Pediatric Medical Education in the Community Setting

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Children’s National Health System
Washington, DC

Disclosure

- We have no relevant financial relationships with the manufacturers of any commercial products and/or provider of commercial services discussed in this CME activity.

- We do not intend to discuss an unapproved/investigative use of a commercial product/device in this presentation.
Learning Objectives

• Discuss opportunities and challenges for medical education in the community hospital setting.
• Review approaches to establishing a pediatrics rotation at your community hospital site.
• Apply tools and strategies to solve medical education challenges in the community hospital setting.

Timeline

• 25 minutes: Lecture based discussion
  – Clerkship factors
  – Opportunities and challenges
  – Establishing a pediatric program
• 30 minutes: Breakout session
• 20 minutes: Lecture based discussion
  – Role of the university-affiliated hospital
  – Developing your curriculum
  – Resources available
Introduction

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Virginia Hospital Center
Mary Washington Hospital
Holy Cross Hospital
Children’s National Health System
Peninsula Regional
### Community Hospital Factors Impacting the Clerkship

<table>
<thead>
<tr>
<th>Learner Type</th>
<th>Number of Learners</th>
<th>Educational Strategies</th>
<th>Clerkship Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Students</td>
<td>Individual Learner</td>
<td>Didactic Lectures</td>
<td>Percent of Time Based in Community Hospital</td>
</tr>
<tr>
<td>Advanced Practice Provider Students</td>
<td>Small Group</td>
<td>Bedside Teaching</td>
<td>Involvement of Tertiary Care Hospital</td>
</tr>
<tr>
<td>Residents</td>
<td>Large Group</td>
<td>Simulation</td>
<td>Outpatient Component</td>
</tr>
<tr>
<td>Mixed Learning Environment</td>
<td></td>
<td>Subscribed Online Curriculum</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Case Logs</td>
<td></td>
</tr>
</tbody>
</table>

#### Clinical Service
- Inpatient Pediatrics
- Well Baby Nursery
- Emergency Department
- Observation Unit

#### Staffing Models
- Shift Based
- 7 on/7 off
- Block Schedule
- Split Week Coverage

#### Other Staffing Considerations
- Night/Weekend Coverage
- Home Call
- Moonlighters
- Midlevel Providers

#### Census
- High
- Low
- Variable
Medical Education Opportunities and Challenges Encountered in the Community Hospital Setting

Challenges

- Low or high patient census
- Lack of attending continuity
- Inconsistent expectations
- Lack of existing lecture series or other teaching resources
- Lack of dedicated teaching time
- Lack of support from affiliated university hospital

Opportunities

- Ample “bread and butter” general inpatient pediatrics
- Exposure to acute, unstable and/or undiagnosed patients
- Individual or small group interaction
- Increased learner autonomy
- Experience all aspects of care
- Teaching opportunity for non-university-affiliated attendings
- Facilitates review of best practices
Establishing a Pediatric Student Education Program

Engagement of Community Pediatric Hospitalists

• Are your hospitalists interested in teaching?
• How can medical education benefit your hospitalists and strengthen your hospitalist program?
• How will the community hospital support medical education?
Engagement of Community Pediatric Hospitalists

- Varying levels of interest in providing education
- May have chosen non-university based site intentionally
- Struggle with balancing workload as solo-provider with teaching responsibilities
- How can you re-frame this into an opportunity?

How can medical education benefit hospitalists?

- Keep up with literature
- Increase job satisfaction and mentorship
- Motivation for academic productivity
  - e.g. case reports, student conferences
- Academic appointments
- Link teaching with staff annual incentive/goals
  - Use aggregate student evaluation
  - Select specific metrics to monitor
How can medical education benefit medical directors?

• Create a organizational culture around providing evidence-based, high quality care
• Increase accountability if practice variation exists
• Increase academic opportunities
• Partner with students to build momentum for QI/PI initiatives

How can medical education benefit community pediatric hospitalist programs?

• Increase visibility of your group as educators
  – Teaching students results in teaching members of healthcare team (nursing, RT, etc)
• Utilize students for performance/quality improvement initiatives
  – Mutually beneficial
  – Nursing and family educational materials
  – Revision of hospital policies
Community Hospital Nuts and Bolts

- Educational Agreements
- Finding a Student Coordinator
- Identifying Resources

Educational Agreements

- Typically between school and community hospital directly
  - Significant variations based on school and type of learner
  - American Academy of Medical Colleges “Boiler Plate” contract
  - May or may not include hospitalists if contracted

- Helpful Resources
  - Local clerkship directors
  - Local community hospital medical directors
Community Hospital Nuts and Bolts

• Where’s the GME Office?
  – Appearance of limited to no resources related to learners
  – Set expectations low with school’s student coordinator and clerkship director
• Dig deeper!
  – Nursing or Emergency Medicine Tech education
  – Staff on-boarding
  – By other names...Medical Staff Services, Human Resources or Nursing Education services, Institutional Review Board leaders

Community Hospital Nuts and Bolts

• Building relationship with site coordinator
  – Engage their supervisors and set goals
  – Understand relevant hospital policy and procedure
• Develop process related to:
  – Identification badge, security access
  – Verification of health records
  – Onboarding and required training
  – Student documentation and EHR Access
Breakout Sessions

Breakout Session Ground Rules

- Safe learning environment
- Be efficient – save the networking for later 😊
- Select a representative and scribe for your group
Divide into Groups by Practice Setting

• Community site
  – With residents and students (Sandra)
  – Without residents and few students (Leslie)
  – Without residents and many students (Jessica)
  – Interprofessional students (Sonal)
• University based site (Craig)

Breakout session

• How is the student oriented? What tools are used to help the students understand your expectations?
Breakout session

• What teaching techniques work well in your setting?

Breakout session

• How are students assessed and how is the data used for formative feedback and summative evaluations?
Role of the University Affiliated Hospital in Setting the Curriculum and Providing Resources

Resources available to the Community Hospitalist: Teaming with the Mothership
Mothership?
Although your site is unique ...

... Commonalities Exist

- Interest in Medical Education
  - Foster excitement in pediatrics
  - Advocate for the care of the child
  - Keep us current with patient care practices
- Challenges
  - Census
  - Orientation
  - Feedback
  - Evaluations
- Opportunities
  - Utilize our respective experience and wisdom
  - Adapt resources from either site
  - Team with local experts

In fact, you can’t do it alone ...

... LCME requires

- An affiliation agreement that addresses:
  - Access to resources
  - Primacy of the core curriculum for teaching and assessment
  - Faculty appointments
- Comparability between sites
  - Clinical cases and procedures
  - Methods to fill gaps in cases
  - Feedback
  - Evaluation
- Regular communication between sites
  - Opportunities for faculty development
Core Curriculum Tools

- Observation Tools help measure the objective
Core Curriculum Tools

• Standard assessments provide faculty appropriate expectations for the objectives

Clinical Skills

- History Taking

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Case & Procedure Log

• The medical school must establish:
  – Types of cases or procedures that a student must see
  – Level of involvement with the case / procedure
  – How the cases or procedures are documented
  – Opportunities for alternative learning experiences

• The sites can and do differ in:
  – Relative complexity of patient
  – Possible “gaps” in the case mix index
  – Where / with whom exposure to the case is provided

• Together, the sites should monitor
  – Comparative exposure to each case / ability to meet expectations
  – Benefit of “system” vs diagnosis approach to case log
Example approach to case log

Required Clerkship Encounter Standards: Pediatrics

- Maintain your log in MedHub throughout the clerkship.
- Preferentially log your involvement with a real patient (someone you or your team cared and for whom you actively participated in the consideration of any of the following diagnoses). If you are unable to participate in the care of a live patient, log an alternative learning experience (ALE) (i.e. online CLIPP, standardized patient)
- Minimum level of involvement:
  - Assist: Participate in the care of a patient with this condition to include team discussion and/or
  - overseeing care during a hand-off
  - Perform independent assessment and plan or performed the procedure under supervision

<table>
<thead>
<tr>
<th>Peds clinical encounters with examples of diagnoses</th>
<th>Minimum level of involvement</th>
<th>Location: inpt, outpt, either</th>
<th>ALE opportunity if no clinical encounter available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior – Advise a parent of a child having problems with: sleep, colic, temper tantrums, toilet training, ADHD, encopresis</td>
<td>PERFORM independent assessment and plan</td>
<td>Either</td>
<td>CLIPP case 3 or 4</td>
</tr>
<tr>
<td>Cardiovascular: Innocent murmur, Congenital Heart Disease, Arrhythmia</td>
<td>assist</td>
<td>Either</td>
<td>CLIPP case 18</td>
</tr>
</tbody>
</table>

Alternative Learning Experience – CLIPP Cases

- Computer-Assisted Learning in Pediatrics Program (CLIPP)
- Emphasize problem-solving skills
- Foster self-directed and independent study
- Represent core pediatrics curriculum
- Prepare you for clerkship
- Requires school subscription
Feedback & Evaluations

- The medical school must establish:
  - Standards for grades
  - How feedback and evaluations are documented
  - Deadlines
  - Faculty status of evaluators

- The sites can and do differ in:
  - Unique elements used to measure student achievement of grade
  - How comments are gathered
  - Internal deadlines

- Together, the sites should monitor
  - Faculty status of evaluators
  - Relative frequency of grades and NBME scores at each site
  - Compliance with deadlines

Feedback Tool

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**Pediatrics Clerkship Mid-Rotation Review (Feedback) Form**

**OVERALL GOAL:** To provide mid-rotation feedback and determine an action plan for student.

**STUDENTS:** Before meeting with your preceptor, complete a self evaluation by marking off with an “S” where on the spectrum you think you are currently. See example below.

**PRECEPTORS:** Please obtain input from other faculty and residents who have worked with this student. Then rate the student’s performance by marking off with a “P” where on the spectrum you think the student is currently. Then discuss the student’s strengths and areas for improvement. Record comments.

**EXAMPLE** (S=Student’s self evaluation; P=Preceptor)  

<table>
<thead>
<tr>
<th>Unacceptable performance</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>(conditional)</td>
<td>S</td>
<td>P</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

**History & Physical:** Is the student identifying and pursuing problems? Is the exam technically correct, thorough, and efficient? Is the written record organized and of an appropriate length?

**Comments:**
Grade Thresholds

- Inpatient and Outpatient Clinical Grades: % of total
  - "Reporter"
  - "Interpreter"
  - "Manager / Educator"
- Self-Directed Learning Portfolio: % of total
- NBME: % total

Faculty Development

- University offerings
- Site visits
- Public domain resources
Developing a Pediatrics Rotation in the Community Setting

Orientation Materials and Onboarding the Learner

• University-affiliated orientation
• Site specific orientation
  – Developing content
  – Mode of communication (electronic, PPT, video, live)
• Defining the process
  – Who will be responsible?
• Setting clear expectations for the learner
What unique experiences do you have in a community hospital?

- Participate in a lactation consult
- Attend a parent support group
- Observe ECHOs, EEGs, and other diagnostic studies
- Watch a circumcision
- Tour the NICU, attend a delivery
- Provide anticipatory guidance

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Defining Feedback and Evaluation

- Use resources from university-affiliated group
  - Direct Observation form (SCO)
  - Mid-Rotation Feedback form
- Modify resources for your setting ([SCO newborn PE](#))
- Set expectations for formative feedback
- Develop process to write composite evaluations
Direct Observation – SCO newborn PE

Structured Clinical Observation (SCO) Newborn Nursery Rotation

Observer: ______________________________                  Date:  ___ / ___ / ___
Trainee:   ______________________________  PL1     PL2     PL3     MS3     MS4
Site:              Newborn nursery
Type of Visit:  Well child
Patient type:   New pt
Patient Gender:  [ ] M  [ ] F
Patient age:  Newborn (1-31 days)

Indicate the portion of visit and particular items observed. Please check all that apply.

[ ] Data Gathering
[ ] Physical Exam
[ ] Information Giving

[ ] Interim history (well child)
[ ] HEENT
[ ] Anticipatory Guidance

[ ] CC/HPI
[ ] Cardiac
[ ] Immunization info

[ ] Diet/Sleep/Elimination
[ ] Pulmonary
[ ] Illness explanation

[ ] PMH/Health Maintenance
[ ] Abdominal
[ ] Management

[ ] ROS/HEADS
[ ] Genitourinary
[ ] Follow-up instructions

[ ] Development/School History
[ ] Musculoskeletal
[ ] Other ___________

[ ] Family History
[ ] Neurological
[ ] Social/Cultural History
[ ] Other ________

Key Feedback Points:
1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________

Time Spent in Observation:  ____ min.      Time Spent in Feedback:  ____ min.

Resident Signature: ___________________   Preceptor Signature: ________________

Adapted from L Lane, MD and R Gottlieb, MD, Jefferson Medical College
By E Hamburger, MD, S Cuzzi, MD and D Coddington, MD, Children’s National Medical Center

Newborn Physical Exam Checklist

<table>
<thead>
<tr>
<th>Item</th>
<th>Performed correctly</th>
<th>Performed, needs improvement</th>
<th>Not performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washes hands</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Head</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Palpates fontanelles, sutures</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Looks for caput, cephalohematoma, lesions</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Eyes</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Examines red reflex</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Position, shape etc.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Ears/Nose/Throat</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Ears: position, tags, pits</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Nose: patency</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Thorax: palate, gums, tongue</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Chest</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Breast tissue, symmetry</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Evaluation of breathing (retractions, rate)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Auscultation</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Heart (palpation, auscultation)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Femoral pulses</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Abdomen</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Inspects umbilical cord</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Palpation of liver, spleen, kidney</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Genitalia</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Female (anatomy, vaginal discharge)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Male (testes, foreskin, circumcision)</td>
<td>[ ]</td>
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<td>[ ]</td>
</tr>
<tr>
<td>Anus</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Patency and position</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Hips (Barlow/Ortolani, gluteal folds)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Spine (dimples, sinus tracts, masses)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Clavicles (palpation)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Neurological</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Reflexes (Babinski, Moro, suck, grasp)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Active/passive tone</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Motor activity</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Cry</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Skin</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Findings, color</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Overall</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Time Spent in Observation:  ____ min.      Time Spent in Feedback:  ____ min.

Residents: ___________________   Preceptors: ________________

Strategies to Provide Educational Continuity

• **Tool to track didactic lectures**
• **Student rotation checklist**
• **Daily feedback cards to improve compiled evaluation**
• **Point person to coordinate more significant or pervasive feedback concerns**

Children’s National Medical Center

Strategies to Provide Educational Continuity

• **Tool to track didactic lectures**
• **Student rotation checklist**
• **Daily feedback cards to improve compiled evaluation**
• **Point person to coordinate more significant or pervasive feedback concerns**

Children’s National Medical Center
Didactic Lecture Topics

Educational Checklists

Newborn Nursery

Inpatient Pediatrics
## Daily Feedback Form

<table>
<thead>
<tr>
<th>Intern Name</th>
<th>PL-1 Well Baby Nursery Feedback (daily)</th>
<th>Nursery Attending</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Scale: 1 - below expectations, 2 - marginal, 3 - meets expectations, 4 - exceeds expectations, N/O - Not observed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Patient Care:</td>
<td>Accurate, complete histories, physicals and assessments</td>
<td>1 2 3 4 N/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Good management plans &amp; clinical judgment. Educates patients/families. Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Medical Knowledge:</td>
<td>Fund of knowledge relative to level of training. Including differential diagnososes</td>
<td>1 2 3 4 N/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Practice-Based Learning:</td>
<td>Acquires new knowledge related to care of individual patients. Teaches others. Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Interpersonal Skills/Communication:</td>
<td>Effective &amp; concise presentations and written documentation. Works well with all members of health care team. Communicates well with parents. Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Professionalism:</td>
<td>Demonstrates respect, compassion &amp; empathy. Timeliness. Works as member of team seeing patients. Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Systems-Based Care:</td>
<td>Patient advocate. Utilizes consultants and community resources available for pt. Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Overall Summary:</td>
<td>Overall clinical competence (enthusiasm, medical judgment, synthesis, caring, independence, effectiveness, efficiency). Strengths:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Suggestions for improvement:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Did you give feedback to this intern today?** Yes No

**About what?**

---

## Teaching Techniques on the Pediatric Unit

- Attending or resident-led case scenarios
- Exposure to other members of the health care team
- Defining a clinical question on rounds – EBM search
- Assigning a topic – short oral student presentations
- Shadow attending activities, use priming to focus
- Physical exam modeling or observation
Teaching Resources in the Nursery

• Newborn PE video [learn pediatrics: newborn exam]
• Develop a clinical resource manual
• Stanford nursery website [newborns.stanford.edu]
• Med Ed Portal: Newborn Nursery [mededportal.org]
• Use actual baby products in anticipatory guidance
• Simulation models: "Baby Hippy" for DDH
• Nursery Scavenger Hunt

Additional Educational Strategies, Tools, & Resources

• For the Hospitalist...
  – Educational calendar
  – Teaching Cheat Sheet
  – Shared folders with preset lecture materials
  – Web-based teaching
  – Wiki Site
  – SOHM Reference List
  – Quality improvement

• For the Learner...
  – Self Directed learning
  – Asynchronous learning platforms
  – Case Files
  – Review Articles
  – Online modules
  – Games
  – Simulation
Take Home Points

• Be aware of the many opportunities and challenges for medical education in the community hospital setting and capitalize on your site’s strengths.

• Know your hospital’s resources and be creative when establishing or growing your pediatric medical education program.

• Do not reinvent the wheel! There are many existing tools and strategies that you can apply to your community hospital setting.

Contact Information

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