NEW DISCHARGE SHEET: CLEAR, EFFECTIVE, TIMELY

A new Electronic Discharge Instruction Sheet (EDIS) Connecticut Children’s is introducing this fall will improve the Medical Center’s communications with both primary care providers and patient families. The development of the new EDIS is part of an overall communication improvement initiative spearheaded by Jeffrey Thomson, MD, who became president of the Connecticut Children’s Specialty Group earlier this year. A multidisciplinary team worked collaboratively over several months developing the document. It will serve as a bridge until the electronic health record (Care Navigator) is fully up and running for the inpatient setting in 2014.

The new EDIS enhances quality and safety. Because the discharging physician completes it electronically, legibility is not an issue. Unlike the previous form, the new one includes a brief hospital course. It also specifies pending lab tests and indicates who will follow up on them. For the most common diagnoses, standardized instructions automatically populate the form. For consistency, the same form is being used for discharge of patients from all hospital units.

At discharge from the patient unit, a nurse reviews the EDIS with the patient’s family, and a copy is faxed to the patient’s PCP. Timeliness is critical, says Inpatient Services Medical Director Anand Sekaran, MD, who led the development team. “When the primary care provider has the patient in the office a day or two after the hospital stay, it’s essential to know what happened in the hospital, what medications were prescribed at discharge and what follow-up plans are in place,” Dr. Sekaran says. “The parents expect it, the care requires it, and the provider benefits from it.”

PRIMARY CARE PROVIDERS OPT FOR HOSPITALIST CARE

Since Connecticut Children’s Hospitalist Service was launched in 2000, an ever-increasing number of referring providers have chosen to entrust it with their patients’ care. Today 96 percent of all general pediatric inpatients at Connecticut Children’s are under the care of the Hospitalist Service. There are several reasons why community providers have embraced this model, according to Anand Sekaran, MD, head of the Division of Hospital Medicine and medical director of Inpatient Services at Connecticut Children’s.

“Hospital medicine is now recognized as a field unto itself, with its own skill set and mission,” Dr. Sekaran says. “The field involves inpatient medical care, but also quality improvement, education and standardization of best practice. Hospitalists work only in a hospital system and know the system well.” Hospital physicians are especially critical in the case of complex medical patients, when it’s necessary to coordinate multiple subspecialists, conduct lengthy family meetings and be available for bedside care when the patient has an acute change in status. “Our community has excellent pediatricians, but they can’t be present at all times the way we can, and

A NATIONAL LEADER

Connecticut Children’s Medical Center has been ranked among the best in the nation for six of its specialties in U.S. News & World Report’s 2013-14 “Best Children’s Hospitals” rankings. It is the fifth time the Medical Center has been named among the best since the rankings were created seven years ago. It ranked in the top 50 in the country in Urology, Diabetes & Endocrinology, Pulmonology, Orthopedics, Neonatology and Gastroenterology & GI Surgery.

Continued on page 3
**PRESENTATION**

A 23-month-old female was transported via Emergency Medical Services to Connecticut Children’s Medical Center’s Emergency Department for vomiting and changes in mental status. Her parents reported that she had been with them, playing while they were doing yard work. She was out of their sight for approximately five minutes when they found her with buds of a flowering plant in her mouth. They noted her to be salivating, vomiting profusely and developing an altered level of consciousness. Her vomitus contained approximately 20 white flower buds and they quickly suspected that she had ingested a toxic floral substance. They immediately called 911. The child’s mother took a photo of the outdoor plant they suspected to be the culprit and was able to identify it with an online search. The child progressively became more neurologically impaired and continued to vomit as she was transported to Connecticut Children’s ED.

**DIAGNOSIS/TREATMENT**

Upon arrival, the child had an altered mental status and was in shock. Her temperature was 93°F and she was cyanotic, with sinus bradycardia (heart rate 50-60/min), hypotension and poor perfusion (capillary refill time of five seconds). She received fluid resuscitation (60mL/kg of normal saline) for shock via an intraosseous catheter. Poison Control was contacted and, based on the Internet search of the flowering plant the child had ingested, now identified as Pieris japonica, attributed her hemodynamic symptoms to the toxin ingested from the plant. They recommended treatment with atropine, which increased her heart rate. She was aggressively resuscitated with fluid boluses for clinical signs of shock; had a nasogastric tube placed to help eliminate stomach contents, and was then admitted to the Pediatric Intensive Care Unit for continued observation and monitoring. Her shock soon resolved while she continued to receive intravenous fluid. No further episodes of vomiting occurred in the PICU. Her mental status slowly improved over the following 24 hours, and her hemodynamics normalized. She began to take a regular diet and was discharged to home after 24 hours.

**DISCUSSION**

Toxic ingestions are a very common reason for PICU admission due to the effects of the offending substance upon multiple organ systems (respiratory, cardiovascular, gastrointestinal and neurologic). In this particular case, the toxin was ingested from a flowering plant called Pieris japonica.

Pieris japonica is a member of the Ericaceae family. Other common outdoor flowering plants that are in the same family and include the same toxin include the rhododendron and azalea. The plants in this family contain diterpene grayanotoxin 1 (also known as andromedotoxin). The toxin is located in the leaves, twigs, flowers and buds of the plant. Ingestion of this specific grayanotoxin in honey dates back to 400 B.C. in Greek literature and led to the moniker “mad honey disease.”

**Clinical Symptoms**

The cholinergic toxidrome associated with grayanotoxin poisoning occurs in a dose-dependent manner and can occur within minutes to hours after ingestion.

The physiologic manifestations are due to its effects on voltage gated sodium (Na) channels in the cell. Binding of the toxin to the Na channel prevents inactivation of the Na channel, leaving the cell in an activated state. Physiologic effects secondary to persistent Na channel activation result in increased vagal tone.

The initial symptoms after ingestion include salivation, diaphoresis, vomiting, dizziness, weakness, hypotension, bradycardia and paresthesias of the extremities and mouth. Higher doses can result in progressive muscular weakness, bradydysrhythmias (sinus bradycardia, atrial ventricular block, asystole), changes in level of consciousness, seizures and, if untreated, death. Ninety percent of reported cases present with significant hypotension and bradycardia; diaphoresis, dizziness and altered mental status occur in 70%, and syncope in 30%. There are no available diagnostic tests of blood or urine to detect grayanotoxin.

**Treatment**

Symptoms typically last for less than 24 hours. Initial treatment of hypotension consists primarily of intravenous fluids; vasopressors are rarely needed. Atropine is used for treatment of profound bradycardia. A temporary pacemaker may be necessary if the bradycardia is unresponsive to atropine. Most modern cases, if treated with supportive care and management of hypotension and dysrhythmias, have an excellent prognosis.

**References:**


Have you had an interesting case involving Connecticut Children’s?
Contact Medical News Managing Editor Dennis Crean, RN, at 860.837.6248 or dcrean@connecticutchildrens.org.
NEW AMBULANCE ROLLS OUT

Connecticut Children’s Critical Care Transport Team recently unveiled a state-of-the-art ambulance it will use to transport both neonatal and pediatric patients from hospitals throughout the state and region. The new vehicle is essentially a mobile intensive care unit. Its features enable the medical team on board to provide the highest level of care for even the most complex patients while en route to a facility.

The ambulance's equipment includes a transport incubator, mechanical ventilators and other specialized respiratory equipment. Unlike most ambulances, this one has the capacity to deliver medical air. The vehicle is oversized to accommodate the crew, and it has a separate engine that powers a generator that produces the electricity needed to operate all the equipment.

In June, Connecticut Children’s began providing 24/7 neonatal transport, which enhances the Medical Center’s longstanding pediatric transport capabilities.

“With the addition of neonatal transport, we now have a full-service transport service for children from birth to 18 years of age,” says Marilyn Sanders, MD, medical director for the Neonatal Transport Program. The program’s launch, Dr. Sanders says, “makes Connecticut Children’s a full-service provider for all medical needs of newborns, infants and children.”

NEUROSURGERY OFFERS “LUNCH & LEARN” TALKS

Would you and your staff like to learn more about central nervous system conditions in children? Faculty from Connecticut Children’s Department of Neurosurgery are happy to help.

Chief Paul Kanev, MD, and pediatric neurosurgeons Jonathan Martin, MD, and Izabela Tarasiewicz, MD, are available to present lunch-hour talks at your practice, tailored to your preferences.

Clinical topics these experienced subspecialists can cover include plagiocephaly and helmet use; hydrocephalus, including minimally invasive neuroendoscopy; craniosynostosis; back pain; spine congenital malformations, including tethered spinal cord; epilepsy surgery; tumors; tone management and spasticity; Chiari malformations; and concussion management.

To schedule a presentation at your practice, call the Department of Neurosurgery at 860.545.8373.

PRIMARY CARE PROVIDERS OPT FOR HOSPITALIST CARE, continued from page 1

that reality has helped drive the growth of hospital medicine,” Dr. Sekaran says.

Changes in the economics of operating a medical practice also have played a role. With the increased costs of private practice, physicians have to devote themselves to their “home base.” It’s challenging, Dr. Sekaran says, for a physician to find time to go to the hospital to see that one patient when he or she needs to see so many patients in the office.

Even though a PCP may not be physically in the hospital by the patient’s bedside, he or she is still integrally involved in that patient’s care. “We consider community physicians our partners in the care of their patients!” Dr. Sekaran says. “We both welcome and rely on their input!” The service also has made it a top priority to ensure an effective handoff at the time of discharge. One of the ways they do this is by making a personal telephone call to the patient’s PCP at discharge. Metrics show that last year, this call took place 95 percent of the time. This year it’s such a high priority that it will be one of the quality metrics tied to individual hospitalists’ merit compensation increases.

Community-based physicians who use Connecticut Children’s Hospitalist Service can also depend on their patients’ receiving effective, efficient and evidence-based care. The service keeps quality data for many of the major diagnoses the team cares for. In asthma, for example, from 2009 to 2012, the average length of stay decreased from 2.3 days to 1.8 days, while direct cost of care decreased more than 20 percent. “What’s reassuring is that we’ve accomplished a lower length of stay with no increase in the readmission rate. We’ve also improved use of the appropriate preventive medication for asthma,” Dr. Sekaran says. “This is an example of how hospitalists can improve efficiency while maintaining quality. This is exactly where health care is going.”

Dr. Sekaran, who is also assistant professor of pediatrics at the UConn School of Medicine, may be contacted at 860.545.8275 or asekanar@connecticutchildrens.org.
Free on-site training is available to make injections less painful. Pediatric primary care providers across the state can now receive free training—right in their offices—on how to make immunizations and other injections more comfortable for their patients. The brief training session, called Injection Protection, is the newest training module being offered through the Child Health and Development Institute (CHDI) of Connecticut’s Educating Practices in the Community (EPIC) program.

Quick and Effective
The training draws on many well-researched but often underutilized strategies for reducing the pain and anxiety associated with injections. “There are simple techniques that clinicians can learn to decrease the pain and stress associated with injections,” says William Zempsky, MD, director of Pain & Palliative Medicine at Connecticut Children. “These techniques are low cost and easily incorporated into the flow of a busy office practice.”

EPIC uses trained peer professionals to deliver brief, on-site presentations to physician practices over lunch breaks or at other convenient times. This “academic detailing” model has proven effective in accelerating practice change in a range of areas, including autism screening and asthma care, as well as reducing the physical and emotional discomfort of injections.

A Decade of Experience
The EPIC program is marking its 10th anniversary this year. It now offers 13 training modules to help pediatricians and their staff stay informed about critical children’s health issues. The modules cover practice areas such as developmental and behavioral health screening, care coordination, hearing monitoring and oral health. Nearly two-thirds of Connecticut pediatric practices have used EPIC’s resources. CME/CEU credits are available.

For a complete listing of CHDI training modules, visit www.chdi.org and click “EPIC.” To schedule an in-office presentation on any EPIC topic, contact Maggy Morales at mmorales@uchc.edu or 860.679.1519.

NEW DIRECTOR AT CHILDREN’S CENTER FOR COMMUNITY RESEARCH

Christine McCauley Ohannessian, PhD, is the director of the Children’s Center for Community Research (C3R) at Connecticut Children’s Medical Center. Dr. Ohannessian comes to the Medical Center from the University of Delaware, where she was an associate professor of human development and family studies and psychology. She received her PhD from The Pennsylvania State University, and completed her postdoctoral fellowship at the Department of Psychiatry’s Alcohol Research Center at the University of Connecticut School of Medicine.

Dr. Ohannessian’s research interests focus on the relationship between contexts such as family and adolescent health and development. She is especially interested in adolescent substance use and internalizing problems (e.g., anxiety and depression). She is the project director for The Adolescent Adjustment Project (adolescentadjustmentproject.org), a longitudinal study examining the underlying processes involved in the transmission of the vulnerability to substance abuse and dependence. The overarching goal of the AAP is to examine why some adolescents are more resilient than others in the face of adversity.

Dr. Ohannessian brings to her new role a wealth of experience in research and leadership that will support C3R in achieving its goal of becoming recognized internally and statewide as a resource in conducting and evaluating community-based participatory research and programs that address contemporary health issues facing children.

C3R programs currently focus primarily on childhood health and will now expand to include adolescent health and development. In addition to C3R’s emphasis on asthma and obesity, programs will be broadened to include psychological health and substance use. Dr. Ohannessian will work closely with the Office for Community Child Health and its programs to support its evaluation needs. Dr. Ohannessian’s contributions will support Connecticut Children’s vision of making Connecticut's children the healthiest in the nation.
WELCOME, NEW FELLOWS

Liza Aguiar, MD
Pediatric Urology
• Residency in pediatric urology, Brown University
• MD, Brown University
• BA, comparative literature, Brown University

Danielle Federico, MD
Pediatric Emergency Medicine
• Residency in pediatrics, Connecticut Children’s Medical Center
• MD, SUNY Upstate Medical Center
• BA, biology, Ithaca College

Tristan Lindberg, MD
Neonatology
• Residency in pediatrics, SUNY Upstate Medical Center
• MD, St. George’s University
• BS, biology, Portland State University

Ali Maziad, MBBS, MSc
Pediatric Orthopaedics
• Fellowship in spinal deformity, Hospital for Special Surgery
• Fellowship in spine surgery, Boston University Medical Center
• PhD candidate in orthopaedics
• Post-doctoral research fellowship, University of Southern California
• Residency and MS in orthopaedics, Ain Shams Medical School
• MBBS, Ain Shams Medical School

Sunitha Sura, MBBS
Pediatric Endocrinology
• Residency in pediatrics, Woodhull Medical Center
• MBBS, Sri Devaraj Urs Medical College
• Urgent care attending, Boston Children’s Hospital

Anthony Tsai, MD
Pediatric Surgery
• Residency in general surgery, Indiana University
• Medical Innovation fellow, University of Michigan
• Fellowship in minimally invasive and gastrointestinal surgery, LeBonheur Hospital
• MD, Drexel University College of Medicine
• BS, bioengineering, University of Pennsylvania

Jasmeet Mokha, MBBS
Pediatric Gastroenterology
• Residency in pediatrics, Tulane Hospital for Children
• MBBS, Manipal College of Medical Sciences
• MPH, Tulane University

Welcome, New Fellows

CHIEF RESIDENTS

Karyn Hughes, DO
• DO, Lake Erie College of Osteopathic Medicine
• BS, biology; BA, fine arts, Lycoming College

Amisha Shah, MD
• MD, Pennsylvania State University College of Medicine
• BA, biochemistry/molecular biology, Boston University

Richard Uluski, MD
• MD, Jefferson Medical College of Thomas Jefferson University
• BS, biochemistry, Union College

PL-1 PEDIATRIC RESIDENTS

Caroline Adejite, MD
• MD, State University of New York Upstate Medical University
• MS, medical technology, State University of New York at Binghamton
• BS, biology, State University of New York at Binghamton

Alyson Baker, MD
• MD, Saint Louis University School of Medicine
• BA, biology and chemistry, Drury University

William Brucker, MD, PhD
• MD, The Warren Alpert Medical School of Brown University
• PhD, biology, Brown University
• BS, chemistry, Brown University

Mary Ann De Banate, MD
• MD, Howard University College of Medicine
• BA, human biology, Hispanic studies, Scripps College

Mona Doss, DO
• DO, University of New England College of Osteopathic Medicine
• MA, medical sciences, Boston University School of Medicine
• BS, biology, Brandeis University

Mark Gilroy, DO
• DO, University of New England College of Osteopathic Medicine
• BS, neuroscience, Dickinson College

Benjamin Carter, DO
• DO, Lake Erie College of Osteopathic Medicine
• BS, biology, Lake Erie College of Osteopathic Medicine

Megan Griffiths, MD
• MD, University of Colorado, Denver School of Medicine
• BA, history, University of Denver

Jane Im, MD
• MD, Temple University School of Medicine
• BA, history, New York University

Rose Lee, MD
• University of Iowa Roy J. and Lucille A. Carver College of Medicine
• BS, biology; BA, psychology, University of Iowa

Laura Mckay, MD
• MD, University of Connecticut School of Medicine
• BA, biochemistry, Vassar College

Adam Pascoe, MD
• MD, The Commonwealth Medical College
• BS, biology, King’s College

Alisha Philip, MD
• MD, Temple University School of Medicine
• BS, chemistry, State University of New York at New Paltz

Brenda Prindle, MD
• MD, Loma Linda University School of Medicine
• BS, biology, Southern Adventist University

Louis Rigos, DO, MPH
• DO, New York College of Medicine of New York Institute of Technology
• MPH, public health policy and community health, Brooklyn College
• BS, biology, Howard University

Melanie Rudnick, MD
• MD, New York Medical College
• BS, chemistry, Lehigh University

Jessica Shui, MD
• MD, New York Medical College
• BS, biology, Bucknell University

Vaka Sigurjonsdottir, MD
• MD, University of Iceland
• University of Debrecen
• Medical and Health Sciences Centre

Kristopher Teti, MD
• MD, Jefferson Medical College of Thomas Jefferson University
• BS, biology, St. Joseph’s University

Sussi Vivar, MD
• MD, University of Rochester School of Medicine and Dentistry
• BA, psychology, University of Connecticut

Anna Weingarten, DO
• DO, University of Medicine & Dentistry of New Jersey/School of Osteopathic Medicine
• BA, public health, University of Rochester

Welcome, New House Staff
DESSY BELL TEACHES HEARING LESSONS

A very cool mannequin named Dessy Bell (get it?) is helping Connecticut Children’s teach young people about the risks of noise-induced hearing loss, especially from using devices such as iPods. Melissa Mathieu, AuD, and her husband built the mannequin using directions provided by an Oregon-based public health campaign called Dangerous Decibel.

“Dessy has a sound level meter built into her ear,” Dr. Mathieu explains. “We have the user set their device to the volume they’d ordinarily use. Then we put the earphones into Dessy’s ears. She generates a reading in decibels. We use that number to tell the person whether that level is safe or hazardous to their hearing.”

Permanent hearing damage is likely to occur after exposure to 85 decibels for eight hours. But if the child listens at a higher volume, damage will occur in a shorter time. “If you’re using an iPod at maximum volume, the sound can peak at 110 decibels,” Dr. Mathieu says. “That’s loud enough to cause permanent hearing loss after just 15 minutes.” The effect is cumulative over time.

Noise-induced hearing loss affects about 12.5 percent of children between ages 6 and 19. Even a slight loss can impact a child’s educational and social development.

Dessy has been making the rounds of health fairs and will be used to educate patients at Connecticut Children’s. “We’ll focus especially on adolescents,” Dr. Mathieu says, “who are always plugged into iPods.”

For more information about Dessy Bell or noise-induced hearing loss, contact Melissa Mathieu at mmathieu01@connecticutchildrens.org.

STUDY: SELF-HYPNOSIS FOR POST-OP PAIN

Can learning self-hypnosis techniques before surgery help adolescent patients better manage post-operative pain? That was what investigators at Connecticut Children’s set out to learn through a retrospective analysis they conducted last spring among young people having the Nuss procedure to correct pectus excavatum. The study was spearheaded by Renee Manworren, PhD, APRN, nurse scientist, and Ana Maria Verissimo, MD, integrative medicine specialist, both of the Division of Pain and Palliative Medicine, and pediatric surgeon Donald Hight, MD.

Eight of 22 patients scheduled for the Nuss procedure self-selected to learn self-hypnosis prior to the surgery. Dr. Verissimo met with each patient prior to surgery to explain the approach and teach them self-hypnosis—or “focused-attention”—techniques, including deep breathing and guided imagery. All 22 patients received epidurals and IV opioids via patient-controlled analgesia pumps.

While maximum reported pain and length of stay did not differ from one group to the other, a key finding, Dr. Verissimo says, was that patients who learned self-hypnosis “used statistically significantly less morphine” than patients who did not learn the techniques.

Investigators from Connecticut Children’s Center for Chest Wall Deformities and the Pain and Palliative Medicine program plan to follow up with a prospective randomized controlled trial of self-hypnosis for pectus excavatum patients. They are also exploring the possibility of using self-hypnosis to help patients with other conditions and procedures obtain relief from pain, nausea and other symptoms when these are not well-controlled with medications alone.

Dr. Verissimo may be contacted at averiss@connecticutchildrens.org. Dr. Manworren may be contacted at rmanworren@connecticutchildrens.org.
Pediatric E-Network Modules Available

Connecticut Children’s Injury Prevention Center has several tablet-based educational modules available for practices participating in the Pediatric E-Network. They include:

**Learning to Drive** – This module for youth aged 15 to 17 details the risks of driving and ways that teens can acquire driving skills safely. English only.

**Bike/Pedestrian Safety** – Geared to children aged 7 to 12, the module explains the risks faced by children who ride or walk on or near roadways and what they can do to stay safe. English/Spanish.

**Child Passenger Safety** – This module for parents of children 3 to 7 years old explains the use of car seats and the transition to a booster seat. English/Spanish.

**Choking Prevention** – For parents of children from 6 months to 3 years of age, this module features Connecticut Children’s otolaryngologist Scott Schoem, MD, explaining the dangers of small objects and providing examples of what to look out for to keep your child safe. English/Spanish.

For more information, contact Injury Prevention Center Associate Director Kevin Borrup JD, MPA, at 860.837.5309 or kborrup@connecticutchildrens.org.

**CONNECTICUT CHILDREN’S OFFERS MAINTENANCE OF CERTIFICATION FOR COMMUNITY PEDIATRICIANS**

Community providers can now fulfill Part 4 Maintenance of Certification requirements with quality improvement projects developed and offered locally by Connecticut Children’s. The American Board of Pediatrics recently approved Connecticut Children’s as a Portfolio Sponsor, meaning the Medical Center may independently develop its own quality improvement projects, evaluate them against ABP standards and offer them to physicians.

The board’s decision *reflects a level of confidence on the part of the American Board of Pediatrics in the quality of our MOC activities and our ability to manage those activities,* says Susan Duckworth, the Medical Center’s director of academic administration. Ms. Duckworth says that the appointment of a full-time MOC program coordinator, Lisa Jordan, AE-C, RPFT, BHSc, and her subsequent enhancements to the program were factors in the board’s decision.

Physicians who participate in Connecticut Children’s portfolio projects and meet ABP completion requirements receive credit for the Performance in Practice component (Part 4) of MOC. ■

To see a list of the Medical Center’s current MOC quality improvement projects or to enroll, visit www.connecticutchildrens.org, choose “For Health Care Professionals” then “Maintenance of Certification.” Questions? Contact Lisa Jordan, ljordan@connecticutchildrens.org or 860.837.6260.

**CONTINUING MEDICAL EDUCATION PROGRAMS**

All programs are held at the Pond House Café, 1555 Asylum Ave., West Hartford, Conn.

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**Andrubonis Child Mental Health Evening Lecture Series**

Oct. 8, 2013**

PediAtriC evening leCture series

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For more information visit: www.connecticutchildrens.org/edcoursedev

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**GRAND ROUNDS Online**

Remember that Grand Rounds Online is now FREE of charge.

Earn CME credit from your home or office by accessing selected Grand Rounds presentations online.

To register and obtain a password, call Deirdre Palmer at 860.837.6281. ■

To register or obtain more information, contact Diane Mouradjian at 860.837.6264 or dmouradjian@connecticutchildrens.org or Deirdre Palmer at 860.837.6281 or dpalmer01@connecticutchildrens.org
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Welcome, New House Staff

Dessy Bell Teaches Hearing Lessons

Study: Self-Hypnosis For Post-op Pain

Pediatric E-Network Modules Available

Connecticut Children’s Offers Maintenance of Certification For Community Pediatricians

Continuing Medical Education Programs

Welcome Aboard

We are pleased to announce this new addition to our medical staff.

SARAH-JO STIMPSON, MD

Division of Emergency Medicine

• Residency in pediatrics, University of Connecticut, Connecticut Children’s Medical Center
• MD, University of Massachusetts Medical School
• BS, biochemistry, Union College

Medical News is also available online
WWW.CONNECTICUTCHILDRENS.ORG

Welcome, New House Staff

Dessy Bell Teaches Hearing Lessons

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Continuing Medical Education Programs

To make an appointment, call the specialty’s main number found at
WWW.CONNECTICUTCHILDRENS.ORG

WELCOME ABOARD