



# Medical News

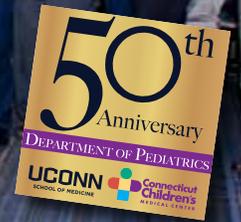
MEDICAL UPDATE FOR REFERRING PROVIDERS

January 2018

& the Department of Pediatrics of the University of Connecticut School of Medicine



Current and former chairs of the Department of Pediatrics and current department heads gathered for a photo at the celebration of the department's 50th anniversary.



## Department of Pediatrics Celebrates 50 Years

The University of Connecticut School of Medicine's Department of Pediatrics celebrated its 50th anniversary with a festive event on Nov. 10 at Hartford's Downtown Marriott. Connecticut Children's Medical Center is home to the school's Department of Pediatrics.

More than 200 people gathered for the celebration, which focused on how the department has impacted children's health worldwide. All living department chairs attended the event, including the first acting chair, Martha Lepow, MD, who is 94 years old. Lepow and former Chairs Robert Greenstein, MD; John Raye, MD; and Paul H. Dworkin, MD, as well as current chair, Juan Salazar, MD, MPH, were honored with plaques. Two plaques,

those honoring Milton Markowitz, MD, and Michael D. Bailie, MD, PhD, were awarded posthumously.

Speakers at the event included emeritus faculty member Leon Chameides, MD, founding chair of Pediatric Cardiology at Connecticut Children's and Hartford Hospital, who was on the staff of the medical center for 30 years. Chameides' remarks were titled A Look Back on the Global Impact of the Department of Pediatrics. Other speakers discussed how the department is affecting child health now and prospects for continuing to do so in the future. The event concluded with a slide presentation and remarks by Salazar; Bruce T. Liang, MD, FAAC, dean of the UConn School of Medicine; and James



Adam Silverman, MD, director of Connecticut Children's Center for Global Health, presents a plaque to Martha Lepow, MD, first acting director of the Department of Pediatrics.

Shmerling, DHA, FACHE, president and chief executive officer of Connecticut Children's Medical Center.

## Connecticut Children's and Western Connecticut Health Network Launch Partnership

A new partnership between Connecticut Children's Medical Center and Western Connecticut Health Network—which comprises Danbury, Norwalk and New Milford hospitals—officially got underway on Jan. 1. Under the arrangement,

Connecticut Children's will provide hospitalists, neonatologists and pediatric physician assistants for pediatric inpatient units, nurseries and neonatal intensive care units at Danbury Hospital and Norwalk Hospital.

WCHN chose Connecticut Children's from among several prestigious institutions that responded to its request for proposals. While the pediatric hospitalist component began Jan. 1, neonatology coverage is

Continued on page 2.

## From the Surgeon-in-Chief

By Christine Finck, MD



Christine Finck, MD

I hope you enjoyed a peaceful and joyous holiday season with family and friends. As we kick off this new year, I am excited to share the latest updates related to our continued growth and our strategic development across the region.

We have officially launched Connecticut Children's new five-year (2018-2023) strategic plan. A major focus of this plan is the establishment of new partnerships and expanded ambulatory networks. We have begun to execute our growth strategies within Neonatology and Hospital Medicine, and are proud to be closely aligned with the Western Connecticut Health Network. This alignment has enabled us to hire seven neonatologists, four full-time pediatric hospitalists, five per diem hospitalists and 11 physician assistants between Danbury and Norwalk hospitals. These opportunities, combined with innovative healthcare delivery models such as telehealth, will strengthen our presence in the region and ensure optimal delivery of quality health care. Initiatives such as our brand of family-centered care; evidence-based clinical pathways; and an emphasis on education and quality improvement will be shared with our partners.

To effectively support this five-year plan, we are very thoughtfully reallocating our internal resources and adding key personnel needed to ensure execution of our strategy. We are pleased to welcome Ryan Calhoun, MHA, MBA, as our new director of network development. Ryan came to us this past fall from Colorado Children's and brings his expertise in strategic planning, healthcare services and technology. In his few short months with us, he has had the opportunity to meet with many referring providers. He will be working alongside Glenn Focht, MD, our new president of Connecticut Children's Specialty Group, enthusiastically traversing the state identifying opportunities for new partnerships and growth strategies.

I wish you the very best of health and happiness in this new year, and as always, I thank you for your continued dedication to our shared mission of taking care of Connecticut's children.

## Connecticut Children's and Western Connecticut Health Network Launch Partnership, continued from page 1.

slated to begin July 1. Hospitalists and neonatologists at both hospitals are employed by Connecticut Children's Specialty Group and are members of the faculty of Connecticut Children's Divisions of Hospital Medicine and Neonatology.

Anand Sekaran, MD, division head of Hospital Medicine at Connecticut Children's, notes that the partnership goes far beyond staffing; it will bring the medical center's distinguishing attributes to Fairfield County.

"We will bring all of our expertise, systems improvements and connectivity to highly specialized pediatric care in the region," Sekaran says.

James Moore, MD, PhD, division head of Neonatology, says that the partnership will give the region access to all the expertise and consultants available through Connecticut Children's. Moore adds: "This helps provide regional care, so that when a baby needs a higher level of care, they can come to Hartford to obtain it and then return to their home hospital to recover close to home, which is the best form of family-centered care."

Connecticut Children's will enhance continuity of care through its service model, in which the same hospitalist or neonatologist guides evidence-based care for the patient Monday through Friday.

Connecticut Children's also will bring family-centered care to the hospitals, notably through the practice of family-centered rounding, where the entire care team rounds at the bedside with the patient's family.

Standardized best practices will be brought to the bedside through the more than 30 clinical pathways Connecticut Children's has developed.

Education and quality improvement will be emphasized, just as it is in Hartford. And a Connecticut Children's Emergency Medicine specialist, John Brancato, MD, will provide support and advice at the two hospitals' Emergency Departments. Nursing leaders from Connecticut Children's will provide simulation training and advice on nursing best practices.

Sekaran says the partnership is consistent with Connecticut Children's stated mission of making Connecticut's children the healthiest in the country.

"This represents an expansion of our commitment to children in other parts of the state in a very formal way," Sekaran says.

"We look forward to partnering with community practitioners to provide the most evidence-based, state-of-the-art care to patients in that area and becoming embedded in the community as a partner with the practices that are there," says Moore.

## Connecticut Children's Specialty Group Welcomes New President



Glenn Focht, MD

Glenn Focht, MD, is the new president of Connecticut Children's Specialty Group. He was named to the position this past fall after an extensive

national search and officially joined the practice group on Dec. 4. Focht serves as a member of the executive management team and reports directly to CEO Jim Shmerling.

Focht brings to his position nearly 20

years' experience as a physician and healthcare clinician and administrator. Most recently, he worked at Boston Children's Hospital, where he was the chief medical officer for the Pediatric Physicians' Organization at Children's. While in Boston, he was instrumental in creating an integrated behavioral health program and expanding the hospital's primary care network.

A graduate of the University of Pennsylvania Medical School, Focht completed his residency at the University of Massachusetts Medical Center. He holds a bachelor's degree in chemistry and liberal arts from Messiah College in Grantham, Pennsylvania.

## Obesity-Reduction Initiative Launched

Connecticut Children's has launched an initiative aimed at creating a comprehensive system to reduce childhood obesity in Hartford. The program, Kohl's Start Childhood Off Right, or SCOR, is supported by a \$350,000 grant from Kohl's.

SCOR focuses on children ages birth to 2. This is an age group where few interventions have been targeted previously, even though research shows prevention efforts among infants and toddlers can have the most profound and long-lasting effects.

Connecticut has some of the highest rates of child obesity in the nation, and the issue disproportionately affects low-income and minority children. More than 15 percent of 2- to 4-year-olds enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children in

Connecticut are obese—the 12th highest rate in the country. In Hartford, 32 percent of 3- to 5-year-olds are overweight or obese.

The SCOR initiative emphasizes engaging families in preventive efforts in the form of healthy nutrition and adequate physical activity. It includes a public-awareness campaign; education for pediatric providers on screening for risk factors and linking at-risk children to community-based resources; training home visitors to provide obesity-prevention education to families; and re-establishing a childhood wellness collaborative to mobilize community members and create a health-resource toolkit for families and providers.

The SCOR initiative is overseen by Connecticut Children's Office for Community Child Health.

## Care Coordination Forum Planned

Connecticut Children's 3rd Annual Care Coordination Forum will be held on Thursday, May 3, 2018, at the Sheraton Hotel in Rocky Hill, Connecticut. The theme for this year's forum is It Starts with You: Redefining Your Role in Change through Story, Substance and Strategy. The forum brings together care coordinators, nurses, social workers and other professionals, as well as community

and state agencies. Providers from Connecticut and surrounding states will discuss contemporary issues and critical components of care coordination for our most vulnerable children.

*For more information, see [connecticutchildrens.org/community-child-health/](http://connecticutchildrens.org/community-child-health/) and click on Our Programs then Center for Care Coordination, then Care Coordination Forum.*

## Take in Grand Rounds Your Way

You can "attend" Tuesday morning Grand Rounds in the way that suits you best. Be present in person on Tuesday mornings from 8 to 9 in Hartford Hospital's Conklin Building Auditorium. Can't make it? You can also hear Grand Rounds lectures via live streaming or podcast. For more information, see the For Medical Professionals page

at [connecticutchildrens.org](http://connecticutchildrens.org). As a reminder, faculty also give grand rounds at Bristol, Saint Mary's, Middlesex, Day Kimball, and Danbury Hospitals and MidState Medical Center.

New in 2017-2018: Pediatric Grand Rounds participants have the potential to earn Maintenance of Certification Part 2 credits in addition to AMA PRA Category 1.

## Lunch & Learns Now Offer CMEs!

Referring providers can now earn CME credit through Connecticut Children's popular Lunch & Learn talks. Specialists will visit your private practice to discuss topics of your choice. Talks are for physicians, APRNs and PAs.

To schedule a visit, contact **Trish Masse** at [tmasse@connecticutchildrens.org](mailto:tmasse@connecticutchildrens.org) or 860.837.6251.



At the annual Gala, patient Erin Edgar spoke eloquently about the importance of a new Infusion & Dialysis Center at Connecticut Children's. Edgar receives regular infusions for rheumatoid arthritis.

## Gala Benefits New Infusion & Dialysis Center

The more than 800 guests who attended the 2017 Connecticut Children's Medical Center Gala in November raised more than \$1 million to support patient care at Connecticut Children's. Bid4Kids, a live appeal held during the event, raised more than \$150,000 in just 10 minutes to benefit the Infusion & Dialysis Center being created at Connecticut Children's. The center, which will be located on the fourth floor of the medical center, is scheduled to open in late 2018. It will be the state's only hospital-based pediatric center of its kind.

### A PRESSING NEED

A new Infusion & Dialysis Center is necessary to meet the medical center's growing patient population. Connecticut Children's performs more than 3,400 infusions annually, and the existing room, built in 1996, has inadequate space for patients and families. In addition, children needing outpatient dialysis services must travel long distances to adult centers for their lifesaving treatments.

The new, larger center will allow children to receive world-class care close to home by providing infusions and outpatient dialysis services conveniently, comfortably and in privacy.

## CASE REVIEW A RARE INJU

*Fourth-year medical student Sarah Grout prepared this issue's case.*

A 7-year-old boy presented to the Connecticut Children's Emergency Department at 6 p.m. on a Friday night. He was an unrestrained passenger in a rollover motor vehicle crash. He was ejected from a car traveling at highway speeds and thrown 200 feet down an embankment. He was transported by ground to our center along with three other children from the same crash. A screening chest X-ray on arrival showed widening of the mediastinum and left-sided pleural effusion. CT angiogram of the chest showed a large left hemothorax, bilateral pulmonary contusions and a thoracic aortic injury with pseudo-aneurysm just distal to the takeoff of the left subclavian artery with active extravasation of contrast consistent with transection.

The patient experienced worsening respiratory distress and was intubated in the Emergency Department and taken to the operating room for chest tube placement. The chest tube put out over a liter of blood. The patient then became acutely hypotensive, and an emergency posterolateral thoracotomy



*The team transports the patient through the tunnel to Hartford Hospital*

was performed. A 3 mm hole in the aorta with active bleeding was identified and controlled with a vascular clamp, which allowed anesthesia to continue aggressive resuscitation and to initiate the massive transfusion protocol whereby packed red blood cells, fresh frozen plasma and platelets are administered at a ratio of 1:1:1. Once the patient was stabilized hemodynamically, he was transported with an open chest through the tunnel from the Connecticut Children's operating room to the hybrid operating room at Hartford Hospital for endovascular graft placement.

The Hartford Hospital cardiovascular surgery team established vascular access through the femoral artery and placed an iliac artery stent across the injured segment of the patient's thoracic aorta. The patient's small size precluded the use of a standard aortic endovascular graft. An aortogram showed no further active extravasation of contrast at that time, indicating good integrity of the graft. The patient tolerated the procedure well and was admitted to the PICU postoperatively and discharged home on postoperative day nine without any significant complications.

Traumatic aortic injury (TAI) secondary to blunt chest trauma is uncommon in children compared to adults, with an incidence of less than 1% in pediatric patients sustaining blunt chest trauma. The most common mechanism of TAI in children is motor vehicle crash. The most common site of injury is the aortic isthmus (90%) where the aorta is tethered by the ligamentum arteriosum, the remnant of the ductus arteriosus.

Over the last two decades, the gold



The patient, three weeks after his injury, with Brendan Campbell, MD, MPH, medical director of Connecticut Children's Pediatric Trauma Program

# RY, AMAZING TEAMWORK, A LIFE SAVED

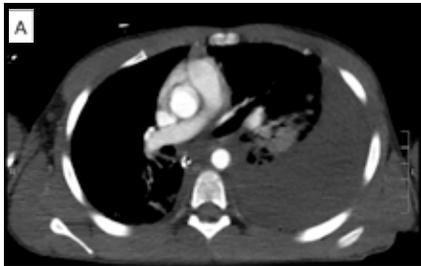


Fig 1. A: Axial CT showing aortic pseudoaneurysm and hemothorax. B: Coronal CT showing contrast extravasation and hemothorax.

Fig 2. Intraoperative aortogram after endovascular graft placement.

standard for the treatment of thoracic aortic injury has transitioned from a traditional, open surgical approach to an endovascular one. Recommendations for the treatment of TAI in adults are well established. However, there are no studies for outcomes or published guidelines regarding the management of TAI in children due to the low frequency of this injury. Management of this case was consistent with the standard of care for adult patients with TAI.

The successful treatment of an injury of this magnitude requires the resources of a Level 1 Pediatric Trauma Center. The prompt response from pediatric surgeons who have had numerous simulations of clinical scenarios much like this is critical, along with immediate OR availability. The highly specialized team, including pediatric radiologists who provide real-time evaluation of imaging, pediatric anesthesiologists who are able to expertly resuscitate patients during procedures,

and adult vascular surgeons who can offer endovascular treatment options, are all critical components of care at pediatric trauma centers and allow patients like this to get the care they need, when they need it.

**References:**

1. Anderson SA et al. "Traumatic aortic injuries in the pediatric population." *J Ped Surg.* 2008;43(6):1077-1081.
2. Eddy AC et al. "The epidemiology of traumatic rupture of the thoracic aorta in children: a 13-year review." *J Trauma.* 1990;20:989-991.
3. Fox N et al. "Evaluation and management of blunt traumatic aortic injury: a practice management guideline from the Eastern Association for the Surgery of Trauma." *J Trauma Nurse.* 2015;22(2):99-110.
4. Pabon-Ramos WM, Williams DM, Strouse PJ. "Radiologic evaluation of blunt thoracic aortic injury in pediatric patients." *Am J Roentgenol.* 2010;194(5):1197-203.

*Sarah Grout is a fourth-year medical student at the University of Connecticut School of Medicine applying for a residency position in general surgery.*

## Faculty Awards and Appointments



Tregony Simoneau, MD

**Tregony Simoneau, MD**, was granted the Patterson Trust Award, which provides \$95,000 over two years to support her research on childhood asthma.



Felicia Wilion, MD

Physicians presented with this year's faculty awards were **Felicia Wilion, MD**, of Children's Medical Group, Bloomfield, Community Physician of the Year; **Michael Bourque, MD**, of Pediatric General Surgery, Physician of the Year; and **David Sink, MD**, of Neonatology, Quality & Safety award.



Michael Bourque, MD



David Sink, MD

39 Connecticut Children's Specialty Group faculty were named to Hartford Magazine's "Top Docs" list.

## Transitions

Matthew Milewski, MD, has left the Division of Orthopedics/Elite Sports Medicine.

Colleen Jo, MD, has left the Division of Cardiology to pursue nonclinical interests.

## Trauma Program Earns Reverification

*Connecticut Children's prepared to care for all injured children.*

Connecticut Children's has been reverified as a Level I Pediatric Trauma Center by the American College of Surgeons (ACS) and the Connecticut Department of Public Health. This distinction makes Connecticut Children's one of only 29 freestanding children's hospitals nationwide and one of two in New England that are Level I Pediatric Trauma Centers. The reverification is for a three-year period ending in September 2020.

To earn reverification, a hospital must demonstrate through an application and a rigorous site visit that it meets all of the quality metrics specified in the ACS manual, Resources for Optimal Care of the Injured Patient. American College of Surgeons site reviewers identified several strengths of the Pediatric Trauma Program at Connecticut Children's, including the trauma research program, the expanded after-hours staffing of the operating room, active participation of advance practice providers in the trauma program and the availability of on-site rehabilitation services.

Connecticut Children's first attained Level I pediatric trauma verification status in 2008 in a collaborative effort with Hartford Hospital. Since the medical center became an American College of Surgeons-verified pediatric Level I trauma center, more than 4,000 injured children have received the highest-quality clinical care here, including 500 children who were admitted to the Pediatric Intensive Care Unit. Additionally,

more than 150 children with burn injuries received comprehensive inpatient and outpatient burn care in Hartford, close to home.

"Connecticut Children's has the experience, expertise and resources to care for the most critically injured children," says Brendan Campbell, MD, MPH, medical director of Connecticut Children's Pediatric Trauma Program.

Those resources include pediatric surgeons, neurosurgeons and orthopedic surgeons who are immediately available day or night; 24-hour coverage by specialists in pediatric emergency medicine, anesthesiology and intensive care; an on-site pediatric rehabilitation program; a massive transfusion protocol; and more.

Campbell notes that injury is the leading cause of death for American children and says that the reverification "emphasizes our goal of providing the highest-quality care to injured children in Connecticut while continuing to be a national leader in trauma education and injury prevention research."



## Connecticut Children's Launches New Partnership with Backus

Connecticut Children's will provide neonatal intensive care services at William W. Backus Hospital in Norwich, Connecticut, under a new agreement that took effect last fall. Backus recently became an affiliate of Hartford HealthCare, and Connecticut Children's long has provided newborn and NICU services at all other HHC-affiliated hospitals.

"This new partnership between Connecticut Children's and Backus will ensure a coordinated system of care for high-risk mothers and newborns requiring higher levels of care," says Connecticut Children's neonatologist Vic Herson, MD.

Connecticut Children's will provide staffing for delivery and newborn care, and the medical center's neonatologists will provide

24/7 consultative services, radiology telemedicine support and neonatal transport.

Backus, which has a growing maternity program, now has a Level I nursery, which can care for babies down to a gestational age of 35 weeks. Herson says discussions are underway about increasing the level of care to Level II, which would care for babies as young as gestational age of 32 weeks and could provide advanced respiratory support for babies.

"Our partnership brings Backus into a regional system of care that ensures babies and mothers are at facilities appropriate to provide the level of care they need," says Herson.

# Welcome Aboard

*The newest additions to our medical staff!*



## **Amanda Begley, MD, FAAP**

Hospital Medicine—Norwalk Hospital and Danbury Hospital

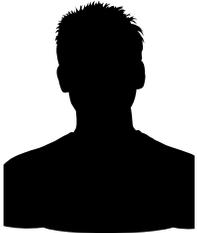
- Pediatric hospitalist, Norwalk and Danbury hospitals
- Residency in pediatrics, Yale New Haven Children's Hospital
- MD, SUNY Upstate Medical University
- BS, molecular genetics, University of Rochester



## **Catherine Hansen, MD**

Neonatology—Norwalk Hospital and Danbury Hospital

- Onsite Neonatal Partners PC, staff neonatologist, Danbury, Norwalk and Charlotte Hungerford hospitals
- Fellowship in neonatal/perinatal medicine, Babies Hospital, Columbia Presbyterian Medical Center
- Residency in pediatrics, Children's Hospital National Medical Center
- MD, University of Chicago Pritzker School of Medicine
- BA, chemistry, Carleton College



## **James Belisle, MD**

Neonatology—Norwalk Hospital and Danbury Hospital

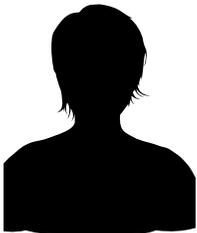
- Onsite Neonatal Partners PC, attending neonatologist, Norwalk Hospital
- Fellowship in neonatology, Columbia-Presbyterian Medical Center
- Internship/Residency in pediatrics, Saint Christopher's Hospital for Children
- MD, College of Physicians & Surgeons of Columbia University
- BS, anatomy & physiology, Cornell University



## **Beth Natt, MD, MPH, FHM**

Hospital Medicine—Norwalk Hospital and Danbury Hospital

- Medical director of Inpatient Pediatrics, Yale New Haven Children's Hospital, Bridgeport campus
- MD, University of Connecticut School of Medicine
- MPH, University of Connecticut
- BS, biology, Bates College



## **Alicia Briggs, MD, FAAP**

Hospital Medicine—Norwalk Hospital and Danbury Hospital

- Pediatric hospitalist, Norwalk and Danbury hospitals
- Interim department chair, Department of Pediatrics, Norwalk Hospital
- Internship and residency in pediatrics, University of Nevada
- MD, Ross University School of Medicine
- BS, biological sciences, University of California, Irvine



## **Bethany Peri, MD, PhD**

Endocrinology and Information Services

- Fellowship in pediatric endocrinology, Boston Children's Hospital
- Residency in pediatrics, Children's Hospital of Pittsburgh of University of Pittsburgh Medical Center
- MD, Northwestern University Feinberg School of Medicine
- PhD, tumor cell biology, Northwestern University Feinberg School of Medicine
- BS, chemical engineering, Brown University



## **Jonathan Gelber, MD, MS**

Sports Medicine

- Fellowship in sports medicine, Cleveland Clinic Foundation
- Residency in orthopedic surgery, Harbor-UCLA Hospital
- MD, Mount Sinai School of Medicine
- MS, biomedical engineering, Columbia University
- BS, biology, University of Miami
- BA, chemistry, University of Miami



## **Donald Sampson, MD**

Hospital Medicine—Norwalk Hospital and Danbury Hospital

- Pediatric hospitalist, Danbury Hospital Pediatric Department
- Residency in internal medicine and pediatrics, Medical College of Virginia
- MD, University of Colorado School of Medicine
- BS, biology, Pepperdine University

## Additional Operating Room Opening in Farmington

This winter, Connecticut Children's will open an additional operating room at its Ambulatory Surgery Center, or ASC, in Farmington. This will be the third operating room at the center, which is located at 505 Farmington Avenue.

The new OR will increase the time available for surgical procedures, allowing area families to have

procedures done locally and allowing providers to treat patients in the most appropriate setting. The increased capacity at the center also will open OR time at the main campus in Hartford for complex and urgent cases.

Procedures typically performed at the ASC include tonsillectomies, ear tubes, circumcisions, hernia repairs,

arthroscopic surgeries, endoscopies, colonoscopies and surgical repair of orthopedic fractures. The specialties that operate at the center are Otolaryngology, Urology, General Surgery, Ophthalmology, Dental, Orthopedics, Sports Medicine and Gastroenterology.

# Medical News

MEDICAL UPDATE FOR REFERRING PROVIDERS

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## Ask the Specialist

*This column features questions referring providers have asked specialists at Lunch & Learn presentations. **Robert D. Keder, MD**, of Connecticut Children's Developmental-Behavioral Pediatrics Division, prepared this issue's column.*

### Q. What advice can I give to families about media use?

The American Academy of Pediatrics published policy statements in November 2016 on the potential benefits and challenges associated with media use by young and school-age children. The guidelines acknowledge that a one-size-fits-all approach is not the most effective way to help children and families, and they recommend the development of a family media use plan for children of all ages.

### Q. What should families with young children know?

Providers should continue to educate parents about early brain development and the importance of hands-on, unstructured and social play to build language, cognitive and social-emotional skills.

Children younger than 18 months, screen media other than video chatting should be discouraged. For children 18 to 24 months, high-quality programming should be used only with an adult. Preschool-age children should be limited to one hour or less per

day of high-quality programming. Screens should be avoided during meals and for one hour before bedtime. Problem-solve with parents to find alternatives to media use to calm upset children.

### Q. What about older children and teens?

Promote development of a family media use plan. Parents should co-view and keep up with media their children consume. Promote that children/teens get the recommended one hour of daily physical activity and eight to 12 hours of sleep (depending on age). Bedrooms should be media-free, and older children should not be allowed to sleep with mobile devices in their bedrooms. Teens should be discouraged from multitasking homework with entertainment media. Encourage ongoing discussions of digital citizenship and internet safety with school-age and teenage children to reduce bullying and maintain privacy.

### Q. What resources are there for families?

Families can make their own plan at [www.HealthyChildren.org/MediaUsePlan](http://www.HealthyChildren.org/MediaUsePlan). Commonsense Media ([www.common sense media.org](http://www.common sense media.org)) is an excellent resource for understanding the quality and content of almost every show, app and game viewed/played by children today. For young children, PBS Kids and Sesame Workshop offer high-quality educational apps, programs and games.

## Continuing Medical Education Programs

*All programs are held at the Pond House Café, 1555 Asylum Ave., West Hartford, Connecticut, and begin at 5:30 pm with registration and buffet dinner.*

### Pediatric Evening Lecture Series

**Feb. 22, 2018** The Center for Bladder and Kidney Disorders

**April 5, 2018** Sleep Disorders

### Andrulonis Child Mental Health Evening Lecture Series

**March 1, 2018** Adolescent Mental Health: A Primer for Primary Care Practitioners

**May 18, 2018** Half-Day Andrulonis Mental Health Symposium: Opioids

*To register or obtain more information, contact*

*Diane Mouradjian at 860.837.6264 or [dmouradjian@connecticutchildrens.org](mailto:dmouradjian@connecticutchildrens.org)*