Kudos to Michael Ferris, PhD, Duna Penn, MD and Lynn Tran, MD who received some good news regarding their Cooperative Research Pilot Grant titled “Fecal Microbiota in Infants With and Without Necrotizing Enterocolitis.” The South Louisiana Institute for Infectious Disease Research has extended the award into a second year for $73,902.

Eduardo Davila, PhD, Assistant Professor of Pediatrics, received a recent NIH award funded through the American Recovery and Reinvestment Act. “Antitumor Effects of TLR5 Ligand-producing T cells” was awarded $344,630 per year for 2 years. With the help of Dr. Adam Riker of Ochsner Hospital and Augusto Ochoa, MD, Dr. Davila will test the hypothesis that genetically modifying human tumor-specific T cells to express Toll-like receptor-5 (TLR) and engineered to produce the TLR5 ligand will generate potent and long-lived antitumor activity by costimulating both tumor-specific T cells and antigen presenting cells. The contributors recently published a book chapter (in print; “A Toll Bridge for T cells” J. Lustgarten et al. (eds.), Targeted Cancer Immune Therapy, DOI 10.1007/978-1-4419-0170-5_10, © Springer Science+Business Media, LLC 2009) and a review article (http://www.futuremedicine.com/toc/imt/1/6) describing the project’s concepts (immune–based cancer therapy) and would be happy to share these with Pediatrics Faculty.

HAPPY HOLIDAYS!
Yves Lacassie, MD has co-authored “Hereditary Cutaneomucosal Venous Malformations Are Caused by TIE2 Mutations with Widely Variable Hyper-Phosphorylating Effects” which was published in the European Journal of Human Genetics last month.

The American Journal of Medical Genetics will publish several articles written by Pediatrics Faculty. Pathology’s Robin McGoey, MD and Dr. Lacassie co-authored a paper that ran in the November issue titled “Paternal Balanced Reciprocal Translocation t(9;22)(q34.3;q11.2) Resulting in an Infant with Features of the 9q Subtelomere and the 22q11 Deletion Syndromes Due to 3:1 Meiotic Segregation and Tertiary Monosomy.” The AJMG will also publish the pair’s paper titled “Multiple Genomic Imbalances Detected in a Single Family by Array Comparative Genomic Hybridization: Novel Complexities for the Clinician.”

Dr. Lacassie, Malektaj Yazdani, MD, and Brian Barkemeyer, MD collaborated on “An Unusual Phenotypic Presentation of Trisomy 18” for the AJMG. The letter to the editor is currently in press.

Dr. Lacassie also traveled to Hawaii in October to present at the American Society of Human Genetics’ 59th Annual Meeting. The title of his talk was “Hand Dysmorphism: Dermatoglyphics* A Neglected Clue to Suspect Microdeletions.” Dr. Lacassie collaborated with two medical students on this project. Victoria Myrtle and Shyam Sathyamorthi are also volunteers at Children’s Hospital. Dr. Lacassie was also a co-presenter for a talk titled “A Recurrent 16p12.1 Microdeletion Modifies Neurobehavioral Phenotypes.”

The Fourth Annual Jeffrey Modell CME Course for the General Practitioner, held November 13th at Harrah’s New Orleans Hotel, focused on neonatal screening and the molecular diagnosis of primary immunodeficiency diseases. Several out-of-town guests spoke at the event, including representatives from the CDC and the New England Newborn Screening Program. Fred and Vicki Modell, co-founders of the Jeffrey Modell Foundation, also participated. Ricardo Sorensen, MD, Seth Pincus, MD, Kenneth Paris, MD, MPH as well as Allergy/Immunology Fellows Gital Karamchandani, MD, Tammy Harvey, DO, and Cecilia Poli, MD also presented at the CME course. Eighty interested physicians and scientists attended the symposium.

The Jeffrey Modell Center also sponsored the Fourth Annual Kids’ Day at the Audubon Aquarium of the Americas on Saturday, November 14th. Over 100 parents, friends and kids (the biggest crowd yet!), many with primary immunodeficiency diseases, explored the aquariums full of sea creatures and received a special visit from one of the resident penguins. Dr. Ken Paris coordinated the event. He and the rest of the Allergy/Immunology Division partied along with the kids.

The Jeffrey Modell Foundation supported each of these events.
WELCOME TO NEW FACULTY

Kelly Gajewski, MD is the newest member of the Cardiology Division. She joined the group earlier this month as an Assistant Professor specializing in Pediatric Electrophysiology. Dr. Gajewski received her MD and completed her Residency from Johns Hopkins University School of Medicine. She completed two fellowships at the Medical University of South Carolina in Charleston. Her first was a three-year fellowship in Pediatric Cardiology and the second was a one-year fellowship in Pediatric Electrophysiology. Welcome aboard, Dr. Gajewski!

Sarah Stender, MD joined the Endocrinology Division this month as an Associate Professor of Pediatrics. Dr. Stender recently moved from Memphis, Tennessee where she served as Pediatric Diabetologist on the faculty of the Department of Pediatrics at the University of Tennessee in Memphis. She has considerable expertise in helping young patients and their families cope and succeed in day to day management of health challenges related to diabetes and prevention of diabetes complications. The addition of Dr. Stender will help expand her division’s clinical services for children with diabetes and pre-diabetes as well as their families.

The Allergy/Immunology Division welcomed Victoria Dimitriades, MD as Assistant Professor of Clinical Pediatrics in October. Dr. Dimitriades finished her A/I fellowship at LSUHSC and Children’s Hospital earlier this year. She graduated from the University of Miami School of Medicine and completed her Residency at St. Christopher’s Hospital for Children in Philadelphia. Congratulations are also in order for Dr. Dimitriades. She and her husband, Costa Dimitriades, MD of the Critical Care Division, are expecting their second child early next year.

JANUARY SUBMISSIONS

Please send your submissions for the next issue of the newsletter to Kelly Allerton. You can reach Kelly by telephone (896-9800), fax (896-2720), or email (kslumb@lsuhsc.edu).

THE NEWEST SAINTS FAN

Robin English, MD and her husband, Tim, welcomed their new baby girl on November 14th. Ellen Elizabeth Dilligan weighed 5 lbs, 13 oz. Congratulations on your new addition!

UPCOMING EVENTS

December 11  Faculty Meeting, Tower 2 Center
December 12  Holiday Celebration, 1237 State Street
December 24- January 1  Christmas Holidays
January 26  House Officer’s Subspecialty Core Curriculum – “Leadership Skills for the Medical Learning Team”

GEAUX SAINTS!
Too little time to teach? Try the One Minute Preceptor!

The One Minute Preceptor is a five step technique which can be used in a variety of clinical settings. This technique encourages critical thinking by the learner and can help the teacher assess where the learner is in the clinical reasoning process. It also reminds preceptors to provide feedback.

Try this technique after a patient presentation.

Step One: Get a Commitment!
- A question such as “What do you think is happening here?” or “What would be your treatment plan?” helps the learner commit to a diagnosis or treatment option, rather than simply going along with the preceptor’s plans.
- Avoid prompting or suggesting a diagnosis or treatment plan at this point

Step Two: Probe for supporting evidence
- What was the learner’s thought process? Was this a lucky guess?
- Probing questions such as “Were there any other alternatives you considered?” or “What made you rule out _____?” are helpful.
- This is a great time to ask WHY questions too: “Why would you chose that medication?” “Why would you like that lab test?”

Step Three: Reinforce what was done right
- Comments should include specific behaviors that demonstrated knowledge skills or attitudes valued by the preceptor
- Example: “You did a good job of _______, and this is important because ________”

Step Four: Correct Mistakes
- As it is important for the learner to know what they have done well, it is just as important to learn what needs improvement.
- Again comments should be as specific as possible and try to give guidance on alternative actions or behaviors the learners could use in the future.
- Describe what was wrong, and identify how to avoid and correct the error. Example: “In your patient presentation, you forgot to tell me about the physical exam until after your assessment. In the future, organizing your presentation differently will be helpful” or “You choice to order X lab test is not correct in this instance, instead we should order Y tests for this type of patient.”

Step Five: Teach general rules
- Find a practical teaching point (or two) that can be applied to other clinical situations
- Examples: “When this happens, do this…” or “The key features of this illness are…”

This entire process should take no more than ten minutes including the patient presentation. You may choose to rearrange some of these steps. The One Minute Preceptor will hopefully help you maximize your time available for teaching both medical students and residents.