

Promotion Narrative: Assistant Professor to Associate Professor, Clinician Educator

TEACHING

My overall goal as a clinician educator is to empower residents, fellows, other trainees, and community clinicians to become competent and compassionate clinicians with the capacity to provide high-quality patient- and family-centered care not only to children with developmental and behavioral conditions but also to children in every realm of pediatrics. During my time as a faculty member, I have enjoyed teaching both in didactic and clinical settings and mentoring trainees in conducting research and curriculum development. It is rewarding to watch trainees and clinicians of all levels gain knowledge in evidence-based diagnostic processes and treatments and skills that include effective communication and incorporation of patients and families as valuable team members in their clinical care. I enjoy supporting residents as they acquire skills in research methodology and becoming educators themselves. I take great pride in knowing I am helping shape the care that children and families in Oklahoma and beyond will receive in the future.

Pediatric Residents:

Developmental & Behavioral Pediatrics (DBP) Resident Rotation:

Educating pediatric and medicine-pediatric residents has been an integral part of my career thus far. Resident education on parenting advice was central to my Developmental & Behavioral Pediatrics fellowship project, so it was a natural transition for me to serve as the DBP resident rotation director when joining faculty 5 years ago. I have retained that role since then, and in that time, I have worked diligently with our other DBP and general pediatric faculty, coordinator, and fellows to substantially restructure the rotation. One of my main accomplishments has been ensuring that every resident receive midpoint and end-of-rotation feedback. Residents participate in most of our clinical visits, and our DBP faculty have always taken pride in providing rich formative feedback immediately following numerous observed clinical sessions. We strive to model and instill in residents the desire to respect and show empathy for the families they are treating, and we teach them how to conduct family goal-oriented visits. These goals are accomplished by allowing residents to sufficient opportunity to observe faculty and fellows, be observed by faculty and fellows, and conduct independent clinical visits to gain competence. Most didactic sessions during the rotation are structured so that the residents themselves are expected to prepare a topic or critical review of a journal article and then present it to the faculty and fellows. Residents are also asked to track all of their independent readings and write brief reflection papers over non-clinical observation experiences in the community. This has created a much more active and engaging learning experience for the residents, and our feedback on the rotation has gradually improved overall.

Overall Quality of DBP Rotation						
	Among the Worst	Bottom Half	Average	Top Half	Among the Best	Overall Rank
2013-2014	6.67%	26.67%	46.67%	13.33%	6.67%	2.87/5
2014-2015		15.79%	47.37%	21.05%	15.79%	3.37/5
2015-2016			68.75%	25.00%	6.25%	3.38/5
2016-2017		4.55%	45.45%	45.45%	4.55%	3.50/5
2017-2018		7.14%	42.86%	50.00%		3.43/5

DBP Resident Rotation Comments:

“Overall I really liked this rotation. The attendings were clearly very interested in helping residents and were always up for giving feedback which is never the most fun but obviously needed. I also really appreciated getting to see more of the diagnostic testing and management of ADHD and ASD as this is not something I get to see a lot in my continuity clinic.”

“This rotation helped me with my communication skills and patient/family interactions. They are truly an education-prioritized department that puts our feedback and training in high regard.”

“D&B was a wonderful rotation. I enjoyed getting to meet community partners and learn to better care for children with special needs. The faculty were wonderful. I also have a better understanding of resources like SoonerStart, Sooner SUCCESS, etc.”

“I feel so much more comfortable taking care of children with behavioral and developmental issues and communicating with them and their families. This rotation does a great job of making us aware of the resources that are available in Oklahoma and how to navigate the school system for kids with special needs.”

“Really good rotation, I felt like I had time to read and study as well as see patients. This was really refreshing. The attendings were all happy to teach.”

Resident Electives/DBP Track:

During my time as rotation director, we have also developed the opportunity for residents to participate in DBP electives. These have varied from focused clinical/practicum experiences to curriculum development to research project development. As interest in these electives and more longitudinal DBP-mentored projects evolved, we created an official OUHSC Pediatric Residency DBP Track in 2018. The track formalizes a more comprehensive, longitudinal DBP experience with opportunities for DBP electives in all 3 years, ongoing research or educational curriculum development mentorship, and continuity clinic participation in DBP in the 3rd year of residency. We are thrilled to have had 2 1st-year residents sign up for the track during this past academic year.

Other Resident Didactics/Educational Curricula:

I have lectured to residents during noon conference nearly annually, and I have mentored 6 residents in the development of resident educational curricula over toddler parenting and

discipline and over pediatric mental health. These have been delivered to residents at the beginning of continuity clinic sessions and during academic afternoons respectively, and they have been well-received. These efforts were primarily developed by the resident mentees, some of who also co-lead/ facilitated various sessions. I have also facilitated the mental health academic afternoon session several times and helped supervised delivery of the parenting/discipline sessions. Seeing residents become engaged during educational sessions I lead is rewarding, but witnessing this occur when residents themselves were instrumental in the development and delivery of interactive, impactful curricula has been one of the highlights of my teaching career.

Resident Evaluations of Faculty/Rank:

With continuous efforts to improve my teaching through faculty development opportunities and with guidance from my own mentors, I know I have grown in my teaching effectiveness, and resident evaluations of my individual teaching support this as well. I look forward to opportunities to continue in this growth in the coming years. My improvements in Overall Attending Effectiveness and in specific teaching characteristics are listed below:

Attending Overall Effectiveness				
2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
5.38/7	5.28/7	5.44/7	5.79/7	5.88/7

Aggregated Anonymous Faculty Evaluations by Pediatric Residents			
	2015-2016	2016-2017	2017-2018
MEDICAL KNOWLEDGE			
1. Demonstrates basic science and up-to-date clinical knowledge.	7.94/10	8.46/10	8.44/10
PATIENT CARE			
2. Makes informed diagnostic and therapeutic decisions.	8.00/10	8.50/10	8.50/10
INTERPERSONAL & COMMUNICATION SKILLS			
3. Communicates effectively with patients and their families.	8.22/10	8.67/10	8.75/10
4. Communicates effectively with resident(s).	7.83/10	8.71/10	8.69/10
PROFESSIONALISM			
5. Demonstrates integrity and ethical behavior.	8.11/10	8.75/10	8.75/10
6. Acts as physician role model.	7.94/10	8.62/10	8.73/10

PRACTICE-BASED LEARNING & IMPROVEMENT			
7. Critically evaluates scientific literature and applies to clinical practice.	7.94/10	8.57/10	8.50/10
SYSTEMS-BASED PRACTICE			
8. Coordinates care with other healthcare providers, obtains consultations when needed and assures appropriate follow-up care.	8.22/10	8.61/10	8.69/10
TEACHING			
9. Demonstrates commitment to teaching.	8.33/10	8.67/10	8.69/10
10. Demonstrates effective teaching.	8.22/10	8.54/10	8.56/10
11. Provides feedback and opportunity for improvement.	8.44/10	8.70/10	8.88/10

Resident Comments on Individual Faculty:

“Dr. [REDACTED] is a great teacher and was enjoyable to work with. She provided a lot of learning opportunities and I couldn't ask for a better teacher and role model.”

“Dr. [REDACTED] is clearly committed to resident education. A lot of her effort at work goes into making sure residents are getting a good experience.”

“Really enjoyed working with [Dr. [REDACTED]]. She is very invested in resident learning and really makes residents feel part of the team.”

“You can tell [Dr. [REDACTED]] is very passionate about her work and that she really cares for her patients. She always took the time to provide feedback and did a great job of explaining various topics.”

“Dr. [REDACTED] cares about resident education and works hard to ensure that residents have a great DBP experience. It was wonderful to have her close by to ask questions and confer with. I really enjoyed working with her.”

“Dr. [REDACTED] is available and supportive as an attending. She is dedicated to improving the Development rotation with an ongoing process as well as modeling excellent patient care.”

“Very pleasant to work with Dr. [REDACTED]. She made a big effort to make my experience a good one.”

“Dr. [REDACTED] was already very ready to teach. I learned different ways of communicating to patients and families from her and appreciate her commitment to my education.”

“Dr. [REDACTED] is very committed to teaching residents. She is always willing to teach and really strives for us to get as much as possible out of our development rotation. She was always approachable. Enjoyed working with her.”

“Dr. [REDACTED] is one of the nicest people I have ever worked with. You can tell she is very passionate about her work and that she really cares for her patients. She always took time to provide feedback and did a great job explaining topics.”

DBP Fellows:

As the first graduate of the OUHSC Developmental & Behavioral Pediatrics fellowship program in 2013, it was important to me both during fellowship and since joining faculty to ensure that fellows are provided ample opportunities to gain the clinical, scholarly, and educational skills necessary to become excellent developmental and behavioral pediatricians and leaders in the field themselves. I am involved in the DBP Fellowship Clinical Competency Committee and Program Evaluation Committee which allows me the chance to thoughtfully contribute to improving the fellowship curriculum and advancement of our individual fellows. I have provided close clinical supervision and feedback to all 4 of our subsequent fellows as well as research mentoring and/or teaching collaboration for each of them. I typically spend approximately 2 days/week in various clinical activities, 1 half-day/week in didactic or journal club sessions, and 1 hour weekly to biweekly in research/general mentoring with fellows. Working with and teaching fellows truly energizes my day as we share a passion for caring for children with special needs and their families and educating residents to do the same.

Comments from DBP Fellows regarding Faculty Effectiveness:

“Dr. [REDACTED] is a colleague and a friend. As my senior fellow, I found Dr. [REDACTED] teaching helpful. She lead us as fellows through three national meetings and helped the newer fellows become comfortable with the field of developmental and behavioral pediatrics. Dr. [REDACTED] teaching to residents was tireless. She dedicated her research training, including her training in a masters in clinical and translational research, to the mission of improving the quality and curriculum of education for pediatric residents. Dr. [REDACTED] has kept up a busy, productive, and successful research and clinical career whilst raising a wonderful family. She promotes OUHSC's ideals nationally at our society.”

“Dr. [REDACTED] has several qualities that are rarely found together in an attendings. She is simultaneously practical and well-organized while being approachable and empathetic. I have always left meetings with her feeling supported and heard with advice and recommendations that are concrete and immediately useful for my personal and professional growth. It is uncommon to find a faculty member as professional as Dr. [REDACTED] that you feel you can be completely honest with when seeking career advice.”

“I had the wonderful opportunity of working with Dr. [REDACTED] when she was my upper level fellow and when she subsequently joined the OU faculty as an attending. Dr. [REDACTED] is an exceptional mentor and teacher. She is dedicated to constantly improving and expanding the learning experience of her students and fellows and diligently works with them to solidify core concepts within the field of Developmental & Behavioral Pediatrics. She herself is an active learner and is a great role model for others involved in academic medicine. Dr. [REDACTED] also served as a shining example on how to engage with all levels of learners, from medical students to fellows which has helped me in my own interactions with medical students and residents. Her willingness to teach and mentor is a true reflection of her outstanding character both as a physician and as a person.”

“Working with Dr. [REDACTED] during my fellowship was a privilege. I was impressed with her ability to manage the responsibilities of clinical practice, education and research. She is a great role model for students, residents and fellows. She has a very promising future in Developmental-Behavioral Pediatrics and academic medicine.”

Child Psychiatry Fellows:

Our DBP program works closely in collaboration with the OUHSC Child Psychiatry program so that our fellows and theirs are able to participate in a meaningful rotation in each others' programs. I direct the Child Psychiatry fellow activities and provide frequent clinical preceptorship while they are at the Child Study Center (CSC). Their rotation curriculum is quite similar to our pediatric residents' except we offer a slightly more individualized experience based on their clinical interests. We also try to ensure they get plenty of exposure to autism and fetal alcohol spectrum disorder evaluations and evidence-based behavior therapies such as Parent Child Interaction Therapy and Trauma-Focused Cognitive Behavior Therapy as these are not parts of their longitudinal curriculum. This collaboration with Child Psychiatry has led to our faculty working more closely together in case discussions and collaborative teaching which has likely strengthened faculty and fellow clinical care in both programs.

Medical Students:

We have provided a 4th year elective rotation for OU medical students when desired, and I have directed this rotation. We have had 3 students participate in the elective since I have been rotation director, and they have followed a curriculum similar to our pediatric residents except that they have a slightly higher proportion of time spent observing faculty clinicians, and all visits they lead are directly supervised. Our faculty and fellows also taught 3 sessions during the OU Pediatric Boot Camp this year for 4th year OU medical students going into pediatrics. This was an excellent opportunity to introduce highly interested students to the field of DBP, and we hope to continue this in the future. We are also excited that to begin providing regular lectures on Child Development to 3rd-year medical students during their pediatric clerkship rotation beginning in the 2018-19 academic year.

DBP Nurse Practitioners:

As CSC Medical Director, I have played a primary role in teaching and supervising our DBP Nurse Practitioners in providing evidence-based, family-centered care in our clinics. I have worked to ensure close supervision and actively involve our nurse practitioners in our resident/fellow didactic and journal club sessions and have mentored them in preparing/co-presenting presentations at local nursing and pediatric continuing education conferences.

Genetic Counseling, Occupational Therapy Student Lectures:

During my time on faculty, I have provided lectures on autism spectrum disorder (ASD) and attention-deficit/hyperactivity disorder (ADHD) to OUHSC genetic counseling and occupational therapy students, respectively. This has been a great opportunity to share knowledge in these areas with students outside of pediatrics and to have discussions on how their fields are relevant to children with these conditions.

Oklahoma Leadership Education in Neurodevelopmental and related Disabilities (LEND):

My participation as a leadership intern in the LEND program in 2011 has had a significant impact on my career and my approach to patients, families, and interdisciplinary care and research. Since graduating from the program, I have participated as a LEND instructional faculty member each year by precepting LEND interns during observations of our interdisciplinary JumpStart Autism Evaluation Clinic and by helping present a LEND class session on Healthcare Issues for children with disabilities. I am honored to have been selected as the incoming program director for the Oklahoma LEND program for 2018-19, and I hope to continue the program's tradition of training numerous outstanding Oklahoma students across multiple disciplines to become leaders across the state and nation in providing interdisciplinary, family-centered care to children with neurodevelopmental disabilities. As program director, I am responsible for providing administrative direction for the program and faculty, serving as the liaison to the Department of Pediatrics and the Oklahoma University Center of Excellence on Developmental Disabilities (UCEDD), and providing programmatic and administrative leadership of educational activities.

OUHSC DBP Section Teaching:

In an effort to improve the depth of understanding and quality of care for all the clinicians in our section, I have provided lectures and education sessions regularly at DBP Section Annual Trainings and Bimonthly meetings, particularly on the topics of pediatric psychopharmacology and family-centered care/person-first language.

Grand Rounds Lectures:

I have presented at OU-Tulsa Department of Pediatrics Grand Rounds twice. First, I co-presented on ASD in 11/2012, and more recently, I presented on Comorbid ASD and ADHD in 6/2018. I also represented our DBP Section as a co-presenter at the OUHSC Department of Pediatrics Grand Rounds in 9/2018.

Faculty Development:

Participating in resident/fellow education training and other faculty development opportunities have improved my teaching effectiveness since joining faculty. These opportunities have occurred primarily at our annual Society for Developmental and Behavioral Pediatrics meetings and through the Academy of Teaching Scholars on campus. These sessions have helped me realize that truly effective teaching in the graduate medical education setting does not occur as innately as I once assumed but requires continuous learning and exposure to evidence-based teaching strategies, careful planning and mindful implementation of selected strategies, and evaluation when possible.

Future Directions:

I look forward to continuing my educational endeavors of pediatric residents, DBP fellows, and other trainees. I am preparing to transition into becoming the DBP Fellowship Program Director for OU in 12/2018, and I anticipate continuing our established tradition of training excellent Developmental & Behavioral Pediatricians. I also am excited to network with colleagues on campus and at other institutions to bolster our didactic curriculum for our fellows. As noted, I am also hopeful that we can strengthen opportunities for 1st and 3rd year pediatric residents through the DBP track and for medical students. I am optimistic that teaching collaborations with the General Pediatrics faculty will continue to better embed DBP teaching within continuity clinic. Finally, our DBP section is meeting with leaders in the College of Allied Health to determine how we can provide more interdisciplinary teaching and clinical preceptorship opportunities for allied health students at the CSC.

SCHOLARSHIP ACTIVITY

My overall goals in research are to work across disciplines to improve physician-led parenting advice and clinical care for children with behavioral challenges and disorders, particularly attention-deficit/hyperactivity disorder (ADHD) and autism spectrum disorders (ASD) and the co-occurrence of these 2 conditions. When I entered fellowship, I thought I would primarily engage in DBP clinical care and resident/fellow education during my academic career. However, as I advanced through fellowship and began conducting my fellowship research project, I realized that research should play a vital role in and ideally be closely connected to both my clinical and educational endeavors, not only to improve the care and education of my own patients and residents but to have a potentially more far-reaching impact nationally.

Masters in Clinical & Translational Science:

I was accepted into the OUHSC Masters in Clinical & Translational Sciences program while completing fellowship, and for my fellowship/thesis project, I initiated my research on factors affecting pediatric residents' parenting advice. Largely due to my CTS coursework and training, I partnered with faculty, fellows, residents, and graduate students with backgrounds in general pediatrics, developmental-behavioral pediatrics, child psychology, biostatistics, occupational therapy, and social work during the development and completion of my fellowship/thesis project. I gained expertise in parenting, behavior problems, qualitative interview administration/analysis, and multisite survey development/administration/analysis. This training also helped me see that interdisciplinary research is critical to the potential for meaningful translation and clinical impact.

Resident Parenting Project:

My contributions to science thus far have focused largely on pediatric residents' parenting advice with specific interest in whether residents' upbringing is related to their advice. This project originated due to the lack of formal training pediatricians receive regarding general parenting and discipline advice, and I received the OUHSC Pediatric Chairman's Research Award to conduct the project. I designed, conducted, and have participated in the analysis and writing of my fellowship/thesis project on this topic with the study continuing in my early years on faculty. The qualitative study has been published ("A phenomenologic investigation of pediatric residents' experiences being parented and giving parenting advice" in *Psychology, Health, and Medicine*) and suggests that residents do think their advice is influenced by their upbringing and that residents raised more authoritatively are likely to give authoritative advice themselves while residents raised in other manners give less predictable advice. Additionally, we learned that many residents lack confidence in giving parenting advice, particularly if they are not parents themselves. We have completed analyses of pediatric resident surveys from 15 residency programs, and these results indicated that most pediatric residents appear to be aware of appropriate authoritative parenting advice regardless of upbringing, especially as they advance through residency, but parenting advice type varied by resident race, acculturation, and future plans. Furthermore, confidence in giving parenting advice decreased significantly as patient age increased, and residents reported consulting attending physicians for parenting advice guidance

more than any other evidence-based resources. These results have been presented as a poster presentation at OUHSC Pediatric Research Day, oral/poster presentation at Society for Developmental & Behavioral Pediatrics, and a platform presentation at PAS. This has also been submitted for publication and have been accepted pending revisions by *Frontiers in Pediatrics*. I am currently mentoring a postdoctoral psychology fellow interested in using this survey dataset specifically to determine whether advice varies by type or number of caregiver(s) raising the resident and whether access to a formal resident parenting curriculum was associated with giving authoritative parenting advice.

Educational Curricula on Parenting/Pediatric Mental Health:

Results from my thesis have informed development of a pediatric resident curriculum to provide education on useful parenting advice regarding toddler behavior problems. I have been mentoring and supervising 6 pediatric residents who have helped develop, implement, and analyze this curriculum and a subsequent resident mental health curriculum. Thus far, evaluations of our pediatric resident parenting and mental health curricula indicate that concise pre-clinical modules and academic afternoon sessions are effective methods for improving residents' confidence and competence in providing parenting advice on toddler discipline and providing pediatric mental health care. The parenting curriculum has been presented by the involved residents orally at Southern Regional and as a poster at PAS and the OUHSC Academy of Teaching Scholars Teaching Week. We have submitted this manuscript to the journal, *Medical Teacher*, and it is currently under review. The mental health curriculum has been presented by the lead resident developer as a poster at OUHSC Pediatric Research Day. This resident transitioned into our DBP fellowship and subsequently presented the curriculum as a poster at the OUHSC Academy of Teaching Scholars Teaching Week. Under my mentorship, he has continued to evaluate the ongoing mental health curriculum sessions, and we received an Academy of Teaching Scholars Award which we are using to support a retrospective EMR chart review of pediatric resident diagnostic and treatment practices regarding anxiety and depression before and after participation in the mental health curriculum. One of our current residents is in the process of using the parenting curriculum module format to create modules on parenting advice regarding pediatric sleep with plans to implement those modules in the next academic year.

Neurobiology of Error Monitoring/Reward Processing as Phenotypic Specifiers in ADHD and ASD:

As I have furthered my DBP clinical endeavors, I have solidified my passion for working, particularly on interdisciplinary teams, to care for children with ASD and ADHD. This has led to a particular interest in interdisciplinary scholarly exploration of how these conditions overlap and whether there are neurobiological differences among children with each condition individually and when occurring co-morbidly. I have been collaborating with neuroscientist, Dr. Lauren Ethridge, in a research project investigating error monitoring and reward processing differences seen on EEG in children with ADHD, ASD, comorbid ADHD and ASD, and control participants. This study has been supported by the University of Oklahoma College of Medicine

Alumni Association Research Grant and the Oklahoma Center for Neuroscience Translational Research Seed Grant. Preliminary results have been presented by our research team at our DBP Section Research Meeting, by me at OU-Tulsa Department of Pediatrics Grand Rounds, by [REDACTED] and one of our graduate assistants at the Gordon Research Conference on Fragile X and Autism related Disorders in Lucca, Italy, and by Dr. [REDACTED] and me at OUHSC Department of Pediatrics Grand Rounds. Once we have finished collecting data, we will submit the results for publication. I have supervised one of our pediatric residents who has participated in recruitment, participant assignment, database creation, and manuscript writing.

Additional Research Mentoring:

In addition to the mentorship/supervision mentioned above, I have served as a faculty research mentor for 1 fellow in developmental & behavioral pediatrics and faculty research advisor for 4 graduate students in occupational therapy, genetic counseling, nursing, and public health who have all conducted research regarding parenting, parental stress, and family health in families of both typically developing children and those with ASD or developmental disabilities. Three of these trainees have received small funding awards for their projects, 2 have presented their projects orally in national settings, and 4 have presented posters either locally or nationally. I was a co-author on the occupational therapy doctoral student's paper, "Exploring families' experiences of health: contributions to a model of family health," published in *Psychology, Health, and Medicine*.

I also participate in our DBP Section's regularly occurring Writing Weeks and Research Meetings, which involve provision of internal peer-reviewing and verbal feedback regarding manuscripts and grant proposals.

Published Literature Reviews/Secondary Data Analyses:

Since my time in fellowship, the importance of conducting thoughtful, high-quality scholarly literature reviews has been instilled in me by research mentors as a mechanism for furthering the field's understanding of current knowledge and existing practice gaps warranting further attention. During fellowship, I was first author and conducted an in-depth literature review to revise and update a chapter on "Hyperactivity Dietary Issues" for the *Encyclopedia of Human Nutrition* with Dr. Mark Wolraich serving as my mentor on the chapter revision. Additionally, I was first author on the paper, "Improving Recognition of Children Affected by Prenatal Alcohol Exposure: Detection of Exposure in Pediatric Care" published in *Current Developmental Disorders Report*. For this project, I worked with Dr. [REDACTED] and our CSC nurse practitioner to conduct a thorough literature review regarding pediatrician identification and management of children affected by prenatal alcohol exposure with a proposed screening recommendation tool and algorithm to provide assistance to pediatric clinicians. I have also been working as first author with Dr. [REDACTED] and other co-authors involved in the Project to Learn about ADHD in Youth (PLAY) on a comprehensive literature review and subsequent secondary analysis of PLAY data, specifically exploring race/ethnicity and socioeconomic factors associated with ADHD in children. We have submitted this paper for publication, and it is currently under review by *Journal of Developmental & Behavioral Pediatrics*.

Future Directions:

I plan to continue to support our general pediatric faculty, DBP fellows, residents, and trainees in other disciplines to a) further study parenting and family health and b) develop, implement, and evaluate educational curricula for pediatric residents regarding parenting advice and communication skills used to address child behavioral and mental health. I also plan to continue endeavors to improve identification and clinical care/parenting support for children with ADHD and ASD, particularly in the preschool age. I have led interdisciplinary efforts with a team of OUHSC DBP and General Pediatric faculty, local public school directors, and parent/family partners to submit federal grant applications to PCORI and MCHB (R40) to conduct a Preschool Behavior Project with a goal of better identifying successful strategies for identification and therapy referrals for preschool children with ADHD and disruptive behavior within primary care and schools settings. Neither of these applications have been funded, but we are in communication with our collaborators about potentially pursuing other federal/state funding opportunities. I furthermore learned a substantial amount about how to lead a team through the rigorous process of preparing federal grant proposals that will be invaluable as I pursue this process again for future projects. I am beginning work as the OUHSC Site PI on a multi-site Preschool ADHD retrospective EMR chart review affiliated with the Developmental & Behavioral Pediatrics Research Network (DBPNet). Dr. [REDACTED] and I are also excited to explore new avenues related to our current study on neurobiologic differences between ADHD, ASD, and comorbid ADHD plus ASD based on the final results of the current study. We are interested in potential back-translation studies in mouse models and studies looking at stimulant medication effects in these populations. Additionally, we are considering a potential study in preschool children in our JumpStart Autism Evaluation and Parent Child Interaction Therapy programs using eye-tracking technology which may be a simpler methodology and could be implemented prior to any treatment effects which would be more indicative of diagnostic value. Finally, our JumpStart Autism Evaluation Clinic may also explore small, local grant opportunities to elicit specific outcome achieved in an interdisciplinary clinic compared to other settings.

CLINICAL SERVICE

When I joined faculty at OUHSC in 2013, I was one of only 3 board-certified/board-eligible developmental & behavioral pediatricians in the state of Oklahoma, and the other 2 were my mentors and colleagues at the CSC, Drs. [REDACTED]. They have instilled in me the importance of providing excellent, compassionate individual and interdisciplinary evaluations and care that is centered around patients and families for children with developmental and behavioral conditions and the importance of training Oklahoma's primary care clinicians to become more competent and confident in caring for these children in their medical homes and appropriately referring them when warranted. We now have 5 total board-certified DBP physicians in Oklahoma, but this is still far below the per capita need considering the growing prevalence of children with ASD and other developmental disabilities and complex behavior disorders and the low numbers of child psychiatrists in Oklahoma. As my leadership roles within the CSC and DBP Section have increased, I also have goals of ensuring that this same level of excellence is achieved for all families being served at our center and that our faculty and staff can be leaders in collaborative partnerships across the state focused on improving the lives of children with disabilities, complex behavioral disorders, and history of abuse.

Direct Clinical Service:

JumpStart Autism Evaluation Clinic:

I have worked as a DBP physician in the JumpStart Clinic since my fellowship, and it continues to be my favorite clinical experience. We provide ASD and comprehensive developmental evaluations to children 7 and under from across the state and surrounding states. The JumpStart team has varied in composition over time but currently consists of DBP physicians, a child psychologist/board-certified behavior analyst, a speech-language pathologist, an occupational therapist, and a family partner. With increasing prevalence and understanding surrounding ASD diagnoses and treatment in children over the past decade, the need for comprehensive evaluation continues to grow. Although children with severe ASD can often be effectively identified and referred for treatment by their primary care providers, in many cases, the symptoms are far more subtle and overlap with a myriad of other developmental, behavioral, and medical conditions. Our JumpStart Clinic is the only interdisciplinary ASD evaluation program outside the public school systems which never involve a medical clinician. I devote 0.15 FTE of my time to serving as a DBP physician in the JumpStart Clinic, and I truly enjoy the privilege of being a part of a top-notch team that works to provide a gold standard, rigorous evaluation process and compassionate, family-centered delivery of diagnostic feedback and treatment recommendations to parents and caregivers during what is often one of the most stressful periods of their lives.

ADHD/Developmental-Behavioral Pediatric Clinic:

The rest of my clinical time (0.35 FTE) has been devoted to conducting individual developmental and behavioral pediatric medical evaluations and follow-up care to children with ADHD, ASD, other developmental delays/disabilities, anxiety and depression disorders, and fetal alcohol spectrum disorders. I enjoy being able to support children with challenging behaviors and their families, many of which have already been seen by numerous other medical,

psychology, therapy, and school specialists and are still looking for strategies to gain further reduction in behavior problems and further academic and social success. Being a part of these families' journeys is often challenging as it involves complex treatment decisions with continuous understanding of up-to-date evidence-based DBP medication and behavioral treatments and significant levels of care coordination with other specialists and family support partners. However, watching many children grown and achieve various milestones of success along this journey is one of the most rewarding aspects of my career.

Patient/Staff/Supervisor Satisfaction:

I have been well reviewed annually by my section chief and co-chief, the pediatric residents, DBP section staff, and patients. Per CG-CAHPS patient surveys, I've consistently had overall ratings >80th percentile since 2016 with an overall patient doctor rating >95% since 2017 and direct patient care domain ratings of 100% numerous times.

Patient comments (from Press Ganey Patient Satisfaction survey as posted on OU Medicine website):

"Dr. [REDACTED] is professional and very easy to communicate with. My daughter loves her and we have had really great results with Dr. [REDACTED] doing everything she possibly can to ensure my daughter gets all the help she needs."

"she is the reason we drive. she's amazing"

"she offers practical advice that works for my family"

"Dr. [REDACTED] great. Staff great."

"Dr [REDACTED] is a very good physician and takes the time to listen to _____. She is very good at returning my phone calls in a timely manner and helping us to find solutions for issues that arise."

"Very pleased with Dr. [REDACTED]!"

"I was very impressed with Dr. [REDACTED] and her team."

"All of the Dr.'s we saw were very kind, attentive and courteous."

"She was soooooo busy but still took all the time we needed, was thorough, detailed and awesome!"

"Dr. [REDACTED] is amazing. I cannot speak highly enough of her techniques, knowledge, compassion and interest in my child."

Clinical Leadership:

JumpStart Clinical Director:

I was appointed as the JumpStart Clinical Director in 2012, and since then, I have worked with our team to critically look at whether the flow of clinical activities is best meeting the needs of the patients and families. I have also helped ensure that the clinic continued to operate with a high level of quality even at times when faculty and staff clinicians have left. In the past year, I have successfully led recruitment efforts to identify and hire an excellent child psychologist/BCBA with expertise in autism treatment and a very experienced speech language pathologist. We have expanded the role of our long-time CSC part-time occupational therapist in the past year so that she is now able to offer formal motor and sensory evaluations and treatment recommendations for our JumpStart patients as this element was previously missing for several years. I have proactively met with members of our department billing team to ensure we are using the most effectively billing strategies to be appropriately reimbursed for the services we are providing in the JumpStart Clinic. As director of this clinic, I currently serve as direct supervisor or co-supervisor for our faculty psychologist and 3 staff members. As noted above, future goals within the JumpStart Clinic include more rigorous evaluation of outcomes in our interdisciplinary clinic and how these compare to other autism evaluation programs.

CSC Medical Director:

Serving as the CSC Medical Director since 2014 has allowed me to actively advocate for systemic procedure changes that improve our patient and family care for those seen by the CSC medical providers. Since being in this role, I have worked with our clinical manager and staff to rearrange existing staff roles so that one staff position is solely dedicated to being a medical assistant. This has greatly streamlined the work being done by this staff member and our other staff members, and it has maximized the amount of time medical clinicians spend engaged in direct clinical care so that families are often provided timely, effective assistance during and between visits. As noted above, I have also been involved in ensuring we are using the most appropriate billing strategies for our DBP medical services, and I have conducted or assisted in quality improvement projects to improve rates of DBP patients on medications being scheduled for follow-up visits, provider hand-washing, completed Vanderbilt ADHD Teacher Rating Scales, and formalization of cancellation/no-show policies. As CSC Medical Director, I am direct supervisor for our CSC Nurse Practitioner and co-supervisor for our medical assistant.

Triage Team/Clinic Co-Director:

Since 2016, I have led the efforts to create and implement an official CSC Triage Team and Clinic, and I have served as the program's co-director until 7/2018. We historically have had extremely long waitlists for many of our services at the CSC, and after a QI process to explore referral triage appropriateness, it was determined that we likely be more successful at appropriately triaging if a representative group met weekly to review all incoming referrals. As a part of this implementation, we identified existing staff members that could provide initial triage/screening visits for families to better meet the needs of families while they are waiting for their eventual CSC evaluation. Through our partnership with Oklahoma Child Guidance/OSDH, we have expanded this triage/screening clinic so that, in many cases, these visits can be provided

by a Child Guidance specialist in the family's county with subsequent referral back to CSC as warranted. We are hoping to more critically evaluate our new triage and screening processes now that they have been in place consistently for the past year.

CSC/DBP Clinical Services Administration Team:

Since being appointed as CSC Medical Director, I have been serving on the CSC/DBP Clinical Services Administration Team. I meet weekly with our clinic manager, CSC/DBP Behavioral Health Director, section chief, section co-chief, and section administrator. Many of the changes mentioned above have been successful due to close communication and partnerships formed due to my role on this committee. We are able to ensure successful maintenance of CARF accreditation and help to oversee patient quality, safety, and general clinical operations.

Section Leadership:

I have been a member of the DBP Section Administration Committee since 2017. The Administration Committee's primary goals are to support the DBP Section's mission of striving to enhance the development of children by providing interdisciplinary expertise in clinical services, research, training, and community support that is family-centered, evidence-based, and culturally effective. The DBP Section is made up of the Child Study Center and Center on Child Abuse and Neglect, and it is the largest section in the Department of Pediatrics. We have numerous clinical, research, training, and community programs, and this committee helps guide overall section policies; oversee section-wide meetings, activities, and facility issues; and work to boost section member morale.

Department Leadership/Committee Service:

Since joining faculty, I have been a member of the Department of Pediatrics Educational Representative Committee. The committee meets quarterly and has been a wonderful opportunity to discuss updates regarding ACGME resident/fellow education requirements and effective strategies for achievement educational goals within various clinical settings. I also served as a member of the Pediatric Residency Clinical Competence Committee (CCC) from 2015-2018. This commitment work involved approximately 40 hours/year of preparing and carefully discussing residents' individual progress every 6 months during their training. Participation on the CCC allowed me the opportunity to meaningfully contribute to residents' overall progression and to provide more effective teaching and feedback to individual residents, fellows, and others completing our training. I have also served as an abstract reviewer and/or poster judge for OUHSC Pediatric Research Day.

College of Medicine Service:

I participated in the 2017 OU Medical School American Medical Women's Association Speed Mentoring event, and as previously noted, other colleagues and I provided a series of lectures for 4th year medical students interested in pediatrics.

Community Service:

My DBP physician colleagues and I have developed and delivered CME workshops for primary care providers on the topics of ADHD and ASD. We have delivered the half-day ADHD

workshop 5 times since 2014 and the full-day ASD workshop 3 times since 2016. We use interactive group discussions for which I participate as a facilitator for the ADHD workshops, and I am one of several presenters including a parent/community resource panel for the ASD workshops. Additionally, I have given several invited local and regional presentations on ADHD, ASD, Developmental Delay/Intellectual Disability, and Fetal Alcohol Spectrum Disorders at annual organization/CME meetings including the Oklahoma chapter of the National Association of Pediatric Nurse Practitioners, Department of Education Safe Schools Conference, Department of Education School Nursing Conference, OU Children's Pediatric Conference, and the OU Substance Dependency Seminar.

I have been involved with a primarily parent-led autism insurance reform initiative that began in 2015 with legislation successfully passed into law that has resulted in most commercial insurers being required to provide comprehensive coverage for children with ASD and other developmental disabilities. I have continued to participate in follow-up efforts related to extending coverage requirements to children with state insurance.

National Service:

My participation on the SDBP Research and Education Committees involves regular conference calls and reviews of abstracts and proposals submitted for the annual SDBP conference presentations and research grants for young investigators among other activities. I also co-presented a workshop at SDBP in 2016 on Pediatric Psychology in Healthcare Settings. In addition to serving as the Site PI for various DBPNet multisite projects, I have recently been appointed as a member of the DBP Research Network Steering Committee which involves monthly conference calls to review applications to the DBPNet and progress of existing DBPNet projects. These endeavors are providing me with opportunities to connect with key leaders in the field of DBP and participate in efforts that will have a larger impact nationally. I continue to serve as a peer reviewer for several journals including *Pediatrics*; *Academic Pediatrics*; *Psychology, Health, & Medicine*; and *Journal of Preventative Medicine & Healthcare*.

Future Directions:

In June 2018, I was appointed as the Interim DBP Section Chief upon the retirement of DBP Section Chief, Mark Wolraich. I have already begun participating in meetings with our current Section and Department leaders to address budgeting and financial planning for the Section as well as current space constraints and requirements. I am excited about this opportunity to continue our DBP Section's tradition of excellent, interdisciplinary clinical expertise, research, education, and community collaboration regarding the care of children with developmental disabilities, behavior disorders, and those with histories of trauma and abuse. I have always taken great pride in the work being done by our DBP medical faculty and staff as well as faculty and staff in all of our programs. I have enjoyed developing several collaborative partnerships across our section, department, campus, and community, and I believe this network will help to boost the success of our Section in the coming years. In particular, we are quite hopeful that our Section's collaboration with the OUHSC College of Allied Health Tolbert Center will lead to improved educational opportunities and services for children with ASD and developmental disabilities and collaborations with General Pediatrics and Pediatric Emergency Medicine will

help to establish more rigorous educational opportunities and clinical training regarding trauma-informed care for children. I hope to participate in faculty and section leadership programs locally and nationally in the near future to enhance my capacity for effective leadership, and I look forward to working with colleagues within and beyond our section to successfully transition the OUHSC DBP Section into its next chapter.