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Personal Statement in support of Application for Promotion to Professor

Dear Dean Kruse and the Promotion and Tenure Committee,

Thank you for the opportunity to submit this proposal for promotion to the rank of Professor at SIU School of Medicine.

One look at my CV reveals that my path in academic medicine has been anything but typical - with "Academic Medicine" experiences of almost 18 years, serving as bookends for the middle portion of my career in community health (17 years). I would submit, however, that my time spent in community health, maintained an academic perspective and contributed to my personal and professional growth as an educator. Through these experiences, I have gained a broader perspective into the need for strength-based assessments in addressing barriers to providing care for underserved populations; and insight into supporting the physicians providing this family centered care. The "Community Health" component led to significant impact on my goals and contributions to medical education and clinical service during the latter portion of my academic career. My father was the only person to attend college amongst his ten siblings, growing up in a small town between Decatur and Springfield, and he ultimately chose elementary education for his career path. My passion/career goals in the medical field stem from this foundation and are twofold: partnering with parents to help their children reach their full physical, cognitive and social - emotional potential; and working with young trainees and physicians to help them understand the importance of developing collaborative supports and scaffolding for families regarding the medical, developmental and behavioral care of children (especially in areas of subspecialty or provider scarcity). My hope is that this personal statement, in support of my request for consideration of promotion, reflects leadership in clinical service, as the Division Chief of Developmental Behavioral Pediatrics; and teaching, serving as Pediatric Clerkship Director and Pediatric Residency Program Director.

I began my academic career at SIU School of Medicine in 1985. Initially I was hired as a Clinical Instructor, acting as a Chief Resident. In addition, I served as the medical director of a multidisciplinary diagnostic clinic established by the founders of the SIU Department of Pediatrics, Dr. Joseph Garfunkel and Dr. Robert Merrill. This clinic served patients in Central and Southern Illinois who had complex medical or developmental presentations. Families traveled to Springfield for a comprehensive assessment by appropriate specialists and therapists, during one half-day clinic session. As the medical director, I worked with our Social Worker (prior to clinic day), to design each patient's experience based on the referral question, and develop a diagnostic plan. In follow up, we led a family meeting with the parents, outlining our goals and linking families to resources. This clinic served as the foundation for my interest in and eventual pursuit of additional fellowship training in Developmental and Behavioral Pediatrics later in my career.

In 1987, I maintained a clinical teaching appointment with SIU, while leaving to join a private practice in Springfield. Missing full time academic medicine, I returned to SIU in 1989 and

established the first academic general pediatrics clinic in the Department of Pediatrics. In 1990, the ACGME placed the Pediatric Residency Program on probation, and I was appointed as Pediatric Residency Program Director. I was successful at reestablishing accreditation during the following year. In addition, I collaborated with Dr. Steven Bowers, as he led the Med Peds Residency program which graduated several physicians who continue to practice medicine in Springfield and surrounding communities.

Becoming the Pediatric Residency Program Director was a dream come true, despite the challenges encountered in gaining re-accreditation. In addition to my administrative role, I loved teaching residents, supervising them in both inpatient and outpatient settings; and received the faculty teaching award in 1992. I was planning to stay at SIU for the duration of my career, however a career change for my husband (also a physician) necessitated a family move. He joined an internal medicine group in Decatur, IL., so that I could continue my position with SIU. I commuted for 9 months, however, my husband's practice had increasing responsibilities regarding the emergency care of his patients and he had less availability to share family responsibilities. At that time, in addition to leadership of the Pediatric Residency Program, I was responsible for the oversight of inpatient care (nursery and wards) for my patients as well as the resident continuity clinic patients at both hospitals in Springfield. Providing both inpatient and outpatient care was professionally rewarding, however, it became unmanageable with ongoing family needs, and while I had hoped to continue with SIU, there was no flexibility for alternative supports or part-time involvement. I reluctantly resigned from my "dream job".

After leaving SIU, I took a position in Decatur at a Federally Qualified Community Health Center (FQHC) as a general pediatrician, which directed me down a different path – developing an understanding of the gaps in access to subspecialty care for low-income children. Ultimately, I served as the medical director, dividing my time between patient care and administration, which afforded opportunities to provide quality improvement in clinical care as well as promote physician development.

In 2005, recognizing that our medical providers did not feel especially qualified or comfortable with behavioral health challenges, the CEO and I wrote and obtained a \$200,000 grant from the IL Children's Healthcare Foundation, aimed to improve the care provided to children with mental health concerns. This grant allowed us to collaborate with an SIU child psychiatrist, Dr. Mary Dobbins, to explore a consultative care model that would also include an educational component for the early career Pediatricians and Family Medicine physicians at our Center, who had limited experience and a significant level of discomfort in caring for psychosocially and behaviorally complex children. This model included direct consultation for behaviorally complex children, and in-person feedback to Pediatric and Family Medicine physicians regarding each patient they referred. In addition, Dr. Dobbins led case-based discussions of commonly encountered diagnoses for providers on a monthly schedule. The grant also provided for a school liaison specialist to improve communication between our clinic and the school districts in and around Decatur. The school liaison position has continued, despite the lack of grant support, at the request of the practicing pediatricians who felt that collaboration with schools was an essential part of providing ongoing medical management for children with ADHD.

My passion for mental health and developmental support for families afforded me additional opportunities to improve care in Decatur – geared toward adults as well as families:

- As the medical director of the FQHC, I co-led a project with the Decatur Behavioral Health center under the supervision of the National Council for Community and Behavioral Healthcare to integrate mental health services into Federally Qualified Healthcare Centers for adults with chronic disease. This interdisciplinary approach included maintaining a medical clinic embedded in the community mental health center as well as screening for and placing mental health specialists for patients with chronic disease such as diabetes within our adult FQHC.
- I had the privilege to collaborate in the development of the first Mother Baby Unit in a Women's Correctional facility in Decatur. This was one of 7 facilities (at the time) in the U.S., allowing pregnant women to deliver and keep their children with them during incarceration. Our clinic provided medical care for the women and children, along with BabyTalk (a non-profit organization aimed at enhancing family relationships and child development), who provided essential social emotional and developmental supports for these vulnerable families.

During my time as medical director of the FQHC, I also had the opportunity to work with Dr. Tracy Lower to establish connections for the hospital care of our patients, when the newly established hospitalist division was initiated with SIU and St Johns Children's Hospital. In collaborating with SIU, my passion was rekindled for academic medicine. This led me to pursue fellowship training in Developmental Behavioral Pediatrics, as a means to rejoin the academic community and provide better care for children and families with developmental, behavioral and medical complexity.

In June of 2010, I left the Community Health Improvement Center, as I was accepted for fellowship in Developmental Behavioral Pediatrics at the University of Chicago. During that time, in addition to learning the diagnostic and therapeutic supports for this population, I received extensive training in research methods and interdisciplinary models of care.

I completed LEND training - Leadership and Education in Neurodevelopmental and related Disabilities during my third year of fellowship. This is a national program geared toward preparing trainees from diverse disciplines to assume leadership roles in the field of neurodevelopmental disability by ensuring high levels of interdisciplinary clinical competence.

I became involved with the Illinois Chapter of the AAP, participating on the Advisory Committee for a yearly conference entitled Autism, Behavior and Complex Medical Needs, which eventually led to Co – chairing this committee as well as the Committee on Child Development. I have also testified before the House Ways and Means Committee in Springfield on behalf of children with disabilities at the request of ICAAP.

After completion of Fellowship training, I initially joined the Faculty at the University of Illinois College of Medicine in Peoria for 2 years prior to returning to SIU. This position included leading a team of therapists and psychologists in interdisciplinary assessments at Easter Seals, Central Illinois and serving as the medical director of their Behavioral services division. While this was an excellent opportunity to develop my leadership skills in disciplines

complimentary to the field of medicine, I missed the collaboration with faculty that I had valued during my initial appointment at SIU, and I returned to SIU in 2015 to join the Pediatrics DBP Division led by Dr. G. Aylward. His mentorship, during my first years at SIU as well as when I returned, was invaluable. When Dr. Aylward retired, I assumed the role of division chief.

Since returning to SIU, in addition to my independent clinic schedule which includes Medical Diagnostic Evaluations for the Early Intervention Program, I have worked collaboratively with Dr. Anna Hickey to develop an interdisciplinary diagnostic clinic for children with suspected autism. This clinic has been well received by families and is an excellent avenue for teaching residents and medical students. It continues to grow, and we have accommodated requests from our colleagues in child psychiatry when they have had need for such evaluations. My clinical work with patients and their families has expanded to include 3 outreach clinics in Decatur per month, and I have consistently received high marks on monthly surveys from patients regarding their diagnostic visits as well as follow up care. Our division has grown, providing behavioral supports for our families by adding 3 behavioral health counsellors; as well as an additional psychologist and nurse practitioner. We are increasingly utilizing telehealth to support families in southern Illinois and continue to work on ways to improve efficiency in diagnostic visits.

Administratively, upon my return to SIU during the 2015-2016 academic year, I had the incredible honor of assuming the Pediatric Clerkship responsibilities when my colleague, Dr. Tracy Lower, took a medical leave of absence. This opportunity, while unfortunate, and at times emotionally difficult, was especially rewarding for me, as I had been her mentor (and ultimately partner) during my earlier years with SIU. Dr. Lower had been working on the Y3 curriculum for the year prior, and it was very apparent the immense time and dedication she had given to this curriculum. During my year as the Y3 clerkship director, I participated on the Y3 curriculum committee, and facilitated successful implementation of the new curriculum the following academic year. In addition to assigning diverse faculty teams to serve as preceptors for students, I implemented Brown Bag lunches to discuss interesting cases that medical students encountered, so as to facilitate collaborative learning. I continue to spend about 50% of my time in the Developmental Pediatrics clinic and am a preceptor for medical students during their clerkship in pediatrics.

Becoming involved with the medical students renewed my passion for residency program training and when the opportunity came about in 2017, I accepted the role of Program Director for the Pediatric Residency Program. This position provided me additional opportunities for personal and professional growth, and, unlike my previous experience, I acquired a program that had a solid foundation with prior leadership from Dr.'s Miner and Lack, who agreed to remain on the team as APD's. This allowed us to work together to implement changes in the program to improve on the existing curriculum.

The accomplishments as program director that I feel are most reflective of my leadership in education include:

- Initiation of Resident Education Quality Improvement Groups with a dual aim - to teach QI principles as well as address residency program improvements in curriculum

- and rotational experiences, driven by resident perceptions of opportunities for improvement.
- Expansion of the program to 8 residents per year to allow for more flexibility and individualized curriculum based on career goals.
  - Collaborative work with Dr. Miner and the ambulatory team to develop an acute care clinic/rotation and expand the ambulatory experiences, especially for those interested in outpatient medicine.
  - Collaborative work with Dr.'s Lack and Tripathy to revamp the evaluation process, (incorporating EPA's), aimed at improving the quality and timeliness of feedback; and incorporating resident self-assessment into the evaluation process.
  - Development of a professionalism curriculum with monthly topics based on the ABP Medical Educator's Professionalism Guidebook.
  - Institution of a Coaching and Development framework for residents who have had specific academic and professionalism challenges.
  - Revision of our mission statement with specific aims for the residency program regarding commitment to diversity and inclusion. This included institution of specific recruitment strategies (with the help of residents) to attract under-represented minorities to our program
  - Designing curriculum for Dr. Martin Okpalike, an established pediatrician who needed 6 months of supervised experiences to allow him to sit for the Pediatric Boards. He notified me this past October that he successfully passed his boards.

In the last 5 years, I have provided additional confidential 1:1 mentoring for various residents, who are non-traditional learners, helping them develop strategies for improvement in academics and wellness. These residents include Dr. A. Bernales; Dr. Gina Akopyan; Dr. M Jaber.

As Residency Program Director, I have served on the Graduate Medical Education Committee, participating in, and leading internal reviews of other residency and fellowship programs within the SIU system, as well as leading one due process hearing.

In conclusion, despite moving back and forth between academic medicine and community health, my goals have remained consistent, and my experiences have provided ongoing personal and professional growth in medical education and clinical care. I am hoping that this document exemplifies the themes of collaboration and commitment to ongoing improvement in education. While my departure from SIU early in my career was disappointing for me, and, at the time appeared to be my last opportunity to participate in medical education, it has been a blessing for me to return to my "dream job" with an incredible faculty and consistent chair support. From my perspective, while there is still work to be done, medicine has made tremendous progress in recognizing the need for alternative pathways, non-traditional learners and flexibility in faculty and resident contributions and experiences. I appreciate this opportunity to be considered for promotion.