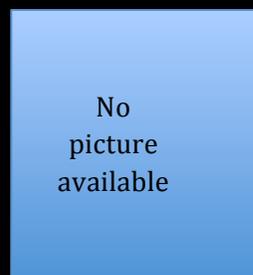
## Speakers for the Scientific Program Dr. Jorge A. Coss-Bu, Chair

- Patricia Bastero, MD
- James Thomas, MD
- Lara Shekerdemian, MD
- Fernando Stein, MD
- Yi-Chen Lai, MD
- Ayse Arikan, MD
- Adam Vogel, MD
- Satid Thammasitboon, MD
- Curtis Kennedy, MD
- Jenny Tcharmtchi, RN; TCH Nursing Department
- Moreshwar Desai, MD
- Trung Nguyen, MD
- Renan Orellana, MD
- Monica de Freitas, PT; TCH Physical Therapy Department
- Barbara-Jo Achuf, MD
- Hossein Tcharmtchi, MD
- Jennifer Erklauer, MD
- Sebastian Tume, MD
- Ryan Coleman
- Asma Razavi
- Iki Adachi

## Team Receives 2020 Award from QI Collaborative

by Dr. Daniel DeSalvo

The **Texas Children's Hospital Diabetes Quality Improvement (QI) Team** received the national award for **2020 Outstanding Diabetes QI Team** at the T1D Exchange QI Collaborative Learning Session, held virtually on November 9-10, 2020.



The TCH Diabetes QI team (pictured above l-r) is led by **Dr. Rona Sonabend** (Section Head of Pediatric Diabetes and Endocrinology; Associate Quality Officer for Department of Pediatrics), **Dr. Daniel DeSalvo** (T1D Exchange Principal Investigator; Director of Strategic Collaboration for the TCH Diabetes Care Center), **Dr. Sarah Lyons** (Director of Quality & Safety for Pediatric Endocrinology; Diabetes Transition Program Lead), **Curtis Yee** (Practice Administrator, Pediatric Diabetes & Endocrinology), and **Dr. Selorm Dei-Tutu** (At-Risk Care Process Team Lead).

This national award recognizes an exceptional QI team in program engagement that has demonstrated an advanced QI and population health improvement capacity, mentored team members, supported other collaborative sites, and actively contributed to the QI Collaborative's overall success. The TCH Diabetes QI Team was recognized for contributions to numerous publications, presentations, well-designed QI projects, data benchmarking, and sharing resources on QI and Population Health projects with other collaborative members, etc.

The T1D Exchange QI Collaborative brings together more than 25 clinics across the United States that treat more than 40,000 individuals with type 1 diabetes.

The Collaborative relies on an embedded and systemic approach: individual providers are empowered to identify areas of unmet need within their clinic. They make small changes in care that scale up through the Collaborative to create best practices, which are then shared among and implemented by members at other clinics.

TCH was a founding member and has taken a leading national role in expanding the Collaborative's efforts advancing the mission of caring for people with type 1 diabetes.

# Diabetes Research Retreat 11/12/2020



## Section Holds Virtual Research Retreat



The Pediatric Diabetes and Endocrine Division hosted their Second Annual Research Retreat on November 12th, 2020, organized by **Dr. Stephanie Sisley**, Asst. Professor (Research Associate Director).



The event began with **Dr. Maria J. Redondo**, Assoc. Professor, (Research Director) highlighting the accomplishments of the section research program during 2020 and announcing the program goals for



Next, investigators in the section presented some of their ongoing research projects, which generated lively discussion and uncovered potential areas for collaboration. **Dr. Christine Eng**, Professor, delivered an informative keynote address titled "Sequencing Approaches to the Undiagnosed Patient."

The event ended with a roundtable discussion to increase research activity at Health Centers, providing opportunities for faculty to collaborate and patients to participate in research outside the Texas Medical Center, which is one of the program's goals.

The vision of the TCH Diabetes and Endocrine Research Program is dedicated to leading cutting-edge, multidisciplinary research to prevent diabetes and endocrinologic disorders and to improve the life and well-being of all youth affected with these disorders.

The mission is to be at the forefront of advancing scientific knowledge and treatment of endocrinologic and diabetes disorders through basic, clinical and behavioral research.

While we have many goals for 2021, the main ones are to develop a research path for junior faculty, foster collaborations within and outside of the college, promote funding, increase collaboration by faculty and fellows, and continue to improve communication of research efforts within and outside of our section.

## Global HOPE Provides Infrastructure for Improving Pediatric Cancer Care in Africa

Since Burkitt lymphoma was initially described in Uganda in the 1960s, it has emerged as the most common pediatric cancer in equatorial Sub-Saharan Africa and the most common pediatric non-Hodgkin lymphoma worldwide. In the early years, survival rates were slim. After decades of improvements in treatment options, today, the cure rate for Burkitt lymphoma exceeds 90% in high-income countries like the U.S. and those in Western Europe. But the prognosis is dramatically worse in low-income countries in Africa, with survival rates estimated at less than 30%. Physicians at BCM, TCH's Cancer and Hematology Centers, and TCH's Global HOPE (Hematology-Oncology Pediatric Excellence) Program are working to improve those odds. They have been caring for children with endemic Burkitt lymphoma in Malawi and Uganda, striving to improve survival rates. For more information, see Part II, page 20.

## Wellness Program Offers Support for Network

The BIPAI Network has developed a Wellness Champions Program, a new initiative to inspire and create a culture of healthy living and wellbeing across the network. The initiative was conceived in response to the stresses and needs of the pandemic, but the impact is intended to endure beyond this crisis. The program serves as the overarching health and wellbeing resource for the Network. Staff at each of the Foundations have volunteered to be the Wellness Champion for their site. They will serve as the local leader and resource for their colleagues by providing inspiration, encouragement, and resiliency tips, addressing physical well-being and wellness challenges, and coordinating social opportunities.

## Baylor-Uganda Achieves Top PMTCT Performance Nationally

Baylor-Uganda has topped Uganda again as the best serving in the nation for HIV prevention of mother-to-child transmission (PMTCT) services. District performance is assessed on screening/testing, treatment coverage, viral load suppression, and infant services. Congratulations to the Baylor-Uganda team who achieved four positions (#1, #3, #4, #9) in the top 10 of 134 districts.

## Program Fights to Close GAP on Global Pediatric TB Care

Building upon the energy of Global TB Program staff members and with nearly a decade of robust TB experience and innovation, the Global TB Program was most recently awarded a five-year, \$5 million CDC grant that will operate from September 2020 through September 2025. This project, *"Closing - TB GAPS - for people living with HIV: TB Guidance for Adaptable Patient-centered Services"* (TB GAPS), will focus on finding and preventing TB in children and youth, while simultaneously determining the most cost-effective prevention strategy and promoting best practices to sustain the impact of our work. more information, see page 10.

### SPECIFIC AIMS

- Define more accurate TB screening and testing strategy among people living with HIV.
- Identify the most effective TB preventive therapy (TPT) delivery strategy by leveraging approaches effective at improving HIV treatment adherence.
- Generate evidence to determine the cost-effectiveness of newer short-course TPT to fill this gap and inform policy.
- Provide quality mentorship to sustain best practices in accordance with evolving country guidelines and harnessing the proven capacity of our Network of SSA sites.



## Donation Will Advance Research in Precision Medicine & Cellular Immunotherapy



Amazon.com made a generous donation as part of their AmazonGoesGold campaign during Childhood Cancer Awareness Month in September. The gift will support Texas Children's Cancer Center's pediatric research and help with the hospital's treatment efforts.

**Dr. Susan Blaney**, Professor and Director of the Texas Children's Cancer and Hematology Centers (pictured above, left), expressed gratitude for the gift of \$500,000, noting that "Their support will help us continue to advance our research efforts in precision medicine and cellular immunotherapy, two of our most cutting-edge treatment strategies, which will ultimately make an incredibly positive impact on the outcome for children with cancer."

## Going Gold Celebrations Held Virtually

"We need a cure for every child diagnosed with cancer. Each day in our Cancer Center, our devoted team of physicians, nurses, researchers, and many others, are focused on translating the discoveries from our laboratories into novel therapies to improve the cure rate and outcomes for childhood cancer."  
-- Dr. Susan Blaney, Director



The Centers for Cancer and Hematology, under the direction of **Dr. Susan Blaney**, Professor, celebrated Childhood Awareness Month in September by "going gold" with virtual activities to honor courageous patients and their families and to thank the dedicated staff. Among the many celebrations was the GOLD Carnival, held on September 8 and hosted by the Farris Foundation. The event maintained social distancing while providing opportunities for children to engage in arts and craft projects, games, and gold-slime making. The floor was decorated in gold ribbons, stars, beads, and other ornaments.

The Center was inspired to "Go Gold" six years ago by Faris D. Virani, a young patient who was concerned because he didn't see as much gold for this occasion as colors for other disease-awareness events. Since then, the Center has made a special effort to make the Go Gold a special event. His mother and founder of the Faris Foundation, formed to honor her son, who lost his battle to Ewing sarcoma, joined with the staff for the carnival.

Elsa, the TCH therapy dog, made a special appearance, dressed in a Going Gold T-Shirt.

The Center also had a very special Pajama Day as part of #AmazonGoesGold effort to raise awareness of childhood cancer. The staff joined the patients in wear pajamas to the occasion, with including decorating sleeping masks, pillowcases, and their own robes. All three Cancer Center inpatient units provided concessions where the patients could come and fill their snack box and choose a movie of their choice, which they could then watch with their family in their rooms.

In addition, the Cancer Center Team gathered virtually to share inspiring video messages throughout the month of September. Several of the patients shared their own stories and encouraged other children and families affected by childhood cancer.

## Centers Receive Inaugural Survivorship Champion's Prize

Texas Children's Cancer and Hematology Centers Long-Term Survivor Program was the 2020 recipient of the inaugural Survivorship Champion's Prize, which recognizes the program's innovative work to provide comprehensive, integrated care for childhood cancer survivors. The \$10,000 award, established by the Stewart Initiative for Childhood Cancer Survivors, is to be given annually to a group, program, or institution, that has made significant advances in programs and services that provide life-long health care for

patients who have survived childhood cancer. The new program was launched on October 26, 2020, and

recognized four institutions for their contributions to the ongoing challenges of survivors of childhood cancer. The formal recognition was given at the signature fundraising event held virtually this year on November 5.

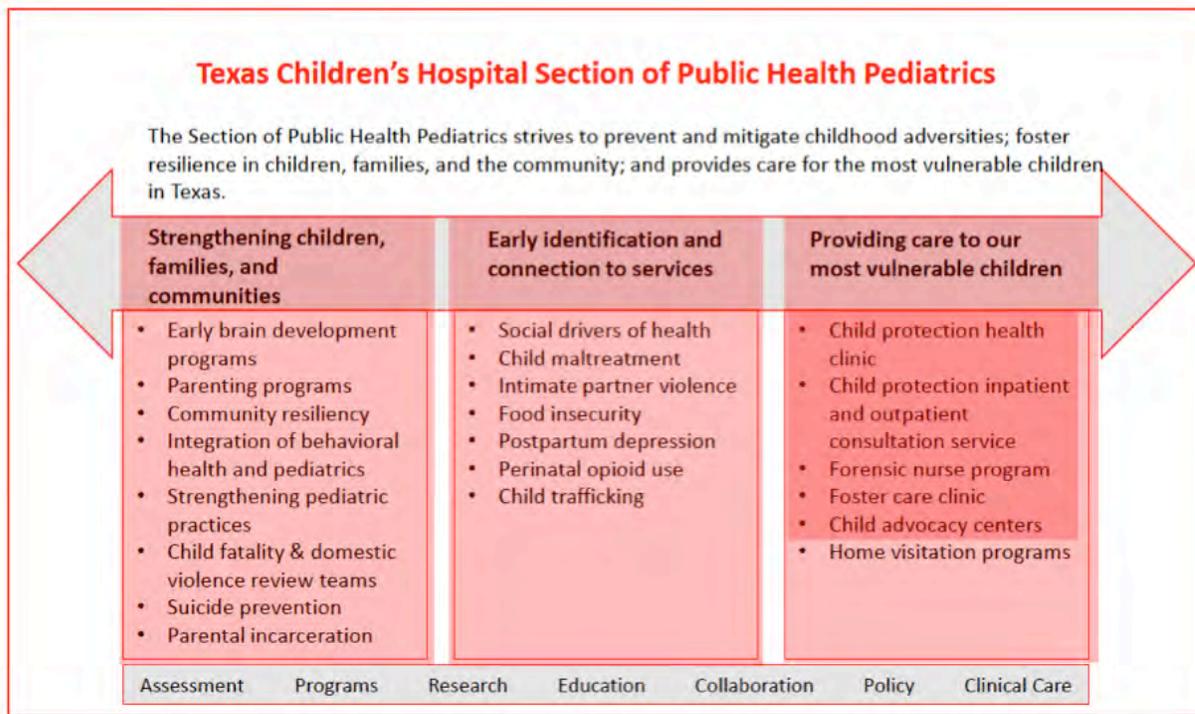


*First row:* Amanda Peña, MPH, APRN, FNP-C; ZoAnn Dreyer, MD; M. Monica Gramatges, MD, PhD. *Second row:* Katie Greenwood, MD; Omar Shakeel, MD; Austin Brown, PhD, MPH; Alicia Howell, RN, MSN, FNP-C, CPHON. *Not pictured:* Shiley Aguilar, RN, MSN, FNP-C; Kiran Reddy, MD; Michael Gleason, MD

The Stewart Initiative is a leading national advocacy organization that works to achieve "access to less toxic and more effective pediatric cancer therapies, to expand resources for research and specialized care; and to address the unique needs and challenges of childhood cancer survivors and their families."<sup>1</sup> The Initiative was started by John and Nancy Stewart, who lost their 3-year-old granddaughter Sylvie in 2000 to a brain tumor after a valiant 18-month battle.



*"John and I resolved that the best way to honor the memory of our beloved Sylvie was to help other kids and their families engaged in the same battle."  
--Nancy Stewart*



## Update on Section Shows Tremendous Growth

### Section Mission

To create a healthier future for Texas’ children and families by leading in patient care, education, and research that seeks to mitigate childhood adversities and to accentuate individual, family, and community resilience.



During the December Department Meeting, **Dr. Christopher Greeley**, Professor and Section Chief, described the growth that has occurred since the inception of the Section of Public Health and Child Abuse Pediatrics. Created in October 2015, the Section’s guiding principles are clinical care, education and training, scholarship/new knowledge, and community engagement. To those ends, the Section seeks to be action-oriented, to fill gaps in knowledge or practice, to be a resource/service for BCM/TCH and the Texas Medical Center as well as the Houston metroplex, and to provide a platform for collaboration. Greeley credits much of the success to the leadership team, including **Dr. Beth Van Horne** (Director of Research, **Nancy Correa** (Administrator); and research faculty, **Drs. Cary Cain, Angie Cummings, and Kim Lopez**.

### Funded Projects

- Intimate partner violence
- Postpartum depression
  - Impact of parental incarceration
  - Food insecurity
  - Child fatalities
- Early brain/language development
  - Health disparities
- Maternal substance/opioid abuse
  - Child abuse prevention

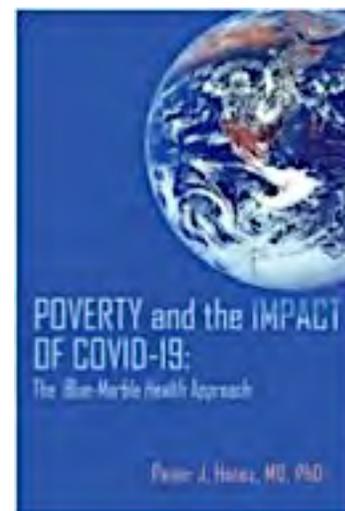
The section now has two services: **Clinical**, which is the Child Abuse Pediatrics Program, and **Public Health**. The former provides high quality, evidence-based inpatient consultation service; a dynamic, robust outpatient service including two clinics, Child Protection Health Clinic and the Traumatic Brain Injury Clinic; the Foster Care Center of Excellence (see page 3); a Children’s Assessment Center; and a robust clinical research agenda, comprehensive training, and an education portfolio. The Public Health Service addresses “upstream” causes of disease and disability, seeks to provide the “greatest good for the greatest number of kids and families”; collaborates with internal and external partners; and places an emphasis on early brain development. The upWORDS program (a free infant language development program offered by the Section and run by speech-language pathologist **Maura Dugan**) has served 1,215 families enrolled, covers 175 zip codes, and has distributed 18,700 books to the community to encourage a shared book reading.

## Books Address Concerns of COVID-19 and the Future

In addition to publishing numerous articles on Covid-19; being interviewed for 683 TV and Radio programs, both nationally and internationally; writing Op Eds for *New York Times*, *Fox News*, *CNN*, *Scientific American* and *Houston Chronicle*; and giving lectures and grand rounds via Zoom, **Dr. Peter Hotez** published two books on Covid-19 and its impact on our world, in 2020.

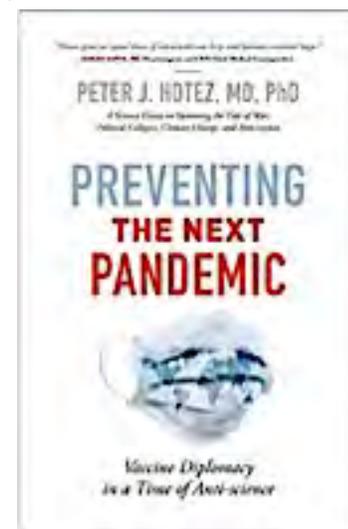
### *Poverty and the Impact of COVID-19: The Blue Marble Health Approach*

*Summary:* While COVID-19 has ravaged global economies and changed the way of life for us all, the disease has a disproportionately devastating impact on poorer communities. For the millions without a job because of community shut downs, decisions about basic necessities and the fear of healthcare costs for those diagnosed with the novel coronavirus become critical. In these uncertain times, international diplomacy, solidarity, and cooperation are vital. Dr. Peter Hotez, dean of the National School of Tropical Medicine at Baylor College of Medicine, provides an essential look at the global issue of health and poverty through the lens of COVID-19. He introduces a new global paradigm known as "blue marble health," through which he asserts that poor people living in wealthy countries account for most of the world's poverty-related illness. He explores the current state of neglected diseases in both China and the United States. By crafting public policy and relying on global partnerships to control or eliminate some of the world's worst poverty-related illnesses, Hotez believes, it is possible to eliminate life-threatening disease while at the same time creating unprecedented opportunities for science and diplomacy.



### *Preventing the Next Pandemic: Vaccine Diplomacy in a Time of Anti-science.*

*Summary:* The last five years saw a significant return of epidemic infectious disease, culminating in COVID-19. In our new post-COVID-19 world, how do we prevent future illnesses by expanding scientific and vaccine diplomacy and cooperation, especially to combat the problems that humans have brought on ourselves? *Preventing the Next Pandemic*, international vaccine scientist and tropical disease and coronavirus expert Peter J. Hotez, MD, PhD, argues that we can—and must—rely on vaccine diplomacy to address this new world order in disease and global health. Detailing his years in the lab developing new vaccines, Hotez also recounts his travels around the world to shape vaccine partnerships with people in countries both rich and poor in an attempt to head off major health problems. Building on the legacy of Dr. Albert Sabin, who developed the oral polio vaccine with Soviet scientists at the height of the Cold War, he explains how he is still working to refresh and redirect vaccine diplomacy toward neglected and newly emerging diseases. Zeroing in on the sociopolitical and environmental factors that drive our most controversial and pressing global health concerns, Hotez proposes historically proven methods to soothe fraught international relations while preparing us for a safer, healthier future. He hammers home the importance of public engagement to communicate the urgency of embracing science during troubled times. Touching on a range of disease, from leishmaniasis, schistosomiasis, and Middle East Respiratory Syndrome (MERS) to COVID-19, *Preventing the Next Pandemic* has always been a timely goal, but it will be even more important in a COVID and post-COVID world.





# DEPARTMENT NEWS

## EVENTS

### sheLEADSpeds Holds Virtual Second Event



The second sheLEADSpeds event was held on Wednesday, October 28, 2020, via Zoom©. A 30-minute talk by Dr. Elizabeth Travis, Associate Vice President for Women and Minority Faculty Inclusion, on **“Mentorship vs. Sponsorship: Why Both are Important to Your Career”** opened the session. It was followed by a roudtable discussion with Drs. Travis, **Tammy Kang**, Assoc. Professor and Section Chief of Palliative Care Services (left, top), and **Olutoyin Olutoye**, Professor and Division Chief of General Anesthesiology, TCH (left, bottom).



The presentation was moderated by **Drs. Jolie Britt** and **Keila Lopez**, Asst. Professor.

The group is open for membership to anyone who is interested in advancing and exploring the roles of women in leadership in academic medicine, especially those in a pediatrics-related field. In addition to faculty and fellows, the group welcomes those with disciplines in research and advanced practice provider fields...and that includes the many men who have reached out to help support their female colleagues. If you are interested in being a panelist or facilitator for a future event, please email [britt@bcm.edu](mailto:britt@bcm.edu).

#### WHAT IS sheLEADSpeds?

sheLEADSpeds exists to foster community, mentorship, and sponsorsip among women in pediatric academic medicine.

Our mission is to inspire female pediatricians in fellowship and early-career years to explor eadersi pathways and to equip them with skills needed to lead and expand their sphere of influence.

# Department's Annual Education Retreat Held Virtually

By Dr. Satid Thammasitboon

The **2020 Department of Pediatrics Annual Education Retreat**, held on December 4, 2020 was very well received as a completely virtual experience. Medical educators, clinician-educators, and education scholars alike attended a variety of educational sessions including a plenary session, faculty development workshops, educational scholarship presentations, and educational awards ceremony.



**Dr. Teri Turner**, Vice Chair of Education and Associate Dean for Graduate Medical Education, delivered an inspiring talk for the Kelly Descioli's Memorial Lecture. The lecture entitled "Nurturing and Developing the Teacher Within: 3 Habits to Create a Learning

Environment Where Trainees Grow and Thrive" resonated with all attendees as they learned about the core principles of a growth mindset relevant to teaching and learning (see page 5 for highlights of her lecture).

Faculty enjoyed a broad range of faculty development topics relevant to contemporary medical education and related learning environments. All workshop leaders leveraged learning technology and executed highly interactive virtual learning experiences. Many faculty attended the inspiring TED Talks delivered by seven pediatric faculty from our first cohort of the TCH TED Masterclass program.

Our faculty also enjoyed the educational scholarship presentations representing ten great educational projects done through innovative and collaborative efforts, a great incubator for forming a network of scholars.

Overall, it was an excellent virtual education retreat. Our faculty felt connected with other educator peers, inspired by one another's work, and rejuvenated to continue their great work and strong commitment to fulfilling our educational mission.

The Retreat Planning Committee included: Ankhi Dutta, MD, Julieana Nichols, MD, MPH, Rachel Wolfe, PhD, Remy Elizondo, Karla Gonzales, Danny Castro, DO, MEd, and Satid Thammasitboon, MD, MHPE.



## The Outstanding Educational Scholarship 2020 Department of Pediatrics Education Retreat

We celebrated great educational programs and innovations conducted by our pediatric faculty. Below are the top five educational scholarships that were determined as exemplary (in no particular order of rank):

### The Virtual Deliberate Practice Module for Procedural Skills Training

(Jennifer Benjamin, MD-Presenter, Saul Flores, MD, Parag Jain, MD, and Satid Thammasitboon, MD, MHPE)

### Impact of a Teaching Service on Patient Outcomes and Costs at a Community Hospital

(Andrea Dean, MD-Presenter, MD, Elizabeth Halvorson, MD, MS, Kathryn Ban, MD, Gregory Russell, MD, Joyee Vachani, MD, MEd, Geeta Singhal, MD, MEd, and John Darby, MD)

### Creating an Educational Program for Renal Replacement Therapy for Pediatric Critical Care Fellows Using a Hybrid of Gamification and Team-Based Learning

(Kristin Dolan, MD-Presenter, Ayse Arıkan, MD, Theresa Mottes, MSN, APRN, CPNP-AC, and Satid Thammasitboon, MD, MHPE)

### Effectiveness of Case-Based Curriculum in Pediatric Residents Education

(Iman Al-Gadi, MD-Presenter and Stephanie Sisley, MD)

### Understanding the Dynamic Between Senior Residents and Fellows on Pediatric Hospital Medicine Teams: A Qualitative Study

(Gal Barak, MD-Presenter, Andrea Dean, MD, Heather Haq, MD, MHS, and Geeta Singhal, MD, MEd)

# **BIPAI 22<sup>nd</sup> Annual Network Meeting Held**

The **22<sup>nd</sup> BIPAI Network Meeting** took place November 10-13, 2020. More than 400 participants representing more than a dozen countries participated in the first virtual BIPAI conference. This year's theme was **"Forging Ahead: Maintaining Excellence through Teamwork and Innovation."** Presentation topics covered patient care, program implementation, COVID-19 response and resiliency, and network-wide updates. Despite the challenges presented by the pandemic, the conference achieved its goal of fostering community and togetherness and creating a platform to share and learn from one another. Recordings and resources from the conference are available at [www.texaschildrensglobalhealth.org/bipai2020](http://www.texaschildrensglobalhealth.org/bipai2020). The following sessions were presented:

## **Welcome**

Michael Mizwa

## **Global TB – Soaring Past the Horizons**

Global TB Team

## **Building Resources for Philanthropy**

Meg Ferris, Adam Gibson, Taylor Napier-Earle, Catriona Gates

## **IAS Pane: Highlights and Innovations**

Dr. Jaime Petrus and Panelists

## **Dolutegravir: Still the Future of Pediatric HIV Care?**

John Farirai and Colleagues

## **Developing and Maintaining an Outstanding NIH Biosketch**

Michelle Swick

## **Quality Improvement**

Drs. Bryan Vonasek, Elizabeth Fitzgerald, Heather Crouse, Binita Patel

## **Navigating Ethical Issues in Covid-19**

Drs. Jim Thomas & David Mann

## **Covid-19 and Vaccine Development**

Drs. Peter Hotez and Maria Elena Bottazzi

## **Thriving in the Pandemic and Beyond**

Dr. Wendy Lau

## **Covid-19 National Responses across the Globe**

Dr. Mogomotsi Matshaba, Ana-Maria Galviz, Dr. Jacqueline Balungi Kanywa, Christina Bagaiof

## **Overcoming NGO Challenges**

Dr. Kevin McKenzie

## **Enhanced Collaboration Between Implementing Partners in the Face of a Global Pandemic**

Representatives from Baylor-Lesotho and USAID

## **Messages from BIPAI Network Leadership Townhall**

BCM, BIPAI, Texas Children's Global Health Leadership

## **Executive Director Panel**

BIPAI Executive Directors



**Tuesday, February 2, 2021**

**Virtual**

**IAS COVID-10 Conference: Prevention**

**Registration: [covid19.iasociety.org](https://covid19.iasociety.org)**

**March 12-14, 2021**

**CUGH Virtual Conference 2021: Addressing  
Gaps in Global Health and Development**

**Satellite Sessions, March 1-11, 2021**

**March 10-13, 2021**

**Consortium of Universities in Global Health**

**2021 Virtual Conference**

**Baylor College of Medicine & Texas Children's**

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