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The 2021 Department of Pediatrics Annual Report is available at: https://texaschildrens.site/bcm/2021/
FEATURE STORIES
The Baylor College of Medicine-Texas Medical Center Leadership Education in Adolescent Health (BCM-TMC LEAH) training program received a 5-year grant totaling $2.3 million to continue its training program. The funds will support ongoing efforts to prepare diverse leaders in adolescent and young adult health through didactic, experiential, and research-based interdisciplinary education and training in core health disciplines of medicine, nursing, nutrition, psychology, social work, and public health. Dr. Albert Hergenroeder, Professor and Chief of the Division of Adolescent Medicine and Sports Medicine, is the project director for BCM-TMC LEAH, and Dr. Constance Wiemann, Professor and Director of Research in the Division, is co-director of the program. The program is a collaborative effort with other institutions (named below).

The BCM-TMC LEAH program, one of seven such programs funded by the Health Resources and Services Administration and the Maternal and Child Health Bureau, is the premier federally funded training program for preparing the next generation of healthcare professionals to become leaders in
adolescent and young adult care. Dr. Hergenroeder noted that adolescents account for only approximately 20% of the U.S. population, yet they have disproportionate rates of mortality from accidents, homicides, suicide, and other conditions related to mental illness. The goal of the program is to provide training for healthcare professionals in the increasing need for leaders to develop and improve the system of care for adolescents and young adults locally, in Texas, in HRSA Region 6 (Oklahoma, New Mexico, Arkansas, and Louisiana), and nationally.

Addressing the complex issues facing adolescents and young adults requires a multidiscipline approach that includes professionals from various fields including mental health, medical, nutritional, and behavioral. This interdisciplinary approach used by LEAH training program serves as a role model for dealing with the various health issues of adolescents and young adults that demand more than a simple solution.

Especially since COVID-19, the urgency to address adolescent health issues such as suicide, eating disorders, and violence, has increased and requires solutions that take into consideration large populations as well as individuals. Dr. Hergenroeder offered as an example, “an individual patient with an eating disorder will require treatment with an interdisciplinary team of physicians, psychologists, nurses, dieticians, and social workers yet for a population, the expertise of researchers and public health experts should look at what broader interventions might be used in the prevention of eating disorders.”

He added that the LEAH program is designed to provide comprehensive training in all aspects that threaten the health of adolescents and young adults in the U.S. Pre- and post-doctoral students, medicine fellows, and residents in the program train under the supervision of faculty in a multitude of related specialized fields before going into communities to deal with the emotional, behavioral, and physical problems facing adolescents and young adults. The program is concerned about more than simply the physical and mental health challenges and offers training in how to identify ways to improve access to care and how to incorporate technology into improving healthcare for this population. Dr. Wiemann explained that the program “includes a focus on skills to conduct and disseminate research to promote practices and policies that impact adolescents and young adults in a variety of settings. All trainees will learn tools to engage stakeholders and identify opportunities to improve systems of care.” Accordingly, all the different disciplines contribute to improving the health and well-being of this population and the administrative training that is part of LEAH teaches how to successfully execute great research, clinical, teaching, and advocacy programs to improve adolescents’ and young adults’ health.

Other members of the collaborative work are Dr. Diane Santa-Maria, Dean and Assoc. Professor in the Department of Research at the University of Texas Health Science Center at Houston Cizik School of Nursing; Dr. Christine Markham, Chair of Health Promotion and Behavioral Sciences and Deputy Director for the Texas Prevention Research Center at University of Texas Health Science Center at Houston School of Public Health; Dr. Sarah Norendorf, Assoc. Professor and Assoc. Dean for Research and Faculty development; and Shelley Gonzales, clinical Asst. Professor and Asst. Director of Field Education at the University of Houston Graduate College of Social Work, and Anastasia Deeter, LCSW-S, Instructor, BCM.

This award is the fourth time BCM has received it since 1997.
After a 3-year hiatus owing to the global pandemic, BIPAI and the Texas Children’s Global Health Network hosted their yearly gathering of Executive Directors. This year’s Executive Director meeting was held in Houston this past summer. The aim of each Executive Director meeting is to evaluate each program to improve operations, capitalize on the strengths of the alliance, and create better quality services through business development, grants administration, monitoring and evaluation best practices, nuances in media and communications, and resources beyond HIV, using the existing framework and bandwidth, already in place.

Michael B. Mizwa, the Director of Texas Children’s Global Health and the Chief Executive Officer of BIPAI, opened the weeklong meeting with a reminder that, as a network, we are “better together.” The true power of this network is evident. Since the involvement of BIPAI and the Texas Children’s Global Health Network, Botswana has become the first country to eliminate mother-to-child HIV transmission after experiencing a severe HIV epidemic.

The Texas Children’s Global Health Network exists due to BIPAI’s compelling passion to expand health equity for children who, through no fault of their own and for one reason or another, have acquired HIV, the virus that causes AIDS. To this end, public-private partnerships were created at the invitation of local ministries of health (MOHs) in countries of need. The Network is a so-called ‘United Nations of global health equity foundations and partnerships’ which operate in Argentina, Botswana, Colombia, Eswatini, Lesotho, Malawi, Romania, Tanzania, and Uganda.

Together, the Network’s 9 foundations and team of 9 internationally recognized executive directors represent 11 Centers of Excellence (COE) and 9 integrated maternal and child health (MCH) facilities across 9 countries and 3 continents. The sheer numbers of success stories enabled, private and public funds raised, healthcare professionals trained, and patients’ lives impacted are a direct result of the unique partnership that is the Texas Children’s Global Health Network. The Network’s strong reputation for augmenting in-country clinical, technical, and managerial capacity is due to compassionate and impassioned mentorship, workforce training, and peer-to-peer support.

The network leaders are charged with examining existing challenges, such as HIV and COVID-19, and finding opportunities for capacity enhancement. Capacity enhancement begins by aspirational goals. Dr. Adeodata Kekitiinwa, the former Executive
order to advance the level of quality among our network centers of excellence, the entire healthcare staff must “buy in” to continual quality improvement and be on equal footing regarding industry-standard healthcare quality competencies. This begins with training.

The National Association for Healthcare Quality (NAHQ) has crafted a framework of 486 behavior-based competencies across 29 core competencies and 8 dimensions, which outline key workforce competencies for quality-driven healthcare. They suggest healthcare organizations “hardwire” this industry-standard healthcare quality competency framework into their daily practice of healthcare quality, increase training and education to improve performance, and focus on workforce development.

During the meeting, the Executive Directors shared their experiences with quality management and stress the need to infuse quality workforce competencies within their own programs. According to Dr. Dithan Kiragga, incoming Executive Director of Baylor College of Medicine Children's Foundation – Uganda, “Quality is for everyone, but someone needs to drive it for the institution. You must develop that culture.”

The Executive Director meeting included presentations from the executive directors, numerous technical assistance leaders, and several high-level guest speakers. The meeting also identified action items, which will aid in ushering the network forward. The a meeting concluded with Pediatric Grand Rounds, honoring Dr. Adeodata Kekitiinwa for her decades of dedicated service to children exposed to HIV and suffering from other preventable diseases, as well as her appointment to Emeritis Clinical Associate Professor at BCM.

Another central theme of this year’s meeting was quality management. One of the most prominent issues in healthcare today is healthcare quality. Although quality management is a relatively recent phenomenon, it is critically important for the longevity of an organization. For all forms of healthcare institutions—for-profit, nonprofit, and government—quality is an ethical responsibility that has the ability to reduce overall institutional costs. In
Building on the public-private-partnership that established the first pediatric HIV treatment center on the African continent in 2003, the Republic of Botswana Ministry of Health and Botswana-Baylor Children’s Clinical Centre of Excellence Trust (Botswana-Baylor Trust) signed a Memorandum of Understanding August 25, 2022, in Gaborone, Botswana, to extend their partnership. The agreement ensures that children and adolescents in Botswana fighting HIV/AIDS or cancer continue to receive high-quality care, health professionals and other caregivers receive training and education, and the outcomes of this successful public-private-partnership are shared for the benefit of children and adolescents everywhere.

Botswana recently became the first country with severe HIV epidemic to reach key milestones in the elimination of mother-to-child transmission, according to the World Health Organization.

“This new agreement builds on nearly 20 years of successful outcomes in locally driven care and treatment, capacity building and research that has helped put Botswana on the world stage as a beacon of success in delivering effective healthcare using public-private partnership model. We are honored to see this relationship with the Ministry of Health and Government of Botswana grow and provide a comprehensive menu of services for our people,” said Dr. Mogomotsi Matshaba, Executive Director, Botswana-Baylor Trust, and Presidential COVID-19 Task Force national coordinator.

The Botswana-Baylor Trust partners with Texas Children’s Global Health Network and Baylor College of Medicine, both based in Houston, Texas, USA, to provide free-of-charge, state-of-the-art pediatric HIV, oncology, and blood disorder care, treatment, and support to children, adolescents, and their families at the main clinic in Gaborone and through decentralized outreach services across the country.
Botswana-Baylor Trust is a leader in the field of pediatric HIV and cancer care in Botswana, the Southern Africa region, and beyond. Its website explains that its Belief is “that human beings, including the most vulnerable, deserve access to quality healthcare regardless of race, gender identity, religion, sexual orientation, socioeconomic status or citizenship.”

**Botswana-Baylor Trust Core Activities**

**Multidisciplinary Health Systems Strengthening:** Build local capacity through education, training in healthcare delivery, health facilities and personnel management, budgeting and accounting, communications, team building and leadership development

**Clinical Care Support:** Provide skilled professionals to support government health initiatives and access to quality care and training

**Public Health Advocacy:** Develop site-specific strategies to maximize public health impacts, including participation in health policy, vaccine advocacy and protocol development

**Research:** Epidemiologic, basic, translational, operational, clinical and vaccine research, provided three conditions are met: (1) proposed study is approved by a local IRB, (2) interventions and anticipated outcomes affect local health priorities, and (3) capacity building ensures study design, execution, analysis and publication include local scholars as equal contributors

“This blended memorandum of agreement establishes the framework for an expanded Texas Children’s Global partnership with the Ministry of Health that will position Botswana to excel and propel the health sector in education, research, training and clinical services.”

-- Michael B. Mizwa, Chair, Botswana-Baylor Trust; Director, Texas Children’s Global Health; and CEO, Baylor College of Medicine International Pediatric AIDS Initiative at Texas Children’s Hospital.
DEPARTMENT NEWS DIVISIONS & CENTERS
Dr. Shekerdemian Named Chair of Pediatrics

“Dr. Shekerdemian is an excellent clinician who worked on the frontlines during the COVID-19 pandemic to serve children in our community. We look forward to her leadership as chair of the Department of Pediatrics.”

--Dr. Paul Klotman, President, CEO, BCM

On September 13, Dr. Paul Klotman, President of Baylor College of Medicine, announced that Dr. Lara Shekerdemian, Professor, was named the new Chair of the Department of Pediatrics, effective September 11, 2022. She had been serving as Interim Chair since April 2022. Dr. Shekerdemian also holds the position of Pediatrician-in-Chief at Texas Children’s Hospital and is a professor in the Department’s division of critical care.

Dr. Shekerdemian has a stellar record of academic achievements. She received her medical degree from the University of Birmingham Medical School in the United Kingdom and received her training in pediatrics, pediatric cardiology, and adult intensive care in the UK and Toronto. She did residencies in pediatrics at Central Middlesex Hospital, Hammersmith Hospital, and Royal Brompton Hospital, all in London. She also did fellowships in pediatric intensive care at Royal Brompton Hospital (London), Hospital for Sick Children (Toronto), and Great Ormond Hospital for Children (London).

She earned a research doctorate in pediatric cardiac intensive care from the University of Birmingham in 1997 and a Master of Health Administration from La Trobe University in Melbourne in 2009. She is a fellow of the American Academy of Pediatrics, a fellow of the Royal College of Paediatrics and Child Health in the UK, and a fellow of the College of Intensive Care Medicine in Australia.

She joined Baylor College of Medicine in 2011. In addition to serving as Division Chief of Critical Care, she has served as Executive Vice Chair and Vice Chair of Clinical Affairs in the DoP. Her research interests include cardiovascular physiology, mechanical cardiopulmonary support, and long-term outcomes after critical care admission.

She is Co-Principal Investigator for BCM and TCH for the National Institutes of Health Pediatric Heart Network, where she chairs the PHN Scholars’ study section.
Microaggressions ABC’s

Microaggressions are the everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, that communicate hostile, derogatory, or negative messages to target persons based solely upon their group membership. Microaggressions may invalidate the group identity or experiential reality of target persons, demean them on a personal or group level, communicate they are lesser human beings, suggest they do not belong with the majority group, threaten and intimidate, or relegate them to inferior status and treatment. If you are the target of a microagression, use the following strategies to process the experience for yourself and to respond to the source:

1. **Make the “invisible” visible**
   a. Name the meta-communication (the underlying message)
   b. Challenge the stereotype
   c. Ask for clarification

2. **Disarm the Microaggression**
   a. Indicate that it is offensive
   b. Express disagreement
   c. State values and set limits
   d. Describe what is happening
   e. Use an exclamation
   f. Use nonverbal communication
   g. Interrupt and redirect

3. **Educate the Offender**
   a. Point out the commonality
   b. Appeal to the offender’s values and principles
   c. Differentiate between intent and impact
   d. Promote empathy
   e. Point to how they benefit

Authors: Susan L. Gillespie, for the Education Committee of the Department of Pediatrics Diversity Council

References:

BCM/TCH Global Health members proudly hosted His Excellency, President Dr. Mokgweetsi E.K. Masisi and First Lady of Botswana on Wednesday, September 14, 2022. This visit marked His Excellency’s third visit to TCH and the Texas Medical Center in four years. Global Health/BIPAI hold the relationship with the President and First Lady in high regard.

The meeting, which included Global Health leaders, was a forum for hospital leadership to both admire successes in the expansion of HIV/AIDS and cancer health equity and discuss the progress made for the implementation of maternal health, pediatric surgery, and vaccine development programs in Botswana.

The First Lady briefly separated from the delegation to visit with patients at Texas Children's Cancer Center and tour the world class Texas Children's Fetal Center. First Lady Neo Masisi serves on the Advisory Board for the global cancer program, Global HOPE, which was launched in 2017 to strengthen local healthcare infrastructure and build capacity to effectively provide the multi-disciplinary care for children with cancer.

Texas Children's Fetal Center, located in the Texas Children's Pavilion for Women, is one of the nation's leaders in the diagnosis and full spectrum treatment of abnormalities in unborn and newborn infants. The Botswana delegation hopes to learn from their groundbreaking work for the benefit of the children, adolescents, and women of Botswana.

The book is designed to help teams when confronted with complex, error-prone, or ambiguous situations by providing concrete steps to take, based on evidence and best practices in the application of Crew Resource Management (CRM) skills. It helps readers learn how to determine the situation, communicate clearly and concisely, feel safe asking questions, and be assertive when safety is an issue. It serves to support individuals in preventing, avoiding, or mitigating errors and threats. It also demonstrates ways to develop a CRM-embedded plan and briefing, as well as tools for debriefing their actions for continued improvement. It emphasizes applications of CRM in the healthcare profession and combines best practices from different industries with the latest research. Other editors on the book are William S. O’Keefe, Lacey L. Schmidt, Louis P. Halamek, and Sharon P. Pickering.
Texas Children’s Cancer and Hematology Center participated in “Be the Match” Cheek Week to help increase the number of ethnically diverse donors in their registry. The recruitment efforts of Cheek Week strive for equal access to cellular therapy for everyone and is held annually in July to support African American Bone Marrow Awareness Month.

In September, the Cancer and Hematology Center unveiled a donor plaque honoring Judge Clarease Rankin Yates, founder of Let the Fashions Begin, for her 20 years of advocacy and fundraising for Sickle Cell Disease.

On Sport Purple for Platelets Day, patient Maggie and the team at the Cancer and Hematology Center wore purple to continue to raise awareness for Immune Thrombocytopenia (ITP) Awareness Month.
In honor of **Childhood Cancer Awareness Month**, our patients decorated and personalized their own awareness ribbons to be displayed on their doors. **His Grace Foundation** received expressions of appreciation for making this event possible for our patients and their families.

The **Faris Foundation** has continued to generously support research and psychosocial support activities within Texas Children’s Cancer and Hematology Center. The Faris Foundation’s most recent gift provides partial support for an exciting new innovative therapy that uses the body’s own immune cells to target diffuse midline gliomas (brain tumors). Our researchers have created a new molecule called C7R to selectively boost GD2-CAR T-cells with growth factor signaling to give them the endurance they need to eradicate brain tumor cells. Our research team includes Drs. Bilal Omer, Frank Lin, Austin Stuckert and Clio Rooney,” said **Dr. Susan Blaney**, Director of the Center.
Patients & Faculty Attend Astros Game in Peanut-Allergy-Free Zone

On Friday, September 9th, the Texas Children’s Hospital Food Allergy Program held the 3rd Annual Astros Peanut Allergy Day at Minute Maid Park for families of children with peanut allergies! The Houston Astros and Los Angeles Angels game was a blast for all who attended. It took significant effort to ensure a peanut-free environment for the group!

Special appreciation goes to Theresa Aldape, LMSW, for spearheading this amazing event! Thanks to Lillian Sharp, RN, for watching for potential reactions and Haley Spier, RD, for ensuring the patients were safe in a peanut-free suite with peanut-free food during the entire game.

Appreciation was expressed for the generosity of the sponsors of this event. The Penland Foundation sponsored the tickets and food for the patients. Mr. Willie J. Alexander from Harris County Houston Sports Authority provided the private suites. Mr. Frank Stowell from the TCH Office of Philanthropy facilitated our access to tickets for this event!

All of the families expressed extreme gratitude for the opportunity to attend. Many have never before attended a game for fear of life-threatening anaphylaxis.
The HIV Research Team had an IMPAACT Site Visit on May 31-June 4, 2022. The International Maternal Pediatric Adolescent AIDS Clinical Trials (IMPAACT) Network mission is to significantly decrease the incidence of HIV and HIV-associated infections and to decrease rates of mortality and morbidity due to HIV and HIV-associated infections and co-morbidities among infants, children, adolescents, and pregnant/postpartum women. Dr. Mary Paul, Professor, is the site Principal Investigator for NIH-funded IMPAACT Network and for the Pediatric HIV/AIDS Cohort Study (PHACS). Recently funded research studies include the Adolescent HIV Trials Network (ATN), which will start in December 2022. Another is “Randomized, Placebo-Controlled, Double-Blinded Trial of the Safety and Efficacy of Tecovirimat for the Treatment of Human Monkeypox Virus Disease,” which is being conducted through the IMPAACT Network and started enrolling in September of 2022. This study includes open-label treatment of people requiring treatment for Monkeypox per CDC guidelines and anyone younger than 18 years of age. Pediatric enrollment is desired because safety and pharmacokinetics have not been performed in pediatrics. Dosing in pediatrics has been derived by modeling of adult data.

Dr. Anagnostou Gives Lecture at International Symposium

Dr. Alkaterini Anagnostou, Professor, received the Luisa Businco Award and gave the named lecture at this year’s International Food Allergy Symposium during the American College of Allergy Asthma and Immunology 2022 meeting. She presented and discussed challenges encountered in the food immunotherapy clinic and ways to address them. Dr. Anagnostou noted that “As a translational researcher, I am passionate about investigating new and innovative treatments for food allergy, and our families have participated in multiple research projects in food immunotherapy, anaphylaxis and food allergy prevention.” The Lecture is named in honor of Professor Luisa Businco of Rome Italy, known for her work in providing excellent patient care, effective teaching, and quality research, which led to significant advances in understanding several aspects of pediatric food allergy.
Chief Offers Insights in Interview about Meningitis

The recent death of actress Denise Dowse (above, right) after being diagnosed with meningitis sparked new interest in a condition about which most people have little information. The actress, who had a considerably impressive list of credits, including Beverly Hills, 90210 (1991-2000), The Guardian (2001-2004) and HBO’s Insecure, was only 64 years old when her sister reported on social media that she was in a coma brought on by virulent form of meningitis and doctors did not know if she would recover; she subsequently reported her sister’s death on August 13, 2022.

To provide the public with more information about how concerned one should be about meningitis, HealthCentral interviewed Dr. Sheldon L. Kaplan, Professor and Chief of the Division of Infectious Diseases (picture above, left), and Claire Wright of the Meningitis Research Foundation based in the United Kingdom. Below are excerpts from the interview with Dr. Kaplan.

Dr. Kaplan explained that meningitis is inflammation of the three layers of tissue, the meninges, that surround the brain. When the spinal fluid underneath those tissues becomes infected, it can lead to the inflammation of the meninges, or “meningitis,” the most common form of which is viral meningitis. There is no vaccine for this form; the vaccines children receive are for bacterial meningitis.

The primary symptom of bacterial meningitis in children, Dr. Kaplan explained, is fever, and children may be somewhat irritable and, as the condition progresses, fussy, less responsive, and even lethargic. They may experience difficulty breathing, be unable to focus, complain of having a headache, and/or vomit. In the case of meningococcal meningitis, a type of reddish or purplish rash or spots may be seen. Adults often complain of sensitivity to light, become less responsive, see double, and/or have stiffness in their necks. When asked how to prevent it, Dr. Kaplan noted, “You get vaccinated. That is, without a doubt, the most important prevention.”
Program for “Little Listeners” Holds First Event

“What we’d like everyone to remember is that no baby is too small or too sick to benefit from being gently read to or talked to. No matter how scary the situation is, or how scared you are by the machines and everything else going on, you can still read and talk to them. Reading and talking to your baby are two of the best things you can do for them in life.”

--Dr. Christina Wong

The Little Listeners team launched its first major event at TCH on September 29-23: a “Read-A-Thon” at which NICU families received a new book on each day during the week-long celebration. The event was held in honor of National Literacy Month and NICU Awareness Month.

Several years ago, Dr. Christina Wong, Assist. Professor, founded the NICU Little Listeners program at TCH as a way to help encourage bonding between parents and their infants, using verbal communication such as reading and talking aloud.

Recently, that effort was expanded with the combined efforts of Catherine Zdunkewicz, the Library Coordinator and Child Life team member, and the Newborn Center Child Life and Music Therapy team composed of Emma Pae, Maribeth Vain, Olivia Priolo, and Anna Boucher. Together, they made changes to take the program to the next level by creating the NICU Little Listeners Reading Initiative.

The team works with parents to help normalize their experiences with their NICU infants by providing them with educational classes and books that they can read to their babies. They also work with nurses to encourage them to speak to the babies, speaking their names and modeling good verbal communication with gentle touch stimulation.

During COVID-19, a complete shift in procedure was implemented. Prior to the pandemic, the team encouraged parents to borrow books from the Pi Beta Phi Book Nooks located throughout the NICU and read them to their children in the NICU and/or to siblings during visits.

Since the pandemic, the team has started donating books to every family with a child in the NICU, allowing them to keep the book and build their child’s library at home.

When a new family arrives, the team gives them a copy of the book Read Baby, Every Day by pediatrician Dr. John Hutton, along with their admission packet. Other books they offer to the families include Calm Baby, Gently and Sleep Baby, Safe and Snug, also written by Dr. Hutton.

The books have been reviewed by parents and TCH CPR educators.

As admissions to the unit may be prolonged, the Newborn Center Child Life and Music Therapy Team also gives more books to families bi-monthly, along with a bookmark with tips and benefits of reading to babies. Some 2,860 books have been purchased for the CPR educational class, along with admission packets, with funds donated by the Houston Pi Beta Phi Foundation. The Little Listeners Reading team also purchased more than 1,200 books for the bimonthly distribution.
Authors Describe New Model for Multidisciplinary Training for Neurocritical Care Unit

Two members of the Division of Neurology, Dr. Jon a Cokley, Instructor (top), and Dr. Steven M. Lazar, Chief Resident (bottom), recently explained in Currents, a publication of the Neurocritical Care Society, the benefits of a new multidisciplinary approach. Noting that such approach is considered best practices in neurocritical care, they highlight how BCM/TCH have taken an additional step by incorporating a clinical pharmacist with specialized expertise in pediatrics and neurology into daily discussions regarding patient care.

They noted that, “This addition has improved the delivery of patient centered care to complex critically ill patients, while enhancing symbiotic learning for medical and pharmacy trainees and faculty alike. Given the enthusiasm for continual learning of pharmacologic concepts, an elective experience in clinical neuropharmacology was created to help foster deeper education for neurology residents.”

This new approach differs from the apprenticeship model of traditional multidisciplinary and medical education in which an expert guides a novice through direct instruction and modeling. In this model, the experience increases the learner’s responsibility through a practice termed legitimate peripheral participation, in which learners are expected to model and learn from the expert and gradually take on more responsibility with appropriately increasing autonomy.

In the model described by Drs. Lazar and Cokley, the child neurology or neurodevelopmental disabilities resident begins by observing and learning the basics aspects of the clinical pharmacist’s role within a pediatric neurology division.

Rigorous review of pharmacokinetic, pharmacodynamic, and pharmacogenetic considerations of medical therapy in patients across outpatient, acute care, and intensive care settings reinforces foundational knowledge of neuropharmacology knowledge. The learners take ownership of the concepts they learn and, by the end of this experience, they are expected to demonstrate master of the neuropharmacology principles by independently completing clinical neuropharmacology consultations.

The addition of clinical pharmacist-led training at BCM/TCH has led to improved delivery of care and broadened the understanding of neuropharmacology for physician learners. Integration of specialized pharmacists in pediatric critical care has historically resulted in advances in care (e.g., reduced drug-drug reactions/interactions, decreased thromboembolic events, decreased ventilator days, improved morbidity/mortality and decreased length of ICU and hospital stay). Since the inception of the learning experience in 2020, two to three neurology residents per academic year participate in advanced neuropharmacology training.

Involvement in this advanced neuropharmacology training experience has resulted in regional and international presentations, national panel discussions, and publications in peer-reviewed journals.

The full article can be read here: https://currents.neurocriticalcare.org/currents/blogs/currents-editor/2022/07/28/neuropharmacology-training-for-the-neurologist-in?CommunityKey=96a9a1a3-7bed-490d-bf40-293dd5e99a32
Division Hosts Continuing Education Program

“Through my research, I want to improve the lives of children with pain and their families and learn ways to prevent development of chronic pain.”
--Dr. Tonya M. Palermo

Pain Prevention and Management Must Begin in Childhood:
The Key Role of Psychological Interventions
Dr. Tonya M. Palermo, Ph.D.

Educational Objectives
At the conclusion of this lecture, the participants will be able to:

1. Apply a developmental framework to link childhood pain to adult pain
2. Describe how psychological intervention may play a role in promoting positive adult outcomes
3. List a future research agenda for targeted early intervention and prevention of childhood pain

Target Audience:
Psychologists, Neuropsychologists, and Psychological Associates; Physicians/Pediatric Subspecialists; and other healthcare professionals who address the behavioral health of pediatric populations at Texas Children’s Hospital and its partners.

Activity Level: Intermediate

Disclosure: There are no disclosures/conflicts of interest to report.
In a recent interview with the Houston Chronicle, Dr. Peter Hotez, Professor and Dean, discussed three topics of interest: COVID-19, his latest book, and vaccines. The information below is extracted from that interview:

**COVID-19**— despite the announcement from Harris County Judge Lina Hidalgo that the county’s threat was considerably decreased, Dr. Hotez cautioned that continual vigilance should be maintained. He was hopeful that a new omicron-specific booster will find more people willing to get it than occurred with its predecessor.

**New Book**— His latest book has gone to the copy editor, and he is hopeful that it will be ready to be published by the first of next year. He explained that it was “a tough book to write because I had to talk about painful subjects. That fact to so many people needlessly lost their lives because they refused to get vaccinated because of this allegiance to something we’re still try to get our arms around, especially in Texas.” His contention is that “anti-science aggression” was organized and part of a dangerous political movement.

**Twitter**— Dr. Hotez was amused at the issue of his Twitter account, which was shut down temporarily. Contrary to being the “short crisis” the interviewer called it, the shut down was, according to Dr. Hotez, “kind of amusing: I got that notification, and I thought it was spam originally. So I ignored it.” He explained that he had to justify that he is a public figure and that he is cited in public media. Suddenly, he found that his verification was gone and remarked on it with an amusing little tweet. Just as suddenly, his verification came back “miraculously.”

**Vaccines**— While discussing the vaccines, Dr. Hotez noted that it is still likely we will see new variants well into the fall and that it is difficult to get people to understand what may occur in the winter. He explained that the new variants are arising due to a poor job vaccinating low- and middle-income countries. With regard to the new combined booster, he said that its more likely to cross-protect against what may present in the future, but that there is no guarantee. “We’ve never done this before in terms of what the FDA does. We’ve never vaccinated against something that might be lurking out there. It’s a paradigm shift . . . . but we’re creeping toward a universal coronavirus vaccine.”

First Halal Vaccine Approved for Use in Indonesia

“We are proud of this collaboration. We hope this positive collaboration can continue to create more innovations in the future. We also expect that IndoVac can also be distributed overseas, apart from being used in Indonesia, so we can help other countries in need and contribute to global vaccine equality.”

-- Honesti Basyir, the President Director of Bio Farma

IndoVac, a new version of Corbevax, the vaccine developed by Dr. Peter Hotez, Professor, and Dr. Maria Bottazzi, Professor, Co-Directors of the TCH Center for Vaccine Development, has been approved for use in Indonesia. This approval represents a major breakthrough for the Muslim-majority countries because it is the first halal vaccine. It was approved for emergency authorization use in Indonesia as a primary vaccine for adults. The vaccine was developed by Indonesia’s state-owned pharmaceutical company Bio Farm and TCH’s Center for Vaccine Development at BCM.

According to Dr. Hotez’s figures, Corbevax has been distributed among approximately 80 million people, including 70 million adolescents, in India. His hope is that IndoVac will replicated that success in Indonesia. Dr. Hotez maintains that “Access to vaccines in the developing world is critical to the eradication of this virus.”

The plan was to produce 20 million doses of IndoVac this year and 100 million by 2024.

Dr. Bottazzi noted the importance for having this vaccine, explaining that “the need for a safe, effective, low-cost vaccine for middle- to low-income countries is central to the world’s fight against the COVID-19 pandemic. Without widespread inoculation of populations in the developing world, which must include safe, effective booster doses, additional variants will develop, hinder the progress achieved by currently available vaccines in the United States and other Western countries.”

IndoVac represents an entirely different type of vaccine, as no animal cells or products are used in its production.
On September 23, 2022, CRIS (Center for Research, Innovation and Scholarship in Health Professions Education) brought together health professions and medical science educators for the 12th annual Educator Orientation. During this event, participants shared educational best practices, refined instructional methods, and learned about new educational technology.

Each session was accessible by a link to a Zoom presentation.

The Planning Committee was composed of Susan Kirk, PA-C and YoungNa Lee-Kim, MD, MEd (Co-Chairs); Geeta Singhal, MD, MEd; Satid Thammasitboon, MD, MHPE; and Remy Elizondo.
Faculty, Fellows, Residents & Staff & Research Features Are in Part II