

Pedi Press

A Quarterly Publication of the Department of Pediatrics
Baylor College of Medicine

Volume 9, Issue 1, Part I

Winter 2020

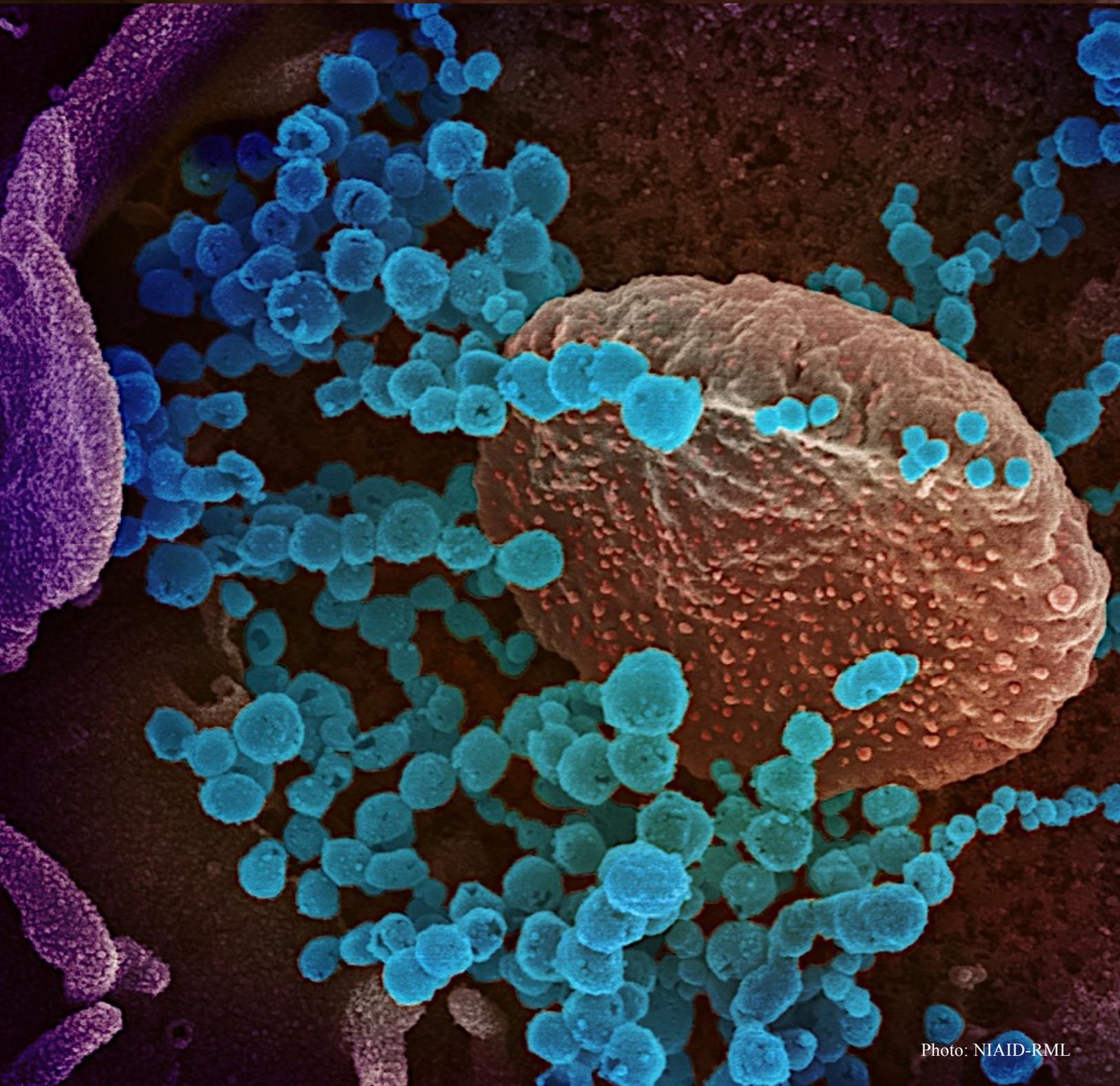


Photo: NIAID-RML

In this issue:

Part I

Feature Article

Coronavirus: Where Do We Go From Here? 3

Transitions – Pediatric to Adult Care 5

Renal Establishes Initial Core Elements of Transitioning

Section Events 7

U.S. House Representative Crenshaw Visits Faculty and Patients 7

Academic General 8

Cardiology 9

Endocrinology & Diabetes 11

Hematology & Oncology 12

Immunology, Allergy and Retrovirology 13

Neonatology 14

Neurology 15

Psychology 16

Tropical Medicine 17

Center for Research, Innovation & Scholarship 18

House Staff 19

Medical Humanities Group 20

BIPAI 21

Dr. Gordon Schutze, Interim Editor-in-Chief
Dr. B. Lee Ligon, Managing Editor/Graphics Design
Julie Anderson, Copy and Content Editor

Next Deadline

JUNE 5, 2020

Send articles and photos to

bligon@bcm.edu

FEATURE STORY

Coronavirus: Where Do We Go From Here? Researchers Work Diligently to Develop a Vaccine

As of March 30, 2020, the World Health Organization was reporting 697,244 confirmed cases of coronavirus disease (COVID-19) (Systems Science reported 775,306) and 33,257 confirmed deaths (37,083 reported by Systems Science), worldwide with 204 countries or areas affected. The United States was leading in number of cases, with 122,653, followed by Italy with 97,689 and China with 82,455.



Among those leading in the fight against the diseases are **Dr. Peter Hotez**, Professor and Dean of the National School of Tropical Medicine and his colleague **Dr. Maria Bottazzi**, Professor and Associate Dean. Both of them have been interviewed



numerous times while working diligently to create a vaccine. When testifying before Congress on March 5, Dr. Hotez called the disease the “angel of death” for the elderly, based on what had happened at a nursing home. In an interview for CNN, he

noted that our first big area of community transmission was the nursing home, where a 10% incidence of death occurred. He expressed his concern that nursing homes and other facilities were completely unprepared for this outbreak. On March 25, speaking to Fox News, he explained that infants were proving to be an exception to the claim that children are unlikely to fall ill from the virus. He cited a new study by the AAP that examined more than 2,000 children in China, which showed that 10% of the infants younger than one year of age were seriously ill or even critically ill.

Back on February 29, Dr. Hotez expressed his concerns at that time about specific issues. One misconception he addressed was the concept that COVID-19 is a mild

disease and, basically, only older individuals or those with underlying health conditions needed to be worried.

Debunking that notion, he stated that “we have a serious threat to our healthcare workforce” and with the beginnings of community level transmission, “we cannot expect our healthcare providers to be increasingly exposed to this virus working in ICUs . . . emergency rooms . . . clinics.” He explained that if they go down, the whole system will unravel, which could lead to an extraordinary level of concern and panic. This concern was one of the items he was trying to impress upon our national leaders.

Speaking of vaccine development, Dr. Hotez explained his frustration with a vaccine his team developed after SARS in 2003 and MERS in 2012. The prototype vaccine based on SARS was both highly effective in laboratory animals at preventing challenge infections and was safe, but at the time, he was unable to get anyone interested in supporting the move into clinical trials. Fortunately, Dr. Maria Bottazzi, his science partner of 20 years, who co-directs the vaccine center, had the wisdom to keep the vaccine on stability protocols, so it is still good even after all these years. In addition, there are other platform technologies around RNA and DNA vaccines, meaning about half a dozen vaccines can move into clinical testing. However, getting the vaccine(s) to the public takes time, and he projected at least a year before there could be an effective and safe vaccine ready to be distributed.

Because coronavirus and respiratory virus vaccines in general pose specific problems, the development of a vaccine requires special testing. In the case of

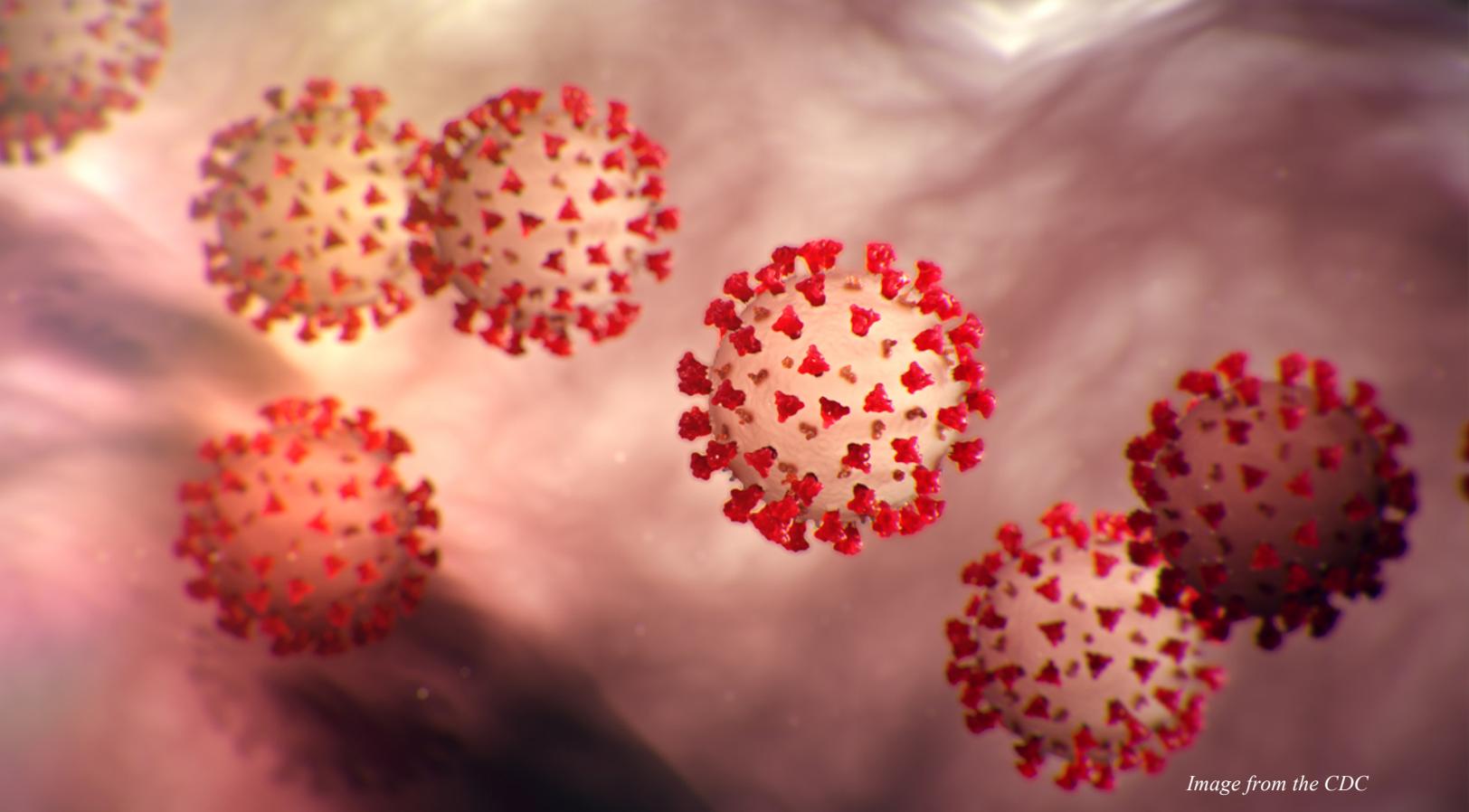


Image from the CDC

the SARS, the first-generation of killed vaccines, and even the whole spike protein from the virus, actually made things worse.

They found that if they use only the receptor binding domain of the virus, it seemed to prevent the immune enhancement. Nonetheless, because of the difficulties of Phase I and II trials in this instance, Dr. Hotez projects that no vaccine will be ready in time to deal with this pandemic.

In a video produced by BCM, Dr. Hotez explained the types of coronaviruses, including SARS I, MERS, and now SARS II, or COVID-19. The last is a respiratory virus that spreads through droplet contact. Another mode of transmission is airborne, which was still not known with regard to COVID-19, at the time. A third is fecal-oral transmission. He explained the classic symptoms of fever, cough, and respiratory distress, so it can resemble other conditions in the early stages. Right now, we have no anti-viral drugs, so the only treatment is intubation and supportive care. He explained that what we have to use are old-fashioned methods, such as washing hands frequently with soap, not touching our faces, and avoiding crowds.

Dr. Maria Bottazzi also has been interviewed numerous times and has addressed the hurdles of developing a vaccine quickly.

Noting that the several prototype vaccines for COVID-19, including the one at BCM, would have to go through clinical testing before being used on the public. The procedure could take “between 12 and 18 months to finally start getting some evidence of whether any of [the vaccines] will be not only safe, but maybe with a hint of efficacy.” She noted that President Trump’s request that the FDA fast-track vaccine development could put potential COVID-19 vaccines at the top of the agency’s list for review and a change in the procedure from reviewing vaccines sequentially to evaluating several vaccines simultaneously. She also noted that funding poses an enormous hurdle, especially for developing a vaccine outside the pharmaceutical environment because of lack of venture capital or stockholders, and because it is not intended for profit.

To date, the most effective means of curbing the spread of the virus has been social distancing. Most people are now working remotely, avoiding contact with others (including family members for many people), focusing on the measures noted above (washing hands and not touching the face), and seeking ways to navigate this new terrain in the most effective ways.

TRANSITIONS TO ADULT CARE

Editor's note: In the two previous editions of Pedi Press, we included articles describing the challenges associated with transitioning patients from pediatric to adult care, given that many pediatric patients are living longer with conditions that once took their lives in childhood. Transitioning to adult care has specific challenges for the patient and family, as well as the medical teams involved, and each condition has its own particular challenges. "Transitions" will highlight the work that is being done in different Sections of the Department, beginning with Renal.

Renal Establishes Initial Core Elements for Transitioning

By Dr. Sahar Siddiqui

In the Renal Section, efforts to develop a smooth transitioning of patients has involved close collaboration with the adult renal colleagues at BCM to build a bridge that will successfully link pediatric patients with renal diseases to the appropriate services. Another focus is to develop policies and system processes to better serve patients and their families.



The Renal Section, under the leadership of **Dr. Michael C. Braun**, Section Chief, undertook this initiative by developing a dedicated transition team. **Dr. Sahar Siddiqui**, a nephrologist, oversees the transition process and the multidisciplinary team.

The transition navigator, Lisa Callaway, has been a tremendous asset, as she is crucial in helping with patient education, health insurance, and dynamics of the health system. In addition, our two renal social workers, Devrah Otten and Kaitie Virola, work directly with patients, along with a renal psychologist, Dr. Cortney Zimmerman. The QOL program coordinator, Meredith Vela, and Allied Health manager, Marissa Calderon, are critical to helping patients and their families deal with various personal concerns.



Despite the numerous challenges, our team continues to make developments for the future of our adolescents and young adults with renal disease.

We are especially grateful for the support and guidance we have received from **Dr. Albert Hergenroeder**, his transition team, and the TCH leadership.

We are collaborating with the adult team at BCM, which is spearheaded by Dr. Sai Sariday. Also, Dr. Rajiv Raghavan and his colleagues at the Harris County Health System – Ben Taub Hospital, have been actively involved.



We initially surveyed our faculty for needs assessment and were able to gather data from 14 of our renal physicians. Overall, they rated the ease of transition as a 2.5/5. Only one provider reported that he had a set procedure in place for transition. Many ranked lack of insurance, difficulty in finding an accepting adult provider, lack of a structured transition process, and lack of a designated transition team as major obstacles. Once the team was in place, we began assessing the other challenges, the two most critical being insurance and lack of a standardized procedure.

Our first objective was to develop a structured process to improve transition for renal patients based on the complexity of their diseases. We created a transition policy, family letter, and surveys to assess pre- and post-transition results. We now are working on a brochure and educational materials.

These efforts were designed to address transition core elements 1 (transition policy), 3 (readiness), and, hopefully, 6 (eliciting feedback through surveys) (see Core Elements of Health Care Transition below).

In going forward, one of our greatest challenges and work in progress is a transition registry for complex renal patients, as none is in place currently. We are working closely with Margaret Weimer, Patient Services administrator, and Epic to identify patients who are close/eligible to transition and developing a registry, but the process is very tedious and requires identifying a baseline. Our other major challenge has been finding adult renal providers willing to work with this population, and we are pleased that BCM has been very supportive in accepting our pilot patients, ones with Lupus. We are hopeful that our communication efforts will help build stronger bridges between pediatric and adult renal care provided at BCM. Our next steps potentially include establishing a joint introductory visit clinic with both pediatric and adult nephrologists, along with multidisciplinary support.



Transitioning Youth to An Adult Health Care Provider

Six Core Elements of Health Care Transition 2.0

1. Transition Policy

- Develop a transition policy/statement with input from youth and families that describes the practice's approach to transition, including privacy and consent information.
- Educate all staff about the practice's approach to transition, the policy/statement, the *Six Core Elements*, and distinct roles of the youth, family, and pediatric and adult health care team in the transition process, taking into account cultural preferences.
- Post policy and share/discuss with youth and families, beginning at age 12 to 14, and regularly review as part of ongoing care.

2. Transition Tracking and Monitoring

- Establish criteria and process for identifying transitioning youth and enter their data into a registry.
- Utilize individual flow sheet or registry to track youth's transition progress with the *Six Core Elements*.
- Incorporate *Six Core Elements* into clinical care process, using EHR if possible.

3. Transition Readiness

- Conduct regular transition readiness assessments, beginning at age 14, to identify and discuss with youth and parent/caregiver their needs and goals in self-care.
- Jointly develop goals and prioritized actions with youth and parent/caregiver and document regularly in a plan of care.

4. Transition Planning

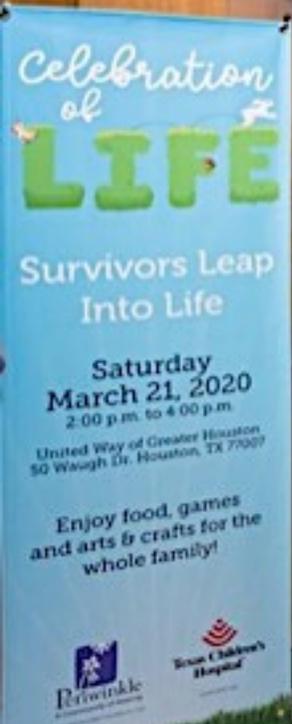
- Develop and regularly update the plan of care, including readiness assessment findings, goals and prioritized actions, medical summary and emergency care plan, and, if needed, a condition fact sheet and legal documents.
- Prepare youth and parent/caregiver for adult approach to care at age 18, including legal changes in decision-making and privacy and consent, self-advocacy, and access to information.
- Determine need for decision-making supports for youth with intellectual challenges and make referrals to legal resources.
- Plan with youth and parent/caregiver for optimal timing of transfer. If both primary and subspecialty care are involved, discuss optimal timing for each.
- Obtain consent from youth/guardian for release of medical information.
- Assist youth in identifying an adult provider and communicate with selected provider about pending transfer of care.
- Provide linkages to insurance resources, self-care management information, and culturally appropriate community supports.

5. Transfer of Care

- Confirm date of first adult provider appointment.
- Transfer young adult when his/her condition is stable.
- Complete transfer package, including final transition readiness assessment, plan of care with transition goals and pending actions, medical summary and emergency care plan, and, if needed, legal documents, condition fact sheet, and additional provider records.
- Prepare letter with transfer package, send to adult practice, and confirm adult practice's receipt of transfer package.
- Confirm with adult provider the pediatric provider's responsibility for care until young adult is seen in adult setting.

6. Transfer Completion

- Contact young adult and parent/caregiver 3 to 6 months after last pediatric visit to confirm transfer of responsibilities to adult practice and elicit feedback on experience with transition process.
- Communicate with adult practice confirming completion of transfer and offer consultation assistance, as needed.
- Build ongoing and collaborative partnerships with adult primary and specialty care providers.



DEPARTMENT NEWS SECTION & CENTER EVENTS

U.S. House Representative Crenshaw Visits Faculty and Patients

Dr. Susan Blaney, Professor and Section Chief, welcomed U. S. Representative Dan Crenshaw during his visit to Texas Children's Hospital in February. In addition to speaking with executive vice presidents of the hospital, Rep. Crenshaw met various faculty members and visited with patients. His tour included the Legacy Tower mission control, the Heart Center, the Neurology Center, and the Cancer and Hematology Centers. Assistant Vice-President Rosie Valadez McStay noted the importance of having elected representative experience Texas Children's first hand: "We are an organization that is so greatly impacted by their work. To that end, touring our patient care areas to see how care is provided, and meeting with our clinical leaders and administrators, provides them the opportunity to learn how their legislative decisions effect our patients and families."





Physicians Assist with Providing Mobile Health Care

"I love being able to work in the mobile unit. Without this mobile clinic, we would lose a touchpoint with the most vulnerable part of the population and they would not be able to access care."

--Dr. Padma Swamy



Earlier this year, two members of the Section, **Drs. Padma Swamy** (top) and **Cassandra Garcia** (bottom), participated in the visit of the Ronald McDonald Care Mobile to the Houston ISD's Bellfort Early Childhood Center.

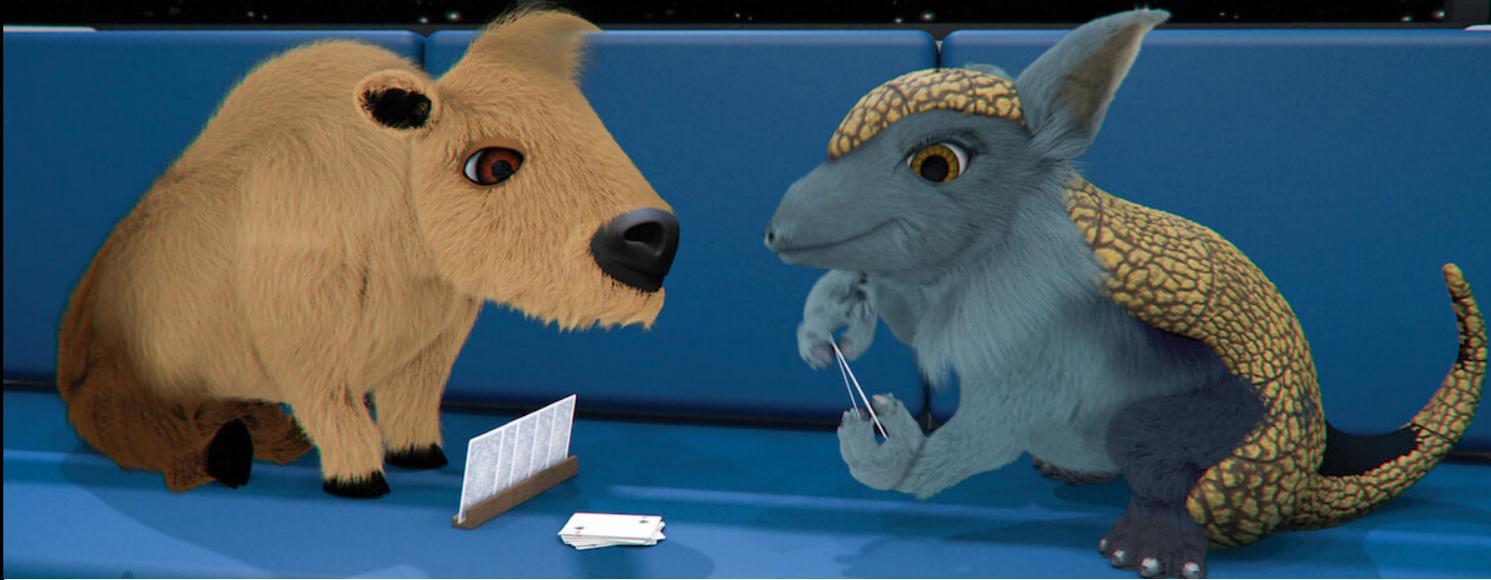
The mobile unit provides vaccinations, sick visits, and laboratory work-up in a non-traditional setting on a first-come, first-served basis at no cost to the patients. When they arrived at the school, a line had already formed, and by the end of the day, they had provided care to 23 patients.



The Ronald McDonald Care Mobile program has provided care in the form of treatment pediatric cancer in Poland, ophthalmology in Thailand, and immunizations in New Orleans, according to its website. All services are provided in one of the 40-foot long, 8-foot wide, state-of-the-art vehicles, which has two patient examination rooms, a laboratory, a reception area, and medical records area, built at a cost of approximately \$500,000 each. The Ronald McDonald House of Charities (RMHC) works with local clinical services providers to deliver services tailored to the needs of the local community.

In Houston, the RMHC program is funded by support of operators and community donors. Texas has one of the highest rates of uninsured people aged 18 and younger, with Harris County raking first among the nation's counties for the number of uninsured children (170,000), according to a 2019 U.S. Census Bureau-based report by the Georgetown University Health Policy Institute. During 2019, approximately 9,000 of these children visited the Ronald McDonald Care Mobile for pediatric services. A second unit provides dental care through partnership with UT Health's School of Dentistry.

Drs. Swamy and Garcia both explained the benefits of the mobile unit. Dr. Swamy noted that "instead of inviting families to come in like in a traditional clinic setting, we are being invited into the community . . . Because of that flip, I think that there is really an opportunity to learn about what is happening locally and how people feel." Dr. Garcia shared that, "We see the struggles people are dealing with on a first-hand basis. There are a lot of barriers to accessing care - why they haven't sought medical care, why they are delinquent on vaccinations, why they let their kid run a fever for five days." without coming in. They don't have access and that is why we are here."



Children's Videos Explain Heart Conditions and Treatments



After learning from his patients that what they most wanted after undergoing congenital heart surgery was more information for themselves and others, **Dr. Daniel J. Penny**, Professor and Chief, contacted his friend Michael Liddy, an architect from Australia, to create videos that would explain critical information to children and parents. The two worked for 10 years together to create animated videos that would better communicate the different conditions and what they entail for the patient's future.

Using toy cars that zip around a racetrack and tiny buzzing robots and furry friends, the videos explain conditions and treatments more completely than can brochures or even physician-drawn diagrams. A racetrack represents circulation in the body, and the video explains to children how clogs and blockages can hinder the heart's function and how the heart can be repaired. The "teachers" are Ruby, a Texas armadillo, and Beau, a bison; the "surgeons" are little "blings," or buzzing robots. Dr. Penny said that he and Dr. Liddy have videos that demonstrate the abnormalities of virtually every congenital heart malformation, as well as ones

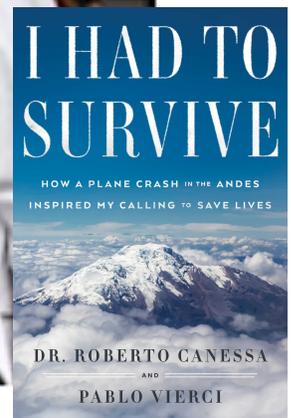
that explain most heart operations and transcatheter procedures.

In addition to the concerns associated with heart conditions and management, other life events – post-traumatic stress disorder, divorces, negative outcomes, bullying – affect patients, often adversely, and need to be handled. To that end, the pair has created videos that help patients and their families deal the social and emotional challenges that accompany having a congenital heart condition.

Dr. Penny also explains that the new science "around this idea of health care literacy, which suggests the more you know about your illness, the better the likelihood of a good, long-term outcome" guides their decisions.

One of the reasons they decided on the medium of videos is that they can be disseminated around the world more easily than can a traditional book. The videos are available free and can be accessed online to Texas Children's patients, as well as children and families worldwide video YouTube. Dr. Penny and Mr. Liddy plan to create more videos and to have them translated into other languages.

Guest Speaker Relates Events Leading to His Career



In February, the Heart Center team was treated to a guest lecture by internationally renowned cardiologist, Dr. Roberto Canessa (above, center). He discussed how surviving a plane crash in the Andes Mountains in 1972, along with members of the “Old Christians” rugby team, inspired him to pursue a career in medicine and the way he and his team worked together during a time of crisis. His experience is related in his book, *I Had to Survive*.

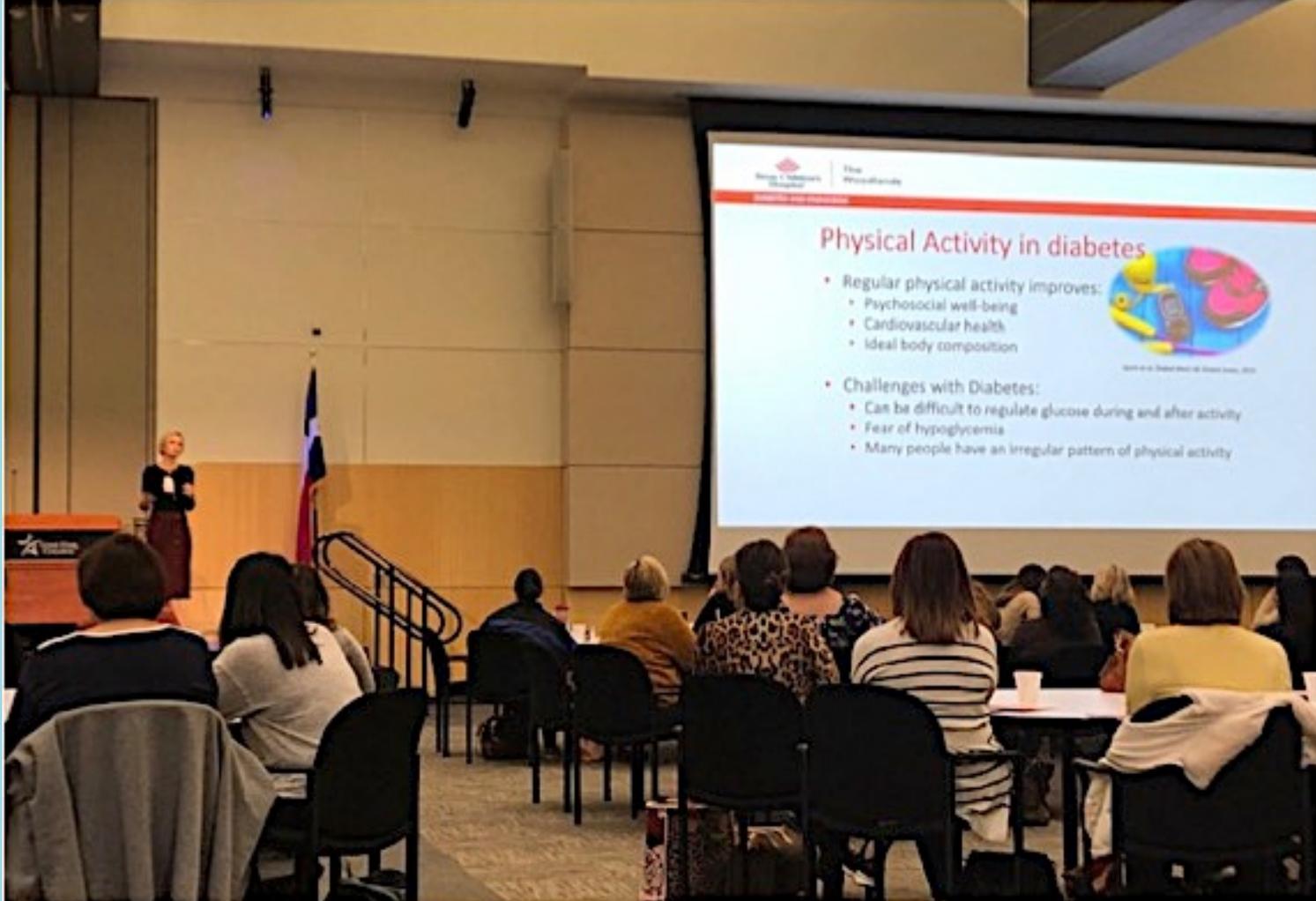
Evenings with Genetics Targeted Turner Syndrome



On February 11, the Evenings with Genetics was held at the Children’s Museum of Houston and focused on a chromosomal disorder in girls whereby one of the two X sex chromosomes is either partially or completely missing. Some girls born with this condition, called *Turner Syndrome*, have a heart defect.

Dr. Shaine Morris, Associate Professor, discussed the heart problems associated with Turner Syndrome and how to provide care for children with this condition. Taylor Beecroft, a genetic counselor at TCH, reviewed the underlying genetic causes of Turner Syndrome.

Evenings with Genetics is a regular speaker series that is free and open to the public. It highlights the advances being made in genetic research and encourages networking among families with similar experiences.



Conference for Held for Nursing Management of Pediatric Diabetes



The 2020 Conference on the Diabetes Management of the School Aged Child sponsored by the Department faculty at Texas Children’s Hospital The Woodlands was held on Saturday, February 29. A total of 85 school nurses were in attendance. **Dr. Bonnie McCann-Crosby**, Assistant Professor, is the Medical Director for Endocrinology & Metabolism, TCH The Woodlands.

Focused on the nursing profession, the all-day Conference began with six presentations on various topics (see side bar). After a break for lunch, an hour-long panel discussion by four experts addressed pump failures, hypoglycemia, and hyperglycemia. The afternoon sessions were hands-on demonstrations of Device Management (Medtronic, Dexcom, Tandem, and OmniPod) and Diabetes Mathematics: Calculating Insulin Using ICR. The conference offered up to 5.5 Continuing Professional Education units. TCH is an approved provider with distinction of nursing continuing professional development education by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

Topics of Presentations

- Housekeeping and Instructions
- Understanding the Pathophysiology of Type 1 and 2 Diabetes
- Carbohydrate Counting for Insulin Administration in the School Setting
- Managing Blood Glucose for Exercise
- Socioeconomic Status and Diabetes: Removing Barriers to Improve Outcomes
- Diabetes Technology 101: Pumps, CGMs, and Trends, Oh, My!

New Immunotherapy Center Opens

"We are very excited about the opening of our oncology and hematology unit, and are very fortunate to have the best and brightest minds dedicated to finding a cure for childhood cancer. Everyone in our Cancer Center, including our physician scientists, our research technicians, our clinical researchers, and the entire medical team, feel a tremendous sense of urgency to attaining this goal."

-- Dr. Susan Blaney

Director, Texas Children's Cancer and Hematology Centers

The new Sky High for Kids Immunotherapy Center held a special celebration on February 13, 2020, to celebrate its official opening on 7 West Tower in March. Staff, physicians, nurse leaders, and invited guests attended the unveiling ceremony that began with a special blessing on the new oncology-hematology unit.

Dr. Susan Blaney, Professor and Director of the Cancer and Hematology Centers, and Brittany Hebert, Founder/CEO of Sky High for Kids, spoke at the meeting. Dr. Blaney commented on the value of the new Center, noting it is "a tremendous advance, that will be essential to achieving our goal of curing cancer in each and every child." Ms. Hebert noted that "The Sky High for Kids patient floor is poised to serve children across Texas, in the United States, and ultimately around the world.

In 2018, Sky High for Kids committed to donate \$20 million over the course of 15 years to TCH to help establish the SKY High for Kids patient floor, which includes the national first immunotherapy center. They also support the Global HOPE initiative, which aims to improve pediatric cancer treatment in sub-Saharan Africa.

Guests were invited to tour the new Sky High for Kids patient floor, which includes 22 hematology-oncology rooms and 10 bone marrow transplant rooms. It also features a multidisciplinary work area for the healthcare teams, large family and respite sites, a laundry room, and an art studio for patients and their families.





Dr. William T. Shearer Honored at Annual Lectureship

The late Dr. William T. Shearer, visionary, premier scientist, immunologist, mentor, master clinician and founder of the TCH Clinical Immunology Laboratory, was honored at the **Eighth Annual William T. Shearer Lectureship and Education Day**. It was a remarkable day of learning and dialogue with Dr. Kathleen Sullivan, Professor of Pediatrics, Wallace Chair of Pediatrics, Division of Allergy Immunology at The Children's Hospital of Philadelphia. The collective sentiment of appreciation for Dr. Shearer was a unifying thread throughout the activities of the weekend.

Special recognition goes to the Course Director, Dr. Lisa Forbes Satter, and Ms. Christina Cowperthwait for the superb event planning, coordination, and execution. At the dinner, **Dr. Nicholas Rider**, Associate Professor of Pediatrics and Associate Medical Information Officer at TCH, presented, "AI (Artificial Intelligence) for PI (Primary Immunodeficiency)", an eye-opening and thought-provoking lecture, causing the audience to deeply consider how technology will facilitate medical diagnoses and potential treatments in the future. The audience was incredibly engaged, prompting the most extended question and answer session at a WTS Education Dinner yet!

At the Department of Pediatrics Grand Rounds on Friday, Dr. Sullivan described the clinical conundrum and differential diagnosis of granulomas in patients, along with her lab's discovery of the important role of the rubella virus in granulomatous inflammation. She gave a comprehensive discussion of the immune system's response to the rubella virus, engaging primary care physicians, immunologists, rheumatologists, retrovirologists, and infectious disease specialists alike, even offering to test samples from TCH patients! The Grand Rounds was followed by two excellent case presentations from **Drs. Mansi James**, Resident, and **Roman Deniskin**, Fellow. Dr. Michelle Joseph helped prepare one of the cases and was recognized for her work. Dr. Sullivan shared her vast expertise in primary immunodeficiency diagnosis and management, especially in very early onset inflammatory bowel disease, during the two insightful case discussions.

The Grand Rounds began with a memorial video of Dr. Shearer, presented by **Dr. Forbes Satter**, Assistant Professor, and Ms. Lynn Des Prez, Dr. Shearer's widow, was in attendance at the Grand Rounds presentation. A special thanks to Mr. Luis Paxtor for serving as the photographer.



Faculty Summit Focuses on “Appreciative Inquiry”

On February 18-19, 2020, the Section of Neonatology completed a highly successful Faculty Summit that focused on the emerging methodology of “Appreciative Inquiry” (AI). The methodology is used in various venues (e.g., organizations, groups, companies) as a means of facilitating positive change. It focuses on strengths, rather than weaknesses, using a set of questions and discussions centered on five core processes: 1) choose the positive as the focus of inquiry, 2) inquire into exceptionally positive moments, 3) share the stories and identify life-giving forces, 4) create shared images of a preferred future, and 5) innovate and improvise ways to create that future (from The Center for Appreciative Inquiry; <https://www.centerforappreciativeinquiry.net/more-on-ai/the-generic-processes-of-appreciative-inquiry/>).



Approximately 45 faculty members from the Neonatology medical center participated in this creative and strategic summit to generate valuable and unique ideas to initiate positive change in the workplace. The summit focused on gathering information about what the Section is doing successfully and how to implement those practices to eliminate deficiencies.

Dr. William Michael Southgate (pictured above), an expert in AI and Professor in Pediatrics at the Children’s Hospital in Charleston, S.C., and the Medical University of South Carolina, joined the summit as a guest facilitator.

Inaugural Retreat Held for Neuroscientists

“We’re always striving to do things better, and I think this retreat is one step towards getting us there.”

-- Dr. Howard Weiner,
Texas Children’s Chief of Neurosurgery

On February 21, 2020, faculty and staff convened for the inaugural Neurosciences Retreat at the Jan and Dan Duncan Neurological Research Institute. The event provided opportunities for the multi-disciplinary team of neurologists, neurosurgeons, clinicians, researcher, behavioral health experts, and others to discuss past successes, areas for possible improvement, and ideas for the future.

The retreat began with opening remarks given by Executive Vice President Dan DiPrisco, followed by a moderated panel discussion by two patient families who shared their stories about what brought them to Texas Children’s Hospital for care.

On the discussion panel were **Dr. Howard Weiner**, Chief of Neurosurgery, **Dr. Gary Clark**, Chief of Neurology and Developmental Neuroscience, and **Dr. Huda Zoghbi**, Director of the NRI. One of the guests was Debbie Sukin, daughter of the late former Chairman of Pediatrics, Dr. Ralph Feigin. Her two sons, now 18 and 15 years old, were born with neurological challenges, the older with Angelman’s syndrome and the younger with a rare disorder caused by a CASK gene mutation diagnosed through genome DNA sequencing at BCM/TCH. The panel also discussed way to ensure seamless flow from bench to bedside.

Dr. Clark noted that “Neurology and neurosurgery are not the same programs they were five or 10 years ago. Neurological diseases that we thought for years were not treatable have become approachable with new DNA therapies, enzyme replacement therapy to treat lysosomal disorders, and minimally-invasive surgical approaches like laser ablation, that was pioneered at Texas Children’s and has yielded successful outcomes for treating epileptic seizures.”

After the panel discussion, participants broke into pre-selected groups. The teams chose their groups based on the topic and were tasked to establish neuroscience goals and collectively chart the path for treatments, discoveries, and cures that could be realized in the next five years. The topics were “Operational Excellence,” “Translating Discoveries to Therapies,” “Population Health,” “Educating for the Future,” and “Research Funding.”



Expert Provides Insight into Dealing with Children's Tantrums

"To help get rid of tantrums over time, parents can also consider praising or giving attention more to kids when they are doing the opposite of tantruming."

-- Dr. Stephanie Chapman



Dr. Stephanie Chapman, Assistant Professor, answered questions regarding a toddlers' tendency to "throw tantrums," noting that doing so may simply be a way to get their feelings noticed. Throwing themselves to the ground in a full-body collapse appears to be a normal response to feeling overwhelmed.

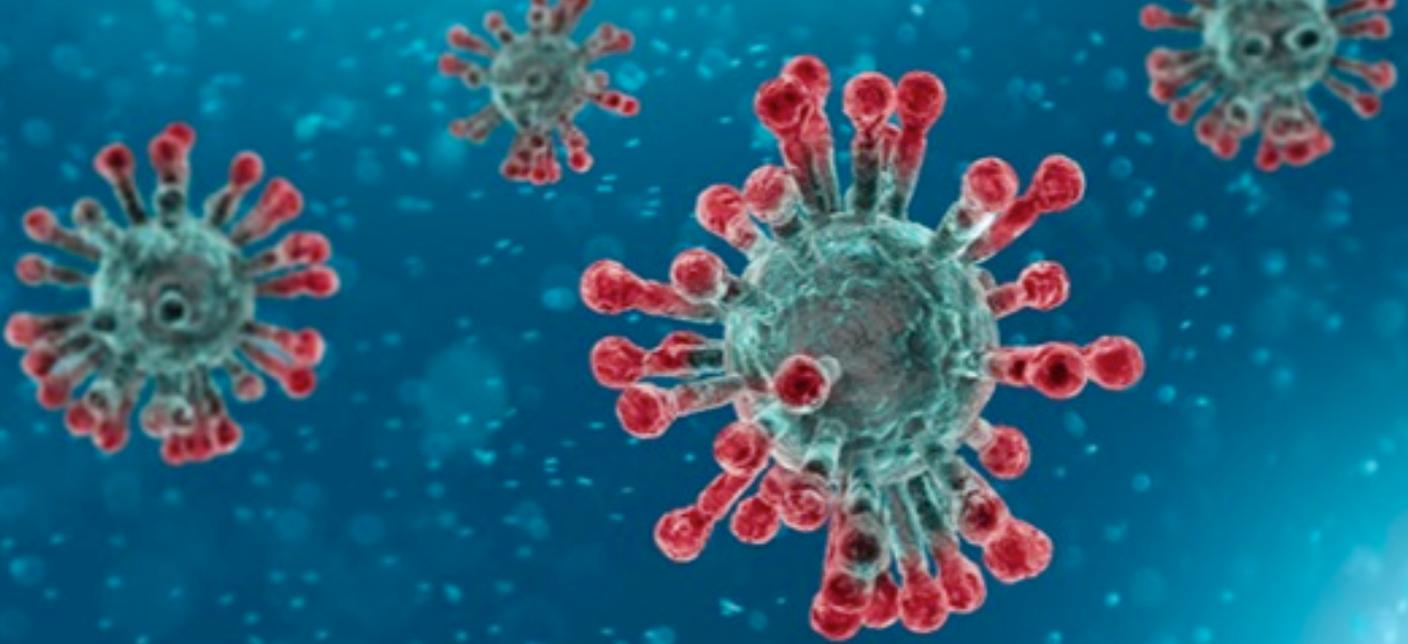
Dr. Chapman noted that "From a behavioral and learning theories standpoint, children fall to the floor during tantrums because it is a function; often because it elicits sympathy or a response from the people around the child, like the child getting picked up and soothed." She explained that not much can be done for the child during the tantrum because arguing, rationalizing, soothing, or cajoling the child often reinforces the tantrum and leads to more such responses.

Researchers at the University of Minnesota published an article in the journal *Emotion* showing that children's tantrums worldwide tend to share the same (and terrifying) characteristics: whining and stomping when slightly inconvenienced, to hitting the deck, to getting violent and aggressive when extremely angry. These researchers posit that the reactions all involve how the brain develops: when threatened, they respond from the portion of the brain that registers fight, flight, or freeze...until they learn how to manage these emotions by developing the tools and brain capacity needed, they will almost inevitably throw a tantrum.

Dr. Chapman's recommendations involve several steps. First, stay calm and try to ignore the tantrum if circumstances allow. Meanwhile, praise other children present for being calm so they don't get the idea that the behavior is acceptable. Remove the audience from the room to reduce the stress level. If the child throwing the temper tantrum is in a crowded place, try carrying him/her to a calmer, quieter place more conducive to ignoring the tantrum. The next step is to return attention and praise once the child calms down, expressing that you are happy with their calm behavior and providing reassurance with a hug if needed. If the tantrum was a way to ignore instructions, now is the time to implement the instructions so the child doesn't learn that a tantrum will provide a means to avoid doing something. Direct the child in a hand-over-hand way to complete the task, and if another tantrum ensues, ignore and carry out the procedure (e.g., fastening a car seatbelt).

Resources she recommends include three books: *Parenting the Strong-Willed Child*, *SOS! Help for Parents*, and *1-2-3 Magic: Effective Discipline for Children 2-12*.

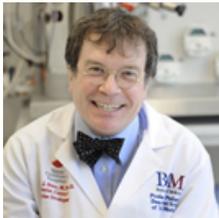




Researchers Leading Efforts to Develop Vaccine

By Nathaniel Wilder Wolf

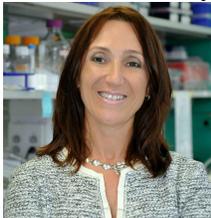
The Section of Tropical Medicine, along with Baylor College of Medicine's National School of Tropical Medicine and Texas Children's Center for Vaccine Development (CVD), is leading multiple research efforts to develop a vaccine against SARS 2/COVID-19. They also are contributing to the quest to responsibly inform the public of the dangers of the infection and the process involved around creating preventive vaccines, therapeutics and diagnostics.



Dr. Peter Hotez, Professor, has testified in Congress about the disease and has been featured in dozens if not hundreds of national and local television, radio, and newspaper pieces discussing the threat of SARS 2/COVID-19, while

at the same time advising against panic and overreaction.

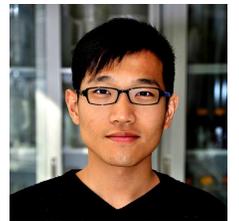
Dr. Maria Elena Bottazzi, Professor, has also been featured heavily in the media including reach in



Latin America to inform the public, especially with respect to the process of creating a vaccine against the virus. The CVD, headed by Drs. Hotez and Bottazzi, is ideally situated to discuss the SARS 2/COVID-19 vaccine

development process. Four years ago, they completed the production of SARS vaccine candidate that could have gone into Phase 1 clinical trials had there been funding.

Among those leading the vaccine research efforts is **Dr. Wen-Hsiang Chen**, Assistant Professor and Director of Quality Control and Analytical Development at the CVD, who is spearheading the development of a new SARS-2 vaccine and also was instrumental in the development of the earlier SARS vaccine. He explains, "We are not only looking at the cross-reactivity between our SARS vaccine candidate against the new coronavirus, but we are also working on making the new vaccine antigen specifically for COVID-19."



Dr. Kristy Murray,

Professor, who also serves as Vice Chair for Research for the department, has been examining prospective diagnostic and



epidemiological studies with her research team. Her team is also providing data and GIS support here locally with public health authorities in southeast, Texas, and globally at their acute febrile illness surveillance site in Belize. The latter is a U01 CDC-funded study led by Dr. Murray that was operational in Belize before COVID-19 emerged, allowing for infrastructure to easily implement active surveillance for febrile-associated respiratory illness country-wide.



The Faculty College: A Longitudinal, Self-Paced Faculty Development Program

CRIS Announces Upcoming Faculty College Class

The TCH Center for Research, Innovation and Scholarship (CRIS) announced the 3rd year of the BCM Department of Pediatrics Faculty College will start in July 2020. The college is a great opportunity for faculty to hone their educator skill and to learn more about educational scholarship.

The Faculty College focuses on the principles of teaching and other aspects of educational scholarship. The courses are offered approximately 4 to 6 hours each month, with a combination of face-to-face sessions and online modules. The completion of the college is self-paced, requiring only that the required hours be completed within 3 years. The sessions will be offered at TCH main campus from 12:00 pm – 2:00 pm, usually on Wednesdays. Periodic day-long faculty development offerings also will be offered.

Two pathways are offered:

- **Medical Teacher Certificate**, which entails 100 hours of professional/educator development
- **Educational Scholar Certificate**, which entails 50 hours professional/educator development and completion of a scholarly project

For more information contact Dr. Geeta Singhal at signal@bcm.edu or Dr. Satid Thammasitboon at satidt@bcm.edu For instructions on submitting the application, contact Remy Elizondo at reelizon@texaschildrens.org.

Comments from Previous Students

Faculty College has definitely opened my eyes with regard to other areas of medical education where I had no previous exposure. It has also helped motivate me to submit my portfolios for the NRF and Star awards! So, thank you for giving me an opportunity to be a part of Faculty College.

This has been a fantastic program and I am so thankful to have been a part of it. It has really broadened my approach to education and many other aspects of work and personal life.

Faculty College is very important to me and I genuinely enjoy it.

I have truly loved the faculty college and learned a great deal.

I have really enjoyed participating in the program!

Resident Scholarship Day Announced

June 5, 2020



The Resident Scholarship Program Executive Committee and the Pediatric House Staff Office announced the **sixth annual Resident Scholarship Day**. All residents (categorical and non-categorical) were encouraged to submit an abstract describing the scholarly work undertaken during their residency training.

The emphasis of the session will be the process of scholarship, and residents were encouraged to submit, even if their projects are not fully completed or they have not completed their Scholarly Activity blocks. Residents may also submit updated data for projects they presented last year.

Residents will have the opportunity to present their work either as a traditional or electronic poster during a 1.5-hour poster session in the Pavilion for Women from 12:00 pm to 1:30 pm on Friday, June 5, 2020.

Additionally, four abstracts will be chosen to present at Pediatric Grand Rounds, also on June 5th. Abstracts in all areas of scholarship (e.g. advocacy projects, educational curricula, original research, quality improvement, etc) are welcome.

Decisions regarding poster and oral presentations will be made by April 6, 2020.

Chief Residents for 2021 - 2022 Announced

On January 9, 2020, Dr. Elaine Fielder, Assistant Professor and Director of the Pediatric Residency Program, announced the Pediatric Chief Residents for academic year 2021-2022. She noted that “these individuals will bring their combined experiences, commitment, and passion to these leadership positions. The Chief Residents are (pictured left to right) **Drs. Taylor Baumann, Sarah Diamond, Andre Espallat, Victoria Mitre, and Theodor Uzamere.**





Writing Workshop Draws Enthusiastic Participants



On February 20, 2020, the **Medical Humanities Program** hosted its first Creative Writing Workshop, co-facilitated by Dr. Andrew Childress from the BCM Center for Medical Ethics and Health Policy, and **Dr. Gwen Erkonen**, Assistant Professor from the Section of Critical Care and Co-Director of the Medical Humanities Committee.

Based on requests from individuals interested in the Humanities Program’s other professional development activities, ten individuals – BCM medical students, advanced practice providers, residents, and faculty – came together to share their creative writing. Writing workshops provide an opportunity for writers to share works in progress and receive feedback from their peers.

Attendee Elizabeth Bleed, pediatric resident, shared “I really appreciated having nonjudgmental but also very thoughtful, expert reflection on my writing. It helped me refine this specific piece, but also inspired me to write more and more often!”

Several Department of Pediatrics faculty members who participated in the November 2019 Narrative Medicine Facilitator Training Workshop have started acting as Narrative Medicine Facilitators for the BCM Intersession following the surgery core clerkship.

Medical students are required to participate in six narrative medicine workshops during the Intersession. According to Reginald Toussant Jr, M.Ed. and Senior Project Manager for BCM, “The overall goal of this Intersession course is to make a meaningful impact on student wellness while also offering them opportunities to receive a different kind of instruction than what they’ll typically see throughout rotations.

The course seeks to help students develop servant leadership and teamwork skills, while also doing some internal work to develop the wide ranging skills developed through narrative medicine.”

The next professional development event hosted by the Medical Humanities Program is scheduled for Wednesday, April 8 from 4-5 pm at the Museum of Fine Arts, Houston. Participants will engage in “The Art of Observation,” learning observation skills during a walking tour of the galleries that evidence shows can improve clinical observation and diagnostic acumen.

Space is limited, if any faculty are interested in participating, please contact medicalhumanities@texaschildrens.org for more information.

First Lady of Botswana Hosts Global HOPE Reception Dinner



First Lady of Botswana Neo Masisi hosted a reception dinner in Gaborone, Botswana on February 19, 2020, focused on the government of Botswana partnership with Botswana-Baylor Children's Center of Excellence Trust (Botswana-Baylor) and Texas Children's Global HOPE (Hematology-Oncology Pediatric Excellence) program to tackle childhood cancer. The event presented a special opportunity for leaders of Botswana to hear directly about the importance and urgency of tackling the country's childhood cancer. Speaking at the event, First Lady Masisi called upon stakeholders to work collaboratively to end suffering and death from cancer and blood disorders. She stressed the need for training of health care professionals and proper infrastructure and facilities for accurate diagnosis and effective treatment. The First Lady is a member of Global HOPE's International Council. The event was also attended by The Hon. Michael McCaul, U.S. Representative and Member of the U.S. House Foreign Affairs Committee, who is working to advance the treatment of childhood cancer in Africa.

Baylor-Colombia Receives Simón Bolívar Foundation Grant

Baylor College of Medicine Children's Foundation-Colombia (Baylor-Colombia) received a \$7,700 USD grant from the Simón Bolívar Foundation for comprehensive family planning and prenatal and newborn care. The program aims to benefit 350 migrant Venezuelan women, located in the state of La Guajira, Colombia. In partnership with the Health Secretariat and United Nations High Commissioner for Refugees, the program will implement active case findings for women who present with high risk pregnancies, and provide advisory family planning services, including education, comprehensive medical, and social activities. These services will close gaps in women's healthcare during the migration process, prevent complications in high risk pregnancies, and reduce perinatal and maternal morbidity and mortality.





Faculty, Fellows, Resident & Staff

&

Research Features

are in

Part II