



M A T T E R S
The Newsletter of the Children's Hospital at Dartmouth

A photograph of two nurses in a hospital setting. The nurse on the left has blonde hair and is wearing a blue patterned scrub top. The nurse on the right has dark hair and is wearing a white scrub top. They are both smiling and looking down at a newborn baby who is lying on a floral patterned blanket. The baby is wrapped in a white blanket and appears to be sleeping peacefully. The background is softly blurred, showing a window with a view of a cityscape.

**CHaD Nurses:
Caring &
Compassion**

LETTER FROM THE DIRECTOR



John F. Modlin, MD

The Children's Hospital academic mission at Dartmouth includes a responsibility for pediatric health professional education at every level—medical students, residents, nurses, child life specialists, and other healthcare professionals.

We attract physicians to CHaD who want to practice pediatric medicine and surgery in an atmosphere of inquiry and production of new knowledge. This enhances the care we provide to all our patients. All CHaD clinical providers also have a faculty appointment at Dartmouth Medical School as assistant, associate, or full professors in Pediatrics.

We assume major responsibility for teaching normal developmental biology and the principals of child health care to Dartmouth medical students in the four years of their curriculum. While much is classroom teaching, the clinical areas of CHaD serve as a training ground for students. All do a pediatrics rotation starting in their third year. An innovative Web-based curriculum project developed by Leslie Fall, MD, and Norman Berman, MD, is highlighted in this issue.

We also train graduate doctors (interns, residents, and fellows) who are pursuing careers in pediatric primary care, pediatric specialties, surgery, and other disciplines. CHaD has 18 resident physicians who serve as the house-staff at CHaD. Their role is critical in providing both inpatient and outpatient clinical coverage. Resident doctors are graduates of medical school who are now learning the specialty of pediatrics. Read about Jodi Carter, MD—of our outstanding third-year pediatric—who will enter private practice next summer.

Learn about our award-winning Regional Education Program. By providing the latest pediatric medical information, CHaD staff serves as a resource to community colleagues. Led by Judy Frank, MD, and Maggie Minnock, RN, this program is devoted to career-long learning for physicians and nurses throughout New England.

HELPING CHILDREN One Discussion at a Time

RESIDENT JODI CARTER, MD, is learning how to be a community pediatrician. She will provide coordinated, continuous care for children with short-term and long-term illnesses—and rely on community resources to support the needs of the children and their families.

Through her work with the William E. Boyle, Jr., Community Pediatrics Program, Carter already integrates the community into her role as a primary care provider.

“Chronic illness changes the lives of children—and the lives of the family,” Carter continues. “The program teaches pediatric residents what resources are available and how we can help families access them.”

“Residency is a very intense time in medical training,” says Carter. “It’s easy to forget that you are working in the community and not just in the hospital. The Boyle Program is a reminder that what you see in the doctor’s office is not an accurate representation of their reality.”

She describes her work with a group of women at The Upper Valley Haven in White River Junction, VT, a local resource for families in need. “Everyone has a different perception of disease,” says the Phoenix, AZ, native. “One of the mothers who used to live in the shelter had a child with Down syndrome. The women—from teenagers with babies to 50-year-old mothers—were not sure what that was. The mother brought her child in, and we talked about what it means for the child and how opinions about the disease have changed.”

Opinions aren’t the only things that have changed. New treatments and technology save children’s lives and prolong life expectancy. Children who might have had long hospitalizations are now at home in

their communities. Pediatricians provide care for an increasing number of children with special or chronic medical needs. It can be challenging to coordinate with medical specialists, nurses, aides, school counselors, home care workers, social workers, as well as with informal networks of family and friends.

Carter has rotated through fourteen, 26-day blocks from Behavior Development to Adolescent Medicine to Ambulatory Care to Cardiology. As she wraps up her third



and final year of residency, Carter is functioning as a practicing pediatrician, managing telephone calls from concerned parents, triaging children, and developing plans of management. “A lot of my responsibilities as a resident take place in the inpatient setting,” says Carter. “With supervision, I see patients and act like a general pediatrician.”

As part of the Boyle Program, Carter was paired with a family to learn how they manage a child’s chronic illness. This relationship brought to light an aspect of pediatrics that is not traditionally covered during training. “The mother was pleased with how the news about what was wrong with their child was delivered, but the father wasn’t,” she says. Carter later attended a conference with a seminar on how to deliver bad news, and decided to help put together a similar workshop for DHMC house staff.

“You don’t know the family very well,” she says. “What are you going to say? It’s a part of our job, but doctors don’t get enough training on the subject.”

Whether it’s working with women at The Haven or educating her peers, Carter delights in her role as a facilitator of discussion. “People teach each other, and do their best learning from each other,” she says. “I really enjoy that.”

A GROWING LEGACY

IT'S A SAD EVENT, but a healing one. For eight years, families have visited David's House in September to plant a memorial tree in honor of a child who has died.

The David's House/CHaD Memorial Tree Planting Ceremony started out as a suggestion from one of the families. A Crimson King Maple was purchased, invitations were sent, and families gathered on a Sunday for an hour of stories, poems, and prayer. After shoveling dirt around the base of the tree, they hung pictures of their children on the branches, placed roses on the newly planted maple, and visited with each other back at David's House.

"It just seemed like the thing to do," says Jane DeGange, Executive Director of David's House. "Parents want to speak about their children, and want to speak to others going through a similar experience."

"It's support that they may not get in their community," says Ann Baird, a pediatric social worker at CHaD. "They can bring pictures of their children and share them with people who are interested. It's part of the healing. Not everyone knows one another, but being



among families who have gone through a similar experience feels supportive."

Traditionally, visitors sign their names and the date in the guest book, but many write messages to their children. A musician softly plays acoustic guitar, choosing songs that were family favorites. Doctors and nurses tell stories about some of the kids, eliciting tears in some cases, laughter in others.

"Many people feel that CHaD and David's House are almost second families," says Baird. "The ceremony gives them the chance to see both places again, catch up with the people who work there, as well as honor their children."

The memorial planting is a remembrance of the past and, at the same time, a renewing of life. The leaves of the maple retain their rich, maroon color all summer, turning bronze in

the fall. The eight trees—one for each year—are a living, growing legacy for years to come. "People drive from great distances for the memorial tree planting ceremony, and come back again and again," says DeGange. "It's a special event. I think we'll always have it."

Meet Dr. Morse

We introduced two new CHaD professionals in a previous issue of CHaD Matters. Get ready to meet one more.

RICHARD P. MORSE, MD, is glad to be back in New England. A Dartmouth College and Dartmouth Medical School graduate, he looked for a job at DHMC in the mid-1990s, but at the time, no openings in his field were available. Five years into his tenure at Duke University Medical Center in Durham, NC, he received a letter from Richard Nordgren, MD, Pediatric Neurologist, asking him to throw his hat in the ring for an open position in Child Neurology. He did, and now he's living and working in the area he loves.

Morse is CHaD's new Pedi-

atric Neurologist. He will work with DHMC's well-known Epilepsy Program expanding the focus on pediatric epilepsy.

"It's a new era in epilepsy management," says Morse. "Surgical approaches are historically recommended to adults, but most people are diagnosed with epilepsy in childhood. Epilepsy surgery is increasingly being performed with excellent outcomes in properly chosen candidates. Recovery is often quicker, and the long-term outcomes are better."

New epilepsy modalities available at DHMC include video EEG monitoring, invasive monitoring with implanted electrodes,

and new imaging techniques to find smaller epilepsy "hot spots." If the epilepsy is localized in one section of the brain, surgery may be a possibility to eliminate seizures.

Because surgery isn't always an option, Morse's interest lies in epilepsy management with multimodalities. In an effort to improve care for children, he plans to participate in pediatric epilepsy drug trials. "In 1994, the FDA requested medications be tried in children as well as adults," says Morse. Now children can benefit from of the research at



DHMC by taking part in clinical drug trials of newer anticonvulsants. The past ten years have seen the introduction of four or five new anticonvulsants, offering some great medical options for children with epilepsy."

If you know Russian, feel free to speak a few words to Morse. With a BA in Russian Language and Literature and a MA in Slavic Linguistics, he'd be glad to exercise his language skills. Morse had the opportunity to meet and greet a few adopted Russian children through CHaD, and he and his wife frequently host Russian exchange students.

The Nurses of

NURSES ARE THE BACKBONE of our Children's Hospital. Did you know that more than 100 nurses work at CHaD? They work in every CHaD area and in many different roles. There are nurse practitioners, nurse coordinators, clinical nurse specialists, unit leaders, care managers, bedside nurses, and outpatient nurses. There are LPNs, RNs, BSNs and MSNs (Master-prepared) nurses, all working together to provide comprehensive services to children and their families.

Despite the differences in their roles or their degrees—and whether they work in the PainFree Center or the Neonatal Intensive Care Unit—one thing remains the same: their dedication to caring for the clinical, emotional, and developmental

needs of children. Nurses are advocates, delivering family-centered care and living out their commitment to the health, safety, and well-being of infants, children, adolescents, and young adults through their work every day. Recognizing that children's needs are different than adults, they acknowledge that play, diversion, friends and family, and even homework can be just as important as the care they provide. They realize that serving a "Shirley Temple" in the evening is much more exciting than juice.

In this issue of CHaD Matters, we've profiled four nurses from different areas of CHaD. You'll see why their efforts make CHaD's nursing team one of the strongest in the nation.

Jane Buskey *Intensive Care Nursery*

EARLY MORNING SUN glimmers through the windows of the Intensive Care Nursery (ICN). Jane Buskey, RN, quietly rocks her first patient of the day—a premature baby girl.

By the quiet smile on Buskey's face, you can tell she loves her job. She considered teaching, but her love of science led her to nursing and her love of children to pediatrics. After 10 years of pediatric nursing, Buskey and her family moved to the Upper Valley. At the time, DHMC was increasing nursing staff in the ICN. Buskey was one of 12 RNs hired in the spring of 1977. "It's always felt right," she says, 25 years later.

Watching Buskey makes you wish that your job was feeding and rocking tiny babies. But she is quick to tell you that is only a small part of her day. "The entire staff reports together in the morning. You're assigned either three or four babies in intermediate care or one or two critical care babies," says Buskey. "The previous nurse caring for the baby signs off, and you make a plan for the day—

when the parents will visit, how much the baby needs to eat, and timing of medications."

In addition to coordination with the patient care team—neonatologists, neonatal nurse practitioners, pediatric residents, and primary care doctors—there's quite a bit of patient education. "Even though I didn't want to be a teacher, that is what I am," she laughs. "But it's much easier to educate smaller groups of people."

Buskey works with each family individually, providing the information they need during their stay and after discharge. Many times questions come from other family members, such as grandparents or siblings, who may have less exposure to the day-to-day care of the child. To help families develop their own baseline of knowledge, Buskey co-developed an educational video, *Welcome to the ICN*.

"Babies come with families. Although each family is unique in their situation, they are sharing similar experiences," Buskey says. "I like being able to help them, give them information, and hopefully change stress into something they can handle."



Jane Buskey, RN

CHaD

Benjamin Del Frari *Pediatric and Adolescent Inpatient Unit*

THE PEDIATRIC Adolescent Inpatient Unit is colorful and cheerful. There's quite a bit of noise and activity, as well as smiling, friendly faces to make children and families feel at ease. Having a nurse like Benjamin Del Frari also helps. As he talks one-on-one to kids of all ages, he reminds you of the big brother you wished you had.

Del Frari, RN, BSN, is new to CHaD. While attending Colby-Sawyer College in New London, NH, he worked as a nursing assistant in the unit for a year. Del Frari was hired in February, graduated in June, passed the boards in July, and came on board at CHaD as a full-time registered nurse in August. "I already knew the unit and loved it," the Sunapee, NH resident says. "The nurses have an educated caring—a high skill level in many different areas—that helps them network for their patients."

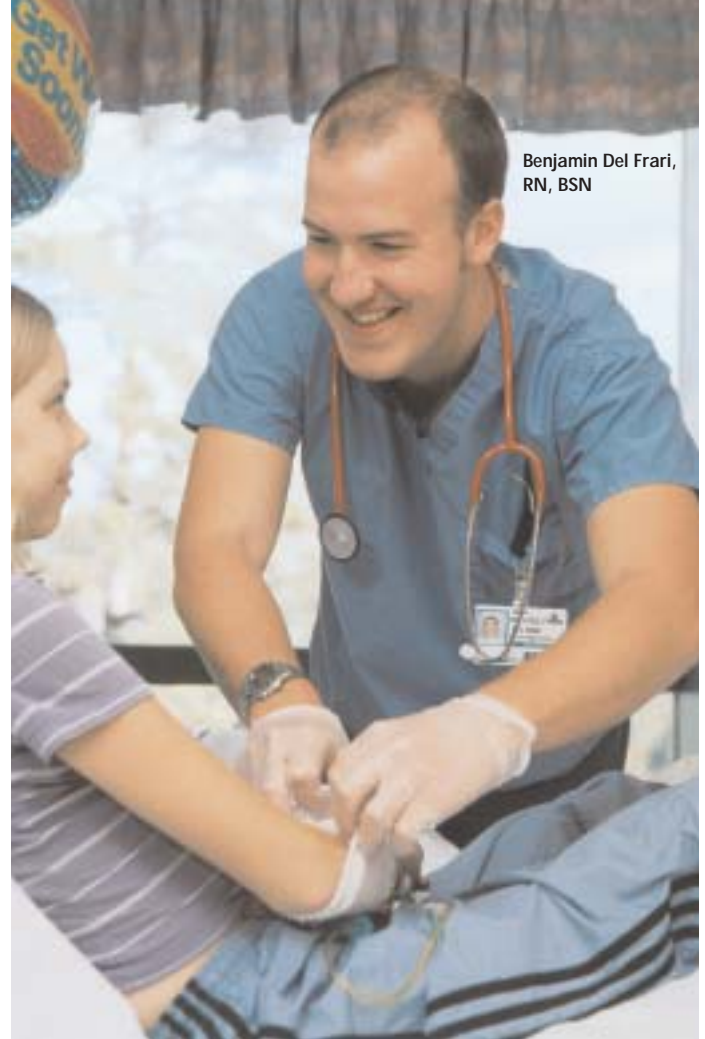
Adolescent care is a significant portion of the work at CHaD. In fact, 25 percent of inpatients are between the ages of 11 and 21. Children have a variety of clinical problems ranging from common pediatric concerns, such as asthma and infectious diseases, to tertiary problems, such as complicated oncology and multiple trauma. But their stay in the 22-bed inpatient unit depends on their

level of stability. "We usually see trauma patients after their stay in the Pediatric Intensive Care Unit," explains Del Frari. "We're a stop on their way to recovery."

Del Frari often works with children with chronic conditions, such as Cystic Fibrosis, Down syndrome, and diabetes. In addition to patient care and family education, Del Frari is what he calls a "care coordinator."

"Children come in for different services, and you frequently have to work with pediatricians and specialists all over DHMC," he says. "The key to providing quality care is coordinating knowledge and services between interdisciplinary teams."

Whether working the day or



Benjamin Del Frari,
RN, BSN

evening shift, Del Frari arrives a half-hour early to get his assignments. (He typically has four patients during the day and six in the evening.) He reads their charts, figures out the medication times, and works with the family to provide the highest

quality care for their children. "I love working with kids, and I enjoy the interaction with the family," Del Frari says. "What's nice about working with children is that you have another expert—the parent. They know their kids the best."

J. Dean Jarvis *Pediatric Intensive Care Unit*

J. DEAN JARVIS, RN, IS IN ONE OF HER favorite spots—a patient care room sitting on a leather window seat, overlooking DHMC's north entrance. "This is a great room for patients that need a little TLC," she says. "Turn the bed and a child on a monitor can look out the window to see the trees, the traffic, or a little skunk trying to get inside the building. It's a great comfort for families in times of crisis."

Jarvis joined DHMC in November 1988, and has always worked in the Pediatric Intensive Care Unit (PICU). She was, in fact, one of eight nurses who started the PICU in August 1989. "The PICU was a four-bed unit at Mary Hitchcock," she

recalls. "When it was time to move to the new facility, I worked the last night at the old hospital and the first night in the new." The PICU is currently a six-bed unit, and will expand to 10 beds this winter. Jarvis' energy knows no bounds; despite working full-time and studying for her MBA, this mother of two still found time to join the unit's development/design team.

Every day in the PICU is different. "We see patients from their first day to age 82," she says. "We're the overflow for the NICU and the adult ICU. I like to think of our unit as one of the most flexible units in the hospital."

There is usually a cross- *continued on page 6*



J. Dean Jarvis - continued from page 5

section of patients divided across four age groups: under a year, age 1 to 8, age 9 to 13, and age 13 and up. The PICU sees between 30 and 45 patients a month, with a wide variety of disease identities and traumas. “Drownings, car accidents, babies with bad colds that require ventilation, children with cancer getting their first round of chemotherapy,” describes Jarvis. “There are different nursing skills needed for each age, as well as coordination with physical therapy, occupational therapy, respiratory,

and nutrition. We wear many hats.”

Jarvis enjoys the challenges of the PICU. Today, she was a resource nurse, coordinating the number of beds and discharges to other floors, helping other nurses with patients, and assisting with emergencies in other units. But no matter her role or the type of patient, Jarvis insists on one thing. “We are family centered,” she says. “Families are every bit as important as the patients, and we do our best for the kids and the adults and the siblings and the extended families.”

Susan Whitcomb, RN



Susan Whitcomb *Pediatric and Adolescent Medicine Clinic*

“I LOVE KIDS,” says Susan Whitcomb, RN. “I like to watch them grow, change, and become the people they are going to become.” Whitcomb is a nurse in CHaD’s Pediatric and Adolescent Medicine Clinic. She provides preventative care to kids of all ages and educates parents every step of the way. “Teaching parents starts with the first visit, which is sometimes three days after birth,” says Whitcomb. “They’ll come with newborns, then I see them at two, four, six, ten months for well-child check ups. I get to know the families.”

In addition to preventative care, the Pediatric Clinic has its share of acute patients. “We may be educating parents about poison control or car seat issues,” says Whitcomb. “Or an acute patient may have made an appointment that day with an ear infection or meningitis or anything in between. It’s a variety of patients every day.” The clinic also works with different specialties—neurology, endocrinology, and dermatology—based on the needs of the patients.

Whitcomb has long-standing ties to the community. She was born at the old Mary Hitchcock in Hanover, and is a graduate of Hanover High School. She went to nursing school at Mary Hitchcock and worked there for ten years. After the birth of her second child in 1985, she decided to stay at home with her two daughters. But she missed all the kids she met through the pediatric outpatient clinic—so she opened a home day care in Lyme, NH.

“For 16 years, kids came to ‘Susie’s House,’” she says. “It was an extended family. One child would stay with me during the day, then when the next sibling was born they’d come, too. Parents became friends with other parents they met, and former day care kids would drop by after school at age 16 or 17. Everyone knew everyone.”

In April 2001, Whitcomb took DHMC’s Nursing Update course, a re-

fresh course for registered nurses re-entering the profession, and returned to DHMC last year. She now helps with the care of 100 to 150 patients a day—and even more during the winter months. “The staff in the Pediatric Clinic is excellent,” says Whitcomb. “We work so well together; everyone has an intuitive sense and the day goes just like clockwork. It’s a wonderful place to work.”

CHaD Collaboration KNOWS NO BOUNDARIES

LEBANON, NH, MAY BE THE PHYSICAL location of CHaD, but this children's hospital isn't bound by city or state lines. The Regional Program for Women's & Children's Health offers education and consultation services to maternal and child healthcare providers throughout New Hampshire and Vermont.

"CHaD is the only children's hospital in the state of New Hampshire. It's also a regional referral center; there are specialists and services here that people can't get elsewhere," says Margaret Minnock, Director, Planning and Regional Services at CHaD. "Part of CHaD's mission is to serve as a

and Emergency department staff to identify specific challenging management issues with shared patients.

"All patients are different and all hospital resources vary," adds Vicki Flanagan, RN, Perinatal Outreach Nurse. "The patients that we share and the topics that we cover are difficult. It's not textbook. The conferences help build relationships as we discuss the best ways possible to deliver care."

DIDACTICS, SKILLS UPDATES, AND NETWORKING

"We respond to the needs of the regional medical community," says Judith Frank,

network and pull together resources to make each other's lives easier."

Women's health issues are also addressed as part of the regional program. Women's care usually occurs in outpatient clinics, so recent courses have addressed topics relating to outpatient obstetrical care. In addition, subspecialty physicians in Pediatrics and Obstetrics/Gynecology are available to community physicians for informal and formal consultation with challenging patient care issues. "Taking urgent phone calls from referring physicians and midwives is a rewarding part of my day," says Emily Baker, MD, Division Director of Maternal Fetal Medicine and Vice Chairman, Department of Obstetrics and Gynecology. "Patient care is facilitated in the time frame that best suits the patient and her provider."

" Part of CHaD's mission is to serve as a resource to outlying hospitals and work with them to improve patient care."

resource to outlying hospitals and work with them to improve patient care."

Outreach nurses and subspecialty physicians in maternal-fetal, gynecological, neonatal, and pediatric medicine provide professional leadership, educational resources, and clinical expertise to providers across the region. "We travel there or invite them here," says Minnock. "Education is the core component, but a lot of it is about building relationships throughout the region. It's about collaboration, working together in a non-competitive way."

DELIVERING THE BEST CARE

"Every year, hospitals refer critically-ill pregnant women, newborns, and children to DHMC," says George A. Little, MD, Professor of Pediatrics and OB/GYN, who arrived at DHMC in 1972 to start the Neonatal Intensive Care Unit (NICU). "And every year, we go to each hospital at least once to discuss issues of mutual concern regarding the transport of patients between hospitals."

A high-risk obstetrician, neonatologist, and an outreach nurse work with nurse managers and the Obstetrics, Pediatrics,

MD, Professor of Pediatrics (Neonatology) and Associate Medical Director of CHaD. Frank was the second neonatologist to join CHaD in 1972 and the first person to develop the Outreach Educational Program.

Frank notes a conference held last November, Acute Pediatric Care for Community Hospitals. "Pediatrics is becoming an ambulatory specialty with fewer children admitted to the hospital. When children are admitted, they frequently go to adult units," she says. "Yet every hospital needs a pediatric presence, so we put together a program based on topics requested by community hospital leadership."

"There's also a nurse management meeting four times a year, based on a survey asking what perinatal and pediatric topics they'd like to discuss," says Joan Devine, RN, Pediatric Outreach Nurse. "This way, hospitals can find out what is going on throughout the region and learn from other nurse managers with the same issues. It's a nice way to

HERE FOR THE COMMUNITY

A team of four—Minnock, Flanagan, Devine, and Program Assistant Jolene Snelling—guide and shape the program on a day-to-day basis. There's also a cadre of nurses and specialty doctors who donate their time, as well as an Advisory Council that sets the overall direction and annual goals for the Regional Program.

Twenty years of education on women's and children's health issues has made a significant difference in the region. New Hampshire has one of the lowest perinatal mortality rates in the country, which reflects in part the accomplishments of the program.

Over the years, the Regional Program for Women's & Children's Health has awarded more than 100,000 educational credits to regional health providers.

"The Regional Program for Women's & Children's Health exists to collaborate with the region and support them to care for these challenging patients," says Devine.

Four Simple Principles

PLAY, MAKE THEIR DAY, BE THERE, choose your attitude. These four simple principles are creating a fun, engaging workplace for CHaD, the Children's Hospital at DHMC, and delighting patients with excellent care and customer service.

Choose Your Attitude

On July 17, CHaD kicked off FISH!, a philosophy based on the energy and passion of the Pike Place Fish Market in Seattle. Fishmongers throw large slippery fish at each other, making spectacular catches and inviting customers to try their luck. Although the market is busy and often crowded, when a fishmonger focuses on a customer it is as if they are the only two people in the place.

Aden Henry, RN, CHaD Nursing Director, has been to Pike Place twice and brought the idea to nursing leadership. "Recruitment and retention in nursing—and health care in general—is high on our priority list," she says. "Changing how we work with each other and how we work with patients and their families can help create a culture of excellence and an environment where people want to come to work. It's not that we don't already do these things, but FISH! will reward and recognize the things we do well more often."

Be There

CHaD leadership quickly embraced the idea and officially launched the philosophy with a luncheon. All CHaD employees were invited to stop by for lunch, conversation, fish games, fish prizes, and the opportunity to see leadership

wearing fish head hats. CHaD also took the FISH! principles on the road, visiting inpatient and outpatient clinics, staff, patients and families, and administration with a Ben & Jerry's cart of Phish Food and vanilla ice cream. The night shift wasn't excluded; they participated in a second celebration later that day. "We originally planned for 100 people, but we were thrilled that over 200 attended," says Henry. "It was great that people came in from home for this."

"FISH! has the capability to inspire us to bring the energy and commitment to

work every day that will create a better way to work and provide unsurpassed caring to children and their families," wrote Mary Oseid, VP of CHaD, and Co-Medical Directors John Modlin, MD, and Richard Dow, MD, in a letter to colleagues.

Play

All CHaD units—Pediatric Intensive Care Unit (PICU), Intensive Care Nursery (ICN), Pediatrics, and the Pediatric Clinic—have broken up into 20 fish teams to work on improvement projects, build a teamwork culture, and keep the energy going. Fish practical jokes are also making the rounds—one CHaD staff member had her Pete the Perch stuffed fish "kidnapped," and a Polaroid with Pete in a frying pan showed up on her desk. More serious activities that support the FISH! Philosophy—such as including the principles in hiring practices for the units—will continue throughout the year.

Make Their Day

"We seek to 'make the day' of our internal customers as well as our patients," says Kevin Donovan, Director, Ambulatory Services at CHaD. "The better we treat our co-workers, the better equipped we all will be to make the day of our patients. FISH! will go a long way in improving patient and employee satisfaction, two of CHaD's highest priorities."

"Whenever we can make work a great place to be, we'll do it," agrees Sharon Brown, Director of CHaD Community Relations. "When you enjoy what you do, it shows."



FISH!™

THE FISH! PHILOSOPHY

PLAY Work made fun gets done, especially when we choose to do serious tasks in a lighthearted, spontaneous way. Play is not just an activity; it's a state of mind that brings new energy to the tasks at hand and sparks creative solutions.

MAKE THEIR DAY When you "make someone's day" (or moment) through a small kindness or unforgettable engagement, you can turn even routine encounters into special memories.

BE THERE The glue in our humanity is being fully present for one another. Being there is also a great way to practice wholeheartedness and fight burnout, for it is those halfhearted tasks you perform while juggling other things that wear you out.

CHOOSE YOUR ATTITUDE When you look for the worst you will find it everywhere. When you learn you have the power to choose your response to what life brings, you can look for the best and find opportunities you never imagined possible. If you find yourself with an attitude that is not what you want it to be, you can choose a new one.

LEARNING BY CLICKING

TEN YEARS AGO, medical students and professors might have rolled their eyes at computer-based interactive teaching, but in 1995, with the advent of the World Wide Web, this concept was ready for prime time.

Leslie Fall, MD, Pediatrics, was looking for a way to teach critical thinking and diagnostic skills to students and residents. Norm Berman, MD, Pediatrics, wanted to make use of clerkship teaching cases languishing on computers in the library. Then

Fall and Berman, co-clerkship directors, attended a visiting professor lecture and learned about a second-generation software program that could drive learning on the Internet.

"It was the right place at the right time," says Fall, and the start of the Computer-assisted Learning in Pediatrics Project (CLIPP), a comprehensive Internet-based learning program for third-year medical students during their pediatric clerkship.

A NATIONAL, COLLABORATIVE EFFORT

In less than two months, CLIPP went from idea to reality. Ardis Olson, MD, Pediatrics at DHMC and former president of the Council on Medical Student Education in Pediatrics (COMSEP), used her grant expertise to obtain funding from the Bureau of Health Professions and rallied COMSEP's members around the project.

Fall, the project's content director, divided up the curriculum into 30 teaching cases and created blueprints to help COMSEP members—clerkship directors around the country—create content for effective teaching cases. Berman, the project's computer-assisted instruction director, determined what made up a good interactive teaching case: Do students have to click too often? Are there enough pictures? Is the case being taught well? Using software developed in Munich, Fall and Berman helped authors develop a series of clinical cases that will teach virtually all of the core



A FIRST IN MEDICAL EDUCATION

"CLIPP is the first comprehensive computer assisted teaching project in medicine," says Berman. Fall adds, "There are CD-ROMs that do some nice interactive teaching, but there's nothing out there solely based on our curriculum."

CLIPP's 30 interactive cases are designed to cover all of the core content of COMSEP's national curriculum for pediatric clerkships. Each CLIPP

case is authored by a member of COMSEP and has been subjected to rigorous peer review—a process directed by Olson—for content, educational value, and good use of the computer-based medium.

content students need to learn during their pediatrics clerkship. CLIPP cases are based on actual patient encounters and at key points require the student to make decisions about diagnoses and clinical management. For example, after asking a new mother about breastfeeding at her

"CLIPP is the first comprehensive computer assisted teaching project in medicine."

child's two-week checkup, the student learns that the child often breathes harder and faster. The teaching case notes that more rapid respiration and increased work of breathing suggest the possibility of congestive heart failure or a pulmonary problem, and continues to ask questions to help diagnose the infant.

"CLIPP cases essentially simulate a case conference with an attending," says Todd Burdette, a third-year medical student at DMS. "The program asks questions, provides feedback, supplies expert information, and even cites references—a feature that even attendings don't always have! The CLIPP cases expose students to essential pediatric diagnostic and treatment topics that may not arise in the course of a clerkship, but will definitely arise in a career in most any specialty."

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"Everyone understands you when you say, 'I wrote an article for a journal.' But what about 'I wrote a computer-based teaching case that received 2,000 hits last year?'" says Fall. "It's a new concept of academically productive work."

The CLIPP learning program will supplement clerkship teaching activities; it's not a substitute for lectures, direct clinical teaching, or hands-on patient care. It does, however, cover a broad spectrum of cases from HIV to homelessness. Students will be able to diagnose 30 virtual patients, with more variety than they would see during a six-week clerkship.

Ten cases are being piloted tested now at CHaD, Vanderbilt University Medical Center, and Meharry Medical College in Nashville. All 30 cases will be completed by March 2003. The next steps will be to get CLIPP implemented and used according to Fall's and Berman's vision: with clerkship students at multiple sites. "There are some exciting possibilities for CLIPP, even outside of pediatrics," says Fall. "We can offer what we've developed to other disciplines, to international organizations, to physicians in Zimbabwe—anyone who has Internet access."

Fun & Activities at



Big Winners On the Track and Off

NASCAR driver **Kyle Petty** didn't seem to mind that CHaD patient Barbara Brown was sporting a Jeff Gordon shirt and hair dyed to match at the NASCAR time trial races at New Hampshire International Speedway (NHIS) on July 19. NHIS honored CHaD and David's House at the Governor's Breakfast attended by Governor **Jeanne Shaheen** and NASCAR Driver **Ricky Craven**. Later that morning 75 CHaD patients, with chronic illnesses, and their families were given the red carpet treatment including lunch in an executive skybox at the track, with the best view of the races and a visit by Kyle Petty. Mr. Petty posed for pictures, signed autographs, and won everyone's hearts with his warm smile.

A Feast for the Festivities

What better for summer fun than a barbecue and the circus? When **Circus Smirkus** came to town it was C&S Wholesale Grocers who fed our young oncology patient guests and the Smirkus Troupers. But, that is just the beginning of C&S Wholesale Grocers' generosity. On August 14, the annual **C&S Golf Tournament** took over two golf courses at Mount Snow and was capped off with a gala dinner, raising \$70,000 for the children at CHaD's Pediatric Oncology Program. Thanks C&S for being a great Champion!!!

C&S Wholesale Grocers, Inc.

Thank You **WAL★MART®** for Helping a Child Smile.



Sue Richardson, a former Wal-Mart Associate, with her daughter, Meghan, a former CHaD patient, accept the check from Wal-Mart at the "Help a Child" Golf Tournament.

All your efforts made the Annual **WAL★MART®-CHaD** Champion Campaign an absolute success. Our hats go off to the Wal-Mart Corporation, the Wal-Mart Foundation and the Wal-Mart Associates for their total commitment in support of the CHaD children; to the regional vendors who donated money, food, drink, and raffle prizes; and all the Wal-Mart customers who gave their coins to support the Children's Hospital at Dartmouth (CHaD).

With your help, the annual campaign, culminating in the "Help a Child Smile" Golf Tournament, raised more than \$150,000—funds that will help provide high-quality health care to children across New Hampshire and Vermont. We thank you for your support.



Special Thanks to All the Event Sponsors:

Amoskeag Beverages, Inc.	Hershey Food Corp.
Archway Home Style	Interstate Brands
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CHaD

Drag Races Support Kristen's Gift



Flames leapt, tires squealed, and the smell of burnt rubber was everywhere at Street Night at New England Dragway on September 18, a night when amateur drag racers came to test the speed of their family car and to raise money in support of **Kristen's Gift**. Not only the family car, but also tractor trailer trucks spouting flames roared down the track. The evening was the brainchild of Mike Donnell and John Xiggoros from Bonnevill & Son in Manchester, which raised over \$11,000 in support of Kristen's Gift, a special Pediatric Oncology Fund at CHaD. Key sponsors were Sprint and Valvoline Motor Oil.

Putt for Kids

A little rain didn't dampen the spirits of the hardy players in Hooksett, NH; the site for some "intense" competition as kids of all ages took to the mini golf links in support of CHaD. This was the first year of "Putt for Kids—Mini Golf Tournament" at Legends Golf. Sixteen businesses sponsored holes along the course. After a hard day of knocking around colored golf balls, families dined on donated Kayem hot-dogs, Blake's Ice Cream, and drinks from Coca-Cola.



"Caring for Children" Campaign

Victoria Bentley, Director of Consumer Affairs for Penn Traffic, parent company for **P&C Food and Pharmacy**, drives home the importance of Child Advocacy Programs in protecting children from



child abuse. Their "Caring for Children" Campaign in the month of June raised over \$14,000 for the **CHaD Child Advocacy and Protection Program**, making P&C our newest CHaD Champion. Also pictured is Tammy Henderson, Community Coordinator for the Lebanon P&C, who was honored for spearheading the campaign for the ten P&C stores in Vermont and New Hampshire.

Legends of the Wild West

It was 85 degrees outside, and probably 10 degrees warmer inside the big top. But that didn't dampen the enthusiasm of the crowd. Kids of all ages surrounded the center stage, waiting in anticipation for the teenage performers of **Circus Smirkus** to dazzle them with wild buckaroo acts.

Circus Smirkus is the first Vermont-based traveling circus in more than 100 years. Courtesy of Friends of CHaD, Friends of Norris Cotton Cancer Center and several local businesses, the Big Top team visited Lebanon, NH, and put on four shows in August. The shows, in conjunction with donor support, raised \$25,000 for the Pediatric Oncology Program at DHMC.

Special guests from CHaD and NCCC enjoyed front row seats for Smirkus' 2002 "Legends of the West" tour. After each show, patients and their families—about 150 people total—were treated to a special barbecue provided by C&S Wholesale Grocers.

Susie Turco took her grandson Kyle Monier, age 3. "I had the day off and Kyle asked me if I wanted to go," she says as Kyle dances to the beat of the music. "Now I will come every year. Maybe next year we'll bring Grampa."

Eyes grew large as the hoe down began. There was so much going on that kids weren't sure what to look at first—the Greensboro Gulch musicians at the back of the stage or the antics of the juggling clowns at the front; the cowgirls swinging on the trapezes or the cowboys manning the ropes below. "The aerial stuff makes my feet itch every time," says Heather Harlow, LMT, LNA, in the Pediatric Hematology/Oncology Unit, as she watches the trapeze artists with Nancy Benware and her daughter Kayla, 13.

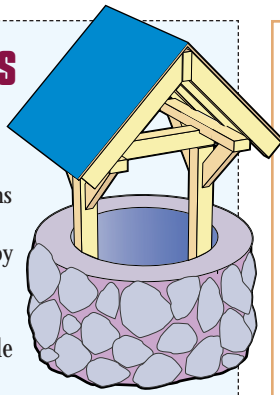
It was hard to choose a favorite act, but not for some circus fans. What was Talyn Green's favorite part? "All of it," the 6-year-old says. Her friend Katelyn Beede, 8, pipes in, "I guess they've been practicing for years."



XL92 Wishing Well For Kids

The *XL 92 Wishing Well for Kids* Campaign is November 29 through December 20. Proceeds will benefit the **Boyle Community Pediatrics Program at CHaD** which provides important community programs and support for the families at CHaD. Make a wish to make kids well and pledge today. All pledges received by December 18 will be read on the air during the *XL 92 Wishing Well for Kids* Radiothon.

YES I want to make a pledge to help the Boyle Community Pediatrics Program



Enclosed is my gift of :

\$100 \$50 \$25 \$10 Other _____

I would like my gift made *in memory of*, or

in honor of _____.

Please make checks payable to the **Children's Hospital at Dartmouth.**

Thank you for your gift!

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Credit card information: Visa Mastercard American Express

Credit Card number _____ Expiration date _____

Your name as it appears on the card _____

Please clip and send to:

CHaD, Attn: Karleen Cyr, Dartmouth-Hitchcock Medical Center,
One Medical Center Drive, Lebanon, NH 03756.

For more information, call (603)650-3431.

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Cute as can BEE

Shannon Hayes may have been in the hospital for Halloween, but thanks to the Child Life Program at CHaD she did not miss out on Trick or Treating. A group of patients, staff and volunteers—all in costume—traveled by foot, wheel chair, and rolling bed to 20 departments throughout DHMC for the annual festivities and then back to the Pediatric and Adolescent Unit for a holiday party. Since many of our patients can't have candy due to restricted diets, departments provided clever child friendly goodies including stuffed animals, coloring books, and crayons. Many departments made up special gift bags, making kid's stay here at CHaD just a little bit easier during a holiday. Thanks to all who participated!



CHaD Events Schedule

December 18, 19, 20: XL 92 Wishing Well for Kids Radiothon. Mail the pledge sheet on this page or call in and make a pledge during the radiothon at (603)650-5100.

January – May 2003: CHaD Rea-dathon: Kids helping kids; children read for pledges. Sign up your school or church group today. All proceeds go toward toys, books and children's supplies for waiting areas at CHaD. Contact Karleen Cyr at (603)650-3431.

March 1, 2003: CHaD Ski and Ride Challenge at the Dartmouth Skiway. Get a team together for the team challenge or bring the whole family for a fun filled day. Contact Terri Paradis at (603)650-3435 or at Terri.P.Paradis@hitchcock.org. Think Snow!

June 7: "Rock for the Kids," Quechee, VT. Call Sharin Luti at (802)295-9201.

June 9: CHaD Classic Golf Tournament, Quechee Club, VT Call Sharin Luti at (802)295-9201

CHaD Matters is published by the Children's Hospital at Dartmouth. Please address correspondence to: Sharon Brown, CHaD, Dartmouth-Hitchcock Medical Center, One Medical Center Drive, Lebanon, NH 03756.

Photo Credits: Mark Austin-Washburn, David McWilliams, and Bob Sterling



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