Dear Members,
Welcome to the winter edition of our newsletter! To start off, we want to highlight the roll out of the Complex ADHD Guidelines! Below are some fantastic Instagram posts from our social media chair, Michele Ledesma, MD to get us in the dissemination spirit:

This issue also contains wonderful spotlights on trainees and research, including postdoctoral fellow, Rosmary Ros, PhD and SDBP Psychology Section Poster award winner, Kara Ronnin, PhD. We also have a fantastic spotlight on Advanced Practice Clinician (APC), Kari Mohrien, PA-C, MSPAS, which highlights the dynamic and varied experiences of members in the APC section. You can find updates from the Education Committee, the Fellowship Training Section, and the Advance Practice Clinician Section. Finally, we have a perspective piece on lessons learned from a recent workforce initiative in pediatric neurology by...
Marilyn Augustyn, MD and a brief report from the Biennial Conference in Sleep Medicine by DBP Karen Landmeier, MD

As always, feel free to send us any feedback or newsworthy information to include as you see fit! We welcome submissions from all members and would love to hear from you! The next submission deadline for content will be March 31st. Questions about submissions can be sent to alyssa.schlenz@childrenscolorado.org.

Thank you!

SDBP Communications Committee

Newsletter Team: Alyssa Schlenz, Shruti Mittal (co-editors, left to right), Janice Wilkins (SDBP Associate Director), and Meg Gorham (SDBP Newsletter Designer)

In this Issue

- Trainee/Recent Graduate Spotlight
- SDBP Research Spotlight
- Member Spotlight
- Committee and Section Updates
- Lessons Learned from Child Neurology
- Update from the Biennial Conference in Sleep Medicine
- Discussion Board Highlights
- General Announcements and Reminders

Trainee/Recent Graduate Spotlight: Rosmary Ros-Demarize, PhD

Submitted by her mentor, Laura Carpenter, PhD, Medical University of South Carolina

Rosmary Ros-Demarize, PhD, is currently a post-doctoral fellow in Developmental-Behavioral Pediatrics at the Medical University of South Carolina (MUSC). Rosmary competed her doctoral training at Florida International University in the Clinical Science in Child and Adolescent Psychology Program. She completed her pre-doctoral clinical internship at MUSC within the Child Track and was awarded the Clinical Excellence Award during her training. Her primary clinical and research interests focus on the assessment and treatment of disruptive behavior problems in young children with Autism Spectrum Disorder (ASD). Her work primarily focuses on behavioral parenting interventions for this population. Her dissertation included a transdiagnostic examination of self-regulation deficits across preschoolers with ADHD and ASD and examined the efficacy of a behavioral summer intervention and parenting program for a sample of preschoolers with ASD and ADHD. During her post-doctoral training she is gaining extensive competencies in the assessment of neurodevelopmental disorders and has continued to expand her research within the ASD population.
Rosmary is a member of SDBP and participated in the Research Scholar Symposium during the 2019 annual meeting. She hopes to continue expanding her clinical skills and program of research within behavioral intervention and assessment of young children with autism.

SDBP Research Spotlight: Kara Monnin, PhD (Psychology Poster Award Winner)

Submitted by Shruti Mittal, MD

Kara Monnin, PhD, graduated from Kent State University’s Clinical Psychology program under the mentorship of Beth Wildman, PhD. She is currently completing her postdoctoral fellowship in Solid Organ Transplant at Children’s Hospital Colorado. Her poster titled Parent Perception of Psychosocial Disclosures and Satisfaction with Physician Communication received the trainee SDBP Psychology Poster award at the 2019 conference and is based on her dissertation research. She is currently a co-chair of the Section on Trainees and Recent Graduates.

Abstract

**Purpose:** There is a lack of data on the relationship between patient perceptions of positive patient-physician communication and patient satisfaction, especially as it relates to behavioral and emotional concerns. The purpose of the study was to determine whether positive perception of communication and satisfaction with physician communication regarding child’s behavior is positively related to child’s behavior.

**Methods:** Using a 2 x 2 factorial design, 128 parent-child dyads were divided into one of four conditions: 1) intervention and control groups; 2) intervention and no intervention groups. The intervention group was exposed to a brief educational intervention about communication and behavior management techniques. Parental perception of communication with the physician was measured using a questionnaire (i.e., Parent-Physician Communication Questionnaire). The outcomes of interest were the child’s behavioral and emotional well-being.

**Results:** Positive perception of communication was associated with positive child behavioral outcomes. The intervention group showed a significant improvement in child’s behavior when compared to the control group.

**Background:**

- Quality of physician-patient communication is essential to patient satisfaction and helps to improve health outcomes. The relationship between positive communication and treatment adherence is well-established.
- Positive perceptions of physician communication and satisfaction with physician communication are associated with positive health outcomes.

**Methods:**

- For the intervention group, the program included educational sessions on communication and behavior management techniques.
- For the control group, the program did not include these sessions.

**Results:**

- The intervention group showed a significant improvement in child’s behavior when compared to the control group.

**Conclusions:**

- Positive perceptions of physician communication and satisfaction with physician communication are associated with positive child behavioral outcomes.

**References:**

APP SIG Member Spotlight: Kari Mohrien, PA-C, MSPAS

Submitted by Jennie Olson, RN MS CPNP PMHS

Kari Mohrien PA-C, MSPAS has been a Physician Assistant for the past 10 years. She started her career in rural, upstate New York working in a community hospital in Obstetrics and Gynecology with a focus on meeting the needs of underserved families, ensuring access to community resources. She then moved with her husband to Charlotte, North Carolina where they had their son and she transitioned to General Pediatrics. While working in this role, she discovered that her true passion was working with children with ADHD and other school problems. She then transitioned to specializing in Developmental and Behavioral Pediatrics where she enjoys working with children and their families and helping them navigate the challenges that come along with these diagnoses. She loves helping children realize their true strengths and helping parents and families understand how to help their children.

Kari is an active member in SDBP and is a part of the APP SIG and Communications team. She recently collaborated with members of the SDBP at the Annual Meeting to change the name of the APRN section to APP to include all Advanced Practice Clinicians. Kari is also a part of the APP Leadership Team within her hospital system’s medical group, where she advocates on issues such APP practice, compensation, utilization, and continued leadership opportunities. She serves on committees related to becoming a more Trauma-Informed community and Provider Wellness. In her free time, Kari enjoys being outdoors with her husband, son, and dog. She enjoys traveling, reading, and cooking. Kari looks forward to continued work within the SDBP community!

Committee, SIG and Section Update

Education Committee

Submitted by Jennifer Poon, MD

Planning for the Education Committee Teaching Workshop during the annual meeting on Friday, October 9, 2020 is underway! We are organizing the Workshop workgroup, which is responsible for planning the Teaching Education Workshop and will be reviewing the proposals for workshop sessions.

The teaching workshop is meant to “train the trainer” in DBP education through innovative methods, as well as the methods of evaluating the outcomes of such methods. Workshop sessions are meant to equip participants with the knowledge and tools to implement similar teaching and evaluation methods at one’s home program. Priorities for this year’s workshop include, but are not limited to:

- Billing for clinical encounters, while providing supervision of trainees
- How to teach, evaluate, and document professionalism competency
- Performance improvement plans and remediation strategies for learners
- Cultivating career interest in DBP at the undergraduate and resident medical education level

We are looking forward to an excellent program in October in Austin!
Modules from the 2019 SDBP-NAPNAP Symposium are currently available on the NAPNAP PedsCE website. The title of the symposium was “Psychopharmacology for Children and Adolescents with Developmental Disability: Prescribe Medication without Frustration”. Faculty for the symposium included Developmental Behavioral Pediatrician Alison Schonwald, psychologist Carrie Mauras, and nurse practitioner Dawn Garzon Maaks. The symposium was recorded and broken down into five shorter modules available on NAPNAP’s PedsCE website (https://ce.napnap.org/).

The modules include:

- Psychopharmacology of ADHD (1.00 contact hours);
- Complex ADHD (1.00 contact hours);
- When Stimulants Don’t Work (0.50 contact hours);
- Autism, Intellectual Disabilities, and Genetic Disorders (1.00 contact hours);
- The Family Experience (0.50 contact hours).

All contact hours are classified as psychopharmacology hours. Modules are available to both NAPNAP and SDBP members at the NAPNAP member rate ($10 per contact hour). Non members of both organizations will pay a higher fee ($20 per contact hour). NPs and RNs are able to earn CEU/contact hours through the PedsCE website. As the CEU/contact hours are through NAPNAP, they are only accredited in providing nursing CEU. All SDBP members are able to access the modules and complete them, but they cannot currently earn CME for this. These modules have great information in them, and may be appropriate to use with students, residents, and other trainees. Modules will be available on PedsCE until 12/31/2020.

Fellowship Training Section
Submitted by Bob Voigt, MD

Not that we needed confirmation, but confirming the SDBP’s existential need to focus on workforce, here are the extremely disappointing statistics for the December 2019 DBP Fellowship Match:

- Only 24 of 46 (52%) available first year DBP fellowship positions filled in the Match
- Only 15 of 34 (44%) certified DBP programs filled in the Match
- DBP had the lowest percentage of positions filled (52%) and the highest number of unfilled programs (56%) of all pediatric subspecialties (see table below)

<table>
<thead>
<tr>
<th>Subspecialty</th>
<th>Positions Offered</th>
<th>Positions Filled (%)</th>
<th>Number of Programs</th>
<th>Programs Filled (%)</th>
<th>Programs Unfilled (%)</th>
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Lessons Learned from Child Neurology: Summary from a Recent Workforce Report

Submitted by Marilyn Augustyn, MD (Co-Chair of the Practice Issues Committee)

In September 2017, the Child Neurology Society (CNS) convened a special taskforce to review the practice of child neurology in the US. They distributed a survey to 25 academic divisions of various sizes, as well as to private practices. The survey covered the use of RVU requirements, salary and compensation, time allotted for new and established patients, administrative and teaching mandates, clinical and administrative support, weekly face-to-face patient time, protected time, and educational opportunities. Results showed high workloads, lack of resources, poor electronic medical record support, and high provider symptoms of fatigue and burnout. They detail salary and RVU range and discuss bonus systems and time per visit. The study concludes that the wRVU compensation model is both unrealistic and unsustainable, generating insufficient revenues to support reasonable compensation and not allowing time for non-patient-care duties. They conclude that in this system even if billing at the most efficient level, a neurologist cannot generate enough revenue to cover their salary when overhead (40%–50% of salary) and the cost of benefits (25% of salary) are considered. This study was a call to action. We need one too!

Article Citation Information:

*Child neurology in the 21st century More than the sum of our RVUs*
Mary L. Zupanc, MD, Bruce H. Cohen, MD, Peter B. Kang, MD, David E. Mandelbaum, MD, PhD, Jonathan Mink, MD, Mark Mintz, MD, Ann Tilton, MD, and William Trescher, MD Neurology® 2020;94:1-8.

<table>
<thead>
<tr>
<th>Year</th>
<th>Positions Offered</th>
<th>Positions Filled (%)</th>
<th>Number of Programs</th>
<th>Programs Filled (%)</th>
<th>Programs Unfilled (%)</th>
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<td>2019</td>
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<td>19 (56%)</td>
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Child neurology in the 21st century

More than the sum of our RVUs

Mary L. Zupanc, MD, Bruce H. Cohen, MD, Peter B. Kang, MD, David E. Mandelbaum, MD, PhD, Jonathan Mink, MD, Mark Mintz, MD, Ann Tilton, MD, and William Trescher, MD

vox1012947-0013: doi:10.1212/WNL.0000000000007784

Correspondence
Dr. Zupanc
mzupanc@chas.org
DBP Networking and Learning at the Biennial Conference on Sleep Medicine

Submitted by Karen Landmeier, MD (Developmental-Behavioral Pediatrician in Ft. Collins, CO)

While attending the SDBP 2019 Annual Meeting, I introduced myself to Jeff Yang, MD, and inquired how I might expand my foundational knowledge of sleep as it pertains to our patient population. He responded that he had previously attended the Biennial Conference on Sleep Medicine and that the next conference was approaching. In November 2019, I saw Jeff again in Naples, FL at that sleep conference, and I met another DBP colleague, Ann Reynolds, MD. Part of the first day of the conference was dedicated to pediatric behavioral sleep medicine. This included several excellent presentations on sleep problems related to: anxiety, ADHD, insomnia, bedtime problems and night wakings, and delayed sleep-wake phase disorder. I was delighted to hear experts in sleep and behavior discuss the general approaches to sleep changes and be able to participate in discussion that dealt with the intricacies of sleep behavior modification in complex developmental and/or psychosocial situations. The remainder of the conference nicely wove together medical and psychological sleep problems and treatments, and all of this took place in the beautiful Ritz Carlton Golf Resort.

Discussion Board Highlights

Join the discussion at sdbp.org. Recent topics have including a range of clinical and practice issues, such as:

- Complex ADHD Guidelines updates
- Autism and the criminal justice system
- Resources for children who have been refugees
- Measuring productivity in a private practice model
- Medication questions
- Billing and coding questions
- Advocacy opportunities

Attention Committee, SIG, and Section Co-Chairs: Have you seen the new Discussion Board topic BOARD and CHAIRS? This button is a great way to connect with other co-chairs and the board!
General Announcements and Reminders

SDBP 2020 Annual Meeting
October 9-12, 2020
Renaissance Austin Hotel
Austin, TX

Workshop Submissions are now open!

Teaching Developmental - Behavioral Pediatrics Workshop

Priorities for workshop sessions include, but are not limited to:
- Training modalities and other strategies that stimulate medical students and other junior-level trainees to further explore training in developmental-behavioral and other mental health fields
- Billing for clinical encounters while providing supervision of trainees
- Teaching, evaluating, and documenting professionalism competencies
- Developing and initiating performance improvement plans and remediation programs for learners

Half - Day Workshops

Priorities for half day workshops include, but are not limited to:
- Evidence-based implementation of the SDBP Complex ADHD Guidelines, particularly in the areas of parent-training and behavioral intervention
- Advanced psychopharmacology for DBP practitioners
- The Business of DBP: Billing/coding and/or advocating for our field
- Discussing Puberty/Sexuality with youth and families
- Alternative Medicine: state of the science, how to talk to families
- Pediatric Health Promotion: Digital media
- Assessing and managing suicidal ideation/behavior

GO to SDBP MEETINGS webpage

REMINDER – ADHD Guideline Survey

SDBP has partnered with the Developmental and Behavioral Pediatrics Research Network (DBPNet) to conduct a research study to identify current practices related to ADHD care among SDBP Members. The survey is designed to be completed by any health professional who might be involved in the diagnosis or treatment of ADHD.

WHAT will we ask on the survey?

INFORMATION ABOUT YOU:
1. You will be asked approximately 12 questions about DEMOGRAPHIC FACTORS related to you and your practice. PLEASE COMPLETE THE SURVEY EVEN IF YOU DO NOT SEE PATIENTS WITH ADHD. You will only be asked the demographic questions and the survey should take less than 5 minutes.

INFORMATION ABOUT 2 CONSECUTIVE PATIENTS THAT YOU SAW FOR AN ADHD DIAGNOSTIC EVALUATION OR TREATMENT VISIT (medication follow-up or counseling visit).
There is a separate set of questions for diagnostic and for treatment visits. You will be randomly assigned to complete information on diagnostic or treatment visits unless you only do one of these types of visits.
We will ask about 13-20 questions regarding the child and his/her care (The exact number of questions will vary as some questions are only asked based on your response to an earlier question). **We estimate that it will take about 15 minutes to complete the survey for two patients.**

We are not collecting any identifying information about patients. The principal risk of this study is that your practice patterns could be unintentionally revealed to others. Given the small size of SDBP it is possible that some of the information in the survey could identify a clinician.

We do not offer any compensation for members participating in this study.

**Please click on the link below to get to the survey:** [https://redcap.chop.edu/surveys/?s=8XPEM349N7](https://redcap.chop.edu/surveys/?s=8XPEM349N7)

Your completion of the survey will be an indication of your consent to participate in the study. Participation in this study is voluntary. If you decide not to take part or if you change your mind later there will be no penalties or loss of any benefits to which you are otherwise entitled. You can stop being in the study at any time. You do not have to give a reason.

If you have any questions or concerns about participating in this study you may discuss them with Nathan Blum, MD at the DBPNet Network Coordinating Center ([blum@email.chop.edu](mailto:blum@email.chop.edu)) or with SDBP by emailing [janice@sdbp.org](mailto:janice@sdbp.org). The Institutional Review Board at the Children’s Hospital of Philadelphia has determined that this study is Exempt from IRB review.

We hope you will be part of this survey to identify how SDBP members care for children with ADHD prior to the release of the Complex ADHD Guidelines.

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**Did you know SDBP is on Facebook & Instagram in addition to Twitter?**
**Be sure to follow us!**

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* Did you know SDBP is on Facebook & Instagram in addition to Twitter?
* Be sure to follow us!
Stay up to date with our Calendar of Events!

CALENDAR OF EVENTS

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 25-28, 2020</td>
<td>NAPNAP 2020 National Conference (National Association of Pediatric Nurse Practitioners)</td>
<td>Long Beach, CA</td>
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<tr>
<td>March 30-April 2, 2020</td>
<td>APPD Spring Meeting (Association of Pediatric Program Directors)</td>
<td>San Diego, CA</td>
</tr>
<tr>
<td>April 29-May 6, 2020</td>
<td>Pediatric Academic Societies (PAS) Meeting</td>
<td>Philadelphia, PA</td>
</tr>
<tr>
<td>October 2-6, 2020</td>
<td>American Academy of Pediatrics (AAP) National Conference</td>
<td>San Diego, CA</td>
</tr>
<tr>
<td>October 9-12, 2020</td>
<td>SDBP 2020 Annual Meeting</td>
<td>Renaissance Austin Hotel, Austin TX</td>
</tr>
</tbody>
</table>

Awareness Events

- March
  - American National Nutrition Month
  - Brain Injury Awareness Month
  - National Bleeding Disorders Awareness Month
  - National Developmental Disabilities Awareness Month
  - Trisomy Awareness Month
  - National School Breakfast Week (March 2 to 6)
  - National Sleep Awareness Week (March 1 to 7)
  - Brain Awareness Week (March 16 to 22)
  - National Poison Prevention Week (March 15 to 21)
  - Self-Injury Awareness Day (March 1)
  - Zero Discrimination Day (March 1)
  - National Women and Girls HIV/AIDS Awareness Day (March 10)
  - World Sleep Day (March 13)
  - Kick-Butts Day (Campaign for Tobacco-Free Kids; March 18)
  - World Down Syndrome Day (March 21)
  - International Day for the Elimination of Racial Discrimination (March 21)
  - Purple Day for Epilepsy Awareness (March 26)
• April
  o American Diabetes Association Alert Day (March 24)
  o Autism Awareness Month
  o Child Abuse Prevention Month
  o Month of the Military Child
  o Alcohol Awareness Month
  o Sexual Assault Awareness and Prevention Month
  o Stress Awareness Month
  o Youth Sports Safety Month
  o World Autism Awareness Day (April 2)
  o International Children’s Book Day (April 2)
  o RAINN Day (April 4)
  o National Alcohol Screening Day (April 7)
  o World Health Day (April 7)
  o Take Our Children to Work Day (April 23)
• May
  o Asthma and Allergy Awareness Month
  o Global Youth Traffic Safety Month
  o Huntington’s Disease Awareness Month
  o Mental Health Month
  o Military Appreciation Month
  o National Foster Care Month
  o National Mobility Awareness Month
  o Physical Fitness and Sports Month
  o Teen Pregnancy Prevention Month
  o Screen-Free Week (May 4 to 10)
  o National Children’s Mental Health Awareness Day (May 9)
  o International Nurses Day (May 12)
  o National Prevention Week by SAMHSA (May 10 to 16)
  o International Day of Families (May 15)
  o World Asthma Day (2nd Tuesday in May)
  o National Missing Children’s Day (May 25)
  o World No Tobacco Day (May 31)