



A Newsletter from The Office of Advance Practice Providers at Connecticut Children's

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APP Excellence Award Winners Named

The 2024 Advanced Practice Providers Excellence Award winners were recently announced. The awards recognize select APPs for exemplary demonstration of Connecticut Children's values in their clinical practice and interaction with patients and team members.

The awards committee used the following criteria to determine the winners from the 10 nominations received:

- Exceptional clinical knowledge
- Exemplary relationships with both patients and team members
- Unwavering commitment to care for all patients at all times

Nominees who have distinguished themselves through exceptional contri-

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First Suturing Course Held for APPs Gets Rave Reviews

The Plastic Surgery Division led by Lauren Schmittberg PA-C (APP Team Lead) and Chris Hughes, MD (Division Head) hosted the first APP suturing course 9/16/24! There was an overwhelming interest from the start; the course filled only a few days after registration opened. Twenty six learners attended a full-day hands-on course to hone both basic and advanced suturing skills.



Participants were stationed in the lab at the Center for Education, Simulation and Innovation (CESI) where they observed mini didactic sessions presented by PA's and plastic surgeons, and subsequently practiced various knot tying, suturing, and wound closure techniques on pig flanks.

The feedback was overwhelmingly positive. Participants appreciated the dedication to educating our APP group, and also for hosting a hands-on course with

"Please provide this course again. It was fantastic."

1:1 focus on improving personal technical skills and patient care. Participant feedback noted the scarcity of training opportunities like this for APP's. Other feedback comments included, "This course was excellent. It was very helpful to learn best methods of suturing from experts, including helpful tricks and tips to do the most efficient job suturing."

"Please provide this course again. It was fantastic."

Co-Directors' Message

OAPP Launching Strategic Planning to Chart Future

By Basia Adams, DNP, APRN and Garry Lapidus, PA-C, MPH

Accomplishments and OAPP Strategic Plan Launch!

We are pleased to announce that the OAPP is launching a strategic planning process (Oct/Nov) in which we will define our vision for the future and identify our goals and objectives. During our planning process, we will identify priorities for the next two years that align with Connecticut Children's Health Compass 2027. The process will be facilitated by **Lisa Marella, Senior Director, Organizational Effectiveness and Culture**. **Dr. Jim Moore (CCSG President)** and **Matt Farr (CCSG Vice President)** will provide opening remarks.

A part of this process, we will review our accomplishments since 2020, when the OAPP was first established.

A major theme of our initial efforts was to build an APP group identity and presence. We are represented on several institutional Committees including Medical Executive (**Taryn Hamre, APRN**), Peer Review (**Lauren Schmidtberg, PA-C**), Credentialing (**Keri Curtis, PA-C**), Scientific Review (**Garry Lapidus, PA-C**), and the CCSG Board (**Basia Adams, DNP, APRN**). The OAPP nomenclature naming request was approved providing legitimacy and recognition of our institutional organizational name. We brought much needed uniformity and standardization to the APP Team Lead Job Description, PA/APRN Student Stipend Policy, and Bi-Annual Delegation Agreement.

The OAPP Advisory Council & Committees are vibrant and productive. The Communication Committee, (**Chair, Pam Fanning, PA-C**) publishes our quarterly APP Pulse Newsletter and has brought APP content to the intra/internet. Big thanks to **Bill Seymour, (Volunteer Editor and Communications Expert)**. The

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The APP "Pulse"

with Whitney Fairchild, MSN, APRN, FNP-BC

As I reflect on our APP Excellence Award winners and their tremendous contributions to their teams, patients, and families, it leaves me in amazement of the value APPs bring to health care.

What makes APPs so extraordinary is their influence in bringing the entire healthcare team together by uplifting and melding the expertise and gifts of each role.

Many APPs start out their careers as nurses, and others in various roles in the healthcare setting including EMTs, emergency room and patient care technicians, medical receptionists, or telemetry monitor technicians to name a few.

As a bedside nurse in the hospital setting for 7 years, I learned how to truly connect with patients and families, provide empathetic care, be attuned to clinical needs, and importantly time manage to execute necessary medical care each shift.

We all have different foundations, but we have all made an important journey shaping us into the providers that we are today. As we learn from peers along the way, we carry respect for them indefinitely, appreciating that each role is paramount to the ultimate success of the patient.

As a bedside nurse, I looked up to the advanced practice providers on my unit, who were all physician assistants. While physicians came and went due to the nature of their work, it was the physician assistants that were available on the unit 24/7 to address any and all patient concerns and bridge communications with physician colleagues when needed.

They were our lifeline, our resource, our friends, and our teammates in delivering the highest quality care to our patients.

They were bright and I admired their ability to tackle complex and challenging scenarios. I felt comfortable asking them questions

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Directors' Message *(Continued from previous page)*

Education & Training Committee (**Chair, Christina Giudice, APRN**), established a successful Quarterly APP Grand Rounds and Annual Summit. An exciting new Bootcamp Preceptor Training Program is in development. Our Professional Advancement Model (**Chair, Meredith Lake, APRN**), launched our first pilot program this fall with several highly qualified applicants. Our Onboarding Committee (**Chair, Elizabeth Oblon, PA-C**), provides a welcome packet, and a new process for 30-90-180 day new APP team Member Check-ins will be implemented this Fall.

Our Annual APP Excellence Awards Program, now in its fourth year, recognizes and celebrates select APPs for exemplary demonstration of Connecticut Children's values in their clinical practice and interaction with patients and team members as you see on the lead story for this newsletter.

The OAPP Strategic Planning Process will include a best practice look and examine what other APP programs are doing and how it can inform our work. We will also review our current OAPP *Vision*, (Connecticut Children's will be the premier medical center in the country for Advanced Practice Providers (APPs) to work, grow, and develop their career), and *Goal* (To support APP engagement, retention, and enable them to deliver comprehensive, high-quality health care to children at their full scope of practice).

We thank those APPs who have stepped forward to participate (**Elisabeth Campbell, PA-C, Keri Curtis, PA-C, Kevin Fitzsimmons, PA-C, Lauren Schmidtberg, PA-C, Christina Giudice, APRN, Whitney Fairchild, APRN, Elizabeth Oblon, PA-C, Meredith Lake, APRN, Taryn Hamre, APRN, Dana Eisenberg, APRN, Jill Herring, APRN, Jen Long, APRN**) in the strategic planning process and look forward to sharing the results soon.

Preceptor Funds to Benefit and Support APPs

Since our last newsletter, a change has been made to the CT Children's preceptor guidelines. If you have an advanced practice student with whom the school provides a preceptor stipend, those funds will be placed into cost center for the Office of Advanced

Practice Providers. The funds will be used to support educational activities, materials, and events to bring our group of APPs together! We thank you for all that you do for students and hope you continue to support our learners moving forward.

Apple Crisp in a Mug—YUMMM!

By Victoria A. Pohl, CPNP-PC, IBCLC, MSN, BSN;
vpohl@connecticutchildrens.org

Because sometimes wellness includes treats, check out the recipe below for a perfect fall pick-me up - Apple Crisp in a Mug!

Filling:

- 1 small apple peeled and sliced thin
- 1/2 tbs melted butter
- 1/4 tsp cinnamon
- 1 tsp brown sugar
- 1 tsp flour

Topping:

- 2 tbs softened butter
- 1 tbs flour
- 3 tbs old fashioned oats
- 1 tbs brown sugar
- 1/4 tsp cinnamon

- 1) Mix filling ingredients together in a small bowl
- 2) Mix topping ingredients in a different bowl using a fork to work in the butter
- 3) Layer half of the apples in a microwave safe bowl or mug
- 4) Sprinkle on half of the topping, then add another layer of apples and the remaining topping
- 5) Microwave for 3 minutes

In My Own Words...

APPs Are NOT Mid-Levels, No Way, Not Now, Not Ever

By Garry Lapidus, PA-C, MPH
Co-Director of the Office of
Advanced Practice Providers

I've been an advanced practice provider (APP) for 45 years. As a PA, I am concerned with the continued use of the term mid-level provider.

I am dismayed at the term "mid-level" and what it must sound like to a patient, family member, or another health-care professional. "Mid-level" implies that we provide middle of the road or average care, not high-level care. Who then delivers high-level care? It must be the physicians, of course. So, who delivers the lowest level of care? Nurses? No way.

The term "mid-level practitioner" is used by the US Department of Justice's Drug Enforcement Administration (DEA) to identify a group of health-care individuals for the purpose of monitoring controlled substances. According to the website of the DEA, Office of Diversion Control, "Pursuant to Title 21, Code of Federal Regulations, Section 1300.01(b28), the term mid-level practitioner means an individual practitioner, other than a physician, dentist, veterinarian, or podiatrist, who is licensed, registered, or otherwise permitted by the United States or the jurisdiction in which he/she practices, to dispense a controlled substance in the course of professional practice. Examples of mid-level practitioners include, but are not limited to, health-care providers such as nurse practitioners, nurse midwives, nurse anesthetists, clinical nurse specialists and physician assistants who are authorized to dispense controlled substances by the state in which they practice."

In recent years, several professional organizations including the American Academy of Nurse Practitioners, the National Association of Pediatric Nurse Practitioners, and the American Academy of Physician Assistants have issued policy statements against using the term mid-level provider.

There is nothing "mid" about either an APRN or a PA; we provide a high level of care. Our education, training, skills, and knowledge are beyond what would be considered mid-level. Respectfully educating our institutions, human resource departments, recruiters, and medical colleagues is a first step in changing the terminology.

APP Pulse *(continued from pg. 2)*

and they were constantly teaching me, growing my skillset with each encounter. They empowered me, leading me to pursue additional education to become a nurse practitioner. Time flies and I now have 7 years of APP practice under my belt.

I am proud and honored to be a part of our top notch APP force at Connecticut Children's, our nursing team and broader provider team including physician colleagues, who have taught me an unbelievable breadth of knowledge.

Every day I buddy with incredibly competent nurses in cardiology, troubleshooting care for multisystem concerns in patients with congenital heart disease.

Their clinical mastery, intuition, and ability to unite with patients and families enhances the care we provide and contributes to my ongoing growth. Because I am a nurse as well, we "get" each other.

I am grateful for our special collaboration in anticipating and addressing our patient's needs together, my opportunity to draw from physician colleague's expertise in my provider role, and the synergy of these forces that allows outstanding care of patients and families.

Excellence Award Winners: Who They Are

(Continued from pg. 1)

bution in these other optional areas was also considered:

- ◆ Patient care innovation
- ◆ Quality or process improvement
- ◆ Mentorship
- ◆ Team-building
- ◆ Community service
- ◆ Academic activities (trainee teaching, research)

In 2021, Connecticut Children's Office of Advanced Practice Providers (OAPP) established the annual *APP Excellence Awards*.

Here are three team members who were selected as our winners. Excerpts from the nominations that were submitted are included to highlight their significant contributions to Connecticut Children's and our patients and families.



Amanda Zuse, APRN
Center for Cancer and Blood Disorders

"Amanda embodies the qualities of deep knowledge base, approachability, and compassion, making her an outstanding clinician and colleague. Amanda's attention to detail, her fund of knowledge and her excellent communication skills assure that children in our care with bleeding disorders are exceptionally managed throughout their care journey, whether in the day to day management or the urgent issue unfolding".

Jessica Williams, MD
Obesity & Weight Management



Melissa Condren, APRN
Plastic Surgery

"Melissa is extremely detailed in both her provision and coordination of care for complex patients. I have witnessed her go above and beyond in ensuring that not only are a patient's medical needs met to prepare them for surgery (obtaining multiple clearances, etc), but also in

demonstrating great compassion for families. Not only does Melissa have great expertise the field of Plastic Surgery, but she is also extremely detail-oriented and always ensures that every aspect of a patient's care is accounted for".

Nichole Buswell, APRN
Plastic Surgery



Emily Tyksinski, APRN
Pulmonary Medicine

"Emily's contributions to the pulmonary division have been transformative, particularly in the care of children and infants admitted to the NICU and PICU. She has independently managed some of our most critically ill patients with skill, precision, and compassion. Her ability to handle prolonged and complex cases is a testament to her deep understanding of pulmonary medicine and her unwavering dedication to providing the highest standard of care. Her approach has greatly enhanced the way our division delivers inpatient respiratory care, ensuring that each patient receives thorough, compassionate, and expert treatment"

Haviva Veler, MD
Pulmonary Medicine

Awardees will be recognized at the APP Annual Excellence Awards Dinner, Tue, 11/12/24. 6-8:30PM at the Pond House, Elizabeth Park, West Hartford. Awardees will receive a plaque and a \$500 cash award.

We also recognize the strong work and contributions of the other seven nominees:

Katie Van Dyke, APRN - Backus Hospital
Kimberly Roche, APRN - Heme/Onc
Dana Eisenberg, APRN - Developmental & Behavioral Pediatrics
Kristen Moore, APRN - NICU West
Alyssa Gersten, APRN - Surgery/Trauma
Allison Schilling, APRN - Cardiovascular Surgery
Maureen Fearon, APRN - Endocrinology

Congratulations to our winners and our nominees. You help lead Connecticut Children's and continue to make an incredible difference for our organization and our patient and families every day. We are so thankful for all you do!

Please welcome the new APP's who have joined our organization since our last publication. Our work force is ever growing to meet the medical needs of children in our community!

Karen Wilkinson,
NICU, Vassar Bros, Poughkeepsie,
NY

Lynnette Cardone, APRN
Psychiatry

Kathryn Muccino, APRN
Pulmonary

Amanda Reilly, APRN
Psychiatry

Alyssa Brana,
ENT/Aerodigestive

Osagiate Ehi-Adoghe, PA-C
NICU

Lillian Wallace, PA-C
NICU

Elyse Sanderson, CRNA

NEW
to the
CREW

APP presentations at National Conference

Important Issues in Research, Studies Presented

HemeOnc Nurses and APRNs
present at APHON

Connecticut Childrens Institute for Nursing Research & Evidence Based Practice

The Birds and the Bees and Sickle Cell Disease

Megan Coco & Victoria Pohl



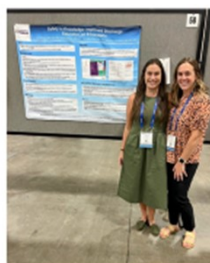
Relapsed and Refractory Neuroblastoma: What now?

Karina Engelke



Safety in Knowledge: Improved Discharge Education on Enoxaparin

Julia Gardner & Jen Grande



Amanda Good, APRN

First Responder in Disaster Relief

Anurse practitioner in emergency medicine, Amanda is 32 and has a beautiful husky named Leah! Amanda is originally from Lancaster, California but thinks Connecticut is far better (especially in the fall!).

What was your path to becoming an APP?

I actually started my career in public health. While in public health school I really became interested in disaster response and humanitarian aid and subsequently worked on the non-clinical side of things until I decided to become a nurse/APRN. I decided to become a nurse/APRN because I felt like it was a good path to move forward with doing more of the disaster response and humanitarian aid work that I loved doing. Since then, besides working in the ED, I work clinically with a couple of NGOs that do disaster and humanitarian work. Ultimately I decided to join two of the WHO-verified Emergency Medical Teams (EMTs) that are part of initial responses to many disasters and humanitarian crises worldwide.

What is meant by disaster relief? Let's define that for the readers?

Disaster response is quite literal. It's responding to disasters - whether natural (hurricanes, earthquakes, famine, etc.) or man made (war, etc.) - in some capacity to provide services that are otherwise not available. Medical is just one tiny (but important) branch of disaster response - we also care about things like logistics, security, water, sanitation and hygiene (WASH). Ultimately all the parts work together to really make a cohesive "response". All these things

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Amada Good Makes Contributions to Disaster Relief

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Amada Good, APRN, in emergency medicine

are done with the humanitarian principles as the governing idea - humanity, impartiality, neutrality, and independence.

How did you get involved in disaster relief?

I joined several organizations (non-governmental organizations, NGOs) and WHO-verified Emergency Medical Teams (EMTs) that really got me engaged in it after my initial interest formed.

What kind of additional training was needed?

Ultimately, as a provider, the hardest things to learn were the non-clinical things like how to set up water, sanitation, and hygiene programs (WASH) and do logistics (finding electricity and shelter and food), but these are things learned with time and training in field. As a clinician, there's a ton of opportunities and trainings available to learn new skills to bring to the team - emergency obstetric and neonatal care (EmONC) is a big one that's been a frequent conversation among many of our providers right now.

We also do a lot of simulation based training to prepare for different situations like infectious disease outbreaks, conflict, mass casualties, etc. We do a lot of work with other EMTs as well to coordinate responses in different parts of the world.

Where have you done on relief missions, what happened there and what kind of assistance did you provide?

Some of the missions I've participated in have been in Haiti, Mongolia, Panama, Syria, Turkey, Lebanon, Palestine, Mozambique, and Guatemala. These were a huge range of operations from earthquake/hurricane response to conflict response. Some of these responses were in super stable parts of the world where we had adequate resources and in some operations we've had to be withdrawn early due to instability or lack of resources. In all these ones, I've served as a medical provider providing direct care - mostly to children - but ultimately we all help where we can and treat whatever comes our way.

What did you like most about going to those places to help?

Honestly, my team is the thing that I enjoy most about disaster and humanitarian response. It's amazing to see a group of clinicians who don't work together regularly come together in an incredibly stressful environment and just get things done. Not to mention that I always learn so much from my colleagues - we have everyone from emergency docs to orthopedic nurses to midwives to neurosurgery PAs on our team.

We often don't see the impact of our work - it sometimes feels like you are trying to drain the ocean bucket by bucket - but there are some little things that bring us joy (like delivering healthy babies!). It's also a great feeling when you can provide definitive care for someone.

Is disaster relief for everyone in the medical profession or does it take a certain kind of desire to do a certain kind of work?

Disaster and humanitarian work is definitely not for everyone, it's something you have to want to do. It's also something that you have to acknowledge isn't going to be comfortable or glamorous. You are pushed clinically and personally out of your comfort zone repeatedly. That being said, if someone has a desire to do it, look into it because we definitely need more responders in the world - especially in pediatrics! Kids are one of the most represented populations in disasters but pediatrics is one of the least represented clinical fields in response.

