

CLINICIAN - EDUCATOR PORTFOLIO

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1/17/2011

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A. TEACHING PHILOSOPHY STATEMENT

I love to teach! I love learning deeply about something and then being able to make sense of it so that I can explain it to anyone. I pride myself on speaking plainly, clearly, and without condescension, whether I speak to a large auditorium of practicing physicians or to a young child patient. Each learner deserves to get the best I have to offer. Each learner deserves my respect.

Training and practicing as an academic generalist allows me the rich opportunity to combine my passions for learning, for teaching, and for taking care of others. I see my unique contributions as translational and transdisciplinary. I work to understand and translate scientific evidence into meaningful messages for trainees, peers, and patients. I enjoy learning from, teaching, and mentoring health professionals of other disciplines, such as nursing, social work, child life, pastoral care, and pharmacists. I strive to be a respected role model.

Teaching is a core part of who I am as a doctor.

B. PROFESSIONAL DEVELOPMENT IN EDUCATION

Much of my learning to teach has been drawn from my observations and experiences as a life-long student. Structured learning opportunities included my fellowship in General Pediatric Academic Development, educational workshops at professional meetings, a faculty development program in substance abuse, and Fellowship Directors summits for palliative medicine. I plan to attend two Johns Hopkins retreats this year, one for Graduate Medical Education and one for the Genes to Society curriculum.

C. TEACHING ACTIVITY REPORT

Lecture:

- Patient, Physician, and Society: Introduction to Palliative Care for Year 2 Medical Students (2 hours weekly for 3 weeks per year, 4 years); Selective in Palliative Care for Year 2 Medical Students (2 hours weekly for 4-5 weeks per year, 4 years)

- Johns Hopkins Bloomberg School of Public Health course “HIV Infection in Women, Children, and Adolescents” for Masters and Doctoral graduate students (2 hours per lecture, 1 lecture per year for 7 years)
- Pediatric Residency Noon Conferences – present Pediatric Hospice and Palliative Medicine topics (1-6 times per year, 8 years)
- Harriet Lane Compassionate Care (HLCC) Network Day- lecture on pediatric palliative care topics for interdisciplinary Johns Hopkins Children’s Center clinician audience annually for 7 years
- Continuing medical education for community clinicians – 29 JHU CME lectures on Pediatric and Adolescent HIV topics (1-3 lectures per year for 16 years); 4 lectures on Pediatric Hospice and Palliative Medicine topics (current year thus far)
- Invited lectures regional, national, and international – 77 domestic and 26 international presentations on topics related to Pediatric HIV/AIDS and Pediatric Palliative Care over 23 year period; includes Grand Rounds, Visiting Professorship, international trainings sponsored by PACTG and PEPFAR, national and international conferences
- Management of Pediatric HIV/AIDS in Resource-Limited Settings – video recorded with power point presentation, 9 topics, archived for on line access in international settings

Small group:

- Patient, Physician, and Society – small group leader for Year 2 Medical Students (2 hours weekly, 6 months per year, 3 years)
- Healer’s Art – small group leader for Year 2 Medical Students (4 hours weekly for 6 weeks per year, 1 year)
- Death and Bereavement Seminar – small group leader for PGY-2 Pediatric Residents to learn communication skills using Standardized Patient methodology (8 hour day per year, 12 years)
- Harriet Lane Compassionate Care (HLCC) Palliative Care Teaching Rounds – small group clinical case discussion monthly on 3 inpatient units in the Children’s Center (PICU, NICU, Pediatric Oncology) (10 years)
- Initiative for Pediatric Palliative Care (IPPC) retreats – lead topical breakout discussion sessions of small interdisciplinary groups of clinicians and parents of pediatric patients over two and a half day retreats (1 regional retreat per year for 3 years)
- Harriet Lane Compassionate Care (HLCC) Network Day – lead small group discussions throughout this annual daylong educational event for Johns Hopkins Children’s Center clinicians from multiple disciplines (8 years)
- Intersession in Palliative Care – new course in Genes to Society Curriculum for Year 2 Medical Students who have just completed their first clinical block rotation (see Leadership below), small group leader throughout 3 day course.

Teleconference:

- Ethiopia case conference – prepare and present teaching discussion in response to pediatric HIV clinical cases prepared and presented by Ethiopian pediatricians via live video conferencing; 8 conferences per year, 2 hour conference plus 4-8 hours preparation time for each.

Clinical teaching:

- Harriet Lane Clinic – pediatric resident (PGY 1, 2, 3) continuity clinic preceptor half day per week for 10 years; initiated weekly small group didactic teaching sessions on general pediatric topics followed by supervision of individual patient care

- Intensive Primary Care (IPC) Clinic – preceptor for medical student sub-interns(3-4 months per year, 15 years), faculty advisor for Big Buddy Little Buddy program which matches graduate students in medicine, nursing, and public health with HIV affected children and youth with dual goals of mentoring for children and building professionalism for graduate students (15 years), pediatric resident continuity clinic (half day per week, 5 years), pediatric residents on elective (0-3 months per year, 20 years), general pediatric and adolescent medicine fellows(10 years), pediatric infectious diseases fellows (22 years), general pediatric and adolescent medicine faculty as needed (10 years), weekly case review and discussion for interdisciplinary clinical team (22 years)
- Harriet Lane Compassionate Care – pediatric residents on palliative medicine consultation service elective (1-6 half blocks per year, 3 years); PICU interdisciplinary team at Goals of Care Conference (1 hour weekly, 2 years); NICU interdisciplinary team at weekly Goals of Care Conference (1 hour weekly, 1 year); Children’s Center interdisciplinary clinical team members at weekly Palliative Care Rounds (1 hour weekly, 2 years)

Bedside Clinical Teaching

- Hawassa Regional Hospital, Ethiopia – pain screening, assessment, and treatment for Pediatric Ward Rounds and Adult Medicine Ward Rounds (4hours)
- Johns Hopkins Children’s Center – inpatient general pediatric attending teaching pediatric residents and medical students (1-2 months per year, 26 years); hospice & palliative medicine pediatrician teaching physicians (attendings, fellows, residents, students), nurses, social workers, child life specialists, chaplains integration of palliative care with disease directed therapies for inpatients, outpatients, and children in the home setting (1-10 hours per week, 2 years).

Evidence for Teaching Effectiveness

- Pediatric Resident evaluation (E-Value scale 1-5)
 - 4.93 (2010 palliative care elective)
- Medical Student evaluations (PPAS Selective in Palliative Care 2007):
 - “Selective fulfilled stated goals & objectives” 94% - mostly or completely
 - “Leaders organized; I understood requirements from the beginning” 100% - agree or strongly agree
 - “Leaders had appropriate expertise” 94% - agree or strongly agree
 - Selected free text comments:
 - “extremely prepared with a very structured schedule of worthwhile exercises that allowed ample time for reflection and discussion”
 - “very knowledgeable in the material and clearly had a lot of experience in the field”
 - “made the learning environment very interactive”
- JHU CME Course Director feedback (13th Annual Clinical Care of the Patient with HIV, 2003)
 - “As always, your presentation was fresh, highly informative, brimming with compassion and highly inspirational. I am always amazed with the great energy and sense of commitment you bring to the task and am grateful for your continued willingness to share your wonderful perspective with us.” Dr. Richard E. Chaisson, Professor of Medicine, Epidemiology, and International Health, 4/23/2003
- JHSPH Graduate Course Director feedback (HIV in Women, Children, and Adolescents, 2008)
 - “Your insights as a clinician and caregiver are incredibly valuable to the class, as was apparent by their many questions and keen interest in your lecture. Not all physicians have as holistic of an approach as yours, and we are very lucky and grateful to have you working in Baltimore and willing to share your work with our students.” Sabina Haberen, 4/17/2008

- “If I were an adolescent with a serious health problem, I would want you for my doc.” Dr. Maria Wawer, 4/17/2008
- Community based interdisciplinary clinical education (Gilchrist Kids Hospice Team, 10/1/2010) selected free text comments:
 - “I enjoy Dr. Hutton's speaking style. She is knowledgeable but able to explain in simple terms.”
 - “Excellent - loved real-life examples. Very knowledgeable presenter (Dr. Hutton).”
 - “I liked that it was interactive. It gave the opportunity for audience participation and work through individual cases makes it more of an experience than just a lecture. Thank you.”

D. CURRICULUM DEVELOPMENT & INSTRUCTIONAL DESIGN

- 1. Management of Pediatric HIV/AIDS in Resource-Limited Settings**
- 2. HIV Clinical Care Discussions in Ethiopia**
- 3. Pediatric HIV/AIDS Palliative Care Module**
- 4. U8: The Hospice and Palliative Care Approach to Caring for Pediatric Patients**
- 5. Patient, Physician, and Society Course - Palliative Care Selective**
- 6. Palliative Care Intersession – Genes to Society**

1. Management of Pediatric HIV/AIDS in Resource-Limited Settings

Course Directors: George Siberry, MD, MPH and Nancy Hutton, MD

Johns Hopkins Center for Clinical Global Health Education (CCGHE)

Background/Need: This course was designed to provide comprehensive clinical training in the care and management of HIV exposed infants and HIV infected children in resource-limited settings. Original target audience was health care providers in India. The opportunity to earn a Certificate of Achievement for completing the course and testing was provided.

Learning objectives: Specific learning objectives were prepared for each course topic.

Educational strategies: Individual lectures were video-recorded with simultaneous power point presentation and then uploaded to the internet accessible platform. Each lecture was limited to 18-20 slides and 20-25 minutes of presentation in order to facilitate ease of viewing by busy clinicians. The course consisted of 29 lectures by experts at Johns Hopkins and took place over 6 weeks. A live videoconference Question and Answer session was offered with the course directors. Multiple choice pre- and post-testing corresponding to learning objectives was done for each topic.

Instructional materials: Course Table of Contents is listed below. Lecture materials created and presented by Dr. Hutton are found in the **Appendix.**

Unit 1: HIV Epidemiology and Prevention of Maternal-Child Transmission

- (1) Global Epidemiology of Pediatric HIV Infection
- (2) Epidemiology of Pediatric HIV in India
- (3) PMTCT and Care of the HIV-exposed Infant
- (4) Diagnosis of HIV Infection in Infants and Children
- (5) *Anatomy of a Pediatric Clinical Visit**

Unit 2: Management and Monitoring of HIV-Infected Infants and Children

- (6) *Confirming HIV Infection and Clinical Staging in Children**
- (7) OI prophylaxis
- (8) Immunizations
- (9) *Monitoring Nutrition and Growth**
- (10) Laboratory monitoring

(11) HIV & TB Co-infection

Unit 3: HIV Infected Children, Their Families and Their Communities

(12) Disclosure of HIV Diagnosis to Children

(13) Neurocognitive Development

(14) Adherence

(15) *Palliative Care**

(16) *Myths and Realities: Can I Get HIV From This Child?**

Unit 4: Antiretroviral Therapy

(17) Initiation of Antiretroviral Treatment and Dosing

(18) Adverse Effects and Toxicities

(19) Drug Interactions

(20) Changing Antiretroviral Treatment

(21) Immune Reconstitution Inflammatory Syndrome (IRIS)

Unit 5: Organ System Illness and Assessment

(22) *Skin Complications**

(23) Neurologic and Ophthalmologic Complications

(24) *Cardiac Complications**

(25) Pulmonary Complications

(26) Puberty and HIV

(27) *Gastrointestinal and Hepatic Complications**

(28) Hematologic Complications

(29) *Renal Complications**

**Nine lectures prepared and presented by Dr. Hutton*

Documentation of learner outcomes: Learners consisted of health care providers from India: 32 physicians, 12 residents, 4 medical students, 1 fellow. Of the 49 registered participants, 29 completed all testing and 26 earned a Certificate (18 physicians, 5 residents, 2 medical students, 1 fellow)

Dissemination and impact: Dr. Hutton's lecture 'Anatomy of a Pediatric Clinical Visit' was made available for viewing on the Open-Access section of the CCGHE website. No registration is required for this section of the site. Overall, the lectures provided by Dr. Hutton have been viewed a total of 341 times as of 10/15/2010.

2. HIV Clinical Care Discussions in Ethiopia

JHU TSEHAI – Technical Support for the Ethiopian HIV ART Initiative

Johns Hopkins Center for Clinical Global Health Education (CCGHE)

Background/need: Clinicians working in resource-limited settings need accessible ways to continue their professional learning. This improves patient care and professional satisfaction, reduces burnout and loss of trained professionals to higher-resource settings, and builds international collaboration. The Johns Hopkins University Bloomberg School of Public Health leads an initiative, under the direction of Dr. Andrea Ruff, to "roll out" antiretroviral therapy for HIV infected persons of all ages in four regions of Ethiopia. Health professional education is a core strategy for implementing this goal. In Ethiopia, pediatric care is provided by health officers and general practitioners in urban and rural health centers. Pediatricians are limited to the central and referral hospitals. Therefore it is important that pediatric content be included in all clinical educational initiatives.

Learning objectives:

Participants will increase their knowledge about the management of HIV and its complications

Participants will increase the appropriate prescribing of available medications for antiretroviral therapy, opportunistic infection prevention and treatment, and treatment of pain.

Educational strategies: Clinical cases are prepared and presented by Ethiopian physicians; Johns Hopkins faculty members prepare and present teaching discussion followed by group questions and comment. These live broadcast video case conferences are held twice monthly; every 3rd conference focuses on pediatrics. Participants at Johns Hopkins Baltimore and other US sites (NIH, East Carolina University, Mayo Clinic) are linked with Addis Ababa University Medical Faculty and other Ethiopian sites (Hawassa, Jimma). Conferences are scheduled on Friday afternoons from 3-5 pm Ethiopian time (7-9am EST) and held at Black Lion Hospital in central Addis Ababa to maximize opportunities for busy Ethiopian clinicians to attend. Instructive clinical cases and diagnostic or treatment challenges are prepared as power point presentations by Ethiopian physicians with support from JHU TSEHAI. Cases are sent via email to selected Johns Hopkins HIV experts prior to the live video conference so that discussion can be prepared. These broadcasts can be viewed by learners at other sites live via a link in the CCGHE website or viewed later via the CCGHE archive.

Instructional materials:

106 Case Discussions have taken place with 225 cases reviewed

8-9 discussions each year are devoted to pediatric cases (see list of pediatric case conferences in

Appendix)

The case conferences (power point slides and video of case presentation/discussion) are archived for on-demand viewing (URL: http://www.ccghe.jhmi.edu/CCG/distance/HIV_Courses/Ethiopiaart.asp).

Documentation of learner outcomes:

Registration is not required. 25-40 Ethiopian providers participate in each session.

Dissemination and impact:

Since 2006, Dr. Hutton has participated in 24 HIV video conferences covering the following topics: pediatric antiretroviral treatment, pediatric adherence, psychosocial issues such as diagnosis disclosure to children, and pain and palliative care.

As of 10/15/2010, this case series (adult and pediatric) has been accessed for viewing 3252 times.

3. Pediatric HIV/AIDS Palliative Care module

Palliative Care for People with HIV/AIDS: a curriculum and teaching resource for medical educators

The Center for Palliative Care Education, Northwest AIDS Education and Training Center (AETC)

[URL:http://depts.washington.edu/pallcare/training/overview.shtml](http://depts.washington.edu/pallcare/training/overview.shtml)

Background/need: Anti-retroviral therapies have transformed AIDS from a progressively fatal disease to a chronic illness. Clinicians providing care to patients with AIDS need palliative care education designed specifically for this clinical context. In addition, improved palliative care is important in AIDS because, despite advances in highly active anti-retroviral therapy (HAART) and sharp declines in mortality rates, AIDS remains a leading cause of death among Americans aged 25 to 44 years.

The goal of this curriculum is to improve the quality of care that patients with HIV/AIDS receive throughout the illness and at the end of life. This is accomplished through increasing the capacity of the AIDS Education and Training Centers to train clinicians in palliative care, and through increasing the HIV/AIDS care skills of palliative care clinicians. This curriculum is designed to provide the materials which medical educators need to deliver effective training sessions on a number of palliative care topics.

Learning objectives:

For Overall Curriculum:

- AETCs will increase their capacity to train clinicians in HIV palliative care
- HIV clinicians will increase their palliative care skills
- Palliative care clinicians will increase their HIV/AIDS care skills

For Pediatric Module:

- Consider how HIV/AIDS palliative care for children differs from that for adults
- Discuss issues related to communication with pediatric HIV/AIDS patients and their families
- Learn assessment skills related to palliative care needs for pediatric patients
- Become familiar with management options for symptoms in pediatric patients, including pain, anorexia, fatigue, sleep disturbance, dyspnea, and psychiatric symptoms

Educational strategies: small group presentation and discussion is recommended.

Modules include:

- Learning objectives
- PowerPoint slide presentations with accompanying slide notes
- Skills building and interactive exercises
- Sample agendas
- Evaluation forms
- Suggested handouts
- Resource lists

The materials can be adapted to the needs of the training session participants, to the time frame, and to the training format. The materials can be used intact, or individual elements can be selected, modified, and used as needed.

Instructional materials:

Module 1:	Overview of HIV/AIDS Palliative Care
Module 2:	Advance Care Planning
Module 3:	Communicating with Patients and Family
Module 4:	Cross-Cultural Issues in HIV/AIDS Palliative Care
Module 5:	Pain & Symptom Management
Module 6:	Psychosocial & Psychiatric Issues
Module 7:	<i>Pediatric HIV/AIDS Palliative Care*</i>
Module 8:	Care of the HIV Positive Patient in the Correctional Setting
Module 9:	HIV and Hepatic Failure

**Dr. Hutton developed this module. See [appendix](#).*

Documentation of learner outcomes: The modules were piloted, evaluated, reviewed, and revised before being made publicly available.

Dissemination and impact: Dr. Hutton used this module in several training settings nationally and internationally, including OSI sponsored seminars in Kiev, Ukraine; Salzburg, Austria; Tblisi, Georgia; PACTG sponsored training in Cape Town, South Africa and Harare, Zimbabwe; CRS PEPFAR sponsored training outside Nairobi, Kenya for 9 focus countries; and JHU PEPFAR sponsored education in Addis Ababa and Hawassa in Ethiopia.

The Ethiopian Ministry of Health approved a national curriculum for HIV Palliative Care that was based on the University of Washington Northwest AETC, including Dr. Hutton's Pediatrics module. This training has already reached 575 nurses, health officers, and physicians through on-site training; 93 nurses through pre-service training; 26 nurses, health officers, and physicians through off-site training. 54 physicians and health officers were trained to be trainers to further disseminate this curriculum.

4. U8: The Hospice and Palliative Care Approach to Caring for Pediatric Patients

Hospice and Palliative Care Training for Physicians: A Self Study Program, UNIPAC Series, Third Edition
American Academy of Hospice and Palliative Medicine

Background/need: Hospice and Palliative Medicine is a medical subspecialty newly recognized by the American Board of Medical Specialties (ABMS). The certifying exam is co-sponsored by ten primary specialty boards and covers the care of patients from birth through the elder years. This self-study curriculum was extensively revised and updated to reflect the best evidence base so that it could be used by physicians preparing for the certifying exam via the “practice pathway”.

Learning objectives:

Specific learning objectives were prepared for each of nine volumes. The objectives for the volume on pediatrics revised by Dr. Hutton are:

- Learn the differences that exist between palliative care of adults versus pediatric patients.
- Confront the unique clinical, ethical, psychological, developmental, and spiritual issues of caring for pediatric patients with life-limiting illnesses.
- Gain critical guidance on managing pain and non-pain symptoms.
- Get comprehensive medication tables specific to pediatric patients.
- Learn about non-pharmacologic interventions, sedation at the end of life, and communication issues specific to pediatric patients.
- Gain strategies for managing grief and bereavement.

Educational strategies: Independent self-study program; CME credit available. The following materials are available for each volume in print or on CD-ROM:

- Learning objectives
- Pretest
- Reading material
- Clinical situations to demonstrate knowledge application
- References
- Posttest

Instructional materials:

U1: The Hospice and Palliative Medicine Approach to Life-Limiting Illness

U2: Alleviating Psychological and Spiritual Pain in Patients with Life-Limiting Illness

U3: Assessment and Treatment of Physical Pain Associated with Life-Limiting Illness

U4: Management of Selected Non-Pain Symptoms of Life-Limiting Illness

U5: Communication and the Hospice and Palliative Medicine Physician's Role on the Interdisciplinary Team

U6: Ethical and Legal Dimensions of Treating Life-Limiting Illness

U7: The Hospice and Palliative Medicine Approach to Caring for Patients with HIV/AIDS

U8: *The Hospice and Palliative Medicine Approach to Caring for Pediatric Patients**

U9: The Hospice and Palliative Medicine Approach to Selected Chronic Illnesses: Dementia, COPD, and CHF

**Dr. Hutton updated and revised this volume. See [appendix](#).*

Documentation of learner outcomes: pre and post test for self evaluation; CME credit available

Dissemination and impact: Between May 2008 and December 2010, AAHPM sold 2628 sets of the 3rd edition of the UNIPAC series and an additional 78 individual copies of U8: Pediatrics. Dr. Hutton has just accepted the invitation to be primary author for the revision and update of this volume for the 4th edition, anticipated 2012 release.

5. Patient, Physician, and Society Course - Palliative Care Selective

Johns Hopkins University School of Medicine

Background/need: Traditional medical school curricula have neglected the clinically and professionally important arena of caring for patients with life-threatening illness and those who are dying. This selective was created as one of several interventions to remediate this educational gap. It focuses on students in Year 2 who are well into their medical school experience but have not yet begun their clinical rotations. It was discontinued after 2009 in lieu of the new palliative care intersession designed as part of the Genes to Society curriculum (see below).

Learning objectives:

- Introduce and explore the practice of palliative care
- Explore psychosocial and spiritual aspects of palliative care
- Identify basic concepts of pain and symptom management
- Discuss the experience of loss and accommodation of grief
- Explore the integration of palliative care with disease-directed therapy

Educational strategies: small group discussion, short didactic presentations, video clips of clinical scenarios, role playing, written reflections. Selective met for 2 hours per week for 4-5 weeks per year; 18-24 Year 2 Medical Students per year.

Instructional materials: syllabus, readings, video clips, role descriptions for interdisciplinary team meeting role play (see appendix)

Documentation of learner outcomes: Students were assessed based on their participation in small group discussions, their weekly reflective essays, and a final essay intended to demonstrate the application of palliative care principles.

Dissemination and impact: This selective has been highly rated by student participants. Elements of this curriculum have been used in the new palliative care intersession (below).

6. Palliative Care Intersession – Genes to Society Curriculum

Course Directors: Michael Carducci, MD, Grace Cordts, MD. Nancy Hutton MD

Johns Hopkins University School of Medicine

Background/need: In the newly designed Genes to Society curriculum for Johns Hopkins medical students, intensive one-week topic-focused intersessions are offered between longer blocks of pre-clinical and clinical training throughout the four years. Palliative and end of life care is a cross-cutting area with specific knowledge and skills that all physicians in training need.

Learning objectives:

- Differentiate between palliative care and hospice
- Recognize that specific skills can be acquired in order to deliver good palliative care
- Outline an approach to symptom management
- Establish a framework for communicating bad news to individuals and their families
- Give examples of the multidimensional aspects of palliative care
- Appreciate the role of the physician in the interdisciplinary team in delivering palliative care
- Examine personal response to caring for the dying patient
- Distinguish the expected course of normal grieving from complicated bereavement

Educational strategies: lectures, small group discussion and exercises, team-based learning, standardized patients, home/hospice visits, readings, pre- and post-testing, reflective essay

Instructional materials: syllabus (see appendix), Primer of Palliative Care, clinical case scenarios, standardized patient scenarios, power point presentations, readings

Documentation of learner outcomes: Students were assessed based on their attendance and participation, team presentations, multiple choice exam, final essay.

Dissemination and impact: The Student Assessment and Program Evaluation (SAPE) Committee will review this course following its second offering in 2011.

E. EDUCATIONAL ADMINISTRATION & LEADERSHIP

Medical Students

- Coordinator, Medical Student Outpatient Pediatric Clerkship, Harriet Lane Clinic (1 student per month, 3 years)
- Course Leader, Introduction to Palliative Care; Physician & Society Course (Year 2 medical student class, 4 years)
- Course Leader, Selective in Palliative Care; Patient, Physician, and Society Course (Year 2 medical students, 93 students over 5 years)
- Course co-leader, Intersession in Palliative Care; Genes to Society Curriculum (63 students following first clinical rotation, initial offering 2010)
- Leader, Sub-Internship in pediatric HIV/AIDS care (estimate 15 students)

Pediatric Residents

- Leader, Resident Elective in pediatric HIV/AIDS care (estimate 5 residents)
- Course Leader, Pediatric Palliative Care Lecture Series; Pediatric Residency Noon Conference (10-30 residents, medical students per lecture, 4-6 lectures per year, 9 years)
- Leader, Resident elective in pediatric hospice & palliative medicine (estimate 10 residents)

Clinical Fellows

- In preparation: Program Director, Pediatric Hospice & Palliative Medicine Fellowship (submit for ACGME approval; anticipate 1 fellow per year)

F. NATIONAL & INTERNATIONAL SCHOLARSHIP

My educational scholarship flows from my core values and interests as an academic generalist. Early on, I seized the opportunity to learn about, and then teach others about, a new and frightening disease called AIDS. As the epidemic grew, I again sought new knowledge and skills to provide more comprehensive care for my patients. The emerging specialty of hospice & palliative medicine became an entirely new field of learning and teaching for me. It has been my privilege to teach in many settings throughout the US and the world.

Invited talks and consultations:

I am sought after to teach health care professionals in two main areas of specialty: pediatric HIV/AIDS care & treatment and pediatric palliative care. I have taught about the integration of palliative care with disease directed therapy, especially for HIV/AIDS, in the United States, Mexico, Canada, Brazil, South Africa, Zimbabwe, Kenya, Ethiopia, Austria, Ukraine, and Georgia. International organizations that seek my expertise include the Open Society Foundations, the Pediatric AIDS Clinical Trials Group, Catholic Relief Services, the US Government Office of the Global AIDS Coordinator and its PEPFAR (President's Emergency Plan for AIDS Relief) Program, the Worldwide Palliative Care Alliance, and the WHO Stop TB Programme. A complete list of my presentations is found in my CV.

I want to highlight the teaching and technical assistance I provide as part of the JHU TSEHA1 project in Ethiopia. I have visited Ethiopia about twice each year for the past five years. During each trip, I visit clinics and inpatient hospital units and provide individual clinical teaching and group lectures for health care professionals on topics ranging from basic medical management of pediatric HIV infection, to developmental issues such as diagnosis disclosure and adherence, to systems of care such as medical

record keeping and chronic care follow-up. I have hosted Ethiopian pediatricians here in my pediatric HIV clinic (Intensive Primary Care or IPC). More recently I have focused on professional education about pain management, a critical need in Ethiopia. I lectured as part of the pilot of the national pain training for physicians and then organized full day trainings with Johns Hopkins invited faculty in nursing and pain medicine to extend this education to key professionals working in Black Lion Hospital, the premier referral and teaching hospital in Ethiopia. Throughout this time, I have contributed to the pediatric clinical case discussions broadcast live between Ethiopia and the US (see curriculum section above and [appendix](#)).

Professional Meetings

My educational leadership at professional meetings began when I co-founded and led a new Special Interest Group at the annual meeting of the Ambulatory Pediatric Association for Generalists Caring for Children with HIV/AIDS. This forum provided education and open discussion among academic pediatricians working on the front lines of the AIDS epidemic for seventeen years. I chaired and organized the pediatric pre-conference for the Brazil/Johns Hopkins HIV/AIDS Conference for five years. I chaired and organized a palliative care mini-course at the Pediatric Academic Societies annual meeting.

Educational Materials with National & International Impact

Early in my general pediatric career, I authored book chapters in two pediatric textbooks, the second through three editions. "Special Needs of Children with Chronic Illness" in Oski's *Principles and Practice of Pediatrics* was a product of my fledgling interest in the primary care of children with chronic, complex conditions in the context of their families and communities. I also authored three chapters in the Starfield's ground-breaking book *Effectiveness of Medical Care: Validating Clinical Wisdom* that helped initiate the movement toward evidence-based medicine.

My scholarly focus shifted quickly with the advent of pediatric HIV/AIDS in Baltimore and my pivotal role developing and leading the Pediatric & Adolescent HIV/AIDS Program at Johns Hopkins. I contributed to ethical and policy discussions organized by the Johns Hopkins Bioethics Institute and I authored or coauthored chapters in two resulting books. This work took place at a time in the history of the domestic AIDS epidemic when the rush to "protect" children tempted well-meaning professionals and government agencies to trample the rights of women to make health care decisions autonomously for themselves and their unborn children.

In the second decade of the AIDS epidemic, as children increasingly suffered and died with this disease, my scholarly focus expanded to include the emerging field of pediatric palliative care. My educational publications integrated the principles of primary care for chronic illness, medical care for HIV/AIDS, and palliative care for patients and families living with incurable conditions. The chief of the HIV/AIDS Bureau at the Health Resources and Services Administration (HRSA) invited me to an expert planning meeting that resulted in the publication of *A Clinical Guide to Supportive and Palliative Care for HIV/AIDS* in hard copy and downloadable from the HRSA website. I wrote the chapter on the care of children and adolescents for this book based on my unique perspective and experience. ([see appendix](#))

In the third decade of the AIDS epidemic, significant US government funding and international advocacy efforts began to extend access to life-saving antiretroviral therapy to HIV-infected people in parts of the world with minimal financial resources and often minimal health care infrastructure. Dr. Joseph O'Neill, the lead editor for the HRSA *Guide* and now the White House "AIDS Czar," invited me to Cape Town, South Africa to meet with African authors for a planned adaptation of the HRSA *Guide* to the Sub-Saharan African context. I became the Pediatric Collaborating Editor of *A Clinical Guide to Supportive*

and Palliative Care for HIV/AIDS in Sub-Saharan Africa. I worked with pediatric authors from South Africa and Uganda to craft a seven chapter section on the care of children and adolescents that was a significant adaptation and extension of my own chapter in the original *Guide*. (see appendix) This book was originally published on line by the Foundation for Hospices in Sub-Saharan Africa (FHSSA) and has since been taken over by the African Palliative Care Association (APCA). Although only limited data are available, APCA reports that 122 printed copies of the book and 229 CD-ROMs have been distributed by them (the cost of the book and the shipping is prohibitive for most professionals in Africa). There is no information available on downloads. The African Guide serves as the HIV textbook for the Diploma in Palliative Medicine at the University of Cape Town, the premier university in Africa.

As discussed in the curriculum section above, I co-directed and lectured for a web-based training course on the management of pediatric HIV infection for health care providers in resource-limited settings sponsored by the Johns Hopkins Center for Clinical Global Health Education (CCGHE).

In the US, the dramatic clinical responses to highly active antiretroviral “cocktails” led to the unintended and unhelpful loss of recognition that AIDS continued to kill thousands each year in our well-resourced country. Although some of these deaths could be attributed to patient behavior (ie. poor adherence to therapy) and be considered “preventable,” many were due to incurable complications. I contributed pediatric expertise to the Robert Wood Johnson sponsored Workgroup on Palliative and End-of-Life Care in HIV/AIDS. The published monograph “Integrating Palliative Care into the Continuum of HIV Care: An Agenda for Change” identified gaps in care, education, research, policy, and funding and made recommendations to the field. (see appendix) I contributed the pediatric module to the University of Washington Northwest AIDS Education and Training Center (NW AETC) web-based curriculum on HIV Palliative Care which has been adapted for use internationally. (see curriculum section above and appendix) In response to a more recent editorial invitation, I mentored a junior colleague in writing a comprehensive review article that integrates the principles of primary care, HIV care, and palliative care for practicing pediatricians.

Within the larger palliative care community, I am a sought after expert in pediatric hospice and palliative medicine. I have co-authored chapters in three key textbooks on pediatric palliative care. I revised and updated the pediatric volume of the self-study curriculum for the American Academy of Hospice and Palliative Medicine (AAHPM). (see curriculum section above and appendix) I piloted curriculum modules for the Initiative for Pediatric Palliative Care (IPPC) and am interviewed on one of their teaching videos. I have written invited editorials for two key journals in the field.

Currently, I am a member of the National Collaborative Project on Defining the Pediatric Palliative Care Competencies and Developing a Shared Curriculum for fellowship training programs. This working group will present draft recommendations for peer review and discussion at the Annual Assembly of the AAHPM in February, 2011.

G. HONORS AND AWARDS IN EDUCATION

Teaching Award, Division of General Pediatrics and Adolescent Medicine, 2009

Excerpts from peers and colleagues in support of the GPAM Teaching Award:

“Dr. Hutton is a remarkable teacher... Her willingness to share examples from her own experience allows people to be honest about their development. On a personal level, she taught me a great deal

about the power of physician presence, the importance of good pain and symptom management and the reality of practicing effective teamwork and collaboration.” Elizabeth Keene Reder, 12/17/2008

“You can only learn by watching how she practices...I could not ask for a better role model to me as a nurse and as a person...You could not have a better teacher. Johns Hopkins has had a long, long list of physicians...outstanding in their fields. Many...have been recognized nationally and internationally thru their discoveries and teaching. I honestly believe that Nancy Hutton should rank with the best of them. She is a hero to me.” Carolyn Kiefner, 1/28/2009

“I have watched her teach her patients with expertise, patience, and kindness...She has patiently answered my questions...providing constructive, encouraging information and feedback. She always makes time for you, and doesn’t make you feel that you are imposing, even when you know that she is very busy.” Nancy Sybert, 1/2009

“she has a gift for mentoring both by modeling and by how she leads/facilitates discussions one-to-one, in small groups (like family meetings and interdisciplinary meetings) and with patients and their families... It is remarkable how one person has been able to contribute so much to who I am as a doctor...” George Siberry, 12/16/2008

H. ADVISOR & MENTOR

The majority of my mentoring activities are “informal” rather than formal. I am sought out by trainees and junior faculty for my content expertise in pediatric & adolescent HIV/AIDS and in hospice & palliative medicine, my skill as a clinician in the care of patients with complex and life-threatening illness, my experience as a translational and transdisciplinary program builder, and my genuine concern for the professional development of young people. The following table lists those with whom I have had the most focused and longitudinal mentoring relationship.

Mentee		Position at JHU	Work Focus	Current Position
Siberry, George, MD, MPH	1991-2008	<ul style="list-style-type: none"> • Medical student • MPH student • Pediatric resident • Pediatric Infectious Diseases fellow • Assistant Professor Pediatrics 	Pediatric HIV infection	Medical Officer, Pediatric Adolescent Maternal AIDS (PAMA) Branch, NICHD, NIH; Assistant Professor of Pediatrics, JHUSOM
Parsons, Genevieve, MD	2001-2005	<ul style="list-style-type: none"> • Instructor Pediatrics 	Pediatric HIV infection	Pediatric Practice, San Diego, CA
Sanders, Renata, MD, MPH	2003-pres	<ul style="list-style-type: none"> • Adolescent Medicine fellow • Assistant Professor Pediatrics 	Adolescent HIV infection	Assistant Professor of Pediatrics, JHUSOM
Boss, Renee, MD, MHS	2004-pres	<ul style="list-style-type: none"> • Neonatology fellow • Assistant Professor Pediatrics 	Pediatric Palliative Medicine	Assistant Professor of Pediatrics, JHUSOM

Agwu, Allison, MD	2004-pres	<ul style="list-style-type: none"> • Pediatric & Adult Infectious Diseases fellow • Assistant Professor Pediatrics 	Pediatric & adolescent HIV infection	Assistant Professor of Pediatrics & Medicine, JHUSOM
Stewart, Miriam	2005-pres	<ul style="list-style-type: none"> • Premedical student • Medical student • Student leader, IPC Big Buddy Program 	Pediatric & adolescent HIV Pediatric Palliative Medicine	MD anticipated 2011 JHUSOM
Symons, Heather, MD	2005-pres	<ul style="list-style-type: none"> • Pediatric Oncology fellow • Assistant Professor Pediatrics 	Pediatric Palliative Medicine	Assistant Professor of Pediatrics & Oncology, JHUSOM
Michaelis, Annie, PhD	2006-2009	<ul style="list-style-type: none"> • Doctoral candidate in Health Policy & Management, SPH • Student leader, IPC Big Buddy Program 	Thesis – Transition to adult health care for ped HIV survivors	Research Associate, Monitoring & Evaluation, Clinton Foundation
Simpkins, Evelyn, MD	2007-2008	<ul style="list-style-type: none"> • Adolescent Medicine fellow 	Adolescent HIV infection	
Marolen, Khensani	2008-2009	<ul style="list-style-type: none"> • RISE scholar, KKI & SPH 	Pediatric HIV infection	MPH
Crewe, Stephanie, MD	2009-2010	<ul style="list-style-type: none"> • Adolescent Medicine fellow 	Adolescent HIV infection	
Levine, Deena, MD	2009-pres	<ul style="list-style-type: none"> • Pediatric Oncology fellow 	Pediatric Palliative Medicine	Fellow, Pediatric Oncology, JHU-NIH
Fanone, Kathleen, MSW	2009-pres	<ul style="list-style-type: none"> • LEAH fellow • Social work clinical intern • Study coordinator 	Pediatric & Adolescent Palliative Care	Study Coordinator, JHU site/multicenter trial adolescent advance directives

Feedback from four key mentees was elicited in October 2010 and is reproduced below.

George K. Siberry, MD, MPH
Assistant Professor of Pediatrics, Johns Hopkins University School of Medicine
Medical Officer, Pediatric Adolescent Maternal AIDS (PAMA) Branch
Eunice Kennedy Shriver National Institute of Child Health and Human Development
National Institutes of Health

“Dr. Hutton has been a clinical and career mentor to me since I first began working with her as a Johns Hopkins medical student in 1991. She has been a consistent, important source of guidance and support in my career development throughout this time.

I approached Dr. Hutton about working in the pediatric HIV field when I was still a medical student, drawn to the area by my development work in Haiti, my interest in pediatrics, and my work as a translator at Hopkins for a 4-year-old Haitian boy who was ultimately diagnosed with HIV infection. It was through my experience with this boy and his family that I was introduced to Dr. Hutton and her IPC program for pediatric HIV infection. Despite her own junior status at the time and her overburdened commitment and my complete lack of clinical training at that point, she agreed to have me work with her and her team. She modeled the compassionate, skilled clinician that helped me create a vision for the type of physician I would aspire to be. She included me as a member of an interdisciplinary team of physicians, social workers, nurses, nutritionists, child life workers, pharmacists and research staff, a training experience that helped me enormously when I would (much later) take on the task of directing the Harriet Lane Clinic and plan for the creation of its new model of care in a new building. Recognizing my knack for organizing processes, Dr. Hutton challenged me to create an HIV-tailored clinical encounter form that would streamline clinical care and documentation and work with the team to test and improve it. Dr. Hutton enabled me to take on a primary care role for that Haitian boy, under her supervision, but in a way that helped me develop my interpersonal and clinical skills, serve a family in need and build a deeply meaningful and formative experience that lasted through my medical and public school years and residency, until his death in the late 1990s. She helped me not only provide his comprehensive medical care but also facilitated my direct role with participation in Pediatric AIDS Clinical Trials Group (PACTG) studies. Under Dr Hutton's mentoring and the experience she helped me create early in my medical training, my goals to pursue a career in pediatric HIV care and research, to serve disadvantaged communities, and to insist on the value of interdisciplinary participation were both informed and firm.

As I continued through the other stages of my training, Dr. Hutton found a way to have me continue my clinical work in IPC. After I finished my pediatric and infectious diseases training, I joined the faculty. We had often discussed the value of the clinical data accumulated from IPC patients since Dr. Hutton founded the program at the onset of the epidemic. She encouraged me to pursue the "IPC Cohort Study" project as a source of data for program improvement evaluations and for answering research questions about pediatric HIV clinical epidemiology. Armed with my MPH training, I reached out to colleagues who had developed the highly productive adult HIV Moore Clinic cohort study. In her mentor role, Dr Hutton gave me complete access to this rich database, held regular planning meetings with me about goals and procedures for the project, and helped me learn the IRB application process. We were able to develop the project successfully, allow other faculty members and trainees to collaborate, and it resulted in many valuable scientific abstracts and publications for me and others.

Dr. Hutton continued to play a pivotal role during my junior faculty years in giving me guidance and opportunities – opportunities that she was often giving up for herself in order to benefit me – that allowed me to develop my research portfolio and begin to create a national reputation. The CDC approached Dr Hutton about participating as a site PI in their nation-wide, multi-site epidemiologic "LEGACY" study of HIV-infected children and youth; Dr. Hutton offered me the lead. She invited me to take over the pediatric HIV lecture in the Hopkins HIV for the Practitioner course and to participate in the biennial JHU-Brazil HIV course in Rio de Janeiro, activities that I have now continued to do for years. She advocated for me to join the DHHS Pediatric Antiretroviral Treatment Guidelines Working Group. When Hopkins would no longer be funded as a DAIDS IMPAACT research site, Dr. Hutton encouraged me to take the lead in a successful application to be an NICHD IMPAACT site. These opportunities strengthened my research advances and made me sought after for additional research and educational opportunities nationally and internationally.

Finally, when I had an opportunity to join Dr. Lynne Mofenson Pediatric AIDS Branch at NICHD, Dr. Hutton was one of the first people from whom I sought counsel. Even though my departure would mean upheaval for IPC and for Dr. Hutton, I knew that she would help me critically evaluate if that decision would be in my best interest.

In short, Dr. Hutton has been my career “parent”. She has consistently led by her example, facilitated my research and clinical opportunities, and ensured that I have progressed along a successful and rewarding career path. I shall be forever grateful.”

Renee D. Boss, MD, MHS

**Assistant Professor of Pediatrics, Johns Hopkins University School of Medicine
Division of Neonatology**

“At the beginning of my fellowship in Neonatal-Perinatal Medicine at Johns Hopkins in 2004, Dr. Hutton became one of my two primary research mentors. Because my research interests spanned the areas of neonatology and palliative care, Dr. Hutton has been an invaluable resource for both the content of pediatric palliative care as well as the process of combining disciplines. Throughout my fellowship Dr. Hutton met with me regularly to assess my progress and make plans for future directions. She helped me to make connections with other palliative care researchers from within the institution and around the country. She assisted me with grant writing, IRB protocol development, manuscript preparation, and presentations of my work at national research meetings. Her support and guidance helped me to become a 2008 Clinical Research Scholar of the National Center for Palliative Care Research, and the pediatric member of the American Academy of Hospice and Palliative Medicine’s Research Subcommittee. This work became the foundation for my NIH-funded K23 in the area of neonatal palliative care. In addition to her support of my research, Dr. Hutton has continued to support my development as a clinician. In 2010 she sponsored my application for Certificate of Qualification in Hospice and Palliative Medicine from the American Board of Pediatrics. She has also collaborated with me to expand clinical programs of palliative care into the perinatal and neonatal services provided at this institution. Dr. Hutton has been a superb mentor and role model for me as a fellow and now as junior faculty. She has helped to open multiple doors for me along this path.”

Allison Agwu, MD

**Assistant Professor of Pediatrics, Johns Hopkins University School of Medicine
Division of Pediatric Infectious Diseases**

“I first met Nancy Hutton when I was a first year fellow in infectious diseases. I met with her to discuss my interest in HIV and specifically its impact on adolescents and youth. She shared my excitement and immediately began brainstorming with me about how she could help facilitate my development in the management of this population. From that moment, she became and remains one of my most valued mentors.

Dr. Hutton has been involved in treating children with HIV since the beginning of the epidemic and has been an innovator in creating and sustaining a desperately needed, invaluable program (Intensive Primary Care Program) to address the medical and non-medical needs of the affected children and their families. Although the patients she sees often present with complicated social circumstances, Dr. Hutton possesses the sensitivity to put them at ease, establish rapport, while appropriately addressing

the relevant issues. She has an amazing way of synthesizing the need to control the virus, with the often chaotic reality of life for many of the children. She has had an immeasurable impact on the lives of the children, many of whom consider her to be their second and in some cases, their only mother. She commits to them and tirelessly fights for them. More recently, she has been certified in Palliative Care medicine, undoubtedly in response to what she has experienced as she has helped to guide many of the children she has cared for from cradle to grave, literally.

Through her hard work, her teaching, and most importantly through her example, she has left her mark on numerous trainees from all levels (domestically and internationally), of which I am proud to include myself. As I have transitioned from a fellow to a junior attending and colleague, I continue to work alongside Dr. Hutton to care for our cohort of infected children and families. Every day I am impressed and affected by the soft-spoken, yet dynamic, and energetic silver-haired Dr. Hutton, who continues her tireless fight for her kids.”

Khaliah A. Johnson, MD

Clinical Associate, General Pediatrics and Adolescent Medicine, 2010-2011

Pediatrics Residency, Johns Hopkins Hospital, 2007-2010

Accepted for Palliative Medicine Fellowship, Children’s Hospital of Philadelphia, 2011-2012

“My personal definition of a mentor is someone who not only possesses character traits that you seek to emulate, but who is also genuinely invested in seeing you develop traits that will lead to your own success and happiness. A mentor supports your dreams and simultaneously helps you to maintain perspective; she guides, nurtures, and teaches by example. For me, Nancy Hutton has been that mentor.

I was first introduced to Dr. Hutton by a former supervisor, who has also been actively present in my life over the years as a mentor. When I called him up asking for advice on choosing a residency program in pediatrics, he said, “Well, I know the perfect person to help you ...you *have* to talk to Nancy Hutton.” I remember speaking on the phone with Dr. Hutton one evening, just two days before my rank order list for pediatric residency was due. I was so touched by how much she seemed to care about my decision and the path I was preparing to embark on. In retrospect, I have seen Dr. Hutton interact with other pediatricians-in-training with a similar degree of care and investment. This truly speaks to the manner in which she prioritizes opportunities to support rising clinicians.

Once I began pediatrics residency at Johns Hopkins Hospital, my mentor-mentee relationship with Dr. Hutton continued to grow. In my intern year, she offered me a listening ear and invaluable encouragement as I struggled with the sudden illness of a patient I cared for. She made it clear to me that despite her numerous clinical and teaching responsibilities, she was always available to assist in any way that she could. At a time in my training when nearly everything felt stressful and overwhelming, it brought me so much peace of mind to know that there was someone senior to me, who had once walked the same path I was now on, looking out for me.

During my second and third years of residency, due to my interests in working with medically complex patients, I engaged in clinical electives with Dr. Hutton in the Intensive Primary Care/Pediatric HIV clinic, and on the Harriet Lane Compassionate Care Team. Ultimately, her role-modeling and encouragement lead me to decide to pursue a career in pediatric palliative care. She has supported me in palliative care project work in Ethiopia, assisted me to attend the American Academy of Hospice and Palliative

Medicine national assembly in 2010, and endorsed my application to pediatric palliative care fellowship (which assisted me in attaining one of three spots in an accredited [pediatric] fellowship program offered in the entire country annually). In my new role as a pediatric attending, I now have the privilege of working with Dr. Hutton once a week on the pediatric palliative care consult service at the Johns Hopkins Children Center. Each time that Dr. Hutton and I staff a consult together, attend a family meeting, or talk with our pediatric colleagues about the importance of palliative care, I learn something new from her. She continually gives me something to strive for.

Many people spend their entire careers searching for mentorship similar to that which I have received from Dr. Hutton. Both knowing her and being able to call her a mentor, colleague, and friend, is an incredible honor.”

I. APPENDICES