

Penn State Hershey Children's Hospital Newsletter

November

2011

Issue 3



Highlights

| | |
|------------------------------------------|---|
| Open Access Clinics | 2 |
| Look out for Child Abuse | 3 |
| Children's Hospital Building Progress | 4 |
| Research | 5 |
| New Faces | 8 |



East side view of new Children's Hospital

Final metal panels being installed



pennstatehershey.org/web/childrens/home/newbuilding

From the Chair's Office

A. Craig Hillemeier, M.D., Chairman – Barbara E. Ostrov, M.D., Vice-Chair



Nursing Patient Satisfaction Stars

- **7th Floor Pediatrics**
GOLD Award
- **PICU**
GOLD Award
- **NICU**
BRONZE Award
- **Women's Health Nursing**
Bongiovanni Award



Please send ideas and
submissions to:
pedsnewsletter@hmc.psu.edu



Welcome to the November issue of the new Penn State Hershey Children's Hospital Newsletter. The first two issues were excellent representations of the breadth and depth of what is going on at and around Children's Hospital.

Referring Physicians and Providers
This issue reviews some of the specific programs we have to address improving access for our services. We continue to strive to be readily available to our referring providers in the care of their patients and families. Communication with providers continues to be our priority. We recently invited community pediatricians to meet face-to-face with our faculty—an important way to be certain we meet the needs of our community. As we get closer to opening the new hospital, continued meet-and-greet events will be

an important way for us to engage Children's Hospital faculty and staff with our community providers about our programs, people, and activities.

Retreat Follow up
The Department of Pediatrics and joint faculty held a two-part retreat in February and April 2011, with a goal to create a workable action plan moving forward. We had wonderful participation from more than 120 Children's Hospital faculty.

In addition to this newsletter, some of the areas we have been working on since the retreat include:

Education: modification of resident schedules related to duty-hours restrictions, heightened focus on residency recruitment
Clinical: program development such as: open access clinics, child safety, Perinatal Center of Excellence, and further

focus on regional clinic sites
Research: proposal regarding department-wide Children's Hospital Research Institute
Faculty Development: faculty development and mentorship program planning
Children's Hospital Construction Update
Construction on the new Penn State Hershey Children's Hospital continues close to schedule. We hope for a late 2012 opening. The walls are going up on many of the floors and the lobby is beginning to take shape. The entire building is enclosed and the waterfall on the east side of the building should be finished by the end of the year. Plans for transition have begun as we anticipate six to twelve months for full transition into the new facility.

Thank you for your ongoing contributions to this publication.

Upcoming Events to benefit Penn State Hershey Children's Hospital

Tuesday, Nov. 15
Howard Hanna's
Evening at the West
Shore Elks

108 N. St. John's
Church Road, Camp Hill
5:00-8:00 p.m.
\$10.00 per ticket
Food, drinks, silent
auction, and more

**Thursday, Nov. 17 from
5:00 a.m. through Friday,
Nov. 18 at 9:00 a.m.**
5th Annual People's Pay
for Play on 105.7 The X



Miracle Child
Sammy Hill

Saturday, Nov. 19
"Thanks for Giving"
22nd Annual Miracle Ball
Hershey Lodge, 6:00 p.m.

Friday, Dec. 2
Neiman Marcus
Fashion Show
Hotel Hershey, 11:00 a.m.



Saturday, Dec. 3
Saturday, Feb. 25
Children's Miracle
Network Night at the
Hershey Bears
GIANT Center

THON™

February 17-19, 2012
THON 2012
Bryce Jordan Center
University Park, PA

For more Information:
Barb Rider, 717-531-1650
brider2@hmc.psu.edu

pennstatehershey.org/web/cmnhome/calendarevents

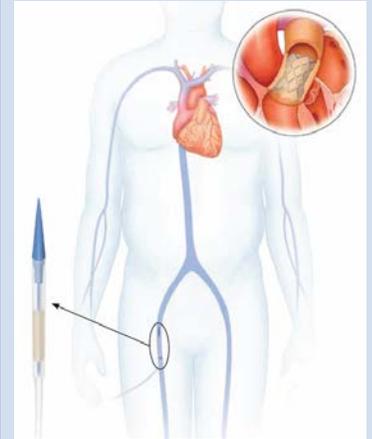
Children's Heart Group Offers New Procedure

Penn State Hershey Children's Heart Group has recently expanded its services to include a new procedure recently approved by the FDA. **Howard Weber, M.D., FSCAI**, has performed several percutaneous pulmonary valve placement procedures using the Melody® valve system from Medtronic. This procedure replaces a failing valve, which connects the right ventricle to the pulmonary arteries (valved conduit), that had been surgically placed years earlier in patients with various forms of congenital heart disease. This avoids the need for repeat open heart surgery and provides a significantly quicker recovery.

During the procedure, a balloon catheter holding the artificial heart valve is inserted into a leg vein and guided up to the heart using X-ray imaging. The balloon is then expanded and delivers the valve inside the non-functioning conduit and begins to function immediately. The procedure is performed in the catheterization lab under general anesthesia, generally lasts for one to two hours, and requires a twenty-three hour hospital stay. Patients typically resume normal activities within a few days post procedure, and Weber reports that all patients who have received this new treatment at the Children's Hospital are doing well.

For more information about this procedure, please call 717-531-8674.

An informative brochure is available at medtronic.com/melody/melody-system.html



Open Access Clinics

Timely and efficient access to many pediatric specialists is a national problem. Research has shown that the use of open access clinics decreases patient no show rates, improves patient and referring physician satisfaction, and improves practice efficiency by simplifying scheduling and reducing patient and referring physician phone calls.

To address this problem, several divisions at Penn State Hershey Children's Hospital have started open access clinics. These sites are designed to offer new patient appointments with certain pediatric specialties within one week of referral. This saves time when referring

patients to our specialists. When using open access clinics, there is no need to move up a patient's appointment date, for example, and these clinics allow your patients to be seen in a timely fashion.

Pediatric services that currently have open access availability include: dermatology, gastroenterology and nutrition, and pulmonology.

To refer your patients to an open access clinic (listed below with contact phone numbers), office staff should identify specific program needed at the time of scheduling.

GI and nutrition: 717-531-5901
Pulmonology: 717-531-6807
Dermatology: 717-531-6820

Crafts for Kids

The pediatrics academic offices support staff recently gathered for a fall event where they assembled popsicle stick door hangers for Children's Hospital patients. Because many pediatric patients experience brief hospital stays, the hangers were partially assembled, allowing patients to quickly personalize and complete the craft using a variety of foam stickers provided by the support staff group. Approximately sixty door hangers were assembled and donated to Child Life.



Look out for Child Abuse

Andi Taroli, M.D.

Media stories of horrific child physical abuse or sexual exploitation are shocking and outrageous. We often think that perpetrators of such abuse would be easily recognizable by their appearance or behavior. Unfortunately, the truth is – ‘regular’ people, not ‘monsters,’ account for the majority of child abuse perpetrators. The rates of child victimization are stunning, yet it is well documented that child abuse is often missed by pediatricians, family doctors, and emergency departments. Physician training in child abuse, as documentation reflects, in North America is historically inadequate.

The latest national data (NCANDS, Child Maltreatment 2009) shows that 34 percent of all victims of abuse and neglect were younger than three-years-old. Of child abuse fatalities, 80 percent were younger than three, and 46.2 were younger than twelve months old.

Parents, step-parents, and a parent’s paramours were the perpetrators in 81 percent of abuse cases, and similarly, a parental figure was responsible for 75.8 percent of all child abuse deaths. The most significant people in the lives of the youngest, most vulnerable children are the ones with the highest rates of abusing, harming, and even murdering them.

Bruising is the most overlooked sign of abuse. A multitude of studies have shown that there are certain patterns of bruises that are characteristic of inflicted injury. In non-abused children, bruises are typically few (average one to two per child) and characteristically small (1.0-1.5 centimeters). As a child’s mobility increases, the prevalence of lower leg bruises increases. Accidental bruises usually occur over bony

prominences (93- 100 percent of cases). In contrast, bruises in abused children are larger (greater than 10 centimeters), more numerous (mean of five to ten per child), are clustered in groups (in a distribution of defensive posture: on the upper arm, outsides of thighs, trunk, and adjacent extremity), have overlying abrasions, occur on soft parts of the body, and may have distinct patterns or imprints.

Of critical importance is the significance of bruising in an infant. The frequency of *any* bruising in a baby who is not independently mobile is less than 1 percent. Of infants who can crawl and cruise, only 17 percent exhibit bruises, mostly on legs, shins, and forehead. Facial bruising, in particular, has been demonstrated to have a significant correlation with the presence of intracranial injury, even in a baby who appears neurologically intact.

Bruises in a child should be assessed in the context of the medical and developmental history, the caregivers’ explanation, and with the knowledge of characteristics of abusive versus accidental injuries. Child abuse is not a one-time event – without recognition and intervention, violent behavior toward our youngest patients may lead to devastating consequences.

(Dr. Taroli is Board Certified in Child Abuse Pediatrics and is the lead physician of the Child Safety Team. She, along with Drs. Kate Crowell and Laura Duda are available at all times to provide patient consultations (pager 7867). For more information, or to request educational programs, contact them through the General Pediatrics office at 717-531-8006.

lookoutforchildabuse.org

Berlin Selected for Contribution to AAP’s Oral History Project



Cheston M. Berlin, Jr., M.D., division of general pediatrics, was selected as a contributor to the Oral History Project at the Pediatric History Center of the American Academy of Pediatrics (AAP). Berlin provided an oral history in a personal interview conducted by **Ian Paul M.D., M.Sc.**, recently published by the AAP.

Under the direction of the Historical Archives Advisory Committee, the purpose of the history center is to record and preserve the recollections of outstanding pediatricians and other leaders in children’s health care who have made important contributions to its advancements through the collection of spoken memories and personal narrations.

Recordings and transcripts of interviews provide narrative accounts of important developments in the care of children and augment the center’s written,

recorded, and photographic records of pediatric history.

Individuals were selected by the Historical Archives Advisory Committee based on recommendations from individual fellows as well as committee, section, chapter, and district leadership. Oral histories may focus on the contributions of individuals or on important topics or developments in the health care of children. Funding for the project is obtained through donations from individuals, groups, or corporations. Interviews are completed by volunteers who have been trained in the oral history process. Each vary in length, but can be up to ten hours.

When the process is completed, a verbatim transcript of the interview is made available in the Academy’s Pediatric History Center along with the audio or video tapes. The printed transcripts are also available for purchase. The cost is \$20 to members, and inquiries should be directed to the customer service center at 866-843-2271, aap.org/research/history.

Pediatric Surgery

Anorectal Malformations and Bowel Management Program

Dorothy Rocourt, M.D.

Penn State Hershey pediatric surgeons of Penn State Hershey Children's Hospital treat a large variety of congenital and acquired surgical problems in infants and children.

Anorectal malformations (ARMs, also referred to as "imperforate anus") involve the abnormal development of the anus and rectum. The anal opening is either in front of its natural position or not visible at all. Common to all anorectal malformations is the abnormally forward position of the anus and rectum in the muscles of the pelvis. ARMs may be very subtle and of little consequence, or be very serious requiring multiple stages of surgical reconstruction with life-long implications. Surgical correction is very effective at repositioning the anus and rectum in the pelvic muscles, but most often additional management is needed to achieve normal or near-normal bowel control. Pediatric surgeons at Penn State Hershey Children's Hospital provide expertise in diagnosis and treatment of ARMs and in bowel management after

surgical correction. They offer a multidisciplinary approach for the treatment of ARMs and provide long-term care for these conditions.

A child born with ARMs is born with a missing, malpositioned, or blocked opening to the anus. It occurs in approximately one in 5,000 infants. Common findings in girls include an opening within or near the vaginal opening, causing stool to pass through the vagina. In boys, the abnormal rectum may open at the scrotum, base of the penis or into the urethra itself. With complete blockage, there is no passage of stool and a swollen abdomen. The condition is often recognized at birth, but subtle abnormalities without intestinal blockage may be recognized later.

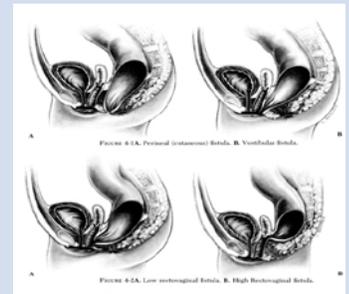
The anus and rectum must be placed in the correct position within the muscles of the pelvis. A temporary colostomy is often needed, as well,

part of the surgical plan. Long-term symptoms of this condition include constipation and bowel incontinence.

Patients with ARMs require long-term follow-up surgical management. In addition, and equally as important, long-term care is needed to assist with the management of continence. The bowel management program offers an individualized approach tailored to the needs of the child, and helps families over the "hurdles" of development including weaning, toilet training, going to school, achieving independence in care, and ultimately leaving home for independent living. The bowel management program involves the use of diet, medicines, behavioral therapies, and enemas/suppositories when needed. Penn State Hershey pediatric surgeons are personally involved in the comprehensive medical treatment of each individual child. The bowel management program provides detailed consultation, X-rays when

needed, as well as the needed medical and surgical treatments to help every child to be well. They are dedicated to achieving continence for every child with an anorectal malformation.

pennstatehershey.org/web/pedsurgery



Cross-section diagrams of the anatomy of anorectal malformations in boys and girls.

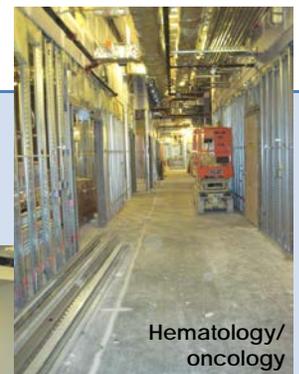
New Building

Latest developments:

- Metal cabinetry installation begins
- Ceramic tile being placed on ground floor
- Metal windows being installed on the front curve
- Tinted primer on ground and first floor walls
- Ceiling installation continues on ground floor
- Wall framing complete on ground through fourth floors
- Limestone block wall on the west side is being placed now with granite stone to follow
- Permanent roof being placed on main, third floor, and mediation space areas



Pharmacy



Hematology/
oncology



Pediatric radiology

Follow this link to the LIVE construction camera!

pennstatehershey.org/web/childrens/aboutus/webcam

New Grant Funding

C. Bart Rountree, M.D.

W.W. Smith Charitable Trust
 "Targeting Resistance in Hepatocellular Carcinoma"
 \$100,000; 1/1/2012 to 12/31/2012

Kenneth Lucas, M.D.

Hyundai Hope on Wheels
 "A Phase I Trial Combining Decitabine and Vaccine
 Therapy for Patients with Neuroblastoma"
 \$100,000; 10/1/2011 to 12/31/2012

Steven Steinway, B.S.

(M.D./Ph.D. student in C. Bart Rountree, M.D.'s
 laboratory)
 NIH NIDDK Fellowship Award
 "Network Modeling of Epithelial Mesenchymal Transition
 in Liver Cancer Metastasis"
 \$134,248; 12/1/2011 to 11/30/2015



RESEARCH Spotlight

Adam J. Spanier, M.D., Ph.D., MPH

Assistant Professor of Pediatrics & Public Health Sciences
 Division of General Pediatrics

Adam Spanier, M.D., Ph.D., M.P.H., is a clinician investigator in the division of general pediatrics with a joint appointment in the Department of Public Health Sciences. Spanier earned both his M.D. and M.P.H. at Louisiana State University–New Orleans where he conducted pediatric injury prevention research. He completed a pediatric residency at Case Western Reserve University/Rainbow Babies and Children's Hospital, and then completed a general pediatric research fellowship at Cincinnati Children's Hospital. During his fellowship and his first few years as faculty in Cincinnati, he also earned a Ph.D. in epidemiology.

Spanier's fellowship research focused on pediatric environmental health issues. In his clinical work, he was the director of the Pediatric Environmental Health and Lead Poisoning Clinic and worked in the Pediatric Primary Care Clinic. His fellowship projects involved a study of the relationship of environmental exposures with the fraction of exhaled nitric oxide (FeNO) levels in exhaled air (a biomarker of lung inflammation) in children exposed to tobacco smoke who had been diagnosed with asthma. This project was awarded a Pediatric Academic Societies' Young Investigator's Travel Award and led to an NIH funded R21 award. Through the conduct of the R21 project, he evaluated the relationship of environmental exposures with FeNO levels; evaluated whether polymorphisms in nitric oxide synthase genes are associated with FeNO levels and whether environmental exposures modify this relationship; and determined the relationship of FeNO levels and asthma severity.

Another fellowship and early faculty project was the, "Development of a Standardized Home Assessment for Asthma: A Multi-Site Study." This project was led by the National Center for Healthy Housing and resulted in the development of a set of standardized evidence-based assessment tools based on resident questionnaires and visual assessments that identify homes with high allergen levels and a set of standardized evidence-based assessment tools based on resident questionnaires, visual assessments, and environmental sampling that identify

homes where children with high asthma severity reside.

Spanier's current work is funded by an NIH career development award (year four of five) and focuses on evaluating prenatal and early life environmental exposures and their association with the development of asthma. This work has led to two research awards and also represents important steps towards his ambitious research goals—to advance the understanding of how environmental risk factors affect the development and exacerbation of pediatric asthma and to integrate this knowledge into prevention efforts and improved care for these children.

Spanier contends that the increase in asthma we have noted in the last few decades is not due to genetic changes alone. It is also likely that environmental exposures are not the sole cause for increased rates of asthma. The cause for the increased prevalence of asthma is probably environmental exposures in genetically susceptible individuals. There are probably several different paths that can lead to the development of this complex disease, and his research aims to discover these paths. Similar issues apply to asthma management—we need to develop personalized care plans that consider environmental exposures and individual susceptibilities. Spanier's future research will explore this area.

Spanier's research has been continually funded by the NIH since 2003 (when he began his research career), as well as by private research foundations. He collaborates with researchers locally (Bart Rountree, M.D., TC Yang, M.D., RJ Briggs, Ph.D., Rick Legro, M.D.), nationally (Jill Halterman, M.D., M.P.H., Hakon Hakonarson, M.D., Ph.D., Rob Kahn, M.D., M.P.H.), and internationally (Bruce Lanphear, M.D., M.P.H.). He is excited to contribute to the growing body of research conducted at Penn State and looks forward to developing new research collaborations to help improve the health of children.



Recent Publications and Presentations

PUBLICATIONS

Williams KE, Field DG, Riegel K, Paul C: Brief, Intensive, Behavioral Treatment of Food Refusal Secondary to Emetophobia. *Clinical Case Studies* 10(4):304-311, August 2011.

Ruth JL, Geskey JM, Bramley HP, Paul IM. Evaluating communication between pediatric primary care physicians and hospitalists. *Clinical Pediatrics* 2011; 50: 923-928.

Bramley H, Kroft C, Polk D, Newberry T, **Silvis M.** Do Youth Hockey Coaches Allow Players to Participate in a Game with a Known Concussion? *Clinical Pediatrics*, in press. cpj.sagepub.com/content/early/2011/09/15/0009922811422434

Spanier AJ, Kahn RS, Xu Y, Hornung R, Lanphear BP. Comparison of Biomarkers and Parent Report of Tobacco Exposure to Predict Wheeze. *J Pediatrics* Volume 159, Issue 5, November 2011, Pages 776-782.

Silveyra P, Floros J. Genetic variant associations of human *SFTPA1*, *SFTPA2*, and *SFTPD* with acute and chronic lung injury. (Review) *Frontiers in Bioscience* 17, 407-429, January 1, 2012.

Dang H, Ding W, Emerson D, **Rountree CB.** Snail1 induces epithelial-to-mesenchymal transition and tumor initiating stem cell characteristics. *BMC Cancer* 2011, 11:396.

Keil R, **Ostrov B.** Gout and Nucleotide Catabolism: A TBL Integrating Basic Science and Clinical Practice. *MedEdPORTAL*; 2011. mededportal.org/publication/9017

Goto H, Dickins B, Afgan E, **Paul IM,** Taylor J, Makova KD, Nekrutenko A, and The Galaxy Team. Dynamics of mitochondrial heteroplasmy in three families: A fully reproducible re-sequencing study. *Genome Biology* 2011; 12 (6): R59. genomebiology.com/content/pdf/gb-2011-12-6-r59.pdf

PRESENTATIONS

Ian Paul, M.D., M.Sc., presented in London, Ontario, Canada on September 12, 2011:

“Cough and Cold Medicines for Children: What Should We Tell Parents this Winter?” *Pediatric Grand Rounds*, Children’s Hospital of Western Ontario

“Mission Impossible? Designing Definitive Pediatric Antitussive Trials” *Clinical Pharmacology Grand Rounds*, University of Western Ontario

Penn State Hershey Medical Group at St. Joseph Medical Center

To better serve children in Berks County, Penn State Hershey Children’s Hospital opened a pediatric specialty outpatient office in 2010, located at St. Joseph’s Medical Center in Reading. This office which is designed to provide pediatric and adolescent specialty care for the families of Berks County includes:

- Adolescent Medicine and Eating Disorders
- Children’s Heart Group
- Endocrinology and Diabetes Education
- Feeding Clinic
- Gastroenterology
- Genetics
- Hematology/Oncology
- Infectious Disease
- Nephrology/Hypertension
- Neurology

- Neurosurgery
- Orthopaedics,
- Pulmonology and Sleep Medicine
- Rheumatology

The partnership with St. Joseph Medical Center allows Penn State Hershey Children’s Hospital specialists the opportunity to care for children of Berks County closer to home, while still connected to the resources and expertise of Penn State Hershey Medical Center in Hershey.

Both new and established patients can be referred by faxing referrals directly to the Penn State Hershey Medical Group at St. Joseph Medical Center: 610-898-1258 or by calling 610-898-1800.

2494 Bernville Road, Suite 106
Reading, PA 19605

Kudos

A. Craig Hillemeier, M.D., was elected as Chair-Elect of the American Board of Pediatrics and the American Board of Pediatrics Foundation.

Marc Schaefer, M.D., M.P.H., was recently named to the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition Inflammatory Bowel Disease Committee.

Patient- and Family-Centered Care Quiz

A dad is very upset when a member of the medical staff leaves and he expresses his frustration to you. "I don't understand what's going on." How do you, as a hospital staff member, respond?

- A. Offer to get something for the dad to write on and encourage him to list all of his concerns and questions so that he can talk about them when the medical team rounds.
- B. "Yeah, he never listens to me either."
- C. "Here's the number for Patient Relations. They'll solve your problem."
- D. "I think you're being unrealistic in trying to understand this stuff."

The correct answer is A- Offer to get something for the dad to write on and encourage him to list all of his concerns and questions so that he can talk about them when the medical team rounds. Often times, when families are encouraged to write down

questions, it empowers them to be part of their child's care. It also allows them to focus their frustrations, and often nervous energy, on a single task, giving them a sense of purpose. The answer B- "Yeah, he never listens to me either." is neither productive nor effective. We want to promote a sense of teamwork, and that comment will often times give the parent even more reason to be frustrated. Answer C is a good choice if all other options have been exhausted. Patient Relations should not be used as the first stop for conflict management. Try to address difficult situations through conversations, dialogue and engaging leadership. It is every patient's right to be offered the number for Patient Relations, but many times just listening to the patient or family member meets their needs. And the last answer is also unproductive. You should ask yourself, "If I were in this situation, how would I want to be treated?" Not everyone wants the same amount of information, but it's always good to offer choices and in this case, offering something for the dad to write on, might just help you to understand what exactly he is upset about.

Forty Years of Graduates

In September, the 2011 Alumni Weekend commenced in Hershey and marked the fortieth anniversary of the first Penn State College of Medicine graduating class. Graduates, families, and friends enjoyed a full weekend of activities including tours of Penn State Hershey Simulation Center and Penn State Hershey Cancer Institute, a screening of the *Memories & Milestones*—a documentary highlighting fifty years of Penn State Hershey, a mentoring breakfast for alumni and current students, and individual class reunion gatherings.

A special booklet, *Forty Careers in Medicine*, was published in celebration of the fortieth anniversary in tribute to those who have devoted their lives to advancing medicine and those whose lives have been touched by Penn State College of Medicine. Among the forty individuals profiled in the booklet are three pediatrics faculty, **Cheston Berlin, Jr., M.D.**, **A. Craig Hillemeier, M.D.**, and **Ian Paul, M.D., M.Sc.**—just a few of the alumni and faculty who have contributed to shaping the College of Medicine's traditions and reputation.

Penn State
Hershey
College of
Medicine

Class of
1971



Education Calendar

Tuesday, Nov. 8 – 7:30 a.m. Lect Rm C – Grand Rounds
Neonatal Resuscitation—The Basis for New Guidelines
[Satyan Lakshminrusimha, M.D.](#), Chief, Division of Neonatology, Women and Children's Hospital of Buffalo, NY

Tuesday, Nov. 15 – 7:30 a.m. Lect Rm B – Grand Rounds
Functional Brain Imaging in Children
[Paul J. Eslinger, Ph.D.](#), Prof of Neurology, Neural & Behavior Health, Pediatrics, and Radiology
[Prasanna Karunanayaka, Ph.D.](#), Asst Prof of Radiology

Tuesday, Nov. 22 – 7:30 a.m. Lect Rm C – Grand Rounds
Adverse Reactions to Vaccines
[Tracy B. Fausnight, M.D.](#), Asst Prof of Pediatrics, Division of Rheumatology, Allergy and Immunology

Tuesday, Nov. 29 – 7:30 a.m. Lect Rm B – Grand Rounds
CPC...An Unknown Case
[Dalia Bashir, M.D.](#), and [Prabesh Bajracharya, M.D.](#)
Pediatric Residents

Wednesday, Nov. 30 – 12:00 p.m. C6805 – DRS
[Peter Lee, M.D.](#), Division of Pediatric Endocrinology

pennstatehershey.org/web/childrens/education/educationcalendar

Pediatric Promotion & Tenure

Charles Palmer, M.B., Ch.B.

October is the beginning of the promotion process for the non-tenured, fixed-term faculty in the Department of Pediatrics. Each year the promotion cycle begins in the fall and ends the following March. The process gives qualified faculty the opportunity to be recognized by their peers and awarded academic promotion. The Pediatric Department criteria for promotion are available from Patty Snyder. Faculty may submit their own names to be considered for promotion or their names may be submitted by their respective division chiefs.

The promotion process begins with an orientation for the candidate and division chief by the chair of the Pediatric Promotions Committee and Patty Snyder. Continuing the process requires the completion of an extensive dossier which must include three letters attesting to educational competence within the Penn State system and five peer-

reviewed articles or equivalent material submitted by the candidate. External letters supporting the candidate's necessary level of academic accomplishment as described in the department's promotion criteria are requested from six senior unbiased faculty members outside the Penn State system. Once the candidate's name is submitted for promotion, time-sensitive information must be gathered, and candidates must be prepared to comply with the imposed deadlines. All information is assembled into the candidate's dossier and reviewed by the members of the Department of Pediatrics Promotion Committee who vote for or against promotion. The committee reviews each dossier in the first two months of the year. A majority vote is required to support promotion. The dossier then moves to the

chairman for approval before going to the dean for his final approval.

There are important process differences for faculty on the tenure track, and the calendar timeline is significantly different.

The Department of Pediatric Promotion Committee for 2011-12 consists of Chair, Charles Palmer, M.B., Ch.B.; Richard Levine, M.D.; Bob Tamburro, M.D.; George McSherry, M.D.; Brandt Groh, M.D.; Michael Beck, M.D.; Kelly Leite, D.O.; Ronald Williams, M.D. Additional new committee members this year are Rollyn Ornstein, M.D., and Deborah Kees-Folts, M.D. The 2011-12 promotion year will be Palmer's last year as chair of the committee. In May, new promotions are announced, bringing an end to the six-month cycle but not an end to the work of the committee. The

committee continues its work providing mid-cycle reviews to candidates who wish to confirm that they are moving in the right direction regarding research and teaching. If it has been three or more years since the last promotion, faculty may request a review. These reviews are assigned to members of the promotion committee and reviewed by the full committee. The candidate and division chief receive a full report of the review and the committee's feedback, including the next steps toward promotion. These reviews have been very beneficial for those candidates considering promotion within the following few years.

For questions about faculty promotion and tenure, please contact Charles Palmer, M.B., Ch.B. cpalmer@hmc.psu.edu or Patty Snyder psnyder1@hmc.psu.edu 717-531-6700

New Faces in Pediatrics



Michelle Del Pizzo Fidanza, FACHE, joined the Medical Center in September as administrator for the Departments of Pediatrics and Emergency Medicine. She comes to Penn State Hershey from North Shore-LIJ Health System in Manhasset, New York, where she served in numerous administrative

capacities over the past fourteen years, most recently as assistant vice president and senior administrative director of emergency medicine. Her responsibilities included administrative leadership of the systems eleven distinct emergency departments, two level-one trauma centers, and three urgent care centers.

Del Pizzo Fidanza earned her undergraduate degree from St. John's University

and holds a masters degree in health care administration from Baruch College/Mount Sinai School of Medicine. She is a member of the Medical Group Management Association.

"Michelle brings a wealth of administrative and operational leadership experience to the Medical Center campus. Her extensive background in health systems outreach and affiliate relationships is

a welcome addition to the Senior Management Team," said Matt Wain, chief administrative officer, Penn State Hershey Medical Center and Children's Hospital.



Mansi Kanhere, M.D.

Pediatrics Resident

August 2011