Graduate Medical Education 2010 Annual Report

Children's Mercy Hospital

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Dear Friends,

Children’s Mercy has a long and proud history as an academic medical center, training generations of new pediatricians and pediatric subspecialists over the years to provide outstanding medical and surgical care for the children of our region and our nation. Each year we add new programs and new enhancements to our graduate medical education program. We hope you will take a few moments to read this GME report to learn more about the great strides we are making in preparing the physicians who will provide care for the children of tomorrow.

We have often referred to Children’s Mercy as being similar to a “three-legged stool,” with our programs built on the three major components of education, clinical care and research. Our GME programs expose the medical students, residents and fellows who train here to all three of those “legs” in pediatric medicine, giving them access to state-of-the-art health care and pioneering medical research as they pursue their medical education.

We are exceptionally proud of the care that is provided to patients by our residents and fellows every day here at Children’s Mercy, and of the high-quality care that is provided to children throughout our region and the nation by the pediatricians and subspecialists who received their training here. Our graduate medical education programs are committed to continuing that tradition of quality and excellence for the physicians and children of the future for many years to come.
Dr. Jane Knapp, Chair, Department of Medical Education

Dr. Ravi Kallur, Vice Chair, Department of Medical Education

We hope that this report serves as a resource for you to learn about the depth and breadth of Medical Education programs at Children’s Mercy Hospitals and Clinics. In a nutshell, our programs continue to flourish and today there is more interest than ever in our fellowship programs, residency program and in our opportunities for medical student electives and sub-internships.

In July 2011, we expect our first fellow in pediatric cardiology to begin training. We are excited about the addition of cardiology to our fellowship programs and look forward to working with the fellowship program director Dr. Stephen Kaine. Our residency program graduates continue to have board passage rates well above the national average and our pediatrics clerkship remains one of the most highly rated by students from the UMKC School of Medicine.

We feel fortunate that in an era when many institutions that train physicians have decreased their emphasis and support for education, the vision and commitment of Children’s Mercy leadership to strengthening educational programs is strong.

“A teacher affects eternity; he can never tell where his influence stops.”

– Henry Brooks Adams

We do that by always seeking to teach and practice evidence-based medicine that focuses on the art of patient- and family-centered care, in addition to quality clinical care. Our leadership in this area earned us a grant from the Picker Institute to build a Patient and Family Centered Care Curriculum to teach, among other things, communication skills, involvement of the parent as a member of the care team, and how to share difficult news with families.

In partnership with our academic affiliate, the University of Missouri-Kansas City School of Medicine, we’ve also developed opportunities for residents to expand their learning opportunities working with other cultures, both locally and abroad. Our international health elective provides learning experiences with partner hospitals around the world. Here at home, our Spanish-speaking Continuity of Care Clinic allows residents to see and follow patients from our growing Hispanic community.

Our 25 fellowship programs, including our new Pediatric Intensive Care Fellowship, are highly competitive and have earned a reputation for providing a diverse educational experience in pediatric education, research, clinical care and administration.

These programs are all enhanced by a faculty commitment to education as a central tenet of what we do at Children’s Mercy. This past year Dr. Serkan Toy, Director of Evaluation and Program Development, joined the hospital to help further strengthen our use of innovative, data-driven teaching methods that improve learning outcomes.

As a national leader in pediatric education, our UMKC School of Medicine faculty is dedicated to offering an educational experience that will help the medical students, residents and fellows we train to be among the best in their fields.
Improving Educational Outcomes

With a chance to shape a curriculum and develop programs aimed at excellence, Dr. Serkan Toy had no hesitations when it came to joining the faculty at Children’s Mercy Hospitals and Clinics in June 2009.

Now, nearly a year into his role as the Director of Evaluation & Program Development, Dr. Toy is already placing his stamp on the Graduate Medical Education department and the hospital’s commitment to education.

“Children’s Mercy already had a good medical education program,” says Dr. Toy. “But, now we are focused on taking it to the next level – being more competitive and recognizable nationally.”

Dr. Toy is the first to fill the director position, which required a unique skill set and a candidate willing to adapt to multiple specialties. With a background that ranged from high school math teacher to post-doctoral researcher to evaluating curriculum for a school of veterinary medicine, Dr. Toy’s broad-range of experience and ability to problem solve fit the bill.

Meeting with faculty regularly, Dr. Toy is developing opportunities for educational research and instituting innovative assessment methods focused on measuring learning outcomes. He’s also working to make sure that the residency and fellowship programs continuously improve the quality of curriculum through a data-driven and evidence-based decision-making process.

“It’s an opportunity for our residents to see the health care system through the eyes of our patients’ families.”

Dr. Keith J. Mann

Focusing on the Family

Placing a new spin on understanding patients and families expressed needs, Children’s Mercy Hospitals and Clinics is involving families to help teach residents how to provide better patient-centered care.

The Patient and Family-Centered Care curriculum partners pediatric residents with patients’ families in an effort to improve patient-physician communication and to turn parents, who are natural advocates for their children, into effective teachers.

“We hope that a long-term curriculum incorporating family as faculty and instituting patient and family-centered care learning experiences will help residents better recognize the unique needs of families coping with a complex-needs child,” says Dr. Keith J. Mann, Medical Director of Quality and Safety, Associate Chair, Quality Improvement and an Associate Professor of Pediatrics, UMKC School of Medicine. “It’s an opportunity for our residents to see the health care system through the eyes of our patients’ families.”

The beneficiaries of the Picker Institute 2009 Challenge Grant, Dr. Mann and his colleagues have embedded the curriculum into all three years of pediatric residency training. The residents are ingrained in the patients’ lives, visiting families at homes and accompanying them on office and hospital visits.

“Through this curriculum, we are encouraging our residents to appreciate the patient experience,” adds Dr. Karen Cox, Executive Vice President and Co-Chief Operating Officer at Children’s Mercy. “We want them to fully understand that, as health care professionals, they may be experts in clinical care, but parents are the experts when it comes to their children.”
Of the approximately 45,000 patient visits a year to the Pediatric Care Center at Children’s Mercy Hospitals and Clinics, Dr. John Cowden estimates that at least 25 percent are by Spanish-speaking families.

As the Medical Director for the Office of Equity and Diversity, Dr. Cowden is leading the effort to strengthen the Spanish-language capabilities of pediatric residents at Children’s Mercy.

Placing select residents with moderate Spanish fluency or better in a dedicated Spanish Continuity Care Clinic, Dr. Cowden has created a program for the residents to complete a bilingual, cross-cultural care curriculum as part of their primary care training regimen.

The model allows the residents to speak Spanish with patients and families with an interpreter acting as a “communication safety net” in the exam room and educator of the residents on their performance after each visit. Residents are also supervised by faculty attendings fluent in Spanish. During their three years in the clinic, residents’ language skills are tested formally and repeatedly to monitor for progress, and a specific set of educational topics and experiences around bilingual and cross-cultural care are provided.

“We want to use the clinic to help us develop bilingual and culturally-sensitive pediatricians,” says Dr. Cowden, “and, most importantly, to improve patient care and satisfaction among a population of families facing important barriers to quality health care.”

“Eliminating Language Barriers

As the Medical Director for the Office of Equity and Diversity, Dr. Cowden is leading the effort to strengthen the Spanish-language capabilities of pediatric residents at Children’s Mercy.

Cardiology Fellowship

Families throughout the region have long benefited from the expertise of Children’s Mercy as a leader in pediatric cardiology. With the development of the Pediatric Cardiology Fellowship program in 2010, now future pediatric cardiologists are reaping the benefits of that expertise as well.

With a high volume of patient activity, a thriving investigative research focus, a strong teaching and mentoring mission, and a large staff with diverse interests, the Children’s Mercy Cardiology section offers all the ingredients for a successful pediatric cardiology fellowship program.

“Our program will provide trainees with the necessary academic, investigative and administrative instruction to make meaningful contributions to the field of pediatric cardiology,” says Dr. Stephen Kaine, Director of the Pediatric Cardiology Fellowship Program at Children’s Mercy and Associate Professor of Pediatrics for the UMKC School of Medicine.

As the region’s leading pediatric cardiac center, Children’s Mercy sees more than 10,000 cardiology clinic visits each year and boasts high-volume cardiovascular surgery and interventional cardiology programs. This exposure to a vast array of normal and abnormal cardiovascular conditions provides the opportunity to develop clinical proficiency in invasive and non-invasive diagnostic and treatment techniques in state-of-the-art facilities.

Fellows will also develop critical thinking and investigative skills through a core curriculum in research methodology and opportunities to participate in ongoing clinical and basic science research projects such as tissue-engineered cardiac valves, preventive cardiology and vascular disease biology, quantitative echocardiography and normative database development, clinical pharmacology and pharmacogenomics, and neonatal pulmonary physiology.

“Children’s Mercy offers a great atmosphere for learning,” says Dr. Kaine. “It starts with our mission and is seen in the dedication of our staff to educational mentoring, practicing evidence-based medicine, and advancing clinical and basic science research.”

The Pediatric Cardiology Fellowship is one of 25 fellowship programs offered at Children’s Mercy as part of the hospital’s commitment to training the next generation of pediatric specialists.
For close to 70 years, Children’s Mercy has offered a pediatrics residency program that trains physicians to provide excellent care to children.

“The Children’s Mercy pediatric residency program provides the building blocks for every resident to successfully learn. Our residents are exposed to the entire depth and breadth of pediatrics,” explains Dr. Denise Bratcher, Director, Pediatric Residency Program, Professor of Pediatrics, University of Missouri-Kansas City School of Medicine. “Residents are evaluated on the six core competencies required by the Accreditation Council for Graduate Medical Education (ACGME).”

The six core competencies include:

- Patient Care
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice

What’s NEW
Key staffing changes occurred including the transition of Dr. Celeste Tarantino, Associate Professor of Pediatrics, University of Missouri-Kansas City School of Medicine, from Section Chief, Northland Urgent Care Center, to Associate Director of the Pediatric Residency Program.

Additionally two new Residency Program Coordinators, Amy Morten and Amanda Lanson, joined the GME Department.

The inpatient teams were restructured to ensure that residents’ workload provides safe, family-centered care while also allowing time for learning. An additional inpatient resident team is incorporated during busier winter months to assure a more even clinical experience for residents throughout the year.

Another year-round team offers a direct-care experience to senior level residents who work alongside an attending physician to enhance the development of independent, critical thinking skills.

With additional collective learning tools, including family-centered rounds, Children’s Mercy residents experience a well-rounded program that encourages their professional and personal growth.

“We continually strive for the Children’s Mercy pediatric residency program to be one of the very best, and I think our residents benefit from that philosophy,” says Dr. Bratcher.

Children’s Mercy has offered a pediatrics residency program that trains physicians to provide excellent care to children.
message from the Program Directors

If you are looking for a pediatrics residency training opportunity that exposes you to a diverse patient population, an amazing array of pediatric pathology, a tremendous resident camaraderie, and a friendly and responsive faculty in a wonderfully livable city, you have come to the right place! Children’s Mercy Hospitals and Clinics have a long history of providing compassionate, state-of-the-art care to the children of Kansas City and our surrounding region. We continue that tradition today while providing our residents with a comprehensive, thoughtful, and rewarding education that prepares them to pursue any career path they choose.

Our website highlights many of the unique experiences and features of our residency program, but it only scratches the surface. As program directors, we encourage you to get to know Children’s Mercy Hospital. Spend some time on one of our clinical rotations or come to visit us to see for yourself. We think you will like what you see!
In 2010, Children’s Mercy had a total of 65 fellows enrolled in fellowships programs. The diverse mix of fellows included physicians from as far away as Romania, as well as many from nearby medical schools.

“The Children’s Mercy fellowship programs provide the opportunity to develop into a top-notch physician, with expertise in clinical care, academic teaching, and conducting research,” explains Dr. Jane Knapp, Chair of Medical Education, and Professor of Pediatrics, University of Missouri-Kansas City School of Medicine.

The hospital currently offers the following fellowship programs:

- Allergy/Asthma & Immunology
- Child Abuse & Neglect (Children at Risk)
- Child Neurology
- Clinical Pharmacology
- Developmental-Behavioral Pediatrics
- Neonatal-Perinatal Pediatrics
- Pediatric Cardiology
- Pediatric Critical Care Medicine
- Pediatric Dentistry
- Pediatric Dermatology
- Pediatric Emergency Medicine
- Pediatric Endocrinology
- Pediatric Gastroenterology
- Pediatric Hematology/Oncology
- Pediatric Infectious Disease
- Pediatric Nephrology
- Pediatric Ophthalmology
- Pediatric Optometry
- Pediatric Otolaryngology
- Pediatric Pathology
- Pediatric Radiology
- Pediatric Rehabilitation
- Pediatric Surgery
- Plastic & Craniofacial Surgery
- Surgical Critical Care
- Surgical Scholars

Our fellows experience a comprehensive program that encourages them to grow, thrive, and ultimately succeed in their chosen subspecialty. As future fellowship programs will be added, Children’s Mercy will continue to be on the forefront of providing superb training for the next generation of pediatric subspecialists,” says Dr. Knapp.
With the expansion from four to six residents in 2007, the University of Missouri-Kansas City Medicine/Pediatrics Residency Program now has six residents in each class going through the program. Additionally, there is ongoing recruitment among medical students for future residents to participate in the training program.

While pediatric residents are focused exclusively on caring for children, the goal of the Internal Medicine/Pediatrics program is to provide residents with the opportunity to take care of patients of all ages.

“In our four-year program, residents rotate every four months between general pediatrics and internal medicine, so ultimately they receive 24 months of training in both disciplines,” explains Dr. Sara Gardner, Director, Internal Medicine/Pediatrics Residency Program and Assistant Professor of Pediatrics/Internal Medicine, UMKC School of Medicine.

As part of their training, residents work half a day weekly at the Continuity Clinic located in Truman Medical Center (TMC), which treats both adult and pediatric patients. The clinic, a partnership between Children’s Mercy and TMC, is a resource to families in need of care. As a training ground for residents, it provides experience with simple to complex cases, interfacing with a range of age groups and backgrounds.

“The Continuity Clinic provides hands-on experience with neonates to the elderly. The benefit to families is that everyone can be treated at this one clinic and our residents get a wide spectrum of cases to learn from,” says Dr. Gardner, adding, “It’s also the perfect place for teenagers and young adults to transition to another medical home.”

In addition to gaining hands-on experience, residents are eligible to take the board exams for both general pediatrics and internal medicine, which can provide a variety of professional opportunities following the program.
In the Children’s Mercy Medical Student Education Program, the hospital focuses on ensuring that students learn the nuts and bolts of medicine, as well as the more interpersonal aspects of treating patients for a comprehensive, well-rounded experience.

“Students learn the science as well as the art of medicine during their rotation at Children’s Mercy. Emphasis is placed on technique of communication with the patients and their parents while obtaining pertinent information from them,” explains Dr. Nasreen Talib, Director, Medical Students, Associate Professor, University of Missouri-Kansas City School of Medicine.

“Children Mercy ranks as the top medical student clerkship at the UMKC School of Medicine. Many students choose to do their electives in the NICU, PICU and other departments,” explains Dr. Talib.

**PROVEN LEADERSHIP**

Dr. Talib has been at the helm of the Children’s Mercy Medical Student Education for 10 years, providing consistent leadership and guidance. As the director of the Medical Student Education Program, Dr. Talib has overseen the entire student population that comes to Children’s Mercy and has greatly contributed to the success of the program.

**WHAT’S NEW**

Simulation technology training has been incorporated into the core curriculum to help students increase and enhance their clinical skills.

“Simulation training provides a variety of learning experiences for the students. There are different scenarios where students can recognize a baby in distress, learn treatment protocols and master basic and procedural skills. This gives them the knowledge and confidence when interfacing with patients,” says Dr. Talib.

Along with gaining valuable experience, simulation training teaches solid clinical skills and prepares students to perform the best on the national boards’ clinical skills exam.

“Children’s Mercy is continually looking for ways to set our program apart—the simulation training is one way we are doing that. It’s a benefit to both our students and the hospital, as their board scores are a reflection of their training,” observes Dr. Talib.

The program also focused on students observing the multidisciplinary clinic team approach during the core required rotations.

“Students learn firsthand by watching the different therapists in action. This provides an interactive experience where they can watch, ask questions, and participate in the comprehensive approach to treating patients,” says Dr. Talib.

Increased interaction with the Chief Residents was another building block for the program. Chief Residents were responsible for teaching critical thinking and diagnostic skills in individual and group sessions.

“From start to finish, we want our students to experience as much as they can while they are at Children’s Mercy. We’ll continue tweaking the program to ensure we have the best to offer,” says Dr. Talib.
For physicians, education continues well beyond medical school; it is a lifetime process.

Continuing Medical Education (CME) provides physicians with not only the education they need to maintain their license, but the knowledge they need to continue providing high quality care.

Teresa Shepherd is no stranger to CME or Children’s Mercy. She has worked in education at Children’s Mercy for 15 years and had been Director of the Education Department for the past 10 years. The shift in roles highlights the increased emphasis on continuing medical education throughout the entire hospital.

“The medical staff has grown at Children’s Mercy and the rules for CME have changed for physicians,” says Shepherd. “My vision is to educate physicians on what they need to learn, make sure we are in compliance with CME guidelines, and bring national attention to our program.”

Children’s Mercy is already one of the largest providers of CME programming in the state. Shepherd hopes to keep upgrading the programming, taking it to even higher levels, with the ultimate benefit of patient safety.

“We want to help close the professional practice gaps that can help physicians do a better job,” says Shepherd.

To that end, Shepherd has been charged with four key functions:

• **Grand Rounds** – Shepherd will focus on making sure the weekly Grand Rounds programs are scientific, evidence-based, and address real physician practice gaps as determined by a needs assessment.

• **Online CME** – As technology changes, learning no longer has to occur just in the classroom setting. Shepherd is working with the Child Health Corporation of America to offer online CME training not only for Children’s Mercy physicians, but doctors throughout the world.

• **Conferences** – Shepherd will help provide CME coordination to the numerous specialty conferences offered by the hospital to insure a consistent, high-level, educational experience.
Quality

Children’s Mercy has always focused on providing the highest level of quality care to all children who come through our doors. But our staff is aware that improvements can always be made.

“It’s inherent in what we all learned in medical school and nursing school. We want to not only provide skilled patient care, but we also want to always look at better, more effective ways to do it,” says Dr. Carol Kemper, Senior Director of Quality and Safety.

And in 2009, that effort took a major new step forward with the creation of the Center for Clinical Effectiveness at Children’s Mercy. The new center brings together a variety of programs and departments that focus on supporting excellent clinical care - including Evidenced Based Practice, Equity and Diversity, Health Outcomes, Patient Care Services Research, Quality and Safety, Education, and Patient Advocates. Using the synergy among these interdisciplinary groups, the center will provide coordinated support for quality initiatives and projects.” Dr. Kemper and Dr. Keith Mann, Medical Director for Quality, lead the new center’s efforts.

“Working together on these issues will allow us to achieve more substantive changes, both in areas related to clinical care and to the experiences that patients and families have,” Dr. Kemper says.

Quality and Safety Steering Committee led by Dr. Karen Cox, Co-Chief Operating Officer and Dr. Charles Roberts, Executive Medical Director, identified four strategic initiatives for special focus in its first year to place patients appropriately based on their physiologic and safety requirements, to improve patient flow and capacity, to reduce the occurrence of health care acquired infections and to expand the implementation of technology solutions to support clinical care.

Overview

Teams of staff have been working in departments throughout the hospital to achieve improvements in care for our patients during the year. For example:

• Since 2006, Children’s Mercy has participated in a national project to decrease the number of infections that can occur in children with central venous catheters. These catheters are used to administer needed medications or nutrition but can increase the risk of infection. Since participating in the project, CMH has estimated 58 infections have been prevented.
• Surgical teams have implemented a bundle of interventions to decrease the risk of surgical site infections.
• Outpatient clinic areas have implemented strategies to improve access to appointments. These efforts resulted in half of the specialty clinics having new appointments available within two weeks.
• As a result of our 2009 Flu Campaign, 91% of CMH staff received the vaccine. This is remarkable when compared with the national average of 40% of health care workers vaccinated against the flu.
• Our Intensive Care Nursery began using a new technology called a vacuum immobilizer to keep babies warm, snug and still during MRI procedures. Prior to implementation of this new technology, 94 percent of babies needing an MRI received sedation in order to keep them immobilized during the procedure; now with the vacuum immobilizer, 99 percent of the infants do NOT require any sedation during an MRI. In addition, the time the babies must spend away from the ICN to receive the MRI has been cut in half.
The Health Sciences Library provides qualified medical librarians to assist with education, literature searches, reference assistance, and support for clinical, research, and evidence-based practice teams throughout the organization. The library also provides pediatric print and electronic resources to answer information needs, along with document delivery and interlibrary loan services. Print resources include approximately 4850 print books, 260 Bradford history of pediatrics books, 500 journals (most online) and 100 CD-ROM and DVD items. The Virtual Library of online resources include 175 ebooks, over 480 journal titles, multiple databases, point-of-care tools including DynaMed, UptoDate, and VisualDx, and drug references such as Lexi-Comp, Micromedex, and Medications and Mother’s Milk. These resources complement the resources at the adjacent university health sciences library.

The Kreamer Family Resource Center is a pediatric consumer health library which provides services to the patients, their families, and the community, and which supports patient educators with information in different formats, at different literacy levels, and for different developmental ages. Qualified medical librarians help patients’ families to find reliable health information and resources in words and pictures they can understand. The Kreamer FRC has both consumer health materials and recreation books for parents and children, and loans from collections of approximately 3000 consumer health books, 3000 recreation books, 450 videos, 50 periodicals, plus anatomical models, charts, manikins and exhibit boards. Consumer health materials focus on childhood illnesses, injuries, and disabilities, but include psychosocial support materials, special diet cookbooks, and more. Services for families include public access computers, photocopier, fax, and a small meeting space.

GME Awards

Dr. Timothy Casias
Dr. Heath Wilt
Dr. Rengasamy Gowdamarajan
Dr. Emily Fitch
Dr. Rene Cation
Dr. Tracy Hall
Dr. Lindsey Malloy
Dr. Jami Jackson
Dr. Marideth Rus
Dr. Stephanie Page
Dr. Michael N. Levas
Dr. C. James Day
Dr. Keren Gedilks
Dr. Jim Friedlander
Dr. Elizabeth Simpson

Dr. Angela Oza
Dr. V. Fred Burry
Dr. Tracy Hall
Dr. Salwa SALEH
Pediatric Nephrology Section
Dr. Lori Falcone
Dr. Jenna Miller
Dr. Pooja French
Dr. Lori Falcone
Dr. Amy Tran
Dr. Marideth Rus
Dr. Olawale Olibiyi
Dr. Lindsey E. Malloy
Dr. Jennifer Flint
Dr. Lindsey Malloy
Dr. Pooja French
4-Sutherland Tower Nursing Unit
Renee Milam, RN

Barbara Alphin Residents as Teachers Award
Barbara Alphin Residents as Teachers Award
CAPS 2009 Faculty Clinical Award
CAPS 2009 Resident Clinical Award
Daniel Sagliotti Award, Educator of the Year
Darrow Award
Edward R. Christophersen Award
Emergency Medicine Award
Emergency Medicine Award
Fellow - Research Award – 1st Place
Fellow - Research Award – 1st Place
Fellow - Research Award - 2nd Place
Fellow Teaching Award
Hematology and Oncology Award
Dr. Herbert A. Winer, Faculty Award for Medical Student Education
Laura Backus Senior Student Award
Lifetime Achievement Award
Merry Award
Neonatal-Perinatal Medicine Award
Outstanding Teaching Section Award
Pediatric Care Center Award
Pediatric Critical Care Award
Professor Rounds Award – 1st Place
Professor Rounds Award – 2nd Place
Professor Rounds Award – 3rd Place
Professor Rounds Award – 3rd Place
Resident - Research Award – 1st Place
Resident - Research Award – 2nd Place
Seely Award
Seely Award
Seely Award
Nursing Unit of the Year Award
Nurse of the Year Award
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(816) 234-3800 and (816) 234-3900

Brenda Pfannenstiel
Manager

Benjy Stein
Librarian

Keri Swaggart
Librarian

Andrea Wall
Librarian Technician

Fellowship Directors list

PROGRAM
Allergy/Immunology
Child Neurology
Clinical Pharmacology & Medical Toxicology
Craniofacial Surgery
Developmental-Behavioral Pediatrics
Neonatal-Perinatal Medicine
Pediatric Cardiology
Pediatric Child Abuse & Neglect
Pediatric Critical Care Medicine
Pediatric Dermatology
Pediatric Dentistry
Pediatric Emergency Medicine
Pediatric Endocrinology
Pediatric Gastroenterology
Pediatric Hematology/Oncology
Pediatric Infectious Diseases
Pediatric Nephrology
Pediatric Ophthalmology
Pediatric Otolaryngology
Pediatric Pathology
Pediatric Radiology
Pediatric Rehabilitation
Pediatric Surgery
Surgical Critical Care
Surgical Scholars

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Kelly Tieves
Amy Jo Nopper
Brenda Bohaty
Chris Kennedy
Joe Cernich
James Daniel
Karen Lawing
Angela Myers
Doug Blowey
Scott Ottotby
Timothy Hug
Pamela Nicklaus
Vietkaran Singh
Kristen Fickenscher
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As patient utilization and economic conditions changed over the past two years, our expansion plans first announced in early 2007 also needed to be revised. Some projects were put on hold, but others continued moving forward in our efforts to offer children the best health care in the world, right here in Kansas City.

During 2009, expansion in our heart center and radiology brought not only newly renovated space, but also enhanced clinical capabilities. The new cath lab and hybrid surgical suites for heart patients and an expanded radiology center equipped with the area’s most powerful MRI unit allow us to serve more patients, more efficiently, and with advanced technology available nowhere else in our region.

We also were excited to receive our new, custom designed critical care transport helicopter. Each year our transport program brings lifesaving care to more than 4,000 children in our service area. The colorful new helicopter is equipped with advanced features to improve care and safety during transport.

In addition, we added two significant programs during the year: the Center for Bioethics and the Fetal Health Center, a partnership with the University of Missouri-Kansas City. These unique, innovative programs offer services that position Children’s Mercy at the forefront of a new and ever changing era of medicine.

Growth has been a constant at Children’s Mercy during the past two decades, as the hospital has nearly doubled in size during that period.
### Fast Facts FY2009

#### INPATIENT CARE
- **ADMISSIONS**: 14,924
- **AVERAGE LENGTH OF STAY (ALOS)**: 5.4
- **AVERAGE DAILY CENSUS**: 221.1

#### PATIENT DAYS
- **MEDICAL/SURGICAL**: 47,274
- **INTENSIVE CARE NURSERY**: 19,460
- **PEDIATRIC INTENSIVE CARE UNIT**: 7,517
- **CM SOUTH PATIENT CARE UNIT**: 6,457
- **TOTAL PATIENT DAYS**: 80,708

#### OUTPATIENT VISITS
- **HOSPITAL CLINICS**: 157,232
- **CM SOUTH SPECIALTY CENTER**: 66,931
- **CM NORTHLAND SPECIALTY CLINICS**: 18,497
- **PRIMARY CARE CLINICS**: 80,787
- **OUTREACH CLINICS**: 3,544
- **TOTAL OUTPATIENT VISITS**: 326,991

#### DIAGNOSTIC
- **TOTAL DIAGNOSTIC**: 48,805

#### PHARMACY
- **TOTAL PHARMACY**: 57,684

#### HOME CARE
- **TOTAL HOME CARE**: 3,145

#### TRANSPORTS
- **TOTAL TRANSPORTS**: 4,388

#### SURGICAL PROCEDURES
- **INPATIENT**: 3,892
- **OUTPATIENT SURGERY**: 13,161
- **TOTAL SURGICAL PROCEDURES**: 17,053
- **MEDICAL STAFF**: 651
- **VOLUNTEERS**: 778
- **EMPLOYEES (TOTAL FTE)**: 5,012

#### SOURCES OF REVENUE:
- **PATIENT CARE SERVICES**: 667,677
- **OTHER REVENUE**: 5,686
- **GRANTS AND CONTRACTS**: 7,998
- **UNITED WAY**: 1,192
- **COUNTY COURTS**: 581
- **CITY OF KANSAS CITY, MO**: 1,200
- **INVESTMENT INCOME**: 3,356
- **ASSETS RELEASED FROM RESTRICTIONS**: 17,448
- **UNRESTRICTED GIFTS AND BEQUESTS**: 1,865
- **TOTAL SOURCES OF REVENUE**: 707,003

#### USES OF REVENUE:
- **BAD DEBT/CHARITY CARE**: 33,416
- **SALARIES AND BENEFITS**: 398,200
- **SUPPLIES AND OTHER EXPENSES**: 200,933
- **DEPRECIATION AND INTEREST**: 53,926
- **OTHER**: 20,528
- **TOTAL USES OF REVENUE**: 707,003

Children’s Mercy Hospital Financial Data for the Fiscal Year ended 6/30/09
Children’s Mercy
HOSPITALS & CLINICS
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