



2nd Year Fellows Conference July 31 – August 1, 2020

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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2020 Evaluation:

Complete online via this link <https://tinyurl.com/2ndyeareval2020>
and an email will be sent as well post event.

NASPGHAN-Abbott 2nd Year Fellows Conference
Friday, July 31-Saturday August 1, 2020

Friday, July 31, 1:00 PM – 5:00 PM ET

General Session 1:00 pm – 3:15 pm

1:00 pm	Welcome/Introduction – Jose Garza/ Stacy Kahn
1:05 pm	Welcome from Abbott Nutrition - Bob Dahms
1:15 pm	What can NASPGHAN do for you? - Karen Murray
1:25 pm	How to give a great talk – Valeria Cohran
1:50 pm	Job search – Maria Mascarenhas
2:15 pm	Interviewing for your first job, putting your best foot forward – Christine Lee
2:40 pm	BREAK
2:50 pm	Diversity, equity and inclusion – Rina Sanghavi

Small Groups 3:15 pm – 3:45 pm

3:15 pm	Small Group Sessions – You will have the opportunity to attend two groups/sessions Session 1: 3:15 pm – 3:30 pm Session 2: 3:30 pm – 3:45 pm
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Group options:

1. General GI: Matthew Riley
2. IBD: Stacey Kahn
3. Nutrition: Maria Mascarenhas
4. Intestinal Rehab: Valeria Cohran
5. Motility: Rina Sanghavi
6. Integrating different career domains: Jose Garza (motility, aero, therapeutic endo, general GI), Karen Murray (academic, leadership, hepatology)
7. Hepatology: Norberto Rodriguez-Baez, Christine Lee
8. Therapeutic Endoscopy: Douglas Fishman, Rima Fawaz

Wrap Up Day 1 - General Session and Small Groups

4:00 pm	Abbott Mock-tail Contest Group Trivia Contest Group Photos
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Saturday, August 1, 12:00 PM – 3:00 PM ET

General Session

12 pm	2 nd day welcome Jose Garza/Stacy Kahn
12:05 pm	Building an academic career in research - Rachel Rosen
12:30 pm	Building an academic career as a clinical educator – Norberto Rodriguez-Baez

12:55 pm Building a career in clinical practice – Matthew Riley

1:20 pm Break

1:30 pm Work/life/ COVID effect- balance - Rima Fawaz

Small Groups 1:55 pm – 2:35 pm

1:55 pm Small Group Sessions – You will have the opportunity to attend two groups/sessions

Session 1: 1:55 pm – 2:15 pm

Session 2: 2:15 pm – 2:35 pm

These sessions are to discuss career development pathways with faculty.

1. Jose Garza: JI, private practice, immigration, motility
2. Matthew Riley: private practice, general GI, practice administration
3. Rina Sanghavi: Motility, Diversity/inclusion, J1/immigration
4. Stacy Kahn: IBD, Clinical translational research, Ethics, FMT, academic career
5. Maria Mascarenhas: Education, Nutrition, Academic career
6. Rima Fawaz: Academic clinical practice, Hepatology, J1/Immigration, 2 physician family
7. Christine Lee: Hepatology, Education, 2 physician family, academic
8. Doug Fishman: Therapeutic endo, academic, education
9. Valeria Cohran: Intestinal rehab, academic, diversity/inclusion
10. Karen Murray: Hepatology, Academic and National leadership
11. Norberto Rodriguez-Baez: Education, Hepatology, diversity/inclusion

2:35 pm Closing remarks- Stacy Kahn-Jose Garza-Bob Dahms

2:45 pm One-On-One with Faculty Activity (Optional)- **sign ups required:** 15 min. slots for each faculty
Career development and advice or CV review with Faculty – Sign Up if interested

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Abbott Nutrition

Robert Dahms

NASPGHAN

Margaret Stallings

Laura Smith



Stacy A. Kahn, MD

I was born in Maryland, but Newton, Massachusetts became my home when I was 10. Over the years, I have made my way around the country for school, jobs and training. I eventually made my way back to Newton and live 2 miles from where I up; my daughters, Chloe (13) and Annabel (10) will go to the same high school I attended. For undergrad, I went to Washington University in St. Louis, and majored in History and minored in French. Although I wasn't pre-med, I was an EMT on the college EMS service and took bio classes for fun. It wasn't until my college graduation that I realized that I really wanted to pursue a career in medicine. After college, I moved back to Boston and worked at a residential treatment center for troubled teenage girls. From there, I went on to Bryn Mawr to complete my post-bac premed coursework. I attended medical school at NYU and then moved to Chicago for my residency and fellowship at the University of Chicago. In October 2016, I took a position at Boston Children's Hospital to head up the FMT program

and work as member of the IBD Center.

My background includes clinical work, medical ethics, basic, clinical and translational research and as well as a few detours along the way. This non-traditional winding path has allowed me a very full and fulfilling professional life. My advice to fellows is not to be afraid of the journey; you may not always see the path ahead, but the choices you make help shape who you become and will make sense when you get there.



Jose Garza, MD

I was born and raised in Mexico, City. After graduating from medical school, I decided to pursue a pediatric residency in the US. Moved to Cincinnati in 2004 for pediatric residency. I told my wife that we were going back to Mexico in 3 years, but I fell in love with GI during my intern year and remained in Cincinnati for fellowship. During fellowship I completed a Master of Science in Clinical and Translational Research as well as trained in Neurogastroenterology and Motility, had the incredible opportunity to stay as faculty at Cincinnati for 3 years. At this point my wife caught on that we were not going back, so she requested a direct flight to Mexico. Suddenly this great opportunity happened, I was able to move to Atlanta, join an amazing private practice "GI CARE FOR KIDS" and get to build a motility program as well. Now I get to be part of a very busy private practice, be medical director of Neurogastroenterology and motility for Children's Healthcare of Atlanta (CHOA) (where I also get to teach fellows), I am also part of the PARC (Pelvic and Anorectal Care) Program and intermittently participate in the Aerodigestive clinic. Other activities I get to do are: Co-chair the medicine peer-review

committee, lead guideline development at CHOA (Constipation, GERD), participate in industry sponsored clinical research trials.

Beyond GI CARE FOR KIDS and CHOA I am in the medical advisory board for the Mowat-Wilson Syndrome Foundation and the Eating Disorders Information Network. Chair of the international committee for NASPGHAN, and Councilor for ANMS. Have authored papers and chapters, reviewer for JPGN and The Journal of Pediatrics. Out of all work activities my favorite is to give talks because I get the opportunity to learn, travel and meet people.

I have been married for 14 years, have 2 children (9 and 7 years old), 2 dogs (4-year-old and 14 month old Weimaraner's). Love to cook, travel, watch TV/Movies /sports, read books and my wife got me hooked on Brazilian jiu-jitsu which I been doing for a little over 2 years.



Valeria C. Cohran, MD

Hi! My name is Valeria Cohran and I hail from the great state of Mississippi where I live the first 21 years of my life. I moved to St. Louis and attended Washington University school of medicine and graduated in 1997. That summer I started my residency at Cincinnati Children's Hospital Medical Center. I then also completed my pediatric GI fellowship and spent an extra year specializing in intestinal transplant and intestinal failure. After graduation in 2004, I moved to the great city of Chicago! I have board certification in pediatric gastroenterology and pediatric transplant hepatology. Currently, I serve as the Medical Director of the Intestinal Rehabilitation and Transplantation center at the Ann & Robert H. Lurie Children's Hospital of Chicago. In addition to my clinical work, I am an Associate Professor of Pediatrics at the Feinberg School of medicine. I participate in multiple classes and tutorial sessions for the medical students there. More recently I have become a pediatric advisor to young

budding medical students who want to become pediatricians. I am always looking for young budding GI fellows who want to do IRP in Chicago!



Rima Fawaz, MD

Originally from Beirut, Lebanon, Dr. Rima Fawaz received her undergraduate and medical degree at the American University of Beirut. She then completed her pediatric residency at Upstate Medical University in Syracuse, Gastroenterology fellowship at Montefiore Medical Center and her Pediatric Transplant Hepatology fellowship at Mount Sinai Hospital in New York City. Once she completed her training, Dr. Fawaz moved to Boston to work in the Division of Gastroenterology and Nutrition at Mass General Hospital for Children for 3 years before transitioning to Boston Children's Hospital for the past 11 years to devote more time to the care of transplant patients. At Boston Children's Hospital, she was appointed the Medical Director of Intestinal and Multivisceral Transplant Program, spending much of her time treating complex patients with end stage liver disease and intestinal failure referred both nationally and internationally. Dr. Fawaz was also the lead author of the published international Guideline for the Evaluation of

Cholestatic Jaundice in Infants- a Joint Recommendation of the North American and European Societies for Pediatric Gastroenterology, Hepatology and Nutrition. In addition to her clinical work, she is very passionate about teaching residents, fellows and medical students. Dr. Fawaz was an invited core faculty of the GI pathophysiology course at Harvard Medical Course. Her enthusiasm and dedication to teaching has been recognized twice when she was awarded the Gastroenterology Attending of the Year award by the GI fellows at Boston Children's Hospital.

Dr. Fawaz was recruited to Yale University School of Medicine and appointed to the Medical Director of Pediatric Hepatology and Liver Transplantation in 2019.

Rima will tell you she is a New Yorker at heart but her love for New England and the beautiful beaches of Cape Cod might dispute that. After marrying her husband, Dr. Leonel Rodriguez, in fellowship, her greatest joy in her life is their busy family with their 2 wonderful sons. Fluent in English, Spanish and Arabic, Dr. Fawaz enjoys traveling and spending time at the beach with her family.



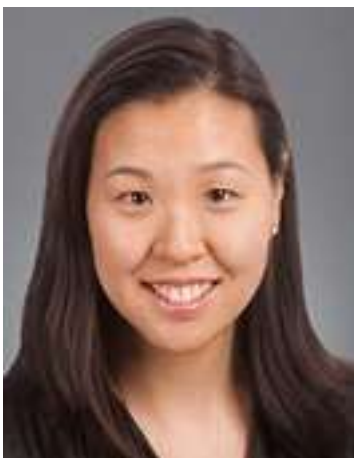
Douglas S. Fishman MD FAAP FASGE NASPGHAN-F
Professor of Pediatrics

I grew up in St. Louis and have been a little bit of everywhere during my journey in GI. I am a diehard "Orangeblood", graduating from the University of Texas at Austin. After medical school at Tel Aviv University's American Program I returned to St. Louis for pediatric residency at Washington University and St. Louis Children's Hospital. I completed my gastroenterology fellowship at Harvard Medical School at Boston Children's Hospital and Mass General Hospital and was a research fellow at the Harvard School of Public Health. In the early morning and weekends as a third year, I worked in the Thompson animal lab assisting with NOTES and other advanced endoscopic procedures. At every stage of my career, I have been surrounded by incredible teachers, mentors and learners. I met my future endoscopy mentor at a conference as a third year who agreed to train me in ERCP and EUS in Houston.

After fellowship in Boston, I joined the faculty at Baylor College of Medicine and Texas Children's where I have been since 2006. I am currently the medical director of the Pancreaticobiliary (PBP) and Endoscopy programs at Texas Children's Hospital. I am also the director for Pediatric Transplant Hepatology Fellowship and our Advanced Endoscopy Training Program. In addition to my clinical activities, I am a charter member of INSPPIRE, and collaborate on the Pediatric ERCP Database Initiative, an international consortium focused on the study of outcomes using key quality indicators and other adverse event rates in ERCP.

I have grown up in NASPGHAN; and was in the inaugural class of Teaching and Tomorrow in 2001, served as Endoscopy Chair and recently completed a term as Executive Councilor. I have also represented NASPGHAN within the ASGE on the DDW Scientific Committee and the Standards of Practice Committee. I have enjoyed teaching endoscopy courses around the US and Europe, for several societies.

With my wife and two children (5 and 7), we enjoy skiing, tennis and LEGO. Both kid could name all four Beatles starting about age 3. I can relate almost anything to an 80's movie or song quote to the dismay of my fellows.



Christine K. Lee, MD

I was born and raised in Ohio before getting my undergraduate and medical degree from Brown University. I then went on to complete my pediatric residency, gastroenterology fellowship and transplant hepatology fellowship at Boston Children's Hospital/ Harvard Medical School. At Boston Children's Hospital, I hold numerous positions in medical education as the program director for transplant hepatology fellowship, the associate program director for gastroenterology fellowship and gastroenterology clerkship director for Harvard Medical School. My interest in training has also led to my involvement in NASPGHAN as the current Chair of the Training Committee, former co-chair of Teaching and Tomorrow and the AASLD Pediatric Special Interest Group education committee.

I spend most of my clinical time as a member of the liver, intestine, multivisceral transplant team, acting as both a transplant hepatologist and the medical director of the multivisceral and intestine transplant program. I also spend time directing the Fatty Liver Interdisciplinary Program and as the hepatologist in the Fontan Liver Disease program. I balance my clinical work with research in non-invasive assessment for liver fibrosis, using transient elastography to further define liver fibrosis, steatosis and portal hypertension in children.

Outside the hospital, I am busy spending time with my husband and our 2 children (entering 7th and 4th grade). When I can, I enjoy binge watching TV shows and NOT exercising.



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. While in Seattle I enjoyed watching the division more than quintuple in size, and benefited from a number of leadership positions in the hospital, Department, and Nationally; Years ago was Medical Staff President, in 2010 I assumed the role of Division Chief, in 2016 took the additional role as Vice Chair of Clinical Affairs for the Department of Pediatrics, and in 2018 I served as Interim-Chair of Pediatrics for a year. In 2019 I moved to Cleveland, Ohio where I assumed the roles of Chair of Pediatrics at Cleveland Clinic, Physician-in-Chief of Cleveland Clinic Children's, and President of the Cleveland Clinic Children's Hospital for Rehabilitation. I currently spend most of my time doing administration, with only ~10% clinical and 10% research, but had 40% time dedicated to research prior to my departure from Seattle. I am honored to be President of NASPGHAN.

Outside of work I enjoy spending time with my husband of 32 years, and road biking. I am very proud of our two children: Michael, who is completing a Masters in Photonics at the University of St Andrews, in St Andrews, Scotland, and Katrina who is a raising sophomore at University of Pennsylvania. I am the primary caretaker of the residual pets in the home, now only consisting of a snake named Corney, and a Cockapoo named Clover.



Maria Mascarenhas, MBBS

Maria Mascarenhas is the Section Chief of Nutrition in the Division of Gastroenterology, Hepatology and Nutrition at The Children's Hospital of Philadelphia (CHOP). She is a graduate of St John's Medical College, Bangalore, India (1982). She was a Resident from 1983 to 1986 in Pediatrics at Downstate Medical Center, Brooklyn, NY (1983-84) and Texas Children's Hospital, Houston TX (1984-86). She completed her clinical and research Fellowship in Gastroenterology and Nutrition at The Children's Hospital of Philadelphia in Philadelphia (1986-89) and in Integrative Medicine at the University of Arizona (2014-2016). She became Director, Nutrition Support Service (1992), Section Chief, Nutrition in 2002, Medical Director, Clinical Nutrition (2008) and Medical Director, Integrative Health Program (2014). She is an Associate Professor of Pediatrics, University of Pennsylvania Perelman School of Medicine. During her tenure as Section Chief, the section has vastly expanded its clinical mission in nutritional disorders. The Home Parenteral Nutrition

Program, Lipid Heart Program, Center for Feeding Disorders, Healthy Weight Program and Nutrition Support Service have grown in size and the Intestinal Rehabilitation Program, Center for Bone Health, Outpatient CLABSI Prevention Program, Integrative Nutrition Program and Food Reactions Clinic have been started. At the same time, the Section has trained over 20 nutrition fellows. Dr. Mascarenhas' main areas of clinical and research interest are Cystic Fibrosis, parenteral nutrition, nutrition education, gastrointestinal manifestation of 22q11.2 deletion syndrome and integrative nutrition. She has authored over 55 papers, 70 chapters, and edited 7 books on areas of pediatric nutrition. Dr. Mascarenhas has lectured extensively nationally and internationally. She has served many organizations local and nationally, including the Cystic Fibrosis Foundation, American Society of Parenteral and Enteral Nutrition, North American Society of Pediatric Gastroenterology, Hepatology and Nutrition and Academic Consortium of Integrative Medicine and Health.



Matthew Riley, MD

I am Clinical Director of Pediatric Gastroenterology for Providence Health & Services, Oregon Region. 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. After completing my training, I returned to the Pacific Northwest in 2005 and co-founded Northwest Pediatric Gastroenterology, LLC.

In 2017, I became the Clinical Director of Pediatric Gastroenterology for Providence Health and Services, Oregon Region. As of 2019, I transitioned from my private practice to an employed position at Providence Health and Services and in 2020, became the Chair of the Department of Pediatrics at Providence St. Vincent's Medical Center. My work focuses on developing and enhancing clinically-focused Pediatric GI services for children in Oregon and Southwest Washington. I also serve as the Pediatric Gastroenterologist for the Providence Center for Medically Fragile Children, the only pediatric skilled nursing facility in the Pacific Northwest.

My passion lives in providing high quality, reliable and evidence-based care to children with gastrointestinal diseases and disorders. My clinical interests include caring for children with functional GI disorders and children with complex health care needs.

In my spare time, I enjoy cooking, travelling and reminding my teenage son to finish his homework.



Norberto Rodríguez-Báez, MD

¡Hola! I am Dr. Norberto Rodríguez-Báez. I was born and raised in Puerto Rico. I am the oldest of 5 children. My passion for the medical field began when I was a young child and saw my mother, who was a nurse, working with patients.

I am Professor in the Department of Pediatrics at the University of Texas Southwestern Medical Center (UTSW) in Dallas, TX. I completed my pediatric residency at the University of Puerto Rico where I also served as Chief Resident. I completed my gastroenterology fellowship at Stanford University Medical Center / Lucile Packard Children's Hospital in 2001. Teaching is my passion. I truly enjoy teaching students, residents, fellows, peers and supportive staff. When teaching, I like to use innovative techniques. I have developed teaching tools and presentations using the format of popular TV shows such as "Jeopardy", "Who want to be a millionaire?", "The weakest link", "Hollywood Squares", and "Are you smarter than a 5th grader?" I have been the director of the Pediatric Gastroenterology Fellowship Program at UTSW for 18 years.

I have been faculty of the three NASPGHAN Fellows Conferences and the Teaching and Tomorrow Program. I am also actively involved with the Office of Diversity and Inclusion at UTSW where I serve as faculty advisor for Latino and African American medical students. I spend approximately 40% of my time in administrative work related to medical education. Besides teaching, I am also passionate about pediatric liver diseases. My clinical practice is hospital-based that includes general gastroenterology and a special focus on hepatology and liver transplantation. Currently, I am participating in NIH-sponsored studies on viral hepatitis and acute liver failure. I spend approximately 55% of my time in clinical practice and 5% in research activities. I have been actively involved with NASPGHAN and have served as chair of the International

Committee (2009-12), member of the Nominations Committee (2013), Councilor and member of the Executive Committee (2013-16) and chair of the Training Committee (2016-19).

I have been married for 23 years. My wife is a general pediatrician in private practice. I enjoy traveling around the world with my wife and 3 children. I also like to dance and watch my kids playing sports.



Rachel Rosen, MD

While I grew up in Baltimore, I have been on the move ever since. I went to Harvard University for college and then onto Dartmouth Medical School in New Hampshire. I completed my pediatric residency in North Carolina at Duke University Medical Center and then moved back to Boston to complete my MPH and fellowship in pediatric gastroenterology at Boston Children's Hospital. I have subspecialty training in motility and I am the director of the Aerodigestive Center where I care for children with upper tract dysmotility and airway disorders. While I enjoy patient care, my true love is in clinical research. There is nothing that is more satisfying than asking a question, designing a study to answer that question, and then changing local and national practice as a result of that data. I have been continually funded since my fellowship to conduct clinical research on the impact of nonacid reflux and acid suppression on gastrointestinal and respiratory symptoms. Recently I have branched out into translational research to understand the mechanisms behind reflux-related and dysmotility-related lung disease. I love love love

my job because no day is ever the same. My days consist of seeing patients, growing a multidisciplinary team, recruiting study patients, leading research discussions, writing a manuscripts/ grants and teaching about aerodigestive medicine. I am only able to do what I do because I have a super supportive team behind me including my husband and my 2 sons, ages 11 and 13. We live for the Red Sox, the Patriots, traveling, carbohydrates and movies.

And we embrace the words of Yoda, "Do or do not. There is no try."



Rina Sanghavi, MD, MBA

I was born and grew up in the coastal city of Mumbai India. My lifelong dream was to be a war journalist. Since that was not an option that was palatable to my family, I went with my second choice of being a doctor. After completing my medical school at one of the premier institutions in Mumbai India, I wanted to come to the USA for further specialization, mainly to learn how other countries practiced medicine, with the goal of going back home. I started my residency in Pediatrics in New York, and a month later, 9/11 transpired. That was a defining moment in my adult life. It made me realize the fickleness of life, and that we have one truth- that we all don't know when our last breath is. I met my husband in NY shortly after; and after residency moved to Dallas for my pediatric GI fellowship. Again, my goal was to go back to NYC in 3 years, and 17 years later, I am still in Texas and loving it. A year into my fellowship I was drawn to

Neurogastroenterology and Motility. Since a formal training program did not exist at the time, I cobbled together my own fellowship program by learning from Sam Nurko and Rachel Rosen in Boston, Carlo di Lorenzo and Hayat Mousa at Nationwide and Ajay Kaul at Cincinnati Children's. I continued my learning with Lawrence Schiller and Stuart Spechler in Dallas- 2 stalwarts of adult motility, and started the motility program in Dallas with nothing but a dream. We continue to grow from there, and now have a robust program with 3 additional personnel.

I have always had strong women role models in my life – ranging from my mother to Rachel Rosen, Hayat Mousa and other spectacular pediatricians and pediatric gastroenterologists. I am actively involved in Compensation Equity work at our institution and nationally. I am passionate about advancing women in medicine and achieving diversity not just for

gender but also for race and orientation within our field. Through my time at UT Southwestern Medical Center, I learnt how little we know about the business of medicine. I thus successfully got an MBA in Healthcare Leadership and administration. I am now the chair of the Pediatric Business Strategy Office at our institution, the President Elect of the Medical Executive Committee. In the latter role, I chair multiple hospital committees including the peer review committee, the bylaws committee, the medical advisory committee and the credentials committee among others. In addition, I am the Director of the Office of Faculty Engagement – whose mission is to analyze and advise on compensation equity, advocate for equal leadership and advancement opportunities and faculty wellness. I lecture extensively both nationally and internationally on neurogastroenterology and nutrition for children and am currently involved in research looking at maturation patterns of neonatal gut motility.

Personally, I love dancing and traveling; and combine these two loves by learning the dance of whatever country I visit by being part of a dance group in that country. I have a wonderfully supportive (non-medical) husband of 17 years, and a 13-year-old son (who wants to own the Pittsburgh Steelers someday!) and a 12-year daughter (who wants to be the next Ruth Bader Ginsburg!). I am always happy to mentor young pediatric Gi's – please feel free to reach out to me anytime! The words I live by “ The question isn't who is going to let me, it's who is going to stop me”.

**NASPGHAN/Abbott Nutrition
2nd Year Fellows Conference
2020 Attendees**

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What NASPGHAN can do for you

Karen Murray, MD

NASPGHAN
NORTH AMERICAN SOCIETY FOR
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HEPATOLOGY AND NUTRITION

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Mission Statement

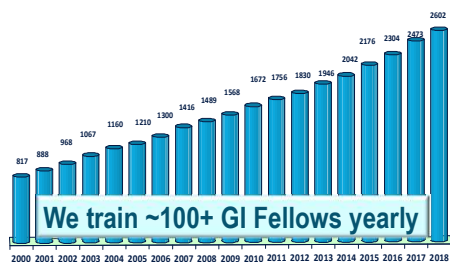
The mission of the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition is to be a world leader in research, education, clinical practice and advocacy for Pediatric Gastroenterology, Hepatology and Nutrition in health and disease

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Total Membership

Membership Continues to Grow



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Organizational structure

- **Executive Council** (elected)

President, President-Elect, Past President, Secretary-Treasurer, 7 Councilors – Canadian, North American, Mexican, Practice-based

- **21 Standing Committees** (volunteer)

Advocacy*, Clinical Care and Quality*, Clinical Practice, Endoscopy*, Ethics*, Fellows*, Finance, Hepatology*, IBD*, International*, MOC Task Force, Neurogastroenterology*, Nutrition*, Practitioner's Committee, Publications, Professional Education, Professional Development, Public Education*, Research*, Technology*, Training*

- **7 Special Interest Groups (SIG)** (volunteer)

Integrative Medicine, Global Health*, Fecal Transplant*, ERCP*, Education*, Aerodigestive*, Diversity/Equity/Inclusion*

- **National office:** Margaret Stallings (Executive Director), Kim Rose, Laura Smith, Monique Taylor, Robin Dailey, Kathleen Regan



* welcomes fellow membership



NASPGHAN Leadership



NASPGHAN FOUNDATION

Mission:

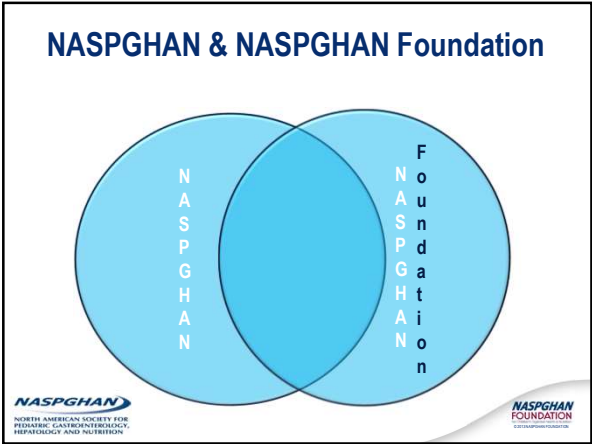
“To **fund** and **promote** research and educational programs that will advance the creation, application, and dissemination of knowledge...”

Dr. William Balistreri



“Digestive Health for Life™”





NASPGHAN + NASPGHAN Foundation

A potent combination!

- Research
- Clinical Care
- Professional Development
- Education
 - Patients
 - Health-care professionals
- Training
- Advocacy

The slide features the NASPGHAN logo (North American Society for Pediatric Gastroenterology, Hepatology and Nutrition) and the NASPGHAN Foundation logo.

RESEARCH

- Research grants
 - Funding
 - Donations/Contributions
 - Industry
 - Members
 - Including Young Investigator and Fellow grants
 - Innovation/discipline specific

The slide includes an image of a child in a hospital bed and a newspaper clipping titled 'Children's Digestive Health and Nutrition Foundation: Building on the Past, A Foundation for the Future'. The NASPGHAN and NASPGHAN Foundation logos are at the bottom.

NASPGHAN Foundation Grants

- 1) NASPGHAN Foundation/AstraZeneca Research Award for Disorders of the Upper GI Tract
- 2) NASPGHAN/NASPGHAN Foundation/George Ferry Young Investigator Development Award
- 3) NASPGHAN Foundation/TAKEDA Pharmaceutical Products Inc. Research Innovation Award
- 4) NASPGHAN Foundation/Nestle Nutrition Research Young Investigator Development
- 5) NASPGHAN Foundation/Crohn's & Colitis Foundation Research Award
- 6) NASPGHAN Foundation/Abbott Nutrition Advanced Fellowship Training in Pediatric Nutrition
- 7) NASPGHAN Foundation Mid-Level Career Development Award
- 8) NASPGHAN Foundation/Fellow to Faculty Transition Award in IBD
- 9) NASPGHAN Foundation Innovations in Clinical Care Grant
- 10) NASPGHAN Foundation/PGNN/Susan Moyer Nursing Research Grant

RESEARCH OUTCOMES

- >50 investigators.
- More than \$9 M awarded over 15 years.
- Outstanding track record converting awards into NIH/ CIHR-funded grants.
- Publishing in leading medical journals.
- Remain productive in academic and biomedical research careers.

EDUCATION

- Education "Campaigns"
 - Pre-campaign needs assessment
 - Partner identification
 - Budget and scope of work
 - Team-driven execution
 - NASPGHAN Committee Chair
 - Hand-picked experts
 - Metric driven results/assessment



Patient Education GIKIDS.ORG

- Information for kids and parents
- Digestive topics A – Z
- Find a pediatric gastroenterologist
- Featured resources – e.g. dangers of popular magnets!
- Comic strip on how to prepare for a colonoscopy – Bowel Prep NO Sweat!



NASPGHAN Toolbox APP




For iOS click <https://itunes.apple.com/au/app/naspg...>


For Android click <https://play.google.com/store/apps/de...>

EDUCATION METHODS


- Webinars
- Website development
- Educational slide sets
- Grand rounds series
- Meetings/conferences/symposia
- Patient information materials
- Guideline derived materials
- Books
- Board certification materials
- Virtual Forums



JPGN

JPGN Reports

NASPGHAN Research Mentor-Mentee Program

What you need:

- Research Commitment
 - QI/Clinical/Translational/Basic
 - 2 year duration
- Time
 - Monthly phone/skype
 - Annual in person meeting
- Approval
 - Program Director

What you get:

- Career / Research Mentor
 - Mentor outside your institute
 - Individual unbiased feedback
 - Guidance in area of research
- Career guidance for **FREE!**
 - How to bridge fellowship to junior faculty
 - Job search / negotiation

Application:
Download form (Research Tab) on NASPGHAN website
Application deadline June 1st



NASPGHAN Symposia for Registered Dietitians and Psychologists

Annual Meeting for nurses, dietitians, and child psychologists during NASPGHAN meeting

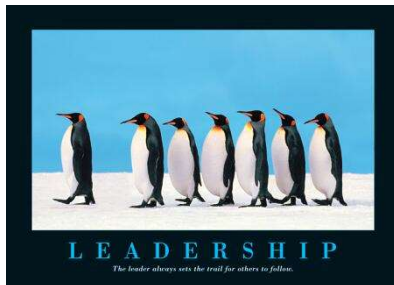


CPNP NASPGHAN
COUNCIL FOR PEDIATRIC
NUTRITION PROFESSIONALS

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Leadership Opportunities



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Membership Maintenance of Certification (MOC) Opportunities

NASPGHAN has portfolio status

Thank you, Jeannie



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MOC Part II and VI Credits

MOC II Activities

- NASPGHAN Annual **Post Graduate Course** (8 MOC Part II points)
- Constipation and Enteral Nutrition modules (20 MOC Part II Credits)
- Question of the Week will generate Part 2 points (work in progress)

MOC IV modules (25 MOC Part IV Credits per activity):

Colonoscopy, Upper Endoscopy
Failure to Thrive
Informed Consent
Constipation
Enteral Nutrition
NASH

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Advocacy



- For our Patients
- For our Members



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High-Powered Magnet Ingestions

- NASPGHAN-led advocacy initiative started in 2012 in response to growing number of high-powered magnet ingestions by children.
 - Congress
 - Consumer Product Safety Commission
 - Media
- Raised internal & external NASPGHAN advocacy profile.

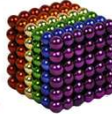


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American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



Section of Pediatric
Gastroenterology, Hepatology & Nutrition



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Joint Missions – NASPGHAN & Pharma (NASPGHAN Partners Program)

- Facilitating drug development.
 - Defining regulatory endpoints for use in pediatric clinical trials (PROs, Surrogate markers).
 - Facilitating pediatric clinical trials and expediting regulatory approval.
- Post-marketing surveillance.
- Avoiding COI/adhere to PhRMA/ regulatory guidelines.



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Joint Missions – NASPGHAN and Nutrition Companies

- Alternatives when breast feeding is not able to provide optimal nutrition.
- Development of nutritional products for chronic disease (Obesity, IBD, others).
- Educating patients about the role of nutritional therapies.
- Advocacy (gluten-free labeling).
- Linkage with registered dietitians.



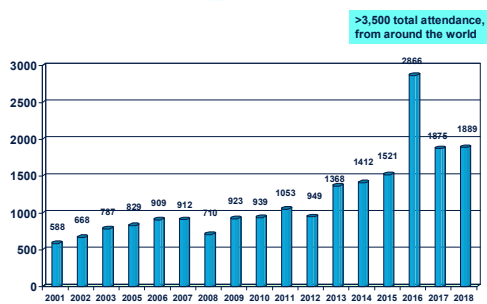
Collaborating with Others



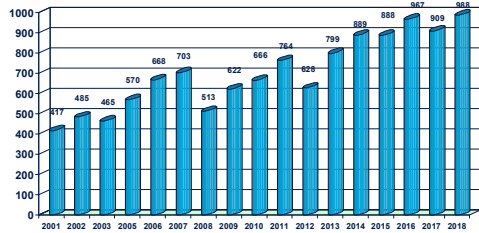
Meetings, Continuing Education, Networking, Socializing with friends



Meeting Attendance



Post-Graduate Course Attendance



Annual Meeting Features

- Science integrated into clinical sessions
- Poster Sessions to share innovations
- Career development sessions
- Research skills workshop
- APGNN Sessions
- CPNP Nutrition symposium
- Sessions for psychologists
- Hands on endoscopy and motility
- Colonoscopy instructor sessions
- Single topic conference (Hepatology 2019)
- GI Jeopardy
- 5K race
- Social Event
- Networking

Fun



NASPGHAN Annual Meetings/PG Courses

- 2020: November 5-7
Virtual Meeting
- 2021 (World Congress):
June 3-6, Vienna, Austria
- 2021: November 4-6
Opryland Hotel
Nashville TN



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Training Curriculum

- Teaching and Tomorrow Program
 - Supported, in 2017, by Mead Johnson Nutrition
- 1st Year Fellows Conference
 - Supported by Abbott
- 2nd Year Fellows Conference
 - Supported by Abbott
- 3rd Year Fellows Conference
 - Supported by Mead Johnson Nutrition
-  NASPGHAN Nutrition University
 - Supported by Nutricia North America

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How to Give a Great Talk



Valeria Cohran, MD
adapted from Stacy A. Kahn, MD
NASPGHAN 2nd Yr Fellow's Conference

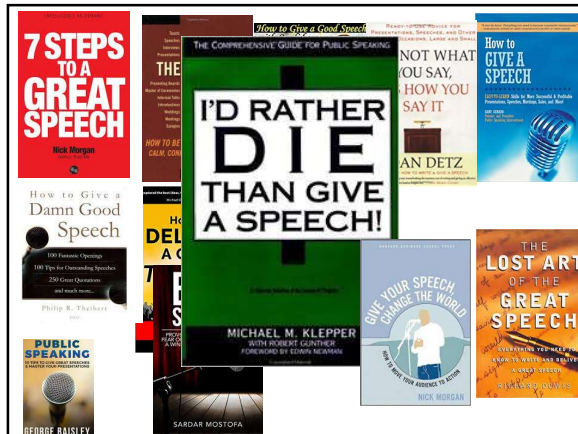
Outline

- Why giving a great talk is important
- What makes a great talk
- What makes a good presentation
- Presentation dos and don'ts

Why Giving a Great Talk is Important

- Integral to the medical professional
- Important for professional communication
- Key aspect of teaching
- Helps advance your professional career
- Can create other benefits (travel, networking)

***Allows you to share your idea(s) with an audience.**



The Purpose of a Talk

- Share an idea(s) with the audience.
 - Sharing creates a connection between you and the audience
 - Ideas are capable of changing people's minds, teaching them new information, and inspiring them.



https://www.ted.com/talks/chris_anderson_teds_secret_to_great_public_speaking

3 Tips for Giving a Great Talk

- 1) Limit your talk to one major idea or theme and make your idea worth sharing
 - Let your audience know why it is important
- 2) Give your listener a reason to care
 - Stimulate their curiosity, open them up to new ideas
- 3) Build your idea step by step using familiar concepts
 - Start simple and tell the story
 - A good picture, clip, or video is worth a thousand words

https://www.ted.com/talks/chris_anderson_teds_secret_to_great_public_speaking

The Logistics of Giving a Talk

- 1) Develop your story/idea/theme
- 2) Create a slide deck
- 3) Plan and be prepared for your delivery
- 4) Practice, practice, and then practice more

The Logistics of Giving a Talk

- 1) Develop your story/idea/theme
- 2) Create a slide deck
- 3) Plan and be prepared for your delivery
- 4) **Practice, practice, and then practice more**

What Makes a Good Presentation

- Tells a story that people can remember
- Speaker has presence. This depends on:
 - Your Attitude and Mannerisms
 - Voice – you have to be heard
 - Speaker knows her/his audience and what they want
- Has slides that complement the talk
 - Slide style and clarity
 - Understandable and not too complex.
 - Interesting
 - Agrees “exactly” with what is being said – Use the same words on the slide you would use in your talk.

Your Attitude is Important

- Are you INTERESTED in your topic?
 - If yes, show it!
 - If no, get a different topic!
- If **YOU** aren't excited...
 - Can't expect *OTHER* people to be.
- Don't talk down to the audience
 - You know more than them about THIS...
 - They know more than you about other stuff, so be confident but respectful



9

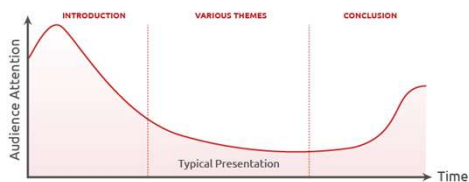
Developing Your Idea

- Make it an idea worth sharing
- Know your audience
 - Make sure that your idea is tailored to fit the audience (students, colleagues, clinical or scientific)
- Choose a topic you know **well** or have **time** to learn about.
 - If you are asked to speak on a new topic, make sure you have enough time to prepare.
- Use your talk objectives frame your talk
- Outline the major themes your want to cover.



The Hook

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



The Value of Well Designed Slides

- Goals:
 - Helps keep your talk in a logical order
 - Helps convey the necessary information to complement your talk
 - Slides need to be understandable, interesting and pleasant to look at (if possible)
- Avoid:
 - Boring slides or slides that add nothing but filler
 - Over stimulation and busy background graphics
 - Too many panels –ok for a paper, but not a talk where two or three should be the maximum.
 - Trying to cram in too much

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Creating and Planning Your Slides

- 1 slide per minute of presentation
- 4-5 points per slide (no more than 7)
- Use 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

Creating and Planning Your Slides

- 1 slide per minute of presentation
- 4-5 points per slide (no more than 7)
- Use key words and phrases
- Avoid writing in sentences
 - Audience can read faster than you talk!

Organize Slides to Match Your Talk

- If your slides do not match your talk, people have to decide whether to listen to you or read what is on the slide – this is not good.
- Keep slides simple. Figures used for a paper usually do not make good slides.
- If you do capture jpg or PDF images, make sure they are high resolution, high contrast and cropped to what you want to show.
- In English, people read left to right and from the top down. Organize your slides that way.
- Try to use the same key words on the slide as what you will say when you talk.

15

Every Slide Should Have a Useful Title

- Should be short, but give key message of the slide.
- I prefer first letters of major words to be in caps, and I do not to use periods in title.
- Depending on the color palette, I often use a color (and sometimes shadow) for emphasis.
- You may or may not want to put in a line or other form of separation from body of text, but be careful to avoid too much design.

16

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Outline, Summary and Conclusion

- An introduction to the talk sets the stage.
Use a figure to create a mental image of the problem.
- Objectives or outlines let the audience know where you are going and can be repeated to bridge topics if necessary.
- I recommend 1-2 two final slides:
 - Summary of results or take home points
 - Conclusion/future directions (research talks)

18

Choosing and Using Fonts

- 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!!
- Be consistent with your *fonts*
- Check spelling and ~~grammar~~ grammar
- Avoid **fancy** fonts, sans serif fonts (Arial, Calibri, Helvetica) work well

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

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

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



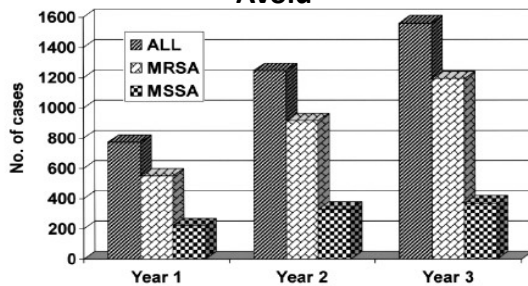
[illegible]

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

Author	Year	Study Design	Number	Drug	Outcome
Wong, 1978	1978	Randomised, double-blind, placebo-controlled trial	40-48	Amphotericin B (100 mg daily)	At 10 weeks, 100% of patients treated with amphotericin B had cleared their lungs compared to 50% of those treated with placebo.
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Wong, 1978	1978	Randomised, double-blind, placebo-controlled trial	40-48	Amphotericin B (100 mg daily)	At 10 weeks, 100% of patients treated with amphotericin B had cleared their lungs compared to 50% of those treated with placebo.

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

Orient Audience to Graphics and Avoid



Clin Infect Dis 2005;41:1785

Seven Deadly Sins of Presentation

- Lack of eye contact - staring at your laptop or talking to only one person or one side of room
- Keeping your back to the audience while talking to slides or hiding behind podium
- Talking softly, away from audience or mumbling
- Bad slides – too complex, hard to read, off the point
- Use of jargon in slides or talk
- Bad use of a pointer
- Distracting mannerisms or habits, e.g. drinking repeatedly from a water bottle

Don't Rush - It's Not a Race to Finish!

- People need time to absorb information
- Assuming everyone understands the slide makes for fast talking
- Nerves make for fast talking - calm down
- Describing slides, figures and graphs systematically will help slow you down.
- Stop and ask the audience a question

27

Preparing and Presenting

- Invitation
 - Details: Location, size of room, audience
 - 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 x 2: e-mail/ Dropbox/ USB/ cloud
- If traveling: carry on necessary materials
 - Clothing for presentation/ laptop/ poster

Tips for a Great Presentation

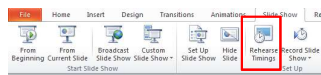
- Be prepared and be the expert!
 - Once you have a design you like, keep it for other and to build your slide library. (It is ok to ask colleagues for slides.)
 - Anticipate questions
 - Script your opening and transition
 - Test your slides on real screen
 - Sign up for practice at the big meetings
 - Check your slides in the speaker-ready room
 - Arrive early

Tell the Audience

- 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

Rehearsing Your Talk

- 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!



Practice, Practice, Practice

- Practice makes perfect
- Practice for friends and mentors
 - Make sure they're not too nice
 - You want real feedback!
- Practice with someone who will let you know if your pace is too fast or your voice too low
- If you don't have any friends, videotape yourself speaking to see your mannerisms

Using a Pointer

- Make sure you have a pointer (laser is better than mouse). Your hands are not a pointer.
- It is called a pointer for a reason. Use it to point. Practice
- Bad pointer moves (you should avoid)
 - The circler
 - The underliner
 - The omni-pointer – points at everything
 - The backhand flip
 - The epileptic seizure inducer

33

Using a Pointer

- Make sure you have a pointer (laser is better than mouse). Your hands are not a pointer.
- It is called a pointer for a reason. Use it to point. Practice
- Bad pointer moves (you should avoid)
 - The circler
 - The underliner
 - The omni-pointer – points at everything
 - The backhand flip
 - The epileptic seizure inducer

34

Using a Pointer

- Make sure you have a pointer (laser is better than mouse). Your hands are not a pointer.
- It is **I avoid pointers at all cost!**
- Bad pointer moves (you should avoid)
 - The circler
 - The underliner
 - The omni-pointer – points at everything
 - The backhand flip
 - The epileptic seizure inducer

35

Use Animation But Not Too Much

- Animation can be useful to create flow and focus on specific results.
- Be sure the presentation system will handle it
- You can use multiple slides to animate flip-book style, but PowerPoint has lots of features.

Animation It can be **ANNOYING**
Can Also Learn how to control it.
Be Very
Distracting

36

Picking a Color Palette

- Can you look at this for 45 minutes?
- Colors look different on every LCD projector
- Colors look different between transparencies and projector
- Use colors that are easy to read **not like** these
- If printing slides, may want to choose white background to save ink!

37

Contrast Guidelines

- White and yellow text make a nice palette on blue backgrounds
- So do other light colors like pale green.
- Or pale/aqua blue.
- These are also easier to read if font is bold, even if they are a size smaller, especially if they are not yellow or white.
- Once you decide what you like, set this up as default presentation format using PowerPoint "Slide Master"

38

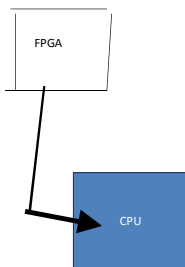
Spellchick

- How smart will people think you are?
- Set language to English before making the slide set
- Look for red underlines, but spell check in any case.
- Have a friend proof read your slides
- Watch for homonyms:
 - there/their/they're
 - too/to/two
 - its/it's

39

Put Effort Into the Graphics

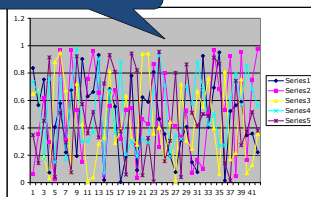
- This is a bad drawing
- Put in some effort
- If appropriate, modify or use one from literature or internet.



40

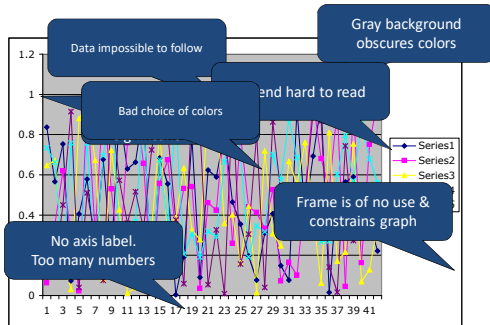
Make Graphs Big and Easy to Follow

Graph small; lots of wasted space



41

Make Graphs That Are Easy to Follow



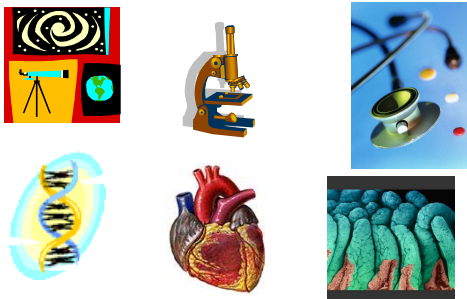
42

Importing Pictures or Scanned Gels

- Edit the graphs or pictures as much as possible in the original program.
- Trim size to minimum needed.
- Use Adobe Photoshop or similar program to reduce file size, but has to have resolution needed for clarity.
- If your final presentation exceeds 0.3-0.4 MB per slide or 20 MB total (unless you have embedded movies), you have not done a good job with Adobe.

43

There are a lot of good clip art and pictures available online



44

Presentation Pointers: Be a Closer

- Closing slides
 - Segue: “I would like to conclude by...”
 - Summarize important points
 - Closing comments (arguments)
 - Acknowledgements
 - THANK YOUR MENTOR!!!!!!!!!!
- Questions and Answers
 - Thank person asking the question
 - Often helpful to repeat the question
 - Escape route for uninterpretable questions
 - When you don’t know the answer: It’s OK to say so

-
-
-
-
-
-

In Summary - a Good Presentation

- Tells a story that people can remember
- Speaker has presence and speaks slowly, pointing to key features
- Slides complement the talk and are clear, understandable and not too complex
- Words on slide agree exactly with message being delivered
- Pictures and diagrams when possible replace complex words
- Slides use color and animation to help the audience follow the key points
- Ends with short clear summary and if possible a graphical conclusion

46


-
-
-
-
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-



POINTERS FOR AN EFFECTIVE JOB SEARCH


Maria R Mascarenhas
Division of Gastroenterology, Hepatology & Nutrition
Children's Hospital of Philadelphia
Perelman School of Medicine
University of Pennsylvania

April 2020

 Children's Hospital
of Philadelphia


Disclosures

- Cystic Fibrosis Foundation
 - Faculty member, DIGEST
 - DSMB
- Kabi Fresenius
 - Research grant

 Children's Hospital
of Philadelphia

Objectives

- How and where to search
- How to reach out
- How to create a cover letter and email

 Children's Hospital
of Philadelphia

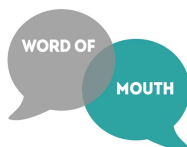
Looking for a job

- Start early
- Know who you are and what your strengths and interests are
- Apply for jobs that fit your skills
- Research the institutions/hospitals you are considering
- Decide
 - Location vs. area of interest vs. partner's choice
 - Location + area of interest + partner's choice = JACKPOT



How and where to search

- Word of mouth
- NASPGHAN newsletter
- NASPGHAN website
- PEDI GI Bulletin Board
- NASPGHAN fellow conferences
- Fellowship program director
- Division Chief
- Network
 - Peers



Job listings



North American Society for Pediatric Gastroenterology, Hepatology & Nutrition

WINTER 2019
NEWS
VOLUME 20, NO. 2



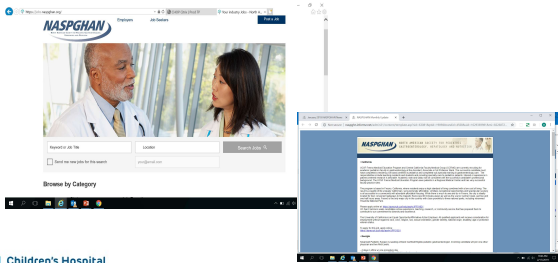
President's Report
President, NASPGHAN: Karen Murray, MD

Dear Friends and Colleagues:

Having just had our 47th Annual Meeting, the strength of our Society, and the dedication and collaboration of our members, are once again witnessed and confirmed. Kudos to the great work of Ben Gold, President-Elect, in conjunction with the Committee Chairs and Councilors, for organizing such a great meeting in Chicago. Similarly, our financial status remains solid thanks to the vigilant

On the advocacy front, not only is our society tirelessly advocating for our gastroenterology patients, but we are serious about equity and diversity in our profession and Society. Our new partnership with American College of Gastroenterology (ACG) (#DiversityinGI) is focused on educating and informing potential future gastroenterology practitioners, at their earliest stage of professional learning, and the new SIG on Diversity and Equity will engage our Society's members around the cause, and inform our Professional Development efforts. As relates to our patients, I have asked that our committee chairs and council

<http://jobs.naspghan.org/>



Contact friends: ask them to let you know about openings



NASPGHAN fellows conference



Via program director, division chief or mentor

- Get to know them
- Make sure they know you
- Use your mentors (clinical/research)
- Plan carefully from your first year?
- Do a great job
- Be honest and do not lead anyone on
- If they want you stay on as faculty: always a good sign



You should know.....

- Jobs maybe posted after person chosen
- Internal candidates have an advantage
- Division chief and program director
 - Critical
 - Future employer will ask them for a reference: probably verbal
 - Good relationship important



How to reach out

- Cold call
- Annual meeting
- Cover letter with CV
- Email



Cold call

- Call and ask if they are hiring
- Practice what you are going to say
- Make a good impression
- Demonstrate your desire and ability to work
- Reflect after every call and on what went well and what did not



Meetings/Conferences



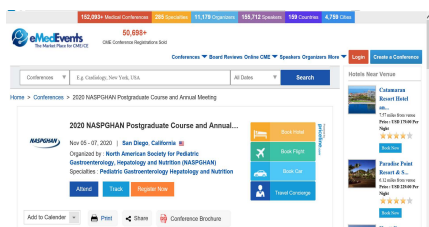
Maximizing Medical Meeting Networking Opportunities

You wouldn't think twice about emailing your department chair, training director, or service chief to set up an appointment. The same holds true for taking advantage of networking opportunities at a medical specialty conference. Planning ahead with a brief email is essential to confirm meeting times with faculty, mentors, or colleagues. Be sure to upload the latest version of your CV to your personal device so you can send it along at a moment's notice.

— John A. Freeman, M.D.

Physicians who plan ahead and use their onsite time wisely can make valuable connections to boost their job-search activities.

Annual meeting is an excellent opportunity



Meetings/Conferences: Tips to make the most



- Plan your time before you go
- Review the conference website thoroughly to get a sense of who will be there (as attendees) and who will be presenting
- Walk up to speaker if they are not busy
- Proactive approaches are very well received
- Have your CV polished and ready for dissemination onsite
- Review the meeting job board

Meetings: email inquiry

- "Hello, Dr Smith, I am very interested in your research on XXX, I am working in the XXX area and I look forward to your presentation next week. If your schedule permits, I'd like to meet you for 5 minutes after your presentation to ask you a few questions."
- "I am in the early stages of my job search and because of family/personal reasons, Arizona is a strong area of interest for me. I'll be in XXX in May attending the XX meeting and would love to meet with you or someone from your division."



Meetings

- May want to ask a few questions out of personal interest for the future, even when no positions are open
- On the way back home: ideal opportunity to keep the momentum going
 - Follow up email with CV and brief note
 - enjoyed meeting the person at the meeting
 - would like to know of any positions that open up
- Do not stop networking when you get home
- Follow up with people you met and follow through on any potential leads in the **days after the conference not 2 months later**



Timeline: Timing is everything



- Look for jobs in second to third year
- July: email to set up interviews
- September 2019: third year fellow conference
 - program directors present
- October: NASPGHAN meeting
 - informal interview
 - great if you have a presentation
- November onwards: interview season



How to create a cover letter and email



A cover letter is important

• Physicians seeking a practice opportunity might think of the cover letter as an old-fashioned, generally unimportant component of their application for or expression of interest in a position, but that is not the case. In this digital age of clipped, often rapid-fire communications, the cover letter has become more important than ever because it offers a way to differentiate the physician from other candidates. It provides a vehicle for sharing personal and professional information that might be important to prospective employers but doesn't quite fit in the CV. The cover letter should be brief, well written, professional and positive in tone, and absolutely error-free. It should also give the recipient the sense that the physician has researched the opportunity or organization before writing the letter.

• By [Bonnie Darves](#)

Why a cover letter?



- What your goals are and why you're committed to a particular area or practice setting
- Explain gaps in CV because your application may be passed over if there is no explanation
- Include brief examples of soft skills
 - communication, team work
 - technological aptitude
 - leadership or problem solving
 - clinical initiatives

Anatomy of the cover letter 1

1

- Address the cover letter to individual MD and **never** to whom it may concern
- Your application letter should not be a repeat of your CV or resume.
- Be upbeat and positive – excited about medicine and similar to how you would speak in an interview
- Should **NOT** exceed one page unless special circumstances dictate an extra paragraph or two
 - Two pages OK

Anatomy of the cover letter 2

2

- **First paragraph**
 - Introduce yourself and state why you are writing – whether that is to be considered for a specific position, to express general interest in joining the organization, or the recommendation of a colleague

Anatomy of the cover letter 3

3

- **Second paragraph**
 - Provide brief details about yourself and why you are interested in the opportunity and the location
 - Note any professional connections to the opportunity or organization, and any special skills or interests, such as management or teaching

Anatomy of the cover letter 4

4

• Third paragraph

- Thank the recipient for the opportunity to apply and for reviewing your CV, and end the letter with a statement indicating that you look forward to hearing from the recipient soon
- Can also indicate you will call in a few days and/or the best way to reach you

Geographic preference statement



- vital piece of information that should appear early in the letter
- “whether it’s because you grew up there, have relatives in the region, or simply have always dreamed of living or working there”
- “Health care organizations today are not just recruiting to fill a specific opportunity; they are recruiting for retention.”
- organizations are seeking physicians who will “stay around” to help meet long-term organizational objectives

Other important points



- Clear and to the point: **KISS**
- First impression of you is formed through this document
- Professionally written
 - no slang or informal language
 - no spelling and grammatical errors
 - paragraphs and punctuation
 - spell check may miss errors
- Font
 - Arial or Times New Roman
 - Avoid fun fonts
- Do not beg or sound desperate. Avoid sarcasm and humor unless you know the person very, very well

Other important points

- Do not sell yourself or make claims about why you would be the best candidate – let your credentials and references make the case for you
- Avoid excessive details about personal interests or extra-curricular pursuits
- Have others read your letter
- Be upbeat, friendly and positive – excited about medicine and similar to how you would speak in an interview. Letter should sound like you
- **Never talk about compensation**

IMPORTANT

Email of interest



- Not as long as a formal written letter
- Tone professional, yet personable
- Attach cover letter and CV
- Revise and copy edit your email
- Proof read one more time before hitting send

Conclusion

- Start early and network
 - Know what you want
 - Initial contact and communication are important
 - Be honest, consistent and prepared
 - Let your passion and interest shine
-
- ALL THE BEST

**MAY THE
FORCE
BE WITH
YOU**

Interviewing for your 1st Job

Putting your best foot forward

Christine K. Lee, M.D.

Program Director, Fellowship in Pediatric Transplant Hepatology
Associate Program Director, Fellowship in Pediatric Gastroenterology and Nutrition
Director, Fatty Liver Interdisciplinary Program (FLIP)
Medical Director, Intestine/ Multivisceral Transplant Program
July 31, 2020



First- Congrats on surviving so far!



2

Look how far you've come!



3

You're almost there...



4

Let's be honest.
The closest thing to interviewing is...



DATING!

relationships

14 Undeniable Signs a First Date Went
Well

IT MIGHT BE TIME TO START PLANNING DATE NUMBER TWO!

6

Undeniable signs a date/ interview went well

- You both participated equally in the conversation
- Conversation went beyond small talk
- You made eye contact with one another
- You didn't have the urge to reach for your phone once
- You rarely felt nervous or anxious
- You spoke about "future" plans together



7

Preparing For The Interview: Know Thyself

- Know what your needs are
- Know your strengths
- Know your weaknesses
- What is your "brand"?



Before the interview- Do your homework



Who are these people?

- Clinical and Research interests
- Identify possible mentors
- Who do you want to meet with?
- Talk to an insider



What is the job?

- What is a typical day in office/hospital/on call
- Job requirements and expectations



What job do you want?

- Clinical interests
- Research interests
- What resources you need
- What track
- **Know what you DON'T WANT**

You are interviewing, even when
you are **NOT** interviewing

Phone calls

Emails

Meals

Chats with
support staff

Meeting at
conferences

Screen your
social media!

10

Your goal



- Convey why **YOU** are the right person for the job
- Know your “brand” and sell it
 - Be convincing, not arrogant
- Convince them that your work is exciting and that you will be a leader in your field
- Convince potential colleagues that they would enjoy working with you
- Emphasize your strengths/unique abilities
- Don't misrepresent yourself

Academic interviews

Know

Know what tracks are available (e.g., clinical, research, tenure) and which are appropriate for you

Know

Know if you will need to prepare a talk

Identify

Identify specific people (potential mentors?) you would like to meet during your visit and see if this can be set up

11

How private practice interviews may differ



USUALLY MORE
SUBJECTIVE



MORE EMPHASIS
ON PERSONALITY
FIT



NO DEPARTMENT
CHAIRS OR
DIVISION HEADS



USUALLY NO TALKS
ARE GIVEN



MAY DISCUSS SOME
CASES

Be prepared to ask about



Job description/ requirements



Description of a typical day

- In clinic
- On-call



Call/ hospital coverage obligations



Strengths/ weaknesses of the practice/ division



History of recruitment/ retention



Challenges the practice/ division has faced



Future practice/ division plans

Topics to ask: Academic jobs



History of grant funding (internal and
external) amongst division members

Mentorship – formal and informal /
inside and outside division

Cross appointments across departments
within the university

Are you employed by hospital or the
university- or combination?

Topics to ask: Private Practice



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

Research and teaching opportunities
(Yes, you can do these in private practice!)

Inpatient/outpatient resources
(Surgery, radiology, anesthesiology)

Mentorship – formal and informal

Special circumstances

- Need a special visa or waiver?
 - Make sure they pay for an immigration lawyer
 - Go to a lawyer who has done this before

TACKY things to avoid in the 1st interview



1

Talking/ asking about money

2

Talking about controversial topics

3

Gossiping/ bad-mouthing colleagues or current institution

4

Checking your phone

Good news! You can practice interviewing!

- Anticipate common questions
 - Tell me about yourself.
 - Why do you want this job?
 - Prepare meaningful anecdotes
- Practice virtual interviews
 - Strength of Wifi signal
 - Optimal background/ lighting
 - Do you swivel in your chair?
 - Do you use verbal space fillers? (umm, uhh, soooo)
 - Outside noises/ distractions
 - Wear pants!

Bad Zoom angle vs. Good Zoom angle



What the interviewer is thinking...



- Is this person NORMAL?
- Can I work with them?
- Are THEY going to be happy?
- Are WE going to be happy?
- What are the red flags?
- Is this a good fit??

But it goes both ways- You should be thinking...

- Is this group NORMAL?
- Can I work with them?
- Am I going to be happy?
- Are they going to be happy?
- What are the red flags?
- Is this a good fit for me??



After the interview

- Write thank you letters/ emails to everyone you interviewed with within 48 hours
- Remember staff too

- **Details still fresh**
- **Shows interest**
- **Write something personal**



Good news!
They offered you a
2nd interview!

2nd Interview



- Only accept a 2nd interview if you are really serious about the job
- Don't waste people's time to "play the field"

2nd
Interviews-
Clarify details

- Salary possibilities
 - Base salary
 - Base salary plus productivity bonuses
 - Bonus calculated from wRVUs
 - Bonus calculated from charges
 - Bonus calculated from collections
 - Revenue minus overhead
- For salaries based on calculations, try to get examples of what yours could be assuming average doctor productivity
- Moving stipend?
- Signing bonus?
- Loan forgiveness?

2nd Interviews- Clarify details

- Office
 - Space, furniture, equipment
- On-call/ Inpatient service time
- Endoscopy time
- Nursing/ LPN/ MA support
- Time off
 - Vacation time, conference, sick
- Professional expense reimbursement
 - Conferences, CME, board registration fees, license renewal

- Benefits
- Retirement Plan
- Termination
 - With cause
 - Without cause
 - Timelines for termination
- Restrictive Covenants (AKA noncompete clauses)
 - Typically 1-2 years after leaving
 - X distance radius

Private
practice:

Path to
Partnership

- Many private practices hire a new physician as an associate who can later become a partner
 - I.e. Going from an employee to an owner
- Inquire about
 - Length of time until eligible for partnership
 - Criteria to determine partnership
 - History of prior associates making partner
 - Buy-in
 - Distribution of revenue as partner
- Ownership of other practice assets
 - Endoscopy center
 - Infusion center


Academic Positions


- Ask to meet with potential collaborators/mentors, especially if this did not happen the first time
- University promotion structure
- Research support
 - For how long
 - Lab space
 - Startup package
 - Research assistant / lab technician salary
 - Statistical support


Word of caution

- “You will be responsible for _____ just until we find someone to do it.”
- It’s fine to accept that but realize that you might be doing this responsibility for a LONG time

Get Everything in Writing

Don't rely on "handshakes"

It may be hard for both parties to remember all the details that were agreed upon

Save e-mails!
Use your personal e-mail address or forward all emails to your personal e-mail (your fellowship email will end)

Contract Negotiation

- Show your interest and enthusiasm
- Don't make demands, ask questions instead
- Focus on what's in it for them and work towards the common goal
- Be aware that some things can't be changed due to institution/university wide standards
- Acknowledge institution and division/ practice limitations due to COVID
- Stay tuned for more advice at NASPGHAN's 3rd year fellows conference!



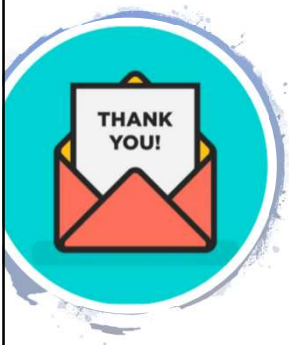
Interviews- Summary

- **DOs**
 - Do your research
 - If you want the job, you need to be prepared
 - Be yourself during the interview process, but always be professional
 - Get everything you want in writing
- **DON'Ts**
 - Bring up salary/benefits on the first interview unless they do
 - Misrepresent yourself



Thank you!

- Jose Garza and Steven Liu for their slides/ guidance
- Margaret Stallings and Laura Smith
- Stacy Kahn and Jose Garza
- Abbott/ Bob Dahms



Diversity Equity and Inclusion in Medicine

Rina M. Sanghavi, MD, MBA, FAAP, NASPGHAN-F
Childrens Health/Childrens Medical Center Dallas
UTSW Medical Center Dallas

Objectives

- What do you mean by DEI?
- Why is it important?
- What is the current state of affairs?
- What can YOU do about it?

What do you mean by DEI

- **Diversity** is the representation of varied identities and differences (race, ethnicity, gender, disability, sexual orientation, gender identity, national origin, tribe, caste, socio-economic status, thinking and communication styles, etc.), collectively and as individuals.
- **Equity** seeks to ensure fair treatment, equality of opportunity, and fairness in access to information and resources for all.
- **Inclusion** builds a culture of belonging by actively inviting the contribution and participation of all people.

FordFoundation.org

Why is this important?

- Better patient outcomes: Jena and colleagues – 2017-Elderly hospitalized patients treated by female internists have lower mortality and readmissions compared with those cared for by male internists.¹
- When the physician is the same race as the patient, patients report higher levels of trust and satisfaction. The visits even last longer—by 2.2 minutes, on average.²
- Students trained at diverse schools are more comfortable treating patients from a wide range of ethnic backgrounds.³

1. Tsugawa et al. *JAMA Intern Med.* 2017;177(2):206-213. doi:10.1001/jamainternmed.2016.7875

2. Shen et al *J Racial Ethn Health Disparities.* 2018 Feb; 5(1): 117–140.

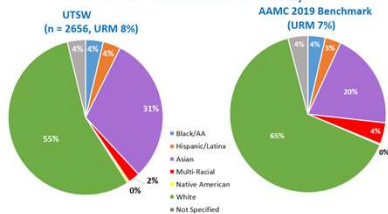
3. Smedley BD et al.; Institute of Medicine (US); Washington (DC): National Academies Press (US); 2001.

Why should we have equity?

- <https://www.youtube.com/watch?v=-KSrjXDpZo>

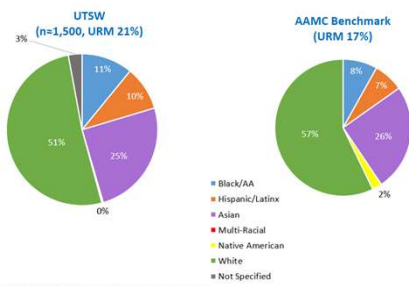
Sarah Bionoran & Fran de Waal, primatologists

UTSW & AAMC Faculty Ethnicity (Assistant, Associate & Full Professors Medical & Graduate Schools)



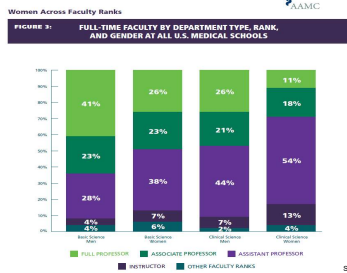
Current
State of
Affairs

Clinical GME Trainee Ethnicity (from Dr. Larissa Valez, n≈1,500, 170 GME Programs)



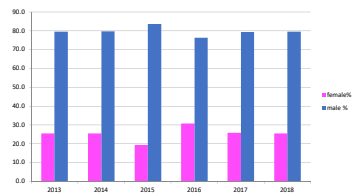
Office of Faculty Diversity & Development
Office of Minority Affairs

Women Made Up A Smaller Percentage Of Full-time Faculty At Higher Ranks Than Men

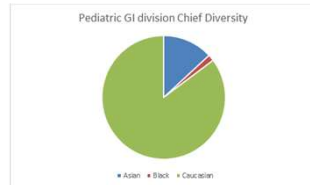
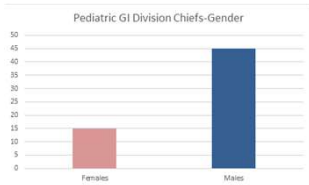


Source: Dec. 31, 2018, snapshot of the AAMC Faculty Roster

AAMC Pediatric: Female Vs Male Department Chairs



Pediatric GI Division Chiefs Spring 2020



What about compensation equity?

State Of Income Gap In Medicine

- 10,241 academic physicians, 34.7% women, 65.3% men
- Analyzed salary information data for academic physicians at 24 public medical schools in 12 states
- Combined that data with information on clinical and research productivity
- Women made \$51,315 less per year than their male counterparts
- Disparity that only partly accounted for by age, experience, medical specialty, faculty rank and other factors

Jena A et al. JAMA Int Medicine 2016

Other Study Findings

- Women physicians
 - less likely than men to be full professors
 - younger
 - women specialized in internal medicine, obstetrics and gynecology, and **pediatrics**.
 - fewer total publications
 - less likely to have funding from the NIH
 - less likely to have conducted a clinical trial.

Jena A et al, JAMA Int Medicine 2016

Unexplained Gap

- Still, factors including faculty rank, age, years since residency, specialty, NIH funding, clinical trial participation and publication count accounted for only a portion of the salary difference with a **\$19,878** difference remaining

Jena A et al, JAMA Int Medicine 2016

14

What are the men thinking?



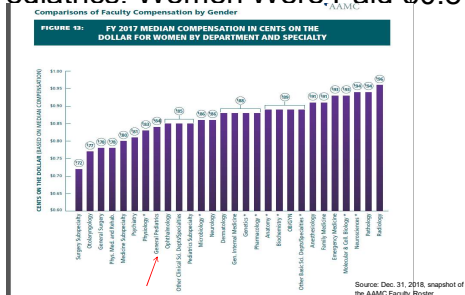
15

This issue affects all of us!

16

Compensation analysis
in Pediatrics

In Pediatrics. Women Were Paid \$0.84

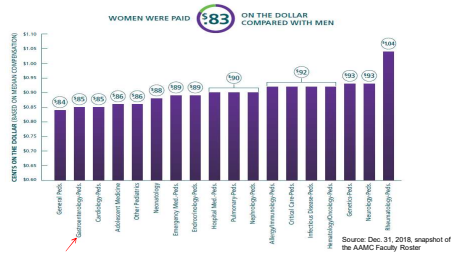


18

Comparisons of Faculty Compensation by Gender



FIGURE 16: FY 2017 MEDIAN COMPENSATION IN CENTS ON THE DOLLAR FOR WOMEN BY PEDIATRIC SPECIALTY



Source: Dec. 31, 2016, snapshot of the AAMC Faculty Roster

What can you do about it?

Recognize and Address the Myths

1. Other people are biased- not me
2. The key to controlling bias is controlling how people think
3. Underrepresentation of women is a pipeline problem
4. Promoting diversity contravenes meritocracy – Heidi vs Herman
5. We have to fix the women

Addressing the issue

- Treat equity as an innovation challenge
- Change institutional norms
- Create a culture in which people feel personally responsible for change
- Implement behavioral guidelines and action plans
- Create organizational accountability for change

Kang et al The Lancet Volume 393, Issue 10171, 9–15 February 2019, Pages 579-586

What about Gender inequity?

Going back to the men: What are you thinking?



What Can You Do?

- Take the Implicit Associations Test : implicit.harvard.edu
- Skin tone IAT
- Age IAT
- Gender-career IAT
- Sexuality IAT
- Asian IAT
- Religion IAT
- Presidents IAT
- Gender-Science IAT

25

Become a Sponsor Sponsorship vs mentorship

Mentorship Is Not Enough

Exploring Sponsorship and Its Role in Career Advancement in Academic Medicine

Ayyala, Manasa S., MD, Skarupski, Kimberly, PhD, MPH, Bodurtha, Joann N., MD, MPH, Gonzalez-Fernández, Marlis, MD, PhD, Ishii, Lisa E., MD, MHS, Fivush, Barbara, MD, Levine, Rachel B., MD, MPH
Academic Medicine: January 2019 - Volume 94 - Issue 1 - p 94-100

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Sponsor Vs Mentor



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Long term plans

1. Salary equity assessment
2. Augment promotion counseling, readiness assessment
3. Require open announcements, selection processes for all leadership and funded positions
4. Create divisional equity "Dashboards"
5. Create policy on faculty meeting times
6. Fund Junior Faculty Fellowship Awards
7. Unconscious bias training for leaders
8. Change the built environment to be more equitable
9. Improvement in parental leave policy
10. Enhanced child care benefits



Developing a successful career in academic medicine

Rachel Rosen MD MPH
Associate Professor of Pediatrics
Director, Aerodigestive Center

What is academic medicine?

- The branch of medicine pursued by doctors who engage in a variety of scholarly activities. This typically includes some proportion of clinical care, research, and teaching.

Scholarly Activity

- Clinical Research
- Basic Science Research
- Translational Research
- Quality Research
- Medical Education Development/Research
- Clinical Program Building (by some institutions)

Pathways

- Clinician innovator: ~80% clinical time or less
- Clinician educator: ~50-60% clinical time
- Physician scientist – clinical, translational, or basic science: ~20-25% clinical time

Why choose academic medicine?

1. Enjoy variations in your day
2. See challenging cases
3. Practice in an environment where you have daily interactions with specialists and subspecialists
4. Teach teams of MDs, NPs, PAs, Medical students, residents and fellows
5. Integrate research into your clinical practice
6. Develop niche expertise
7. Share your expertise through publishing and presenting
8. Attend conferences on a variety of topics
9. Favor certain benefit packages, call schedule, work-life balance
10. Enjoy sitting on committees
11. Love cafeteria food

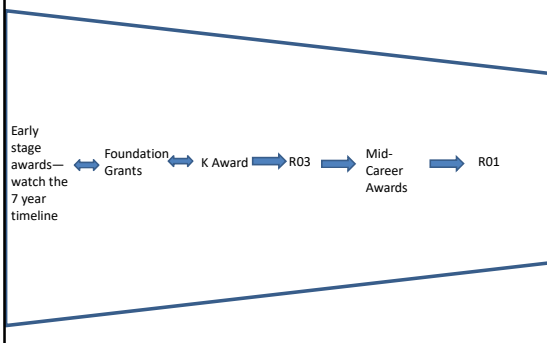
Deterrents to academic medicine

1. Prolonged training and deferring debts
2. Lower income
3. Pressure of research and publications
4. Bureaucracy and politics of big systems
5. Lack of autonomy/flexibility
6. Lack of work-life balance
7. Slow pathway to promotion
8. Uphill battle as a pediatrician: less grant opportunities, literature bias towards adult medicine, limitations in study design

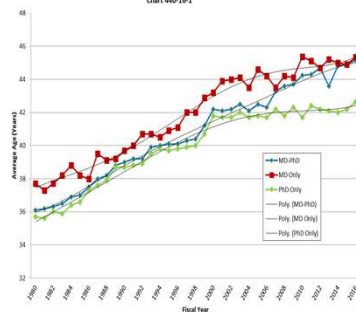
Me

- Wanted to be a marine biologist—loved the lab, did lots of research, but didn't want to write grants.
- So I went into medicine.
- Met a renaissance doctor (super clinician, teacher, researcher, and innovator) and decided I wanted to be like him.
- Fell in love with clinical research and was committed to using research to shape my clinical practice.
- Now I write grants. A lot of them.

Possible Pathway.....



Average Age and Degree of NIH R01-Equivalent First-Time Awardees* Fiscal Years 1980-2016**
Chart 440-16-1



*The definition of first-time investigators has changed over time, and data reflect investigator policies that were in place during those years. R01 equivalents include activity codes R01, R01A, R01B, and R01C. Beginning in 2008 included ST7 awards to first-time NIH investigators. Beginning in 2010 included ST1. Not all first-time investigators in our file every year.

**Includes Average Age (Investigator) and Researcher (Not Award) (2006).

If you finish your fellowship at the age of 32, you may need 15 years of funding before your R01

Years 0-2: Publish, Publish, Publish

If you think you are too small
to make a difference,
try sleeping with a mosquito.

Delia Lema

BeFAT.net

- Applied for 13 grants within 2 years--Multiple rejections
- Continued recruiting for prospective studies
- Worked on retrospective studies while waiting for IRB approvals, slow recruitment periods, and after hours
- GET OUT YOUR PAPERS FROM FELLOWSHIP—every abstract should turn into a paper

Years 2-6: Show me the Money

- Finally several grants come in—the best investment is in a **research assistant**, even more than investing in your salary
- Continue to publish **first author papers**—there is no paper too small—just publish in your field
- Start giving talks locally and regionally—the more you publish, the more you will establish yourself as an expert
- Submit your research to DDW and NASPGHAN every year—this is where you hear about interesting ideas, meet people and practice conveying you ideas

Years 7+

- More grants go in, bigger grants needed to support the research—inclusion in consortia, industry funded trials, or philanthropy may help augment or sustain your research
- First author papers shift to **senior author**
- Invited talks start shifting to the national level
- Administrative/committee responsibilities start increasing—this is when you need to say no and selective yes

Life happens



- Had 2 children-one with significant learning challenges
- Primary provider for 2 divorced, chronically ill parents who ultimately passed away
- The only source of family income for 3 years

How to succeed

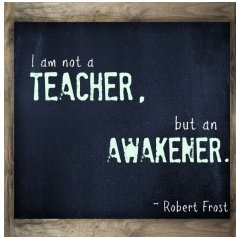
- Have a mentor (at all stages)
- Know yourself
- Build a consistent story
- Learn to say no and to say yes
- Understand that there is no free ride
- Discuss the expectations with your chief upfront

Know yourself: I stink at teaching and paperwork



- Who are you?
 - Care innovator/teacher/researcher
- Do what you are good at and don't waste time doing things that you are not (unless you have to for promotion)
- Pair yourself with people who have different strengths
- Chose you path based on your strengths (e.g. if you don't like writing grants, don't follow a research path)

Have a mentor (at all stages): I still drive my mentor crazy



- Who do you want to be?
- Life mentor, career mentor, research mentor, division mentor
- Mentors/sponsors
- Your role as a mentee
 - Mentorship is thankless so say thank you
 - Respect the mentors time
 - Work hard so it is their pleasure to give you opportunities

Build a consistent story (and start early): The rectum was not going to be part of my story



- Your story should begin in fellowship or slightly after
- It takes awhile to tell a good story (especially when the ending is promotion)
- Read the index of the story so you know what to expect—you need to do research, teaching and innovation so plan this from the beginning

Learn to say no and to say yes: Putting me on a basic science committee is a bad idea



- Say yes to things that help your story and say no to things that don't push you to the next chapter (exception: awesome skills or connections)
- Committees are helpful if they are a needed part of your story – but meetings can take time away from other things you need to do
- If you say no, explain why and offer your services in another way

Understand that there is no free ride



- You need to work hard—there is not a single person in this room who has not worked nights, weekends, or with a child asleep on our lap
- The path is much slower than you think
- For every one grant that I got, 20 were not funded
- If you are the first author, write the paper. If you are a program director, lead by example. If you are going to be a PI, write the grant. **Don't expect credit for just showing up.**

Discuss the expectations with your chief upfront: My goal was not to write review articles

- Funding realities may not match your goals
 - Incorporate research and teaching into clinical practice
- Goal mismatch is a source of endless frustration—ask your chief what his/her goals are for you
 - If you think you are a researcher but your boss sees you as a clinician innovator
 - If you think one paper every 2 years is enough but your medical school expects 3 per year for promotion
 - If you think you are contributing to the division speaking nationally or publishing but your boss cares only about grant funding

Know when to move on



- Sometimes mentors, collaborators, mentees, partners do not work out
- Be honest and move on early before anger and resentment take over
- Sometime you need to move institutions

Celebrate Successes even if Small:

I took up baking

*Throw glitter in
today's face*

- Often only very big success is recognized in academics
- Celebrate your successes but also those of your team
- Put your success on your CV as they come-it will save you a lot of aggravation later

Think big: I dream about the boat ride
to Sweden

**"I didn't do it."
"Then why are you
laughing?"
"'Cause, whoever did
it is a freaking
genius."**

- Be a good observer
- The best ideas come from things that make no clinical sense
- Be on the first 2.5% of the bell curve

Prove them Wrong



- "I don't understand why what you do is important."
- "I really see you as someone who writes review papers."
- "Let's be realistic—grants are not in your future. I think you need to get philanthropy—I mean, you are not a basic scientist."
- Re: needing a raise: "You chose this career and salary. You should be happy enough to see your name in a publication. You knew what you signed up for. And doesn't your husband have a job?"
- After getting an R01: "Now you know you will need to start working now."
- After giving 17 national talks in a year and getting an R01: "Everyone thinks that you need more mentorship from basic scientists in order for you to get a national reputation"

Parting words

Dance like no one
is watching.

Because
they're not.

They're checking
their phones.



- Slow and steady wins the race
- You need to believe in what you are doing—if you don't believe it, you won't be able to sell it to others
- The best way for research to continue, even without funding, is to recruit the patients that you are seeing in clinic or on the wards
- You need a chief/mentor who sees potential in you and your research

If you can dream it,
you can do it.

- Walt Disney

QuotePixel.com

Building an Academic Career as a Clinician Educator

Norberto Rodríguez-Báez, MD
Professor
Director, Gastroenterology Fellowship Program
Department of Pediatrics
UT Southwestern Medical Center
Dallas, Texas

UT Southwestern
Medical Center

Children's Health
UT Southwestern Medical Center



Disclosures

- I have the following financial relationship to disclose:
 - Gilead
- No products or services produced by this company are relevant to my presentation

Objectives

- How can you **develop and enhance** a career as a clinician-educator?
- What are the **challenges and barriers** faced by the clinician-educator?
- What **skills and background** help you achieve your best success?



The Spectrum of Faculty in Medical Education

Academic Career Pathways With Clinical and/or Teaching Responsibilities

	Clinical	Teaching	Research	Education
Clinician	+++			

Weinberger S. Trans Am Clin Climatol Assoc. 2009;120:239-248

The Spectrum of Faculty in Medical Education

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Clinician	+++			
Clinician-Teacher	++	+		

Weinberger S. Trans Am Clin Climatol Assoc. 2009;120:239-248

The Spectrum of Faculty in Medical Education

Academic Career Pathways With Clinical and/or Teaching Responsibilities

	Clinical	Teaching	Research	Education
Clinician	+++			
Clinician-Teacher	++	+		
Clinician-Educator	++	++	V	V

V=variable

Weinberger S. Trans Am Clin Climatol Assoc. 2009;120:239-248

The Spectrum of Faculty in Medical Education

Academic Career Pathways With Clinical and/or Teaching Responsibilities

	Clinical	Teaching	Research	Education
Clinician	+++			
Clinician-Teacher	++	+		
Clinician-Educator	++	++	V	V
Educational Leader	V	++	V	++

V=variable

Weinberger S. Trans Am Clin Climatol Assoc. 2009;120:239-248

The Spectrum of Faculty in Medical Education

Academic Career Pathways With Clinical and/or Teaching Responsibilities

	Clinical	Teaching	Research	Education
Clinician	+++			
Clinician-Teacher	++	+		
Clinician-Educator	++	++	V	V
Educational Leader	V	++	V	++
"Triple Threat"	+	+	++	

V=variable

Weinberger S. Trans Am Clin Climatol Assoc. 2009;120:239-248

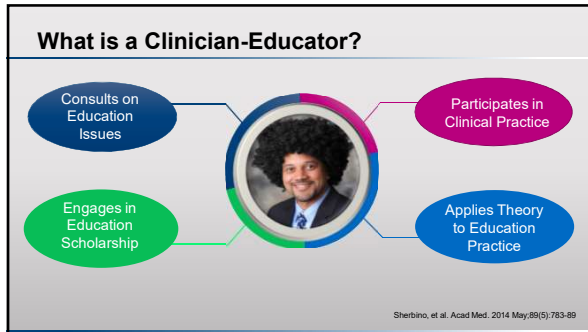
The Spectrum of Faculty in Medical Education

Academic Career Pathways With Clinical and/or Teaching Responsibilities

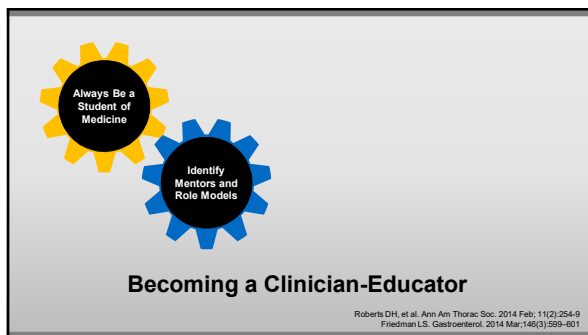
	Clinical	Teaching	Research	Education
Clinician	+++			
Clinician-Teacher	++	+		
Clinician-Educator	++	++	V	V
Educational Leader	V	++	V	++
"Triple Threat"	+	+	++	
"Quadruple Threat"	+	+	+	++

V=variable

Weinberger S. Trans Am Clin Climatol Assoc. 2009;120:239-248



How can you *develop and enhance* a career as a clinician-educator?





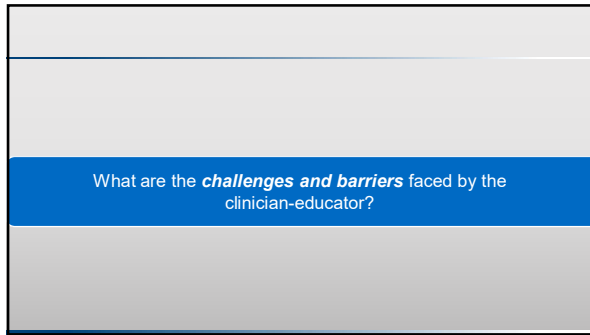
Enhancing the Career of Clinician-Educators

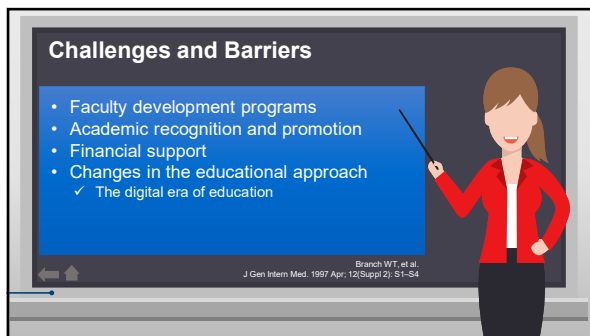
- Stay up-to-date
- Find a niche
- Transform educational activities into scholarship
- Optimize educational skills
- Seek funding and other resources
- Take on leadership roles

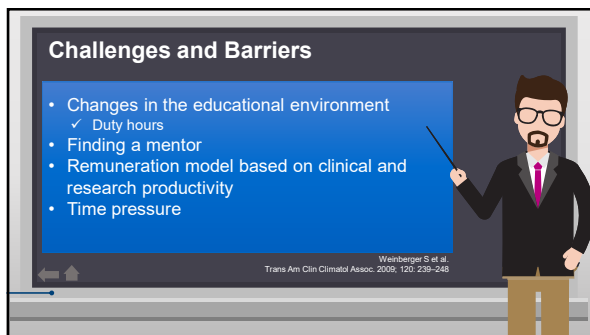
Roberts DH, et al. Ann Am Thorac Soc. 2014 Feb; 11(2):254-9
Friedman LS. Gastroenterol. 2014 Mar;146(3):599-601

Leadership Roles for Clinician-Educators		
UME	GME	CME
• Preclinical course director	• Rotation director	• Local faculty development workshop
• College mentor	• Residency director	• Regional/national board review or CME courses
• Clerkship director	• Fellowship Director	• CME director
• Student advisor	• GME leadership	• Course director
• Dean of curriculum	• Designated Institutional Official (DIO)	• Dean for CME

Steinert Y, et al. Med Teach. 2012;34:483-503







What *skills and background* help you achieve your best success?

Optimal Preparation for Clinician-Educator

Informal, ad hoc training

- Faculty development activities
- Specialty society courses

Fellowship training

- Formalized programs certified locally by universities or academic health centers

Graduate education programs

- Master or doctoral degrees

Sherbino, et al. Acad Med. 2014 May;89(5):783-89

Domains and Core Competencies for Clinician-Educator

DOMAIN	COMPETENCY
Assessment	<ul style="list-style-type: none"> • Designs assessment programs using appropriate strategies and instruments
Communication	<ul style="list-style-type: none"> • Employs effective communication strategies to accurately convey ideas to learners and colleagues
Curriculum development	<ul style="list-style-type: none"> • Applies learning theories and adopts best practices to systematically design education programs • Conducts program evaluations to measure impact
Education theory	<ul style="list-style-type: none"> • Maintains knowledge of education theory, psychology and principles and applies this knowledge to education practice

Sherbino, et al. Acad Med. 2014 May;89(5):783-89

Domains and Core Competencies for Clinician-Educator

DOMAIN	COMPETENCY
Leadership	<ul style="list-style-type: none">• Leads or implements change in educational programs or organizations• Administers education programs
Scholarship	<ul style="list-style-type: none">• Contributes to the development, dissemination, and translation of health professions education knowledge and practices
Teaching	<ul style="list-style-type: none">• Effectively uses scholarly teaching techniques in the clinical and extraclinical environments• Promotes the educational development of other faculty

Sherbino, et al. Acad Med. 2014 May;89(5):783-89

Take Home Points

- Training, mentoring and networking are key elements to become a Clinician-Educator
- Success as a Clinician-Educator requires investment in a diverse set of skills
- Transforming educational activities into scholarship is instrumental for career advancement
- Dedicated time and financial support are critical for the development of Clinician-Educators



QUESTIONS?



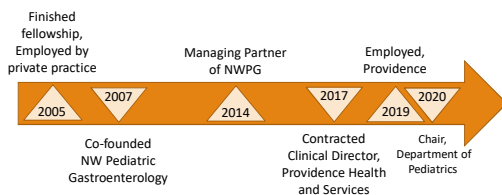
Building a Career in Clinical Practice

Matthew Riley, MD
Clinical Director, Pediatric Gastroenterology
Director, Department of Pediatrics
Providence Health & Services, Oregon Region
Portland, Oregon

Objectives

- Describe life in non-academic, clinical medicine.
- Understand the structure and priorities of non-academic practices.
- Recognize opportunities for professional development in clinically-focused position.

My Journey



What Does My Week Look Like?

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Rounds	Procedures	Rounds	Rounds	Rounds
	Clinic	Rounds	QI/Admin	Clinic	Clinic
PM	Clinic	QI/Admin	Clinic	Clinic	Clinic
					See ya later!

What Do I Actually Do?

Private Practice	Employed
Job functions	
<ul style="list-style-type: none"> 80% Clinical Care 20% Administrative/Business -Managing Partner 	<ul style="list-style-type: none"> 80% Clinical Care 20% Administrative/Clinical -Clinical Director -Department Chair
Employment / Financial Structure	
<ul style="list-style-type: none"> Independent, Single-specialty Practice Fee-for-service + Provider Service Agreement 	<ul style="list-style-type: none"> Health System Employed Base + Quality/Engagement Bonus
Affiliations	
Non-academic Medical Center x 2	

What Do I Actually Do?

Private Practice	Employed
Administrative Time	
Business Management Finance Benefits Administrative Staffing Strategic Planning Information Technology	Clinical Program Development Specialty Standards New Programs Quality Improvement Integration Information Technology Departmental Credentialing Review Peer Review

What Else Do I Do?

Stuff I Like Doing But Don't Really Have To

Make PowerPoint presentations

Talk to anyone who will listen

Go to (nearly) every meeting I'm invited to

Get invitations to meetings I'm not invited to

Geek out on Epic

Priorities in Clinical Practice

AAA

- Availability
- Affability
- Ability

- Do I make myself available to patients, staff, providers?

- Am I nice and approachable?

- Do I know how to do the job?

4th A: Affiliations

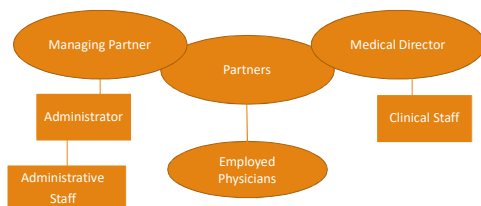
- Community providers
- Health care systems
- Payers

- Do I want to be a part of this community?

- Am I willing to do outreach?

- How can I affect population health?

Leadership Structure/Org Chart



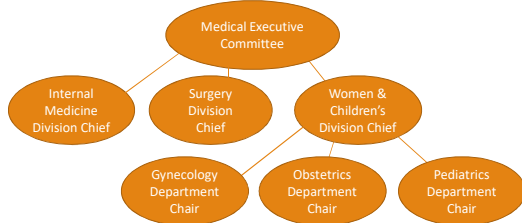
Leadership Structure/Org Chart

- Providence Clinical Programs



Leadership Structure/Org Chart

- Providence St. Vincent's Medical Staff



Non-Physician Leadership

- Administrative

- Clinic Supervisor/Manager/Administrator
- Human Resources
- Billing and Coding
- Information Technology

- Business Management

- Business & Strategic Development

- Nursing Administration/Supervision

Enough about ME,
what about YOU?

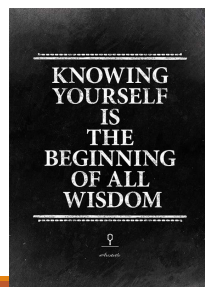
What Do *You* Want?

- Clinical vs. Research
- Academic vs. Non-Academic
- Mega vs. Big vs. Medium vs. Small
- Business vs. Bliss

What Do *You* Have to Offer?

What are *your* strengths?
Does this organization
need/value those skills?

How do *you* want to grow?
Can/will this organization
support those goals?



What is the ladder
you are climbing?



Variables in Clinical Practice

• Job functions

- Clinical medicine
- Administrative
- Education
- Research
- Quality Improvement

• Leadership and Financial Structure

- Independent, Single-Specialty Practice
- Independent, Multi-Specialty Practice
- Health System

• Affiliations

- Academic Medical Center
- Non-academic Medical Center

Is This Job Right for ***YOU***?

Referral Patterns, Reputation

- How well established is the practice in the community?
- How stable are referral patterns in the area?
- Who are the 'competitors' in the community and why do patients/providers choose this practice?
- What are opportunities for growth for the practice?

Is This Job Right for *You*?

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 Job Right for *You*?

- What is the general philosophy of the practice?
- What is the general philosophy of the doctors?
- Do you like these people?
- How are conflicts resolved?
- What are opportunities for growth for you?

Is This Job Right for *You*?

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 you?

- Clinical duties
- On call
- Administrative
- Be specific

Show Me the Money

- What determines how much you get paid?

What you negotiate.

Show Me the Money

- Know the process.
- There is no right/wrong way.
- Look for transparency and equity*.
- Common models
 - Per industry standards
 - Production
 - Production + profit sharing
 - Base + production
 - Base + other bonus (quality, engagement)

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.'

Finding the Elusive Balance

- Professional vs. Personal
- Established Routines vs. Innovation
- Autonomy vs. Interdependence

Career Sustainability

Finding the right position.
Knowing when you haven't.





Thank you!

Work-Life-COVID effect- Balance

NASPGHAN 2nd Year Fellow Conference 2020

Rima Fawaz

Yale New Haven Children's Hospital
Yale University

Outline

- My Bio
- Burn out
- Work-Life Balance vs. Integration
- COVID time

My Bio

Who Am I

Education

Personal Life

Career



My Support

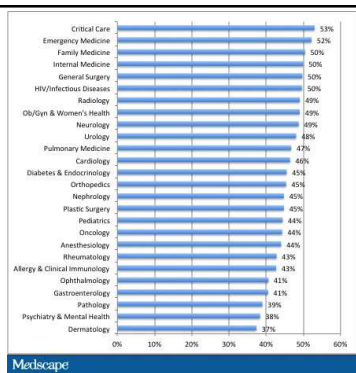
- Nurse
- Administrator
- Colleagues
- Mentor

- Husband
- Parents/in-laws
- Ancillary help
- Friends

Burnout

The problem of burnout is real

- Burnout
 - Emotional exhaustion, depersonalization and lack of sense of personal accomplishment
- Burnout is common: 39% of pediatric residents met criteria for burnout in a survey of 258 pediatric residency in 11 programs
- Depression, low quality of life are also common.

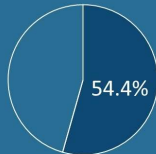


Physician Burnout: Systematic Review & Framework For Action

Causes:

- Loss of autonomy
- Subspecialty choice
- More call / work hours
- Asymmetric rewards / punitive culture
- Productivity-based compensation

Burnout Rate:



Suicide Rates: 1.5-4.5x
general population

Solutions:

- Devote 20% of time to what you find meaningful
- Align personal / organizational values
- Engage w/ colleagues

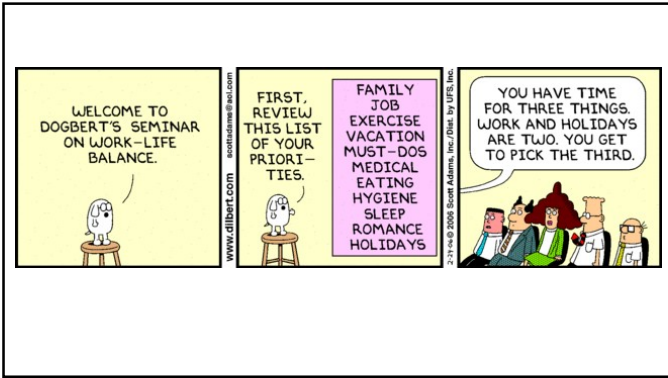


Rothenberger DA et al. *Dis Colon Rectum* 2017;60(6)

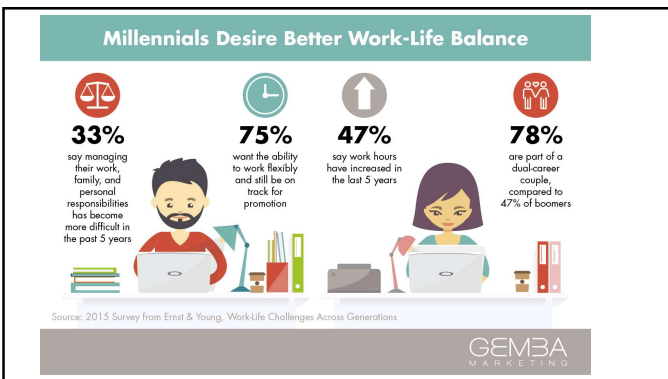
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Work-Life
Balance/Integration











Tips for Better Work-life balance

- Let go of perfectionism
- Unplug
- Exercise and meditate
- Limit time wasting activities and people -.... Personal list
- Change the structure of your life
- Start Small. Build from there

MOST IMPORTANT....HAVE FUN

Deborah Jian Lee, Forbes

Strategies from a dual-career family

- Synchronizing schedules
- Frequent verbal support
- Shared decision making
- Shared vision for success
- Negotiation
- Flexibility



COVID time

COVID Health CRISIS- The Ugly

- Lack of knowledge of the disease
- Deaths among health professionals
- Stress (organizational factors)
 - depletion of personal protection equipment
 - concerns about provision of competent care if deployed to new area
 - concerns about rapidly changing information
 - lack of access to up-to-date information
 - lack of specific drugs
 - shortage of ventilators and intensive care unit beds

COVID Health CRISIS- The Ugly

- Feelings of being inadequately supported
- Concerns about health of self
- Fear of taking home infection to family members or others
- Access to rapid testing
- Isolation
- Overwhelming workload
- Social Stigmatization

COVID Health CRISIS

- | | |
|---|--|
| <ul style="list-style-type: none">• Family time• Remote technology use• Tele medicine• Academics• New endeavors• Enhanced Resilience | <ul style="list-style-type: none">• Family responsibilities• Isolation• Climate of Uncertainty• Job Instability• Mental health• Academics• Remote technology |
|---|--|



THANK YOU
