



**2<sup>nd</sup> Year Fellows Conference**  
**February 25 – 28, 2016**  
**Scottsdale, AZ**

*Supported by an educational grant from Abbott Nutrition*



**Learning objectives:**

To improve clinical competence and performance through:

1. Sessions on academic skills, personal, and professional development
2. Sessions on improving communication and advocacy.
3. Sessions on career tips and insights from seasoned faculty.

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### **2016 Evaluation:**

Complete online via this link <http://bit.ly/20GyYdu> and an email will be sent as well post event.

**NASPGHAN-Abbott 2<sup>nd</sup> Year Fellows Conference  
February 25-28, 2016**

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**THURSDAY, February 25, 2016**

3:00-4:00 PM	Faculty Orientation	Lodge Boardroom
4:15-5:00 PM	Fellow Welcome/Introduction Andrew Grossman	Grande Ballroom C
5:05-5:15 PM	Welcome from Abbott Nutrition Bob Dahms	Grande Ballroom C
5:15-5:35 PM	What Can NASPGHAN Do for You? Athos Bousvaros, NASPGHAN Past President	Grande Ballroom C
5:40 PM	Reception	Cypress Court
6:30 PM	Dinner in Assigned Groups	Cypress Court

**FRIDAY, February 26, 2016**

7:15-8:00 AM	BREAKFAST	
8:00-8:20 AM	How to Give a Great Talk Bruno Chumpitazi	Grande Ballroom C
8:20-8:40 AM	How to Write a Research Paper Ed de Zoeten	Grande Ballroom C
8:40-9:00 AM	Physician Role in Advocacy Maria Oliva-Hemker	Grande Ballroom C
9:00-10:20 AM	SMALL GROUP ACTIVITY: How to Sell Yourself in 3 minutes or less	Garden Terrace, etc.
10:20-10:40 AM	BREAK	
10:40-11:10 AM	Work-Life Balance Jenifer Lightdale	Grande Ballroom C
11:10-11:30 AM	Food and Drug Administration Andrew Mulberg	Grande Ballroom C
11:30-11:45 AM	Taking an Industry Job Larry Williams	Grande Ballroom C

11:45-2:00 PM	SMALL GROUP SESSIONS/LUNCH Select 3 to attend <i>Session 1 (12:15-12:45 PM), Session 2 (12:45-1:15 PM), Session 3 (1:15-1:45 PM)</i> A Career in Research: Huang/de Zoeten A Career in Private Practice: Liu/Riley (2) A Career in Hepatology/Transplant: Murray, Ng A Career in Industry/FDA: Williams, Mulberg A Career in Motility: Chumpitazi A Career in Endoscopy: Lightdale A Career in IBD: Grossman/Bousvaros/Oliva-Hemker (2)	Cypress Court
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6:30-8:30 PM	DINNER	Cypress Court
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**SATURDAY, February 27, 2016**

7:45-8:45 AM	BREAKFAST with the Faculty – small group sessions Select 2 to attend <i>Session 1 (7:45-8:15 AM) Session 2 (8:15 – 8:45 AM)</i> Creating Partnerships: Mulberg, Oliva-Hemker Private Practice: The Business End: Liu/Riley (2) Administration/Leadership: Bousvaros, Murray QI/Medical Education: Huang/Lightdale Clinical & Laboratory Research: Chumpitazi, de Zoeten A Clinically Focused Career in an Academic Setting: Grossman, Ng (2)	Cypress Court/Foyer
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8:45-9:05 AM	Pearls from Private Practice Matt Riley	Grande Ballroom C
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9:05 – 9:25 AM	Creating your CV/Academic Portfolio Preparing for Promotion, Vicky Ng	
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9:25-9:50 AM	BREAK AND GROUP PICTURE	
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9:50-10:10 AM	Interviewing and Negotiating for a Faculty Job Karen Murray	
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10:10-10:30 AM	Interviewing and Negotiating for a Private Practice Job Steven Liu	
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10:30-11:00 AM	PANEL DISCUSSION: Job Interviewing and negotiating Moderator: Jeannie Huang Faculty: Karen Murray, Steven Liu, Jenifer Lightdale, Matt Riley	
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11:00-12:15 PM	<b>SMALL GROUP ACTIVITY: My First (Real) Job Interview</b> Groups 1-2 in Grande Ballroom A Groups 3- 4 in Grande Ballroom B Groups 5-6 in Las Palmas A Groups 7-8 in Las Palmas B Groups 9-10 in Las Palmas C	
12:15-1:30 PM	LUNCH	Cypress Court
1:30-2:30 PM	Fellow-Faculty Activity: Private CV Sessions with faculty	Terrace/Grounds
6:30-8:30 PM	DINNER	Cypress Court



**NASPGHAN/ Abbott Nutrition 2<sup>nd</sup> Year Fellows Conference  
2016 Faculty List**

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**Course Directors**

Andrew Grossman MD  
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### **Athos Bousvaros MD, MPH**



I am a pediatric gastroenterologist who has worked at Boston Children's Hospital for over 25 years. I completed my undergraduate degree at Williams College, my medical degree and residency at Duke University, and my gastroenterology fellowship at Children's Hospital Boston, Massachusetts General Hospital and Harvard Medical School. As Associate Director of the Inflammatory Bowel Disease program at Children's Hospital Boston, I spend much of my time treating complex cases of Crohn's disease and ulcerative colitis referred from across the country. My research interests include identifying the cause of IBD by studying the intestinal microbiome, developing new therapies for IBD, and examining the immune response of IBD patients to immunizations. I have over 100 original and review publications in the medical literature.

I have served as chair of Chapter Medical Advisory Committee of the New England Crohn's and Colitis Foundation of America, chair of the CCFA Pediatric Affairs committee. I have also served as president of the North American Society for Pediatric GI and Nutrition (NASPGHAN), where I helped lead a campaign to promote child safety by getting high powered magnets out of the hands of toddlers. When not busy caring for patients or doing research, I enjoy developing patient education materials for children with chronic illness. These include the medical comics: "Pete Learns All About Crohn's and Colitis" (with the CCFA), "Amy Goes Gluten Free", "JD Shapes Up", and Sophie's Science Project". I also have co-authored the NASPGHAN book "Your Child with Inflammatory Bowel Disease".

### **Bruno Chumpitazi MD**



I am a board-certified pediatric gastroenterologist at Baylor College of Medicine/ Texas Children's Hospital (TCH). My educational path has included: undergraduate studies at the University of Michigan; medical school at Tufts University School of Medicine; pediatric residency at Columbia University College of Physician and Surgeons; and pediatric gastroenterology fellowship at Harvard Medical School (Children's Hospital Boston).

During my training I was struck by the prevalence and morbidity of gastrointestinal functional and motility disorders. It appeared to be an area that was underserved from both a clinical and scientific standpoint. With the help of fantastic mentors/teachers I've dedicated my academic career toward combating these disorders. I am currently the Director of the Neurogastroenterology and Motility Program at TCH. In addition to working with a dedicated team to care for patients with these disorders my clinical research is focused on understanding how dietary factors generate symptoms in children with irritable bowel syndrome.

My wife Corrie (a pediatric emergency medicine physician) and I were married and moved to Houston in 2007. I'm a big soccer and football fan. Some of my favorite activities with our three children (ages 6, 4, and 2) include: playing "Tickle Monster"; reading at bedtime; teaching them Spanish; and watching them play soccer. My 2016 New Year's Resolution: Get in (better) shape!



### **Edwin (Ed) F. de Zoeten MD**



I went to Medical School and Graduate School in Chicago and studied Tumor Immunology for my Ph.D. After a period of significant indecision I ended up a pediatric resident at Children's Hospital Colorado. I met fantastic GI mentors and was convinced that I did not want to be an oncologist but instead a gastroenterologist. I became interested in IBD because my mother had ulcerative colitis and there were many immunologic questions that remained to be answered in the gut mucosa. I did my fellowship at CHOP working with a transplant immunologist, Wayne Hancock, who allowed me to pursue my interest in IBD in his lab. I received a K08 grant and became an attending at CHOP. After 4 years I decided to return to Children's Hospital Colorado to set up my own lab and help to develop the Pediatric IBD center at Children's Colorado. In that capacity I really get to

do everything I want to do, take care of patients with and run an immunology focused lab.

Other interests: Father of Four 10, 9, 7 and 11 months, what comes next may be interests, but I don't do them as often as I would like. Skiing, hiking, camping, traveling and photography.

### **Andrew Grossman MD**



I attended medical school at Rutgers Robert Wood Johnson Medical School in New Brunswick, NJ after completion of my undergraduate studies at Duke University. I completed pediatric residency at Morgan Stanley Children's Hospital of New York and then moved "back home to Philly" for fellowship at The Children's Hospital of Philadelphia. During fellowship, I was incredibly fortunate to have excellent mentorship that helped cultivate my interest in pediatric inflammatory bowel disease. I also recognized that my heart was in patient care and joined CHOP faculty in 2008 to pursue a career as an academic clinician with a focus in inflammatory bowel disease. I have enjoyed the opportunity to pursue several academic interests and actively engage in teaching while maintaining a busy clinical practice. Currently, I am co-director of the Center for Pediatric IBD at CHOP, focusing on our clinical and quality improvement activities. I have also been closely involved with

ImproveCareNow (co-chair of the clinical practice committee).

Other interests: Spending time with my wife, trying to keep up with my extremely active sons (currently 8 and 6), exploring the many excellent restaurants in the greater Philadelphia area, watching sports (especially Philadelphia Eagles and Duke basketball), and grilling.

## Jeannie Huang MD, MPH



I moved around a bit during my early years but grew up essentially in southern California. I went to college at Brown University and received my medical education at Johns Hopkins in Baltimore. I performed my pediatric residency in Los Angeles and pediatric GI fellowship at Children's Hospital Boston. Ultimately, wanting to return to my family ties and roots, I returned to the West Coast and have been faculty at the University of California at San Diego (UCSD) since I arrived home. I have served several roles during my academic career to date and have been fortunate to be able to concurrently pursue my interests in clinical medicine, clinical investigation, and medical education. I recently stepped down as Program Director of our pediatric gastroenterology fellowship program after 13 years of service and am now Director of Continuing Medical Education at Rady Children's Hospital and Assistant

Dean of CME at UCSD. In regards to clinical research, my current interests focus upon how to improve outcomes in pediatric chronic disease using health-related technologies. As a research member of the Center for Wireless & Population Health Systems, I work with other investigators to determine how the health of individuals, families, social networks, and populations can be improved through creative use of networked technologies and ubiquitous computing ([cwphs.ucsd.edu](http://cwphs.ucsd.edu)). Variety and the ability to pursue my diverse interests are among the best characteristics of my "job". My advice to fellows is to recognize that our career entails lifelong learning; skills are the most important things to learn in fellowship; and that it is rare to find one's ultimate career during fellowship (i.e., your initial choices for research or clinical practice niche, etc. do not have to be "right").

I am happy married to my husband of 17 years and am the mother of three active boys, ages 11, 8, and 5 years who constantly challenge me to project my voice louder everyday (the best voice projection teachers ever).

## Jenifer R. Lightdale MD, MPH, FAAP



Dr. Jenifer Lightdale is Chief of the Division of Gastroenterology and Nutrition at UMass Memorial Children's Medical Center, where she also serves as Chief Quality Officer. Dr. Lightdale is a graduate of the Mount Sinai School of Medicine in New York, NY, and completed residency at the University of California in San Francisco, a Post-Graduate Fellowship at the Institute for Health Policy Studies at the University of California, and fellowships in Pediatric Gastroenterology and Health Services Research at Harvard University. Dr. Lightdale received her Master's degree from the Harvard School of Public Health, and was on staff at Boston Children's Hospital from 2001-2014. She is currently a Professor of Pediatrics at UMass Medical School.

Dr. Lightdale has an active clinical practice evaluating and treating infants and children with a broad range of gastrointestinal disorders, especially inflammatory bowel disease, feeding difficulties, and food allergies. She also has advanced expertise in endoscopy. Dr. Lightdale's overarching professional goal

has been to promote quality in the fields of clinical research and pediatric gastroenterology. Her scientific focus has been on improving the safety of procedural sedation for pediatric procedures, including gastrointestinal endoscopy. She has received NIH funding to investigate patient safety and pediatric sedation, and has also received awards from the Risk Management Foundation and the American Society of Gastrointestinal Endoscopy (ASGE) for her work. Dr. Lightdale has served on and chaired many national committees, and lectures extensively. She has served as a Councilor of the North American Society of Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN), and is currently the Chair of the executive committee of the Section on Gastroenterology Hepatology and Nutrition (SOGHN) of the American Academy of Pediatrics (AAP). She also serves on the AAP's NCE Planning Group, where she has enjoyed working to identify opportunities to educate and empower her pediatric colleagues to treat children with common gastrointestinal conditions.

Dr. Lightdale is married to a pediatric cardiologist. She and her husband have two children –ages 14 and 11 – and together, they spend their weekends at horseback riding lessons, basketball and baseball games, as well as walking their dog, Tuukka.

### **Steven Liu MD**



I grew up in northern Florida and the Washington Metropolitan area. I did my undergraduate studies at Yale University majoring in Molecular Biophysics and Biochemistry, then did medical school at the University of Virginia School of Medicine, followed by my pediatrics residency at New York-Presbyterian Hospital/Weill Cornell Medical Center, and finally finished my training with my Peds GI fellowship at the Children's Hospital of Philadelphia, where I did translational research on inflammatory bowel disease and gastrointestinal manifestations of chronic granulomatous disease. After finishing fellowship in 2007, I moved to Atlanta to join the Children's Center for Digestive Healthcare, LLC (now called "GI Care For Kids"), where I am one of fifteen full-time pediatric gastroenterologists in private practice. I am the Epic Physician Champion of the group (aka, "tech support").

I have been happily married for 10 years and spend my free time trying to keep up with my 4- and 7-year old sons, playing volleyball, dusting off the violin whenever I can, finding great restaurants to eat at, watching more television than I should probably admit to, and fervently rooting for my sports teams only for my efforts to inevitably end in heartbreak.

### Andrew E. Mulberg MD, FAAP, CPI



Andrew is currently the Division Deputy Director of Gastroenterology and Inborn Errors Products, Center for Drug Evaluation and Research (CDER), U.S. Food and Drug Administration (FDA) since 2010. Before joining FDA, Andrew has served as Portfolio Leader in Established Products responsible for providing worldwide leadership in support of GI and diverse Internal Medicine products within the Established Products Therapeutic Area of Johnson and Johnson from 2000-2010. He has served as Attending Physician in Gastroenterology and Hepatology at Children's Hospital of Philadelphia from 1993-2010. Andrew is a graduate of Columbia College of Columbia University and of the Mount Sinai School of Medicine. He completed his residency in

Pediatrics at the Children's Hospital of Philadelphia followed by a Pediatric Gastroenterology Clinical Fellowship and a Post-Doctoral Fellowship in Cellular and Molecular Physiology at New England Medical Center. Andrew is Adjunct Professor of Pediatrics at the University of Maryland School of Medicine, Adjunct Associate Professor of Pediatrics in the University of Pennsylvania School of Medicine and Associate Professor of Pharmacy at the University of the Sciences in Philadelphia. He also serves as Volunteer Attending, Pediatric Gastroenterology and Nutrition at Cooper University Hospital in New Jersey caring for children with gastrointestinal diseases. He has served as Principal Editor of **Pediatric Drug Development: Concepts and Applications** published April 2009 with Wiley-Blackwell and now in its 2<sup>nd</sup> edition released August 19, 2013. He is a member of multiple professional medical societies including Alpha Omega Alpha Honor Medical Society, American Gastroenterological Association and the North American Society for Pediatric Gastroenterology and Nutrition including his current role on the Executive Committee of the AAP Section on the Advancement of Therapeutics and Technology (SOATT).

He enjoys being a member of L'Ordre du Mondial and the Chaine des Rotisseurs and still wants to be the first Division Director of an institution willing to start a focus on **Gastroenterology and Gastronomy**.

### Karen F. Murray MD



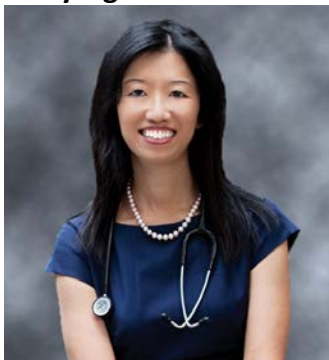
Originally from the east coast I went to college in upstate New York and Medical school at Johns Hopkins School of Medicine in Baltimore. When an early third year medical student I did an elective in Pediatric Gastroenterology and was inspired and befriended by the division chief who was covering the inpatient service at the time; my interest in Pediatric Gastroenterology was born. I then did a bit of coast-jumping: Seattle Children's/University of Washington for residency, followed by a Chief Resident year, and then to the Boston Children's/Massachusetts General

Hospital Combined Program for fellowship. During fellowship I worked in a molecular biology lab studying vesicular transport in enterocytes, aspiring to a career in bench science. Although I enjoyed and was successful in the lab, soul-searching forced me to acknowledge that my passion was clinical care and clinical investigation. In 1997 I took a faculty position at Seattle Children's, the third member of the division at the time. With the need for a hepatologist in the Pacific Northwest I assumed the care of liver patients for our group, and participated in my first multi-centered trial that same year. Since my arrival in Seattle I have enjoyed watching the division more than quadruple in size, and have benefited from a

number of leadership positions in the hospital, Department, and Nationally; in 2010 I assumed the role of Division Chief. Now I spend approximately 40% of my time doing administration, 30% research, and 30% clinical.

Outside of work I enjoy spending time with my husband of 27 years, and two children: Michael, who graduates from high school this year and is anticipating heading off to college, and Katrina who is in 8<sup>th</sup> grade, and wishing she were heading off to college. I am the primary caretaker of the sundry walking, slithering, or swimming pets in our home, have acquired "expert Sherpa" status, hauling basketball (Katrina), fencing (Michael), and Ski (both) equipment from place to place, and enjoy distant road biking, gardening, hiking, and camping.

### **Vicky Ng MD**



I was born and raised in Toronto, Canada. Following completion of medical school at the University of Toronto, I did my pediatric residency training (including a year as Associate Chief Resident) at The Hospital for Sick Children (SickKids), followed by a Paediatric GI fellowship at Cincinnati Children's Hospital Medical Center. My 3 amazing years (productive too - had my firstborn) in Cincinnati were instrumental in cultivating my love for "the liver", and equipped me to return back to "the North" in 2000 to join the SickKids faculty as an Academic-Clinician charged with building an integrated Medical-Surgical pediatric liver transplant program. Since then, our program has steadily grown from volumes of 12-15 liver transplants performed yearly, to our current 35-38 per year. I have enjoyed focusing my creative professional activity on the multi-faceted strategies to optimize the outcomes of those who have undergone liver transplantation as an infant or child, and also on the medical management complexities of children with chronic and end-stage liver failure. My daily practice aims to consistently deliver a scholarly approach to clinical care and applying evidence-based medicine whenever possible - yet always taking into consideration the needs of the individual patient and his/her family. Achieving such a balance requires a commitment to family-centred care, life-long learning, and never stopping the honing of critical thinking and evaluation skills in order to deliver high quality, state-of-the art care with honesty, integrity and compassion. My ongoing challenge to myself is to never stop looking for ways to translate knowledge attained on past outcomes into modifications of treatment algorithms to enhance current and future outcomes for the kids we care for.

I am married to an optometrist, and our 2 sons are aged 16 and 12. We are all major Raptors and Blue Jays fans. A recent family highlight had to be our united leap of faith in July 2015, when we went to Kenya on our first ever family medical missions trip. A beyond words life-changing 2 weeks experience. Our medical, dental and eye clinics within an orphanage for children rescued from the Kaberra slums also drew in families in the neighbouring communities, many of who would walk over 4 hours just to see us - accounting for the 2800 patients seen and treated in 9 clinic days! We returned transformed and our ears and eyes remain open to the next opportunity to serve.

### **Maria Oliva-Hemker MD**



I was born in Cuba and came to the United States as a young child. Early on my family moved frequently to various Army bases but we finally settled in the Washington DC area. I attended Georgetown University and then the Johns Hopkins School of Medicine in Baltimore, MD. I stayed at Hopkins for residency, fellowship and then joined the faculty. I thought I was going to pursue a laboratory based career and studied intestinal epithelial cell differentiation during fellowship and my early faculty years but the calling of patient care and clinical investigation was too strong for me. I started the Hopkins Pediatric Inflammatory Bowel Disease Center and have been its director for more than 15 years. Working in the IBD field has allowed me to become involved in the lives of many wonderful children and their families and to collaborate with dozens of researchers. In 2008 I was appointed

Division Chief of Pediatric Gastroenterology and Nutrition and with that came greater administrative responsibilities. I have been privileged to serve in a number of other leadership positions at Hopkins and at a national level including serving as Chair of the NASPGHAN IBD and Advocacy Committees and being a member of the National Board of Trustees for the Crohn's and Colitis Foundation of America (CCFA).

I have been married for almost 20 years to my wonderful husband who is a materials scientist and professor at the Johns Hopkins University Whiting School of Engineering. We have two sons—James, a 16 year old high school junior and Michael a 12 year old in 6<sup>th</sup> grade. I like to cook, read, watch any sport, try to play tennis and travel with the family. I am the “overly enthusiastic” mom in the stands during my sons’ sports games.

### **Matt Riley MD**



I am a Pediatric Gastroenterologist at Northwest Pediatric Gastroenterology in Portland, OR. In 1995, I received my undergraduate degree from Dartmouth College in French and Linguistics. I graduated from medical school in 1999 from Oregon Health Sciences University and completed my pediatric residency at Doernbecher Children's Hospital at OHSU in 2002. I moved back to my native California from 2002-2005 to be a fellow in Pediatric Gastroenterology, Hepatology and Nutrition at Stanford University Medical Center/Lucile Packard Children's Hospital and a research fellow in Gastroenterology at the University of California, San Francisco. There my research focused on the diagnosis and management of fatty liver disease in children. Knowing that my passion lie in providing expert medical care, and not in research, I returned to the less crowded and rainier Pacific Northwest in 2005 and co-founded Northwest Pediatric Gastroenterology (NWPG). I am now the Manager of NWPG, overseeing

clinic operations, finance and strategic planning.

My work in Portland has focused on clinical care and increasing access to Pediatric Gastroenterology services to vulnerable populations of children in Oregon and Southwest Washington. I serve as the Pediatric Gastroenterologist for the Providence Center for Medically Fragile Children. I am the point

person for evaluation of children with autism spectrum disorder and serve on the board of the Northwest Autism Foundation. I also serve as chair of the NASPGHAN Clinical Practice Committee, with the hope of helping future pediatric gastroenterologists have a fulfilling career in clinical care.

Other interests: cooking, skiing, travelling, and harassing my 12 year old son to finish his homework.

### **Larry Williams MD**



I am currently Medical Director for Abbott Nutrition in Columbus, Ohio, at Abbott's global Research and Development headquarters. I lead a team of about 55 physicians and dietitians spread over 18 countries and 13 time zones -- a job that leads to numerous phone calls at odd times when other folks around the world are working. I came to Abbott in 2008 via a circuitous pathway.

After undergraduate education at the University of North Carolina, I attended medical school at Duke University. My pediatric residency was at St. Louis Children's Hospital, where a major influence on my view of how pediatrics is practiced was the late Jim Keating, one of the early pediatric gastroenterology pioneers. I practiced community pediatrics for four years before returning to academics at Duke for fellowship in Pediatric Allergy and Immunology. I held faculty positions first at the University of Arkansas for Medical Sciences (yes, I met Hill and Bill when he was still governor) and then at Duke. My interests as an academic were determined by the diverse clinical population we saw at Duke. Thus my CV has publications on food allergy, asthma, cockroach allergens, severe combined immunodeficiency, and other less rare immunodeficiency states. And now I have become an amateur professional nutrition expert in my work at Abbott. Life is interesting, so enjoy the ride!

**NASPGHAN/Abbott Nutrition  
2<sup>nd</sup> Year Fellows Conference  
2016 Attendees**

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**2<sup>nd</sup> Year Fellows Conference  
Group Assignments 2016**

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Kate Ellergy  
Hassan Hamandi  
Basavaraj Kerur  
Ricardo Medina  
Travis Piester

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Amaka Akalonu  
Tavleen Bhatia  
Rachel Chevalier  
Lisa Fahey  
Lara Hart  
Tania Mitsinikos  
Erealda Prendaj

**Group 3 – Ed de Zoeten**

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Sean Bingham  
Ankur Chugh  
Johanna Ferreira  
Maheen Hassan  
Jamal Kriem  
Roopali Mittal  
Archana Ramaswami

**Group 4 – Jenifer Lightdale**

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Khaled Bittar  
Praveen Kumar Conjeevaram Selvakumar  
Denease Francis  
Salim Hommeida  
Sakil Kulkarni  
Dania Molla Hosseini  
Nina Sainath

**Group 5 - Steven Liu**

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Nick CaJacob  
Marta Carneiro De Moura  
Julia Fritz  
Jon Hubbard  
Katherine Lawson Vaidy  
Ramakrishna Mutyala  
Senthilkumar Sankararaman

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Joshua Carroll  
Elissa Downs  
Arleda Gjipopulli  
Eddy Mizraim Ixtabalan-Escalante  
Nina Gluchowski  
Warapan Nakayuenyongsuk  
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Daniela Castano  
Noelle Ebel  
Claudia Leija  
Marie Raphaelle Jean  
Kristina Leinwand  
Pratikumar Patel  
Andrew Singer

**Group 8 – Karen Murray**

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Walaa Elfar  
Bridget Godwin  
Sari Toberman  
Brian Maksimak  
Nathalie Nguyen

**Group 9 – Maria Oliva-Hember**

Whitney Sunseti

Amy Tsou

Rajitha Venkatesh

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Emily Whang

Gabriel Winberry

Mallory Chavennes

**Group 10 – Matt Riley**

Sharon Tam

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Hongtao Wang

Jordan Weitzner

Justin Wheeler


Douglas Zabrowski

Alyssa Kriegermeier



## How to Give a Great Talk

NASPGHAN 2016 Second Year Fellow's Conference  
Bruno Chumpitazi, MD, MPH



Texas Children's Hospital  
BCM  
Baylor College of Medicine

*Pediatrics*

## Outline: How to Give a Great Talk


- Why It's Important
- Great Talks Address Challenges Up Front
- Presentation Pointers for Great Talks
  - Examples of Dos and Don'ts

## Why It's Important

- Communicate your ideas effectively
  - Educate or persuade your audience
  - Provide your interpretation of the material
- Important form of professional communication
  - Academia and Industry
- A great talk benefits everyone
  - Information/Education
    - In medicine: health benefits for patients
  - Happy audience/ Invitations to Speak

## Outline: How to Give a Great Talk

- Why It's Important
- Great Talks Address Challenges Up Front
- Presentation Pointers for Great Talks
  - Examples of Dos and Don'ts



© Randy Glasbergen for RapidBI.com

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## The Challenge: Audience

- Two minutes to engage your audience
  - Why should they listen/ importance
  - What is being taught/presented



## Addressing the Challenge: Audience

- Communicate ideas and evidence
  - Persuade audience
  - Enthusiastic, **but** balanced
- Teach them something they don't know
  - Know their level: Tie it in with things they do know
- Make sure information is up to date
- Be interesting and entertaining: Tell a story

## Addressing the Challenge: KISS the Audience!

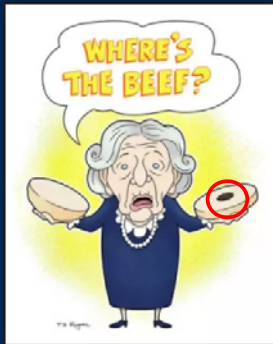
- K e e p I t S i m p l e S \_\_\_\_\_

If you can't explain it **simply**, you don't understand it well enough.

- Albert Einstein

QuotesEverlasting.com

## But remember...prove your point



## Addressing the Challenge: Audience

- Speak to the back of the room (microphone)
- Make eye contact (face the audience)
  - Identify at least two audience members
    - Friend or nodder (or more than one)
- Have the right energy (context)
  - Engage the audience - don't be discouraged by few not paying attention
- Watch audience for signs of fatigue



## Addressing the Challenge: Audience

- Avoid excessive gesturing
- Body language
- Microphone



## Challenges

- Who is the Audience?
  - Level of knowledge/ training
  - Culture
  - Language
- What is the Context?
  - Formal (e.g. scientific) vs. Informal (e.g. "chalk" talk)
- What is the Environment?
  - Method
  - Equipment/ Podium

## Addressing the Challenge: Context/Environment

- Invitation
  - Details: Location
  - Length of time/ type of presentation (abstract vs. "chalk talk")
- What is available for the presentation
  - Request items if necessary: podium, projector, microphone
- Back-up: e-mail/ Dropbox/ USB/ cloud
- If traveling: carry on necessary materials
  - Clothing for presentation/ laptop/ poster

## Outline: How to Give a Great Talk

- Why It's Important
- Great Talks Address Challenges Up Front
- **Presentation Pointers for Great Talks**
  - Examples of Dos and Don'ts

## Presentation Pointers: Beginning

- Greet the audience
- Introduce yourself
- Title of talk, introduce subject
- Tell them your objectives: *"I hope that by the end of this hour, you will feel more comfortable with..."*

Pediatrics



## Presentation Pointers: Tell Them (Again)

- Tell them what you are going to tell them
- Tell them
- Tell them what you told them
- Remember: audience attention is highest at the introduction and conclusion stages

## Presentation Pointers: Rehearse

- Evaluate flow
- Practice alone and in front of an honest audience
  - Do not have to accept every suggestion
- Memorize: Transitions – other material?
- Rehearse timing – don't go over!



## Presentation Pointers: Slides

- 1- 1.5 slides per minute of presentation
- 4-5 points per slide (no more than 7)
- Key words and phrases
- Avoid writing in sentences, because it is difficult for you to present this way without reading, and even if you are not reading the audience will be reading while you are talking, so they are not really listening



## Presentation Pointers: Slide Text

- KILL (Keep it large and legible)

  - If you use a small font, the audience can't read what you wrote

- ONLY CAPITALIZE IF NECESSARY

  - SEEMS LIKE I AM SHOUTING AT YOU!!

- don't use complicated fonts

- Be consistent with your fonts

- Check spelling and grammar

## Presentation Pointers: Slide Structure

- Show one point at a time

  - Audience isn't reading ahead
  - Keeps presentation focused

- Ensure slides show what you intend

  - Audience needs to be able to see it

- Cite references appropriately

- Graphs, images, charts really help

  - Break up the monotony of bullet points

Grossman AB J Giving Powerpoint Talks 2015

## You probably can't see this, but...

Slide #	Slide Title	Content	Notes
Slide 1	Introduction	Slide 1: Introduction	Slide 1: Introduction
Slide 2	Background	Slide 2: Background	Slide 2: Background
Slide 3	Methodology	Slide 3: Methodology	Slide 3: Methodology
Slide 4	Results	Slide 4: Results	Slide 4: Results
Slide 5	Conclusion	Slide 5: Conclusion	Slide 5: Conclusion

If the audience can't see it, don't show it

## Presentation Pointers: Avoid bad slide structure

- Do not use distracting animation

- Do not go overboard with animation

- Be consistent with animation

- Minimize abbreviations IDK!!! (LOL)

- Be consistent with line spacing

- Color is important

## Same slide, poor spacing, no animation...not ideal

- Do not use distracting animation

- Do not go overboard with animation

- Be consistent with animation

- Minimize abbreviations IDK!!! (LOL)

- Be consistent with line spacing

- Color is important

## Color – Good

- Organizers are increasingly requiring white background

  - Dark background -> use light font for contrast

- Use font color that contrasts sharply with background

  - Avoid Red-green and Blue-yellow contrasts (colorblind)

- Can use color to **emphasize** a point

  - Only use this occasionally

Can also highlight key concept for audience

## Background Color – Very Bad

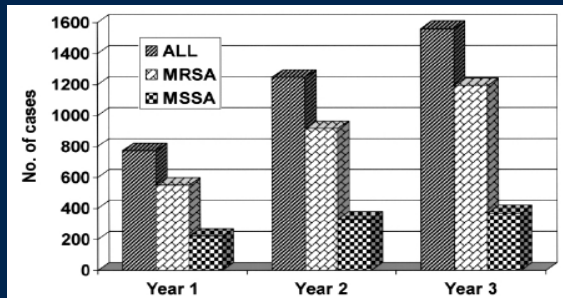
- Avoid backgrounds that are distracting or difficult to read
- Always be consistent with the background that you use

## Presentation Pointers: Be careful with clip art

Are you paying attention to what I'm saying, or are you watching this ridiculous baby unsuccessfully attempt to walk across the screen?



## Presentation Pointers: Orient Audience to Graphics



Pediatrics

Clin Infect Dis 2005;41:1785

Texas Children's Hospital  
BCM

## Presentation Pointers: Be a Closer

### •Closing slides

- Segue: "I would like to end by..."
- Summarize important points
- Closing comments (arguments)
- Acknowledgements

### •Questions and Answers

- Thank person asking the question
- When to repeat
- Escape route for uninterpretable (stupid) questions
- When you don't know the answer: consider audience

## Outline: How to Give a Great Talk

- Why It's Important
- Great Talks Address Challenges Up Front
- Presentation Pointers for Great Talks
  - Examples of Dos and Don'ts

## Summary

- Presentations are an important form of communication
- Great talks start with identifying and addressing challenges (audience/ context/ environment)
- Great talks KISS the audience but bring the beef
  - Practice (flow and timing, memorize transitions)
    - Beginning and an End
  - Slide structure/ Slides
  - Tell a Story (and have fun!)

## Acknowledgements

- Andrew Grossman
- Andrea Cruz
- Hashem El-Serag
- Robert Shulman
- NASPGHAN

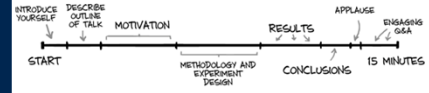
Pediatrics

Texas Children's Hospital  
BCM  
Baylor College of Medicine

## Thank you

### YOUR CONFERENCE PRESENTATION

#### HOW YOU PLANNED IT:




#### HOW IT GOES:




# How to Write a Research Paper


Edwin F de Zoeten M.D, Ph.D.




Mucosal Inflammation Program



Children's Hospital Colorado

Affiliated with  University of Colorado Anschutz Medical Campus School of Medicine




## Disclosures

This talk is based on both opinion and research


Nothing else to disclose but willing to take offers

## When should I start writing?



4 months till summer.  
Time to start!

Demotivation.us  
#Demotivational




## What do you mean NOW?

- As you develop your project you are reading
  - Start to develop a reference list
    - In a reference manager
    - Endnote, Papers, Paperpile, Mendeley
- Start early
  - Hastily-written papers (as well as grants) get rejected
  - Papers are like wine: they need time to mature


## Why do I need to write a paper?

- Papers communicate ideas
  - To improve science and public health
- Paper writing is teaching
  - Thinking this way helps writing
- **Visibility:** peer-reviewed scientific literature
- **Credibility:** quality, timeliness, and significance
- **Measures of Success:** quality, prestige, impact factor, number of citations, immediacy index
- **Funding, professional advancement**



## What is the purpose of Scientific Writing


- To communicate new scientific findings
  - Must be clear, simple and well ordered communication
  - Must use proper English which provides sense in the fewest words



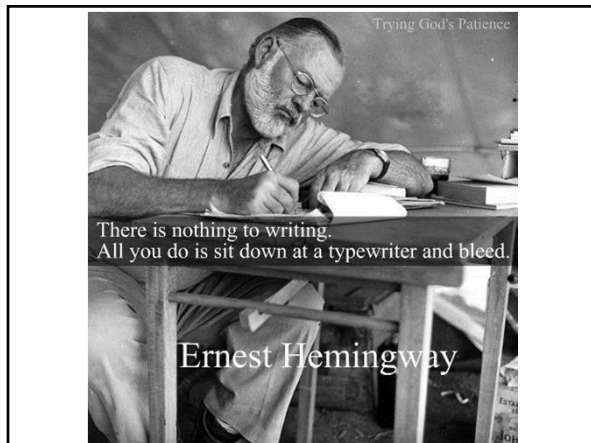
## Writing papers: model 1



## Writing papers: (provocative) model 2



## Writing a Scientific Manuscript



## The Idea



- Figure out what your idea is.
- Make certain that the reader has no doubt as to what the idea is:
  - “The main idea of this paper is....”
  - “In this section we present the main contributions of the paper.”
- Many papers contain good ideas, but do not distil what they are.

## Your narrative flow

- Here is a problem
- It's an interesting problem
- It's an unsolved problem
- **Here is my idea**
- My idea works (details, data)
- Here's how my idea compares to other people's approaches

I wish I knew how to solve that!

I see how that works. Ingenious!



## IMRAD Format

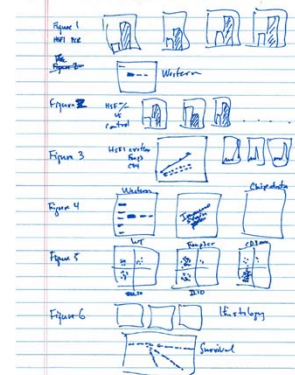
- **I** = Introduction, what is the problem
- **M** = Methods, how was the problem studied
- **R** = Results, what are the findings
- **A** = and
- **D** = Discussion, what do these findings mean

## “How to Write Your First Research Paper”

- Schedule your writing time in Outlook Calendar
- Outline
- Start with Methods
- Results
- then Introduction
- then Discussion
- Abstract

Elena Kallestinova, Yale J Biol Med 2011; 84:181-190

## Outline: Data you are expecting to get



## The Title

- The fewest possible words that **adequately describe** the contents of the paper.
- Must be chosen with great care as it will be read by thousands, whereas few will read the entire paper
- Indexing and abstracting of the paper depends on the accuracy of the title

## Examples

1. Action of Antibiotics on Bacteria
  - Action: should be defined
  - Antibiotics: should be listed
  - Bacteria: should be listed
2. Mechanism of Suppression of Nontransmissible Pneumonia in Mice Induced by Newcastle Disease Virus
2. Evaluation of the methylation status of the promoter of prostate apoptosis par-4 gene and its protein expression in Egyptian cancer patients
2. Effect of sunlight on leaf morphology

## Abstract



- Should be clear and concise, don't assume
- Summarize major conclusions and significance
- Four sentences
  - State the problem
  - State why it's an interesting problem
  - State what your solution achieves
  - State what follows from your solution
- Adhere to journal format (200-300 words)
- Remember, the goal is to get the reader to read the introduction...
- Contain all keywords (online retrieval)
- **Write the abstract last**

The Structured Abstract: An Essential Tool for Research  
[http://research.milnet.edu/structured\\_abstract.html](http://research.milnet.edu/structured_abstract.html)

## Writing Style

- Clear, concise, logical writing
- Meet formatting guidelines
- Active voice, avoid first person
- Subjects should be close to verbs
- Grammatical accuracy, correct spelling
- Split long sentences
- Check the first and last sentence of each paragraph to assure emphasis, transitions, flow
- Read the text aloud, ask others to read paper



"You've gotta help me! I can't read my own writing!"

## Important Language points:

- Poor experimentation cannot be masked by brilliant writing; however, poor writing can mask brilliant experimentation
- Avoid complex sentence structure
- Use simple and clear English
- Always keep in mind that the paragraph is the essential unit of thought



## The Introduction



### 1) Describe the problem

What is the broader context?  
State the problem?

- Why is it interesting?
- Define the Knowledge gap
- Describe Relevant research

Two paragraphs

### 2) State your contributions

What is new? (novelty)  
Why is it useful, (features of your solution)  
What questions are you answering?  
How do you know? (evaluation)  
Describe the main objective of the paper (last paragraph)

Two paragraphs

Assume reader is general attendee of target conference

## Methods

- Provide the reader enough details so they can understand and replicate your research
- Organize the methods under subheadings, with related methods described together
- Explain new methodology in detail; otherwise cite the previously published work
- Include the frequency of observations
- Be precise and include research design limits
- Write in the past tense



## Methods and Materials

- Pitfalls to avoid
  - Insufficient information to replicate
  - Reporting Results
  - Verbosity - too much detail
  - Inclusion of background information
  - Reporting sources of error

## Writing the Results



- Results section is written in the past tense
- It needs to be clear and simple as it constitutes the new knowledge contributed to the world
- Summarizes and illustrates the findings in an orderly and logical sequence, without interpretation
- Text should guide the reader through the findings, stressing the major points
- Do not describe methods that have already been described in the M&M section or that have been inadvertently omitted

## Results

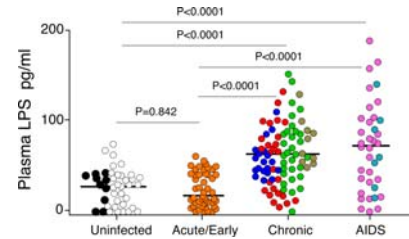
- Pitfalls to avoid
  - Reporting of methods
  - Discussion of results, interpretation of data
  - Redundancy - repetition of figures or tables

## Tables and figures

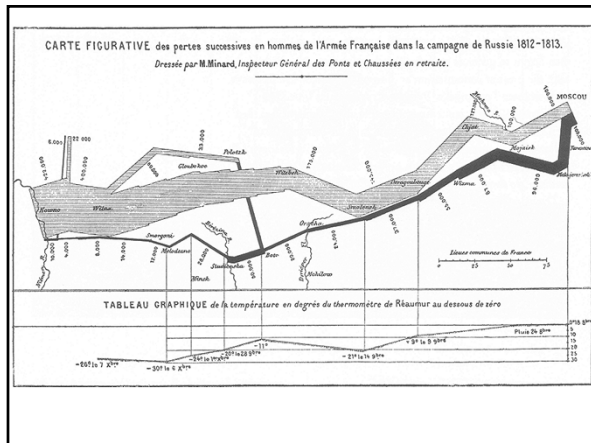


- Tables are used for large or complicated data sets.
- Figures are used for data sets that exhibit trends, patterns, or relationships.
- Any table or figure
  - Should be sufficiently described by its title and caption or legend
  - Understandable without reading the main text of the results section.
- Do not include both a table and a figure showing the same information

Plasma LPS levels are a quantitative indicator of microbial translocation in HIV disease



Brenchley JM, et al. Nat Med. 2006;12:1365-1371.



## Discussion



- Summarize results - what are the key findings?
- Interpret results
  - Confirm/deny the hypothesis?
  - Assess the validity of the present work
  - Evaluate evidence re research question
- Contextualize findings in the broader literature
  - Compare to previous research
  - Contribution to knowledge base
  - How does this study address gaps in literature?

## Discussion



- Pitfalls to avoid
  - Repetition of results, introduction of new results
  - Broad statements
  - Incorrect interpretation of inconclusive results
  - Exaggeration of findings
  - Extensive criticism of other authors or previous research

## Related work

### Fallacy

To make my work look good, I have to make other people's work look bad



## The truth: credit is not like money

Giving credit to others does not diminish the credit you get from your paper

- Warmly acknowledge those who helped you
- Be generous to the competition. "In his inspiring paper [Foo98] Foogle shows.... We develop his foundation in the following ways..."
- Be fair to your own work, too - acknowledge limitations and justify your contributions

## References



- Relevant and recent
- Highly selective – value of review articles
- Use correct style for journal (consistent)
- Reference peer-reviewed journal articles, abstracts, books
- Should not reference: non-peer-reviewed works, personal communications
- Verify each reference is cited correctly (spelling)
- Verify each reference is complete

## References



- Pitfalls to avoid
  - Formatting
  - Redundant information
  - Too many (be selective)
  - Balanced references (avoid too many from the same group)

## Authors Listing



- ONLY include those who have made an intellectual contribution to the research
- OR those who will publicly defend the data and conclusions, and who have approved the final version
- Ask authors to verify spelling of their name and affiliations

## Acknowledgements

- Acknowledge substantial help from:
  - Study population
  - Sites, staff, laboratory personnel
  - Funding agency (grant #s)
  - Individuals who contributed but are not co-authors (permission sometimes needed)
  - Relevant institutions for guidance, permission
- Do not use the word "wish", simply write "I thank ....." and not "I wish to thank..."
- Show the proposed wording of the Acknowledgement to the person whose help you are acknowledging

## Revisions

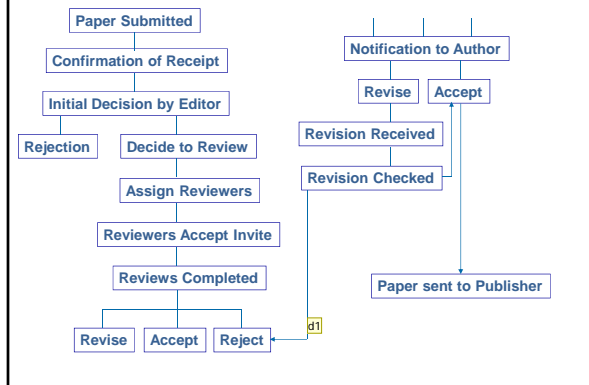


- Review data presented
- Polish the writing style
- Co-authors
  - All authors should participate
  - Provide realistic and thoughtful deadlines
  - Provide draft with room for edits/comments
- Pay attention to spelling, grammar, punctuation
- Make sure references are comprehensive and accurate

## Publishing a Scientific Manuscript



### Overview of Peer Review Process



### Constraints of Peer Review

“Editors and scientists portray peer review as a quasi-sacred process that helps to make science our most objective truth teller. But we know that the system of peer review is biased, unjust, unaccountable, incomplete, easily fixed, often insulting, usually ignorant, occasionally foolish, and frequently wrong.”

-- Richard Horton, editor of The Lancet

### Potential Reasons for Rejection

- Scientific quality
  - Lack of novelty and significance (e.g., confirmatory, not novel)
  - Methodological flaws
  - Poor presentation of the data
  - Insufficient data to support the conclusions
  - Priority for the journal
- Methods
  - Limitations in experimental design
  - Sample size too small or biased
  - Inappropriate statistics



### Potential Reasons for Rejection

- Writing
  - Poorly written
  - Text difficult to follow
  - Insufficient problem statement, rationale
  - Excessive length of paper
  - Deficient tables/figures
- Journal
  - Relevance to the journal's scientific scope
  - Perceived lack of broad interest to readership
  - Lack of adherence to requirements for publication

## Next Steps if Paper is Rejected

- Revise manuscript in response to reviewers' comments
- Perform additional experiments/analyses, collect additional data as needed
- Resubmit for reconsideration if allowed
- Revise and modify format/style and send to another journal



## Listening to your reviewers

**Treat every review like gold dust**  
Be (truly) grateful for criticism as well as praise

- This is **really, really, really** hard
- But it's **really, really, really, really, really, really, really, really, really, really** important
- Read every criticism as a positive suggestion for something you could explain more clearly

## Response to Reviewers

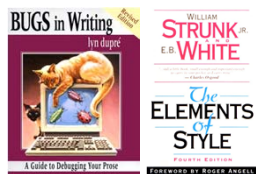
- Consider suggestions carefully, and modify the article if you agree
- Gather solid support for any contentions and defend them politely
- Respond to each comment in the cover letter; specify locations in manuscript
- Include all the text of the reviewer comments and, for clarity, differentiate your responses by putting them in italics/boldface

## Summary

If you remember nothing else:

- **Identify your key idea**
- **Write simply**
- **Make your contributions explicit**
- **Use examples**
- **Expect rejection**
- **Respect the reviewer**

## Further Reading



Mechanics and style

## General rules

- Use the present tense when referring to work that has already been published, but past tense when referring to your own study.
- Use the active voice as much as possible
- Avoid lengthy or unfocused reviews of previous research.
- Cite peer-reviewed scientific literature or scholarly reviews. Avoid general reference works such as textbooks.
- Define any specialized terms or abbreviations

## The details: evidence

- Your introduction makes claims
- The body of the paper provides **evidence to support each claim**
- Check each claim in the introduction, identify the evidence, and forward-reference it from the claim
- Evidence can be: analysis and comparison, theorems, measurements, case studies

## Examples: Words and Expressions to Avoid

### Jargon (avoid)

a considerable amount of  
on account of  
a number of  
referred to as  
employ  
has the capacity to  
is clear that

### Preferred Alternative

much  
because, due to  
several  
called  
use  
can  
clearly

## Getting help

Get your paper read by as many friendly guinea pigs as possible

- Experts are good
- Non-experts are also very good
- Each reader can only read your paper for the first time once! So use them carefully
- Explain carefully what you want (“I got lost here” is much more important than “Jarva is misspelt”.)

## Style and Language

- If English is not your first language, find a native English speaker (if possible) to review the content and language of the paper before submitting it
- Regardless of primary language, find a colleague/editor to review the content and language of the paper

See: Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication  
<http://www.icmje.org/>

## The Importance of Advocating for our Patients and Profession

**Maria Oliva-Hemker, MD**

Stermer Family Professor of Pediatric IBD  
Director, Division of Pediatric Gastroenterology and Nutrition  
Johns Hopkins Children's Center  
Baltimore, MD



## Learning Objectives

- Understand the importance of advocacy
- Become familiar with advocacy tactics
- Understand how you can be an effective advocate

## What is Advocacy?

- Support for a cause, idea or policy
- Taking action on behalf of another
- Process by which an individual or group influences public policy decision making and resource allocation



## Types of Advocacy

- **Individual Advocacy**
  - Work you do everyday to improve the health and well-being of individual patients
- **Community Advocacy**
  - Shifts focus from children in your professional setting to children within the community
- **State and Federal Advocacy**
  - Changes the public policies, laws, and rules at state or federal level
  - Has potential to affect broad systemic change.

## Why Advocacy Matters

- Provides opportunity to move beyond individual solutions to create broader systemic change.
- Pediatricians can help change community norms and public policy to protect children's health and well-being.



## Why Can You Be an Advocate?

- Your patients' stories put a human face on broader issues that need to be changed.
- Your story makes the issue real in a way that fact sheets and statistics alone do not.
- Your story can capture the attention of community leaders, elected officials, the media, and the general public, and help propel your issues and concerns forward.

## Advocacy Tactics

- Grassroots
- Lobbying
- Coalition building; ally development
- Media campaigns; social media
- Public speaking
- Commissioning and publishing research; polling



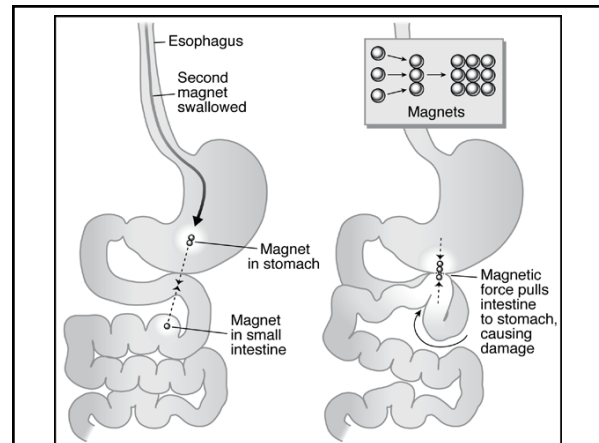
## Case Study: Prevention of Magnet Ingestions in Children

- Issue under the purview of pediatric GI
- Example of rapid advocacy response



## Children are Attracted to High Powered Magnets

- Entered the U.S. market in 2008
- Sold under many names and in sets of hundreds
- Younger children think they are candy; put anything in their mouths
- Older children use them to mimic tongue or lip piercings



## Case Study--Magnets: Assessing the problem

**The Washington Post**

Health & Science

### Popular magnets pose risk if swallowed

By Lena H. Sun January 27, 2012

Meredith DelPrete, 10, was at school one day and did something that she said is popular among kids her age: She pretended to have a pierced tongue. The Fairfax County fifth-grader took two magnetic balls from her pocket and placed one on top of her tongue and the other on the underside. The magnets, the size of a BB, are extremely powerful. They made it look like she had a stud. She opened her mouth to show a friend.

That's when the silver orbs rolled off.

- Informal survey performed suggesting increasing pediatric ingestions of high-powered magnets; cases gathered

## Case Study--Magnets: Raising Public Awareness

- Leader-to-Leader letters



### Dangers of Neodymium Magnet Ingestion in Pediatric Patients

Podcast Series - May 2012

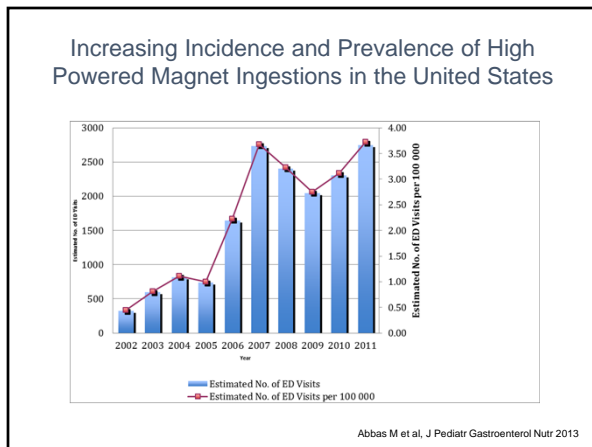
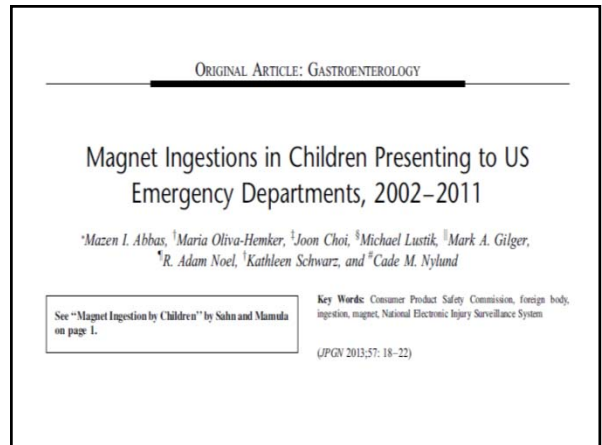
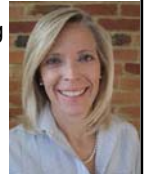
Episode 1:  
Recognizing the Serious Risks Posed by Neodymium Magnet Ingestion in Children and Adolescents

A discussion on the serious risks posed by neodymium magnet ingestion in children and adolescents with Dr. Adam Noel, Dr. Mark Gilger and Dr. Robert Kramer, with an introduction by Dr. Marsha Kay. [Listen](#)



### Case Study--Magnets: Educating and Influencing Policymakers

- U.S. Consumer Product Safety Commission
  - NASPGHAN-requested public meeting
  - Public comment letters
- NASPGHAN Washington Day = 40 congressional meetings
  - Members wrote letters using NASPGHAN legislative action center
- Washington Day follow-up with ongoing relationship building and discussions with key Congressional staff
  - Led to lawmaker outreach to CPSC and legislation being drafted



### Case Study--Magnets: Coalition Building

- September 2012
  - Stakeholder meeting
    - American Academy of Pediatrics (AAP)
    - American Society for Gastrointestinal Endoscopy (ASGE)
    - National Research Center for Women & Families
    - Kids in Danger
    - Consumer Federation of America
    - American College of Surgeons
    - American Academy of Otolaryngology
    - Safe Kids
    - Consumer's Union Policy and Action from Consumer Reports

## WHY Are Government Bureaucrats Putting Us Out Of Business?

Buckyballs® and Buckycubes® are high-powered magnetic desk toys marketed to adults. Our company, Maxfield & Oberton, has worked with the Consumer Product Safety Commission (CPSC) for years to make sure they stay out of the hands of children through warnings and education.

**Now, the CPSC says: "warnings are ineffective..."**

The American public has a right to know why warning labels are acceptable for balloons, corded baby monitors™, and other common household items dangerous in the hands of children, but are not acceptable for products marketed only to adults, like Buckyballs® and Buckycubes®™.

**TODAY, the CPSC Commissioners will testify before the House Energy Subcommittee on Commerce**

**"Everyone's desk accessories"**

**SAVE OUR BALLS**  
Buckyballs

**We implore legislators to simply ask WHY:**

- Why are some safety and warning labels considered trustworthy by CPSC, and others aren't?
- Why is the CPSC shutting down our retail sales without warning or due process and disseminating misinformation in the media before we even have a chance to defend ourselves in court?
- Why does CPSC want to put a small US government out of business?

We believe that safety and warning labels in conjunction with educational campaigns are important tools - and adults must be vigilant in what they provide to and teach our children.

**The CPSC has previously acknowledged that our products are SAFE FOR ADULTS, and SHOULD NOT BE GIVEN TO CHILDREN.**

Put our decision to stand up  
[www.SaveOurBalls.net](http://www.SaveOurBalls.net)



### Case Study--Magnets: Outcome

- Sept 24, 2014 CPSC approved new federal safety standards for high-powered magnets
  - Standards took effect in 2015
  - Rule addresses the size and strength of magnets
- CPSC reached settlement between CEO/President of Maxfield & Oberton manufacturer of Buckyballs
- CPSC has pending lawsuits against Zen Magnets and Star Networks
- CPSC seeking to ban all small magnet desk sets

### Case Study--Magnets: Key Take-Aways

- NASPGHAN needed to be prepared and organized to respond swiftly to policy needs/changes
- Advocacy efforts benefit greatly from well-positioned lawmakers willing to champion your issue
- Personal and local stories are powerful
- Generation of reliable data and evidence can establish an organization's credibility among policymakers

### Grassroots Advocacy: What can you do?

- Send a letter
- Make a phone call
- Establish a relationship with your local and state lawmakers and offer yourself as a resource
- Attend NASPGHAN Washington Days
- Attend town hall meetings
- "Like" your member of Congress' Facebook page
- Contribute to or volunteer for a political campaign

## NASPGHAN Policy Priorities

*Join NASPGHAN's Public Affairs and Advocacy Committee (PAAC)!*

- Prevention of Magnet Ingestions
- Pediatric Subspecialty Workforce
- Medical Research
- Inflammatory Bowel Disease
- Medical Foods
- Nutrition and Obesity





## Work Life Balance (a.k.a. How to Tell the NIH You are Pregnant...)

And other lessons (to date) on  
growing your career and family.

Jenifer R. Lightdale, MD, MPH  
Division Chief, Pediatric GI  
Chief Quality Officer  
UMass Memorial Children's Medical Center  
Professor of Pediatrics  
University of Massachusetts

## Introduction And Disclaimer

- **Initiate discussion @ initial years of academic medical careers**
  - Challenges
  - Realities
  - Strategies
- **Individual and unique experience**
- **Collective wisdom**
- **No hard and fast rules**

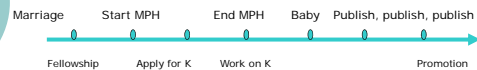


### ○ Jenifer R. Lightdale, MD, MPH

- Residency UCSF
- Fellowship BCH 1999-2001
- HSR Research Fellowship 2001
- On staff at BCH 2001-1013
- KO8 AHRQ "Pediatric Sedation and Patient Safety" (exp 2007)
- Wore several "hats" at CHB and HMS
- Now wear several "hats" at UMass
- Division Chief
- Chief Quality Officer for the Children's Medical Center

## Background

JL's original 5-year plan...



## Background

- **Work-life balance**
  - An issue for all physicians
- **Unique and particular challenges**
  - Young academic physicians
  - Modern era of medicine
- **JL's Anagram**
  - Strategies



## JL's Anagram...

**B  
A  
L  
A  
N  
C  
E**

## JL's Anagram...

B  
A  
L  
A  
N  
C  
E  
ENJOY


## MD Career Satisfaction

- 1973 – 86% of 2700 MDs: *"no doubt at all"* about career choice <sup>1</sup>
- 1990 – only 60% reported: *"would enter medical school again"* <sup>2</sup>
- 2000 – more than 37% surveyed: *"less satisfied than 5 years prior"* <sup>3</sup>
- 2009 – U. Chicago (NORC) MDs with less job satisfaction than clergy and physician assistants <sup>4</sup>


1. Hadley, Acad Med, 1992.  
2. Harvey, AMA, 1990.  
3. Chan, Radiology, 1995.  
4. NORC, 2009.

## Physician Attitudes

- Affected by more than just long work hours <sup>1</sup>



- Perceived stress <sup>2</sup>



- Collegial environment <sup>3</sup>
- Frequent, small pleasures <sup>3</sup>
- Laughter, humor, lighthearted interactions <sup>4</sup>

1. McCranie, Behav Med, 1988. 2. Ramirez, Lancet, 1996. 3. Larsen, JSPS, 2002. 4. Sotile, 2002.

JH, AG, and all the faculty!!  
∨

## JL as "Living Proof"


- New dx: "New age guilt"**
  - "It's okay to love work!"*
- Antidote – "I love going home."**
- Enjoy it all**
  - As much of the time as possible.

## JL's Anagram...

B  
A  
L  
A  
N  
C  
E  
CHOICE


## Choices in early career/family

- Work**
  - Academic vs. "Private Practice"
  - Primary care vs. Fellowship
  - Research vs. Clinical
  - Part time vs. Full time
  - Take on administrative function
  - Stay or Move
- Home**
  - Move or Stay
  - Rent vs. Buy
  - ARM vs. Fixed rate mortgage
  - Children
  - Public vs. Private school



## Making good choices

- Recognize that choice is stressful <sup>1</sup>
- Maintain sense of control
- Value self-protective choices
- Take a mid-term view
- Embrace “cognitive-dissonance” <sup>2</sup>
- Recognize when you’ve made the wrong choice



1. Sotile, 2002.  
2. Roesse, 2005

## JL’s Anagram...

B  
A  
L  
A  
N  
I  
C  
H  
E  
C  
E

## Developing a niche

- *Extremely* important to success
- Concept that many fail to master
- Early years of career (residency through early faculty)
  - Smorgasbord approach <sup>1</sup>
  - Variety of projects
  - Based primarily on availability

1. Stead et al, Acad Emerg Med, 2005


## Important to find your niche:

- Develop a subject (research) area:
  - Emphasize strengths
  - Feel challenged
  - Passion for topic
- STAY FOCUSED!
- Take ownership
- Talk it up
- Publish your data



## Niche

- National recognition
  - Invited reviews
  - Chapters in reference texts
  - Moderate sessions
  - Invited faculty
- Promotion



## JL’s Anagram...

B  
A  
L  
A  
L  
L  
O  
C  
A  
T  
E  
T  
I  
M  
E  
N  
I  
C  
E

## Principals of time management

- Schedule "appointments" to get tasks done<sup>1</sup>
  - Day, week, month
  - Plan in advance
  - Establish priorities
- Emphasize flexibility
- Take "time out"
  - Increase efficiency



1. Brunicaudi and Hobson, 1996.

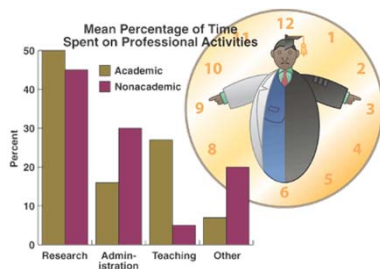
## Major obstacles to managing time well:

- Procrastination
- Interruptions
- Email <sup>1</sup>
  - "Do it"
  - "Delegate it"
  - "Defer it"
  - "Delete it"



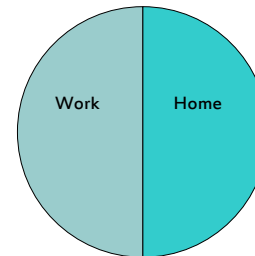
1. Allen, "Getting Things Done" 2001.

## Allocate time at work:



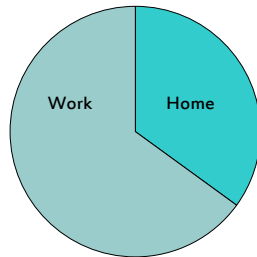
1. AAAS Survey, Science, 2001.

## Allocate work vs. home time...



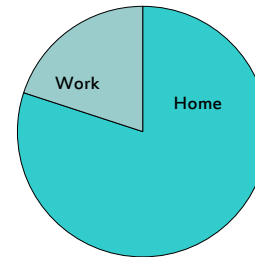
- Try to alternate spheres... emphasizing flexibility as priorities change.

## Allocate work vs. home time...



- Try to alternate spheres... emphasizing flexibility as priorities change.

## Allocate work vs. home time...



- Try to alternate spheres... emphasizing flexibility as priorities change.

## JL's Anagram...

B  
A  
**LEARN to SAY NO**  
A  
N  
C  
E

## Limit setting

- Limit call-time, and afterhours work <sup>1</sup>
- Set reasonable limits on your availability to patients/colleagues
- Use your gut to determine if you are overwhelmed
- "Template" responses to say "no" to both colleagues and patients and learn to use them...



1. Sotile, 2002.

## To your colleagues:

- *"I would love to, but my plate is full."*
- *"That sounds great, but I'm swamped."*
- *"I'm honored, but I'm now focusing on other areas."*
- *"I'm sorry, but that's out of the question. I've just been out of the office and I'm trying to dig out here."*

1. Babitsky and Mangraviti, 1998.

## To your patients:

- *"I am so sorry that you're having difficulty. I'm not available, but someone I know and trust is. Please let me refer you."*
- *"I'm really concerned about you. I'm sorry that I don't have more time today to discuss this. Can we schedule a follow-up appointment for us to sit down and explore this further?"*

1. Babitsky and Mangraviti, 1998.

## JL's Anagram...

B  
**ADJUST**  
L  
A  
N  
C  
E

## Adjust constantly

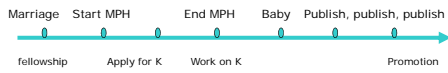
- **Moment-to-moment balancing act** <sup>1</sup>
  - Day to day
  - Year to year
- **Accept change in plans come with the territory**
- **Be confident that you will maintain priorities**



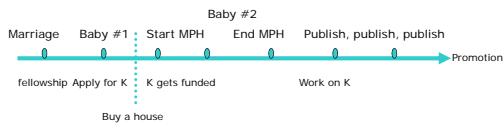
1. Allen, "Getting Things Done" 2001.

## Background

JL's original 5-year plan...



JL's reality check...



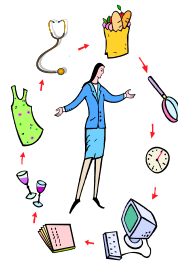
## JL's Anagram...

# BUY HELP

A  
L  
A  
N  
C  
E

## Advantages of Growing UP

- Clinical job
  - Administrative Assistance
  - Nursing assistance
- Grants
  - Salary support
  - Research Assistance/ Technical support
- Home
  - Help with maintenance
  - Childcare



## At work:<sup>1</sup>

- **Identify your resources**
  - NPs/RNs
  - Fellows
  - AAs
  - Techs/RAs
  - Students
- **Delegate wisely**
  - Think upstream as well as down...
- **Handoff (e.g. Email)**
- **Follow-up**
- **Avoid micromanaging**



1. Allen, "Getting Things Done" 2001.

## At home:

- **Identify your resources**
  - Housecleaning
  - Home/yard work
  - Cooking
  - Childcare providers
  - Family
- **Delegate wisely**
- **Follow-up**
- **Avoid micromanaging**



## Conclusion

Question:

How do you tell the NIH you are pregnant?

Answer:

You don't necessarily need to...

Conclusion:

---

**BUY HELP**  
**ADJUST**  
**LEARN to SAY NO**  
**ALLOCATE TIME**  
**NICHE**  
**CHOICES**  
**ENJOY**

Thank you for your attention!

---

Best of Luck!!



## Unmet Medical Needs in GI Drug Development for Children: A Call to Action for Industry, Academia and FDA

Andrew E. Mulberg, MD, FAAP, CPI  
Division Deputy Director,  
Gastroenterology Products  
Food and Drug Administration



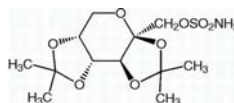
## Disclaimer

- The views and opinions expressed in the following PowerPoint slides are those of the individual presenter and should not be attributed to FDA as the organization with which the presenter is employed or affiliated.
- The presenter has no conflicts of interest.
- I have no financial relationships with a commercial entity to disclose.
- These PowerPoint slides are the intellectual property of the individual presenter and are protected under the copyright laws of the United States of America and other countries.



## Focus on Therapeutic Needs, not NCE Driven Model

### Current Model



- Molecule driven
- Chemical properties drive new indications

### Future Model



- Needs driven
- Customer needs drive new indications

“ Pediatrics does not deal with miniature men and women, with reduced doses and the same class of diseases in smaller bodies, but...it has its own independent range and horizon...”

Dr. Abraham Jacobi,  
1889



## Opportunities for Collaboration with Partners: Academia and FDA

- Develop industry wide standards in collaboration with academia and FDA:
  - How to optimize and develop central laboratory sampling
  - ECG monitoring and analysis
  - Clinical Trial Design acceptable to both EMEA and FDA
  - Central IRB Development
  - Surrogate Markers and validation in Pediatric clinical trials, including Questionnaires and Psychometric Tools
  - Pediatric GCP





## Pediatric Drug Use – The Past

- Mrs. Winslow's Soothing Syrup (pre-1906)
  - For teething and colicky babies
  - Contained morphine and alcohol that caused coma, addiction, and death in infants
- Elixir Sulfanilamide (1937)
  - Flavorful oral anti-infective
  - Included diethyl glycol, which is chemically related to antifreeze
  - Caused 107 deaths, including many children



## FDA Landmark Legislation – The Past

- 1906 Pure Food and Drugs Act
- 1938 Food, Drug, and Cosmetic Act (FDCA)
- 1962 Kefauver-Harris FDCA Amendments

8

## FDA Landmark Legislation – The Past

- 1906 Pure Food and Drugs Act
  - **Required labeling of dangerous or addicting substances**, such as alcohol, morphine, heroin, and cocaine.
  - Prohibited interstate commerce in adulterated or misbranded food, drink, and drugs.

9

## FDA Landmark Legislation – The Past

- 1938 Food, Drug, and Cosmetic Act (FDCA)
  - **Required that new drugs had to be proven safe before being marketed.**
  - Required labeling of new drugs with adequate directions for use.

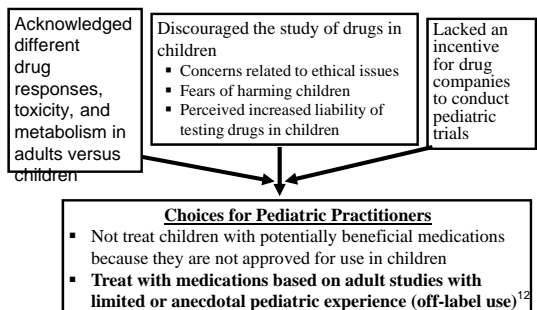
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## FDA Landmark Legislation – The Past

- 1962 Kefauver-Harris FDCA Amendments
  - **Required that new drugs had to proven effective, as well as safe, before being marketed.**
  - **Prohibited the transfer of safety and effectiveness findings in one population to another population.**

11

## Impact of FDA Legislation on Pediatric Drug Development – The Past



## Pediatric Drug Development – The Present

### General Principles

From FDA and International Conference on Harmonisation (ICH) guidance to industry titled *E11 - Clinical Investigation of Medicinal Products in the Pediatric Population*, December 2000 ([www.fda.gov/oc/der/guidance/4099fnl.pdf](http://www.fda.gov/oc/der/guidance/4099fnl.pdf))

- Pediatric patients should be given medicines that have been properly evaluated for use in the pediatric population
- Product development programs should include pediatric studies when pediatric use is anticipated
- The responsibility for pediatric product development is shared among companies, regulatory authorities, health professionals, and society as a whole



13

## Partnership is the Key

- “Coming together is a beginning; keeping together is progress; working together is success.”

Henry Ford

[http://www.brainyquote.com/quote/s/authors/h/henry\\_ford.html](http://www.brainyquote.com/quote/s/authors/h/henry_ford.html)

## Strategic Goals

- FDA works hard to maintain public trust and further our global leadership role in fostering innovation by staying engaged in a variety of formal harmonization efforts with our international regulatory partners. These efforts are complementary to ICH efforts currently existing
- The ultimate goals of these efforts being international harmonization/regulatory convergence, but also to minimize regulatory uncertainty for industry, while protecting and maximizing public health and safety.

2/20/2015

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## Journal of Pediatric Gastroenterology and Nutrition 2014 and 2015



Adobe Acrobat Document

Steps towards Harmonization for Clinical Development of Medicines in Pediatric Ulcerative Colitis --- a Global Scientific Discussion Part 1: Efficacy Endpoints and Disease Outcome Assessments



Adobe Acrobat Document

Steps towards Harmonization for Clinical Development of Medicines in Pediatric Ulcerative Colitis --- Global Scientific Discussion Part 2: Data Extrapolation, Trial Design, and Pharmacokinetics



Adobe Acrobat Document

Well-Defined and Reliable Clinical Outcome Assessments for Pediatric Crohn's Disease: A Critical Need for Drug Development.

- FDA strives to remain a leader in innovation by including the scientific community, industry and other regulatory bodies in collaboration, training and information-sharing initiatives.
- One example is the Annual Gastroenterology Regulatory Endpoints and the Advancement of Therapeutics (GREAT) public workshops.

2/20/2015

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## Concept of the GREAT Conference

- The purpose of this workshop is to provide a forum to consider issues related to endpoints that can support drug development in the following disease areas:
- Pediatric and adult inflammatory bowel diseases.
- Other GREAT conferences have focused on *assessment of efficacy in Crohn's disease trials in children and adults, including the use of patient-reported outcome (PRO) measures, endoscopic evaluation, and the role of registries and patient participation in inflammatory bowel disease drug development programs.*
- Parenteral Nutrition Associated Liver Disease
- Eosinophilic Esophagitis

2/20/2015

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**Gastroenterology Regulatory Endpoints and the Advancement of Therapeutics (GREAT) Workshop**

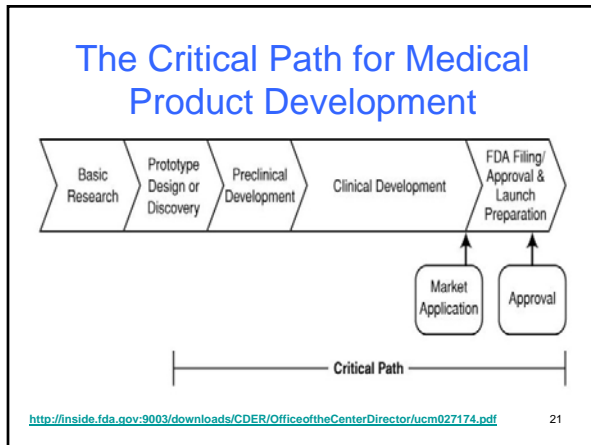
September 19, 20, 21 and 24, 2012  
8:00 am to 5:00 pm (each day)

Holiday Inn  
10000 Baltimore Avenue  
College Park, Maryland

### Regulation and Investigation: The FDA's Role In Advancing GI Innovation

- The Food and Drug Administration Safety and Innovation Act (FDASIA), signed into law on July 9, 2012, expands the FDA's authorities and strengthens the agency's ability to safeguard and advance public health by:
  - Promoting innovation to speed patient access to safe and effective products;
  - Increasing stakeholder involvement in FDA processes; and
  - Enhancing the safety of the drug supply chain
  - Giving the authority to collect user fees from industry to fund reviews of innovator drugs, medical devices, generic drugs and biosimilar biological products;

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Best access to safe and effective treatment is having an approved product on the market

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### Critical Partnerships

- Academic Experts
- Patients and Families
- Industry
- Regulatory Partners

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	Define Disease	Assess Natural History	Identify Assessment Tools
<i>Rare Diseases</i>	Determine Target Population	Collaborate Among Stakeholders	Develop Clinical Outcome Assessment (COA)
	Include criteria to define clinical trial population	Survey available resources	Plan for longitudinal study
	Recognize Stakeholders	Standardize Data Entry	Develop patient/clinician/parent reported outcome measures
	Initiate Collaboration	Use disease specific terminology	Select clinical endpoints
<i>EoE</i>	Identify Impeding Factors	Describe Full Disease Spectrum	Evaluate Biomarkers
	Address gaps in knowledge	Distinguish disease subtypes	
		Identify patient subpopulations	
<i>EoE</i>	Define EoE	Assess EoE Natural History	Identify EoE Assessment Tools
	Unify Diagnostic Criteria	FDA and Academia Collaboration	Address the Importance of EoE-Specific COAs
	Use symptomatic and histological criteria	Pool multiple patient registries	Raise questions on using general terms, such as dysphagia
	Invite All Stakeholders	Standardize Data Entry	Identify the need for different COAs for pediatric and adult patients
	Discuss overall plan	Interpret data from different sources	
	Identify Key Issues	Recognize EoE Subpopulation	Evaluate Intraepithelial Mucosal Eosinophilia as a Biomarker
	Lack of well-defined and reliable COA	Define differences between pediatric and adult patients	

### Take Home Messages

- **FDA and stakeholders can work together to achieve innovation and an appropriate balance between:**
  - **Providing access to promising drugs/biologics for patients with serious diseases or conditions when there is no comparable or satisfactory alternative therapy**
  - **Protecting patient safety**

## Physicians in Industry: The Great Unknown Revealed

Larry W. Williams, MD FAAP FAAAAI  
Director Global Medical Affairs  
Abbott Nutrition

## Scope of presentation

- What do industry physicians do?
- What do I do?
- Who would like to do this?

## Roles of physicians in pharma/nutrition companies

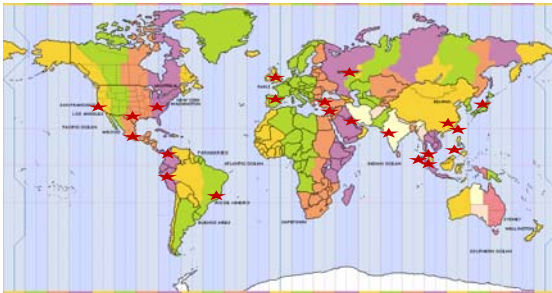
- Pre-clinical development: partners in choice, design, performance, analysis of pre-clinical studies
- Clinical product development:
  - Pharma: management of Phase 4 drug trials
  - Nutrition: management of human trials with products
- Medical affairs: interactions with the medical and scientific world
- Pharmacovigilance (aka medical safety)
- Regulatory affairs: manage communications with FDA or equivalent in other countries

## Abbott's Medical Affairs Tasks

- Direct, plan, and execute interactions with physicians, organizations, and media
- Direct, plan, and execute publications, scientific presentations, guideline development
- Provide medical knowledge / perspective to assure that external communications are of high quality, factual, and adhere to national regulations
- Design clinical trials to be consistent with sound medical, ethical, and regulatory principles
- Provide medical oversight to human clinical trials
- Bring insights to Abbott from external relationships

## MEDICAL AFFAIRS: WHO ARE WE?

55 staff across 11 time zones in 18 countries



## A day in the life

- 8:00 AM: Teleconference EU MA re symposium at ESPGHAN
- 9-11 AM: Committee meeting re investigator initiated study decisions
- 11-12:30: Open time, reading, email, walk-ins from colleagues
- 12:30: managed to save ½ hour for lunch!
- 2 PM: product development team meeting (can't tell you what though)

## A day in the life, continued

- 2 PM: With HR director--discuss changes to global policies re medical staff
- 2:30: Clinical trial team meeting with study monitors and scientists (NICU trial)
- 3:30: Return phone call to NASPGHAN office
- 4:00: Review ad text with scientists and marketing. Continue to be Dr. No.
- 4:30:

## A day in the life, still not done...

- 5:30-6ish: Brain fried, give up, go home
- 8-9 PM: teleconference with MA staff in Singapore, China, India re product pipeline, CME events, scientific questions from regional physicians

## Abbott's Medical Affairs Tasks

- Direct, plan, and execute interactions with physicians, organizations, and media
- Direct, plan, and execute publications, scientific presentations, guideline development
- Provide medical knowledge / perspective to assure that external communications are of high quality, factual, and adhere to national regulations
- Design clinical trials to be consistent with sound medical, ethical, and regulatory principles
- Provide medical oversight to human clinical trials
- Bring insights to Abbott from external relationships

## Who would want to do this?

- OK with much reduced patient care
- OK with multiple simultaneous tasks
- Willing to take role of influencing many things with direct responsibility for fewer things
- Willing to not have the final decision in many areas
- Likes leading a team toward a goal
- Good organizational political skill, or willing to learn

## A Heritage of Nutrition Science Leadership



## Abbott Nutrition Products: Three Broad Categories

### Pediatric

- Expectant Mother
- Infant Formula
- Toddler/child Products



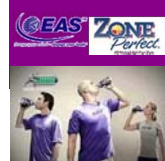
### Adult/Medical

- Supplemental
- Disease-specific (Diabetes, Cancer, CKD)
- Hospital (Enteral)



### Performance

- Elite Athlete
- Sports & Fitness Enthusiast
- Active & Healthy



# PEARLS FROM PRIVATE PRACTICE

---

Matthew Riley, MD  
Northwest Pediatric Gastroenterology  
Portland, Oregon

## Objectives

- Discuss life in an independent Peds GI practice
- Tips for evaluating a position in clinical practice
- Thoughts about career sustainability

## What is Private Practice?

- Primarily clinical medicine
- Practice Setting
- Employment / Financial Structure
  - Independent, Single-Specialty Practice
  - Independent, Multi-Specialty Practice
  - Health System / Hospital
- Affiliations
  - Academic Medical Center
  - Non-academic Medical Center

## What do I do?

- **Primarily clinical medicine**
- Practice Setting
  - **80% office, 10% outpatient hospital, 10% inpatient hospital**
- Employment / Financial Structure
  - **Independent, Single-Specialty Practice**
- Affiliations
  - **Non-academic Medical Center (x2)**

## Life in Independent Practice

- **AAA**
  - Availability, affordability, ability
- **4<sup>th</sup> A**
  - Affiliations
  - Local community providers
  - Local health care systems

## Finances of Independent Practice

$$\left[ \frac{\text{(Provider Billing)}}{\text{(Insurance Contracts)(Coding)}} \right] - \text{Overhead} = \text{Income}$$

## Roles in Independent Practice

### • Clinic Administration

- Division Chair
- Clinic Administrator
- Human Resources / Staffing
- Staff Development
- Business / Strategic Development

## Independent vs. Employed

### Pros

- I am my own boss.
- I spend most of my time one-on-one with patients.
- I can take as much time off as I want.
- I have a large influence on the direction of my practice.

### Cons

- I'm everyone else's boss, too.
- Compassion fatigue, fewer professional interactions.
- No paid vacations or conferences.
- There is no one 'taking care of all of that.'

## What is your desired career path?

- Clinical vs. Research
- Academic Setting vs. Non-Academic Setting
  - **Non-academic ≠ Non-educational**
- Business of Medicine
  - Control vs. Cost
  - Degree of autonomy
  - Role in decision-making
    - Medical/practice vs. business/financial

## Is this practice right for me?

### • Referral Patterns, Reputation

- How well established is the practice in the community?
- Are its referring providers likely to be stable in next 10 years?
- Who are the 'competitors' in the community and why do patients/providers choose this practice?

## Is this practice right for me?

### • General operations

- How is the practice governed?
- Is there an Operating Agreement?
  - Becoming a partner, buy in
  - Leaving the practice, buy out (voluntary or involuntary)
  - Leadership structure, decision making
  - Financial allocation
- Clinic Workflow

## Is this practice right for me?

### • Do I like these people?

### • How are conflicts resolved?

### • What is the general philosophy of the practice?

### • What is the general philosophy of the doctors?



## Is this practice right for me?

- **What support is available to a new doc?**
  - Mentoring: formal, informal
  - Electronic Medical Record
  - Methods for Quality Assurance and Improvement
- **What will actually be expected of me?**
  - Clinical duties
  - On call
  - Administrative
  - Be specific

## Career Sustainability

- Finding the right position
- Avoiding and recognizing burnout
- Finding the right balance

## Burnout

- Long term exhaustion
- Increasing cynicism, decreasing compassion
- Increasing inefficiency

## Spiral of Burnout



## Career Sustainability

- Burnout is not just for old doctors



Physicians <35 years old reporting burnout

2015 Medscape Physician Lifestyle Report

## Career Sustainability

- Causes of Burnout



2015 Medscape Physician Lifestyle Report

## Burnout Prevention

- Efficiency and realistic expectations
- Clinic support
- Control over schedules
- Variety in clinic practice
- Variety in practice management
- Social support
  
- TAKE YOUR VACATION!

## Finding the Elusive Balance

- **Professional vs. Personal**
- **Established routines vs. Innovation**
- **Autonomy vs. Dependence**



## Creating your CV Academic Portfolio and Preparing for Promotion

Vicky Lee Ng MD, FRCPC  
Professor of Pediatrics, University of Toronto  
Division of Pediatric GI/Hepatology and Nutrition  
SickKids Transplant Centre  
The Hospital for Sick Children



February 2016

SickKids Transplant & Regenerative  
Medicine Centre

## Disclosures

- No funding of other conflicts of interests
- My travel was paid to this conference
- I have borrowed heavily from previous presenters
  - Drs. Sauer, Narkewicz, Fishman
- I have no special expertise in this area so please feel free to disagree aloud 😊

## Creating your CV



"Your résumé is bloated with half-truths, false praise, exaggeration and unsubstantiated accomplishments. I'd like to hire you to write our Annual Report."

## Curriculum Vitae (CV)

- **Latin:** *course of (one's) life*
- **Webster:** *"a short account of one's career and qualifications prepared typically by an applicant for a position"*
- Typically a "living document" - provides an overview of your evolving professional's career
  - Relevant, clear, concise
  - Easy on the eye
  - Consistency, consistency, consistency
- Guidelines and rules always available
- Shoebox analogy

## Why you need a CV

- To get a job
- To apply for grants
- NIH Bio sketch
  - focuses on research/publications only
- Nominations, Committees
- To get promoted in your current job
  - Institution specific—know the rules at your institution
  - Guidelines and rules always available
  - Meet with academic affairs person at your institution

## Key Components of a CV

- **Date**
  - CV is prepared.....and updated
- **Personal History Biographical Information**
  - Current position (include titles and professional address)
  - Do NOT include SSN or DOB

## Key Components of a CV

- **Education (begin with college/university)**
  - In chronologic order, list institutions attended dates and degrees
  - Include medical school, internship, residency, fellowships, post-doctoral training
- **Academic appointments**
  - List these chronologically (including dates)
  - Include full-time and adjunct faculty positions
- **Hospital, government or other professional positions**

## Key Components of a CV

- **Honors and Career Awards**
  - Graduate school fellowships, scholarships, others
  - Clinical, teaching, research or service awards
  - Elected and honorary society memberships
- **Professional Affiliations and Activities**
  - Professional associations
  - Administrative activities

## Key Components of a CV

- **Research Funding**
  - List all grants awarded
  - List active grants first
  - Include:
    - Your role (e.g., principal investigator, co-investigator)
    - Funding source (and grant number)
    - Dates
    - % effort
    - Total direct costs

## Key Components of a CV

- **Publications**
  - Number all publications (beginning with the earliest)
  - Bold your name as it appears in author list
  - Categories/subheadings
    - Peer-Reviewed
    - Non Peer-Reviewed
    - Works submitted (and in progress)
  - Conference papers, posters, presentations and proceedings

## Key Components of a CV

- **Presentations and Special Lectures**
- **Teaching Record**
  - *In separate sections*, list major presentations to medical (or other undergraduate) students, graduate students, house officers
- **Research Supervision**
- **Other** – leadership training, courses at your institution (e.g., continuous process improvement)

## Things NOT to include on your CV



## Things NOT to include on your CV

- Fraternity/Sorority (not even if President)
- Volunteering– delete anything before medical schools and maybe during medical school unless significant
- Conference attendance – don't include unless it's a Travel grant – a poster at a conference assumes you attended but "no credit" if you didn't have a poster
- Personal information – marital status, children, personal interests

## Other Tips for Fellows

- **Current Research Projects**
  - Include your projects, SOC mentors
  - Abstracts presented – Orals and Posters, Dates, Full Mtg Names
  - Fellow Research Competitions
- **Invited Talks and Presentations**
  - Regional
  - Local Talks
    - Division
    - Residents
- **Leadership Experience** - Committees and Elected

## Other Tips for Fellows

- **Say yes to opportunities provided by your mentors and Division Director**
  - Manuscripts, Case Reports/Series
  - Book chapters
  - Manuscript Reviewer
  - Within your institution – committee, teaching courses
- **Seek out opportunities that will help you in your career**
  - Volunteer (CCFA, CF Foundation, Camps)
  - QAPI initiatives
  - Join a NASPGHAN committee

## And Some More Tips!

- Dates with everything
- Readability - make it easy to read with formatting
- Do have someone else edit it
- Do convert it to a PDF prior to sending it electronically

## Building your Academic Portfolio



## Job Activity Profiles

Job Activity Profile	Definition	Currency
<b>Clinician Scientist</b>	Major activity is research	Publications and Grants
<b>Clinician Investigator</b>	Directing a significant research program closely linked to clinical activity	Publications and Grants
<b>Clinician Educator</b>	Major time commitment to education	Educational publications, Curriculum devt/evaluation
<b>Clinician Specialist /Academic Clinician</b>	Major commitment to advancing clinical care	Creative Prof Activity (CPA) and/or Clinical Scholarly Activity

\* Don't Forget: Mentorship, Leadership, Administration

Academic Clinician

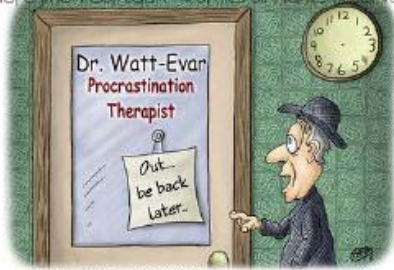
Clinician-Teacher/Educator

Clinician-Investigator

Clinician-Scientist

## Preparing for Promotion

Nonagon.com Cartoon Graphics all rights reserved.



"What the @%+\* does that mean?"

## CV and Promotion

- **The CV is a key component of the promotion process**
  - Know what is expected at your institution!
- **Use the promotions and CV guidelines at your institution**
  - Follow the rules and guidelines
- **Meet with Academic Affairs Person at your institution**
- **Get an example of a well presented CV**

## Parting Thoughts

*"Young physicians often feel uneasy or apologetic because their CV is short. Like a bad haircut, being young is a self-correcting problem; time cures both. A crisp, attractive, easily read CV is an important asset. Keep it professional, honest, discreet and current, and your CV will serve you well"*



"When did you say you left school?"



## Interviewing and Negotiating Faculty Position

Karen F. Murray, MD  
Chief, Gastroenterology and Hepatology  
Seattle Children's and University of Washington

## Interviewing

- What do you want to do?
- How do you get the word out to be most hireable?
- How do you select programs?
- How do you prepare for the interviews?
- How do you sell yourself?

## What do you want to do?

- Clinical Care- area of focus
- Clinical vs bench research
- Teaching/Quality Improvement scholarship
- Administration



## How do you get the word out to be most hireable?

- Publish- *Writing is a habit, not-writing is also*
- Present at National/thematic meetings
- Get to know visiting professors
- Ask faculty to help you
  - Network at meetings
  - Call programs of interest





## How do you select programs?

- References from your faculty
- Productivity of faculty
- Stability (divisions, department, institution)
- What is the growth potential for you?
- Personality/spirit of program
- Size, location



## How do you prepare for your interviews?

- Know what you want to do
- Study the program
- Know the faculty, read their papers
- Have updated copies of your CV
- Know if you are expected to deliver a talk
  - Be well prepared to give the talk
  - Assure that your slides and CV are typo-free

## How do you sell yourself?

- Be very clear on your career goals
- Have a clinical focus
- Be able to articulate what you are looking for in a program
- Have questions about the program that clearly demonstrate your careful prereview
- Use your knowledge of program to talk about how you will fit in
- Focus on the job not the benefits or workload, discuss those later.

## What will it take?

Reality check....

- Opportunity for growth/promotion

**Ok...time to negotiate**

- Expectations for protected time

## Negotiation

- To achieve a better outcome than would occur without negotiation
- To optimize the likelihood that you will be successful and happy in your position
  - ... *sometimes you just need to ask.*
  - Don't assume that the other person knows what you need
  - Don't assume that needed things will be forthcoming
  - Don't assume you'll be turned down

## Principled Negotiation

Goal: Achieve wise outcomes efficiently while maintaining relationships

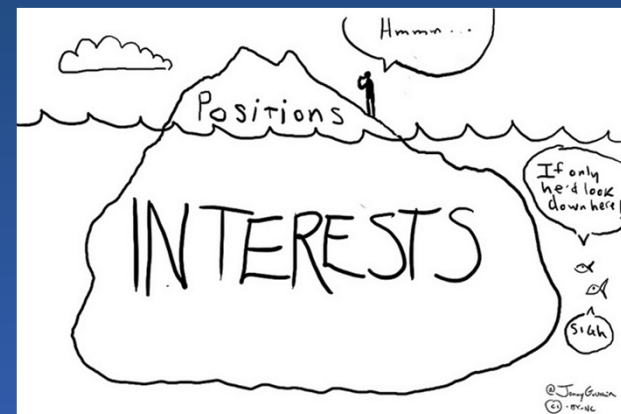
- Separate the people from the problem
- Understand each other's interests--then negotiate interests, not positions
- Create options for mutual gain
- Use objective criteria

Getting to Yes: Negotiating Agreement Without Giving In, Fisher, Ury, and Patton. 2012, Random House, London

## Understand the Problem and relative Interests

- Understand each person's view of the facts
- Understand how the positions taken may (or may not) reflect their *Interests*
  - What do each of you want?
  - What is in common, what is in conflict?
- What are each person's constraints?
- Acknowledge emotions

*Understand that whoever you are negotiating with has more experience than you do, and they know it!*



## Use objective criteria

- Salary Guidelines
  - AAMC (Association of American Medical Colleges)
  - AAAP (Association of Administrators in Academic Pediatrics) benchmarks
  - Departmental benchmarks
- Salary components- base, incentive
- Understand Academic tracks
  - Relative FTE expectations
  - Promotion criteria

## Preparing to Negotiate

- Determine your interests
  - Understand their interests
- } Developing shared interests
- Brainstorm possible options and “needs”-- talk to colleagues and mentors
  - Rehearse!
  - Know your BATNA

Best Alternative To Negotiated Agreement

## Be gracious and shameless!

Lisa Tedesco, PhD

## Don't assume – ask! Making sure you get what you need

- Have a salary figure in mind
  - AAMC and AAAP publish national data
  - Ask how they determine starting salaries, increases
    - If you have unique circumstances, say so.
- Negotiate time commitments carefully
  - Research vs. Clinical vs. Teaching
    - 10% ≈ 1/2-day clinic/week, 1 month of wards/year
- Start-up funds
  - Research start-up (e.g. \$15K)
  - Research Coordinator, statistical support, research administrative support



## Other things to consider

- Moving expenses
- House-hunting trip
- Signing bonus
- Your start date
- Administrative/secretarial support
- Discretionary funds (subscriptions, memberships, Boards, License, etc)
- Office space, furniture, computers, etc.
  - Will you need to use start-up funds for your computer, furniture, etc?



## What if it's not working?



Seattle Children's  
HOSPITAL • UNIVERSITY OF WASHINGTON

UW Medicine  
SCHOOL OF MEDICINE

## If it's not working Strategies

- Don't attack a position--look for underlying interests
- Ask for criticism and advice
- If personally attacked--let them vent, then reframe so attack is on the problem
- Ask questions and give them time to answer - silence is a powerful tool
- What is your **B**est **A**lternative **T**o **N**egotiated **A**greement?

## Deciding whether to fish or cut bait

- How well does your academic mission align with the group's academic mission?
  - Seek advice from mentor
  - Evaluate priorities
- Get out and look at the alternatives!
- Is the "negotiated" better or worse than your BATNA?



## Goal

- Negotiated agreement is better than your BATNA
- Relationships are maintained and amicable
- Interests of both sides are addressed

# Win-Win

## Interviewing and Negotiating For a Private Practice Job

NASPGHAN 2<sup>nd</sup> Year Fellows Conference  
Scottsdale, AZ  
February 27<sup>th</sup>, 2016

Steven Liu, MD  
GI Care For Kids  
Atlanta, GA



## Overview

### Interviewing

- Ways to help you prepare for an interview
- Differences in private practice interviews
- Topics to ask about in a private practice interview

Details in obtaining partnership to inquire about and possibly negotiate

### Negotiating

- Resources available to assist you
- Review of negotiable components of a contract

## Preparing For The Interview: Do Your Research

Learn about members of the practice

- Visit practice website
  - Training background
  - Clinical interests
  - Personal interests
- MEDLINE search
- Ask your current colleagues about what they know

By doing pre-interview research, you will be able to ask better questions and also determine how you may be valuable to the group.

## How Do You Get To Carnegie Hall?

*"We're talkin' about practice"*

*(Iverson A, JPCN, 76: May 2002)*



As is true for giving presentations, interviews can also be practiced

- Use co-fellows, attendings at your institution
- Even use friends or significant others

## You Are Interviewing Even When You Are Not "Interviewing"

Every interaction you have with a potential employer is an opportunity for them to make an assessment

Always be personable and professional

- Phone calls
- Meeting up at conferences
- E-mail
- Meals

## When You Are Interviewing

Show up early

Be presentable

Be courteous to ALL staff, not just your interviewers

Appear interested

Be prepared to answer common questions (you've practiced, right?)

- Why pediatric gastroenterology?
- What are your strengths and weaknesses?
- What interests you about this practice?

Emphasize your strengths/unique abilities

Don't misrepresent yourself

## How The Interview May Be Different In Private Practice

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Can be a subjective process

Probably more emphasis on personality fit

In general, the approach will be the same for every interviewer

- No department chairs or division heads

Usually no talks are given, but sometimes cases are discussed

## It's Not Just About You

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Just as the practice is evaluating you as an addition to their practice, it is equally important for you to make sure they are the right fit for you.

Asking the right questions can help you achieve this

## Topics to Ask About

---

Description of a typical day in the office/hospital/on call

Job requirements/expectations

Philosophy of the practice (priorities of the practice, future goals, etc.)

Strengths/weaknesses of the practice

History of recruitment and retention

Challenges the practice has faced

Research involvement

Call and hospital coverage obligations (different for associates vs partners?)

Inpatient/outpatient resources (surgery, radiology, pathology)

## Topics Not to Ask About

---

Most questions regarding finances and benefits (i.e., compensation, buy-in, vacation, etc.) should probably be reserved for a 2<sup>nd</sup> interview, or when it is clear you have a strong interest

Avoid controversial topics (i.e. politics, religion)

## After The Interview

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Write thank you letters to everyone you interviewed with (and perhaps others) within 48 hours of your interview

- Details still fresh
- Shows interest

## Learning About The Path to Partnership

---

Most private practices hire a new physician as an associate who can later become a partner (going from an employee to an owner)

Details to inquire about (some may be better during 2<sup>nd</sup> interview or when interest is strong):

- Length of time until eligible for partnership
- Criteria to determine partnership
- History of prior associates making partner
- Buy-in
- Distribution of income as partner
- Voting power as an associate and as a partner
- Exit procedure for senior partners ("golden parachute?")
- Ownership of other practice assets
  - Endoscopy center
  - Infusion center

## Partnership Buy-In

Practices often require a "buy-in" in order to achieve full partnership

Typically the buy-in is monetary, but can also be based on length of time as an associate

Important to ask about:

- How much it costs
- Pre-tax dollars vs post-tax dollars
- When it starts and over what period of time the buy-in can or must occur
- How much does it get you?
  - Senior partners in some practices take a management fee or give you fewer shares to start
  - Sometimes senior partners have more voting power than junior partners

Ideally, you will be treated as equally as possible once you are a partner

They've Offered a Contract,  
Now What?

GET HELP!!!



"You Have The Right To An  
Attorney..."

Soliciting the services of an attorney specializing in health care law or physician contracts can be an invaluable resource

- Worthwhile investment
- Protection from vulnerabilities in the contract
- Can ask recently recruited physicians which lawyer they used

"You Have The Right To A  
Healthcare Consultant?"

Healthcare consultants are extremely experienced with medical contracts

Can provide you with background on practice management concepts

Can help with negotiations

- They have data on starting salaries (based on location) for pediatric gastroenterologists
- They know what fair/typical contract provisions are

You may still want an attorney to quickly review the language of the contract afterwards

Major Contract Components:  
Compensation

Salary options:

- Base salary
- Base salary plus productivity bonuses
  - Bonus calculated from charges
  - Bonus calculated from collections
  - Bonus calculated from wRVUs
- Revenue minus overhead

For salaries based on calculations, try to get examples of what yours could be assuming average partner productivity.

Signing bonus

Paying off student loans?

Major Contract Components:  
Term and Termination

How long is the initial term? Then what?

Termination

- With cause
- Without cause
- Timelines for termination

Restrictive Covenants (aka noncompete clauses)

- Typically last one to two years following termination
- Geographic radius for restrictive covenant can vary depending on rural vs urban setting.



## Major Contract Components: Benefits

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### Insurance

- Health (for physician and family)
- Malpractice
- Disability
- Life

Vacation time, sick days

CME stipend

Moving stipend

Board certification/exam reimbursement

Retirement Plan

Personal RN/LPN/MA? Equipment? Office furniture?

## Get Everything in Writing

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Don't rely on "handshake" deals

It may be difficult for both parties to remember all the details that were agreed upon, so having the details all in a contract will make it easier to refer back to

Save e-mail correspondences (use a personal e-mail address)

## Summary

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### DO:

- Prepare for your interview with research and practice
- Prepare to answer typical questions and ask questions yourself
- Be yourself during the interview process, but always be professional
- Get assistance during the negotiation process/contract review from a healthcare attorney or consultant
- Get everything you want in writing

### DO NOT:

- Bring up salary/benefits on the first interview unless they do
- Misrepresent yourself

**THERE IS NO TRY**



*(Yoda et al., 1980)*