DOCTOR'S DIGEST

A MONTHLY NEWSLETTER FOR ST. LOUIS CHILDREN'S HOSPITAL ATTENDING AND REFERRING MEDICAL STAFFS

OCT/NOV 2015

IN THIS ISSUE

Children's HOSPITAL • ST. LOUIS
BJC HealthCare

Alison Snyder-Warwick, MD communicates with Serena and mom, Yvonne, during a telemedicine visit in August.

[SLCH NEWS] COLLABORATION BENEFITS SLCH SURGERY PATIENT LIVING IN KANSAS CITY

On May 27, 14-year-old Serena Ellsworth underwent facial reanimation surgery performed by Alison Snyder-Warwick, MD, Washington University pediatric plastic surgeon. Serena has Moebius Syndrome, a rare neurological disorder that impairs facial movement. For Serena, the surgery at St. Louis Children's Hospital (SLCH) was the first step toward her being able to smile.

After spending nine days recovering at SLCH, Serena returned to her hometown of Kansas City, Mo. She wouldn't need to see Dr. Snyder-Warwick for several weeks, and then just for a quick follow up to make sure the incision was healing properly—a total of about 30 minutes in the doctor's office but more than an eight-hour roundtrip drive between Kansas City and St. Louis. Compounding the travel dilemma was the fact that Serena's father, Jim, works in Carlsbad, N.M., which meant a 15-hour drive for him just to get back to Kansas City in order to accompany his wife, Yvonne, and their daughter to St. Louis.

The Ellsworths were willing to "go the distance" for Serena, but Dr. Snyder-Warwick hoped for an easier solution. That solution developed as a result of the BJC Collaborative, which includes BJC and Saint Luke's Health System in Kansas City. Since 1998, Saint Luke's has developed a robust telemedicine service, eHealth, that facilitates specialist visits to the health system's outreach clinics located within a 150-mile radius of Kansas City. Over the past several years, Children's Hospital has been developing telemedicine capabilities to aid its own outreach efforts. A solution was in the making.

"Members of the BJC Collaborative had already

continued on next page

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DOCTOR'S DIGEST

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TELEMEDICINE SESSION IMPROVES PATIENT ACCESS continued from page 1

met a few times to discuss the availability and capabilities of telemedicine at each facility," says Steven Kropp, MS, system director of eHealth and outreach services at Saint Luke's Health System. "When I received an email from Bridget Haeg, SLCH senior planning consultant, explaining the situation and asking if a telemedicine session was possible, I knew it could be arranged."

Coordination of schedules for all those involved—Dr. Snyder-Warwick, the Children's and Saint Luke's telemedicine programs, and the Ellsworths—ensued, with a resulting telemedine visit on August 13. The medical director of Saint Luke's eHealth Services, Gary Ripple, MD, took Serena's vital signs and assisted Dr. Snyder-Warwick.

"This was such a relief for us," says Yvonne. "My husband didn't have to make that long trip from Carlsbad, and we could talk with Dr. Snyder-Warwick while staying in our own hometown. The exam went well—the picture was clear, and we easily understood Dr. Snyder-Warwick's instructions."

"This is much more convenient for a patient like Serena who just needs a quick exam," says Dr. Snyder-Warwick. "And it is the result of a wonderful collaboration in which Children's Hospital and Saint Luke's focused on doing what was best for Serena and her family."

Once Serena begins experiencing movement in her cheek, she will need to travel to St. Louis Children's Hospital to see Dr. Snyder-Warwick in person and begin physical therapy. But the possibility of future telemedicine visits exists as she continues toward her goal of smiling.

"We envision eventually having a system that allows us to set aside certain dates and times for telemedicine sessions between patients and subspecialists throughout the BJC Collaborative," says Kropp. "We may even be able to develop an online app whereby each facility can see an open schedule and coordinate patients in that way. This will be a wonderful benefit to patients and families served by the BJC Collaborative."

In addition to BJC and Saint Luke's Health System, members of the BJC Collaborative include CoxHealth in Springfield, Mo., Memorial Health System in Springfield, Ill., Blessing Health System in Quincy, Ill., and Southern Illinois Healthcare in Carbondale, Ill. The Collaborative provides a means for exploring and expanding clinical programs and services between and among the Collaborative members to improve health care quality and access for patients.

[SLCH NEWS] SLCH EARNS NATIONAL HONORS IN PATIENT SATISFACTION

St. Louis Children's Hospital (SLCH) achieved national recognition for patient satisfaction from Professional Research Consultants (PRC). PRC is the national research firm that conducts patient satisfaction surveys for BJC HealthCare and many other health care clients.

The hospital achieved top honors for 2014, receiving PRC's highest recognition, the Overall Top Performer Award, in three areas:

- Emergency
- Inpatient
- Outpatient

"This validates that our team is among the best of the best nationally in providing high-quality care that families appreciate," says Joan Magruder, SLCH president. "Congratulations go to everyone—whether you work at the bedside or in an office, everyone plays an important role in enabling us to succeed."

Units scoring in the top 10 percent of patient satisfaction in PRC's database for 2014 earned the Five Star Award. They included:

- Ambulatory Procedure Center
- Emergency Unit
- Heart Center
- Pediatric Acute Wound Services (PAWS)
- Pediatric ICU
- Radiology
- Same-Day Surgery
- Therapy Services

The award is given annually to the health care provider that scores at or above the 99th percentile for the overall quality of care. This reflects the top box or "excellent" score in PRC's national client database.

[SLCH NEWS] CHILDREN'S HOSPITAL RECEIVES THIRD CONSECUTIVE MAGNET® RECOGNITION

Honor recognizes nursing excellence, community benefit

On Aug. 19, St. Louis Children's Hospital (SLCH) earned a distinction that only about 100 other hospitals worldwide achieved—its third consecutive four-year Magnet® honor for nursing excellence. The announcement of the 2014-2019 designation was given by the American Nurses Credentialing Center®.

A select group of about 400 U.S. health care organizations out of nearly 6,000 nationwide have received Magnet recognition since 1994. Magnet hospitals must continue to achieve rigorous standards to earn another four-year designation. Such high standards enable a hospital, like a magnet, to attract and retain outstanding nurses, the ANCC reports.

Peggy Gordon, MS, RN, NEA-BC, FAAN, vice president, patient care services, says the honor reflects the caliber of the entire hospital.

Lisa Johnston, RN, a nurse with the Healthy Kids Express asthma program, right, provides asthma education on the mobile health van to Julian Carroll, while his dad, Mark Carroll, looks on. | Photo by Steve Dolan

"I'm proud to work with such a great staff and leadership team here," she says. "This achievement followed an intensive two-year application and evaluation process. Everyone's hard work has paid off, and we are all excited to have that recognized. It says a lot about our efforts to deliver a superior patient experience to every patient, every family, every day."

ANCC recognized the hospital for outstanding progress in several areas, including:

- Community benefit, such as summer camps and the Healthy Kids Express mobile health van program
- Family-centered care, including extensive parental involvement in the perioperative area
- Resources to meet the unique individual needs, such as interpretive services and the Family Resource Center

In addition, the hospital exceeded the national average for all five categories of a national nursing satisfaction survey.

"Being a Magnet hospital speaks to the high level of patient care, collaboration and professionalism of our entire organization," says Joan Magruder, SLCH president. "Magnet hospitals must meet high standards, such as having better patient outcomes and outstanding patient satisfaction. I'm proud of our team for earning this honor, and it inspires all of us to continue to strive to be even better."

MORE ABOUT MAGNET

- Developed in 1994 by the ANCC, the largest nursing accrediting and credentialing organization in the United States
- Recognizes hospitals that provide quality patient care, nursing excellence and innovations in professional nursing practice
- Provides a forum for nurses around the nation to communicate successful practices and strategies

[FACULTY UPDATE] CHIEF RESIDENT AWARDS

Each month, St. Louis Children's Hospital's Chief Residents honor a resident who shows exceptional dedication to his or her patients, colleagues or profession. In August 2015, the SLCH Chief Resident Award was presented to Ryan Pitman, MD, third-year pediatric resident. Dr. Pitman was recognized for his hard work, dedication and creativity on his teaching rotation.

Ryan Pitman, MD

[FACULTY UPDATE] PLAX NAMED FERRING FAMILY CHAIR IN PEDIATRICS


Katie Plax, MD

Katie Plax, MD, who is recognized widely for an innovative youth outreach center she started and for her work advocating for children and teens, has been named the Ferring Family Chair in Pediatrics at St. Louis Children's Hospital (SLCH) and Washington University School of Medicine (WUSM).

Dr. Plax, a professor of pediatrics, is director of the Division of Adolescent Medicine in WUSM's Department of Pediatrics. She also is medical director of The SPOT (Supporting Positive Opportunities with Teens) in St. Louis.

"From the moment she arrived at Washington University, Dr. Plax has been extremely dedicated and tireless in her efforts to make life better for children and young adults, particularly those who find themselves without the support networks they need," says Alan L. Schwartz, PhD, MD, the Harriet B. Spoehrer Professor of Pediatrics, head of the Department of Pediatrics and pediatrician-in-chief at SLCH. "She is a recognized leader in advancing clinical care for adolescents, pediatric patients with HIV infection and AIDS, and children in foster care. In addition to establishing The SPOT in 2008, she was perhaps the most important advocate for simplifying enrollment in the Children's Health Insurance Program (CHIPS), which helps thousands of Missouri children. She has been a great force for positive change for children."

The endowed chair was established with a gift from Alison and John Ferring, who have been strong supporters of SLCH for many years. Among the family's business ventures, John Ferring is chairman of PLZ Aeroscience, a holding company for businesses that manufacture aerosol packaging.

"It is an honor to be named the Ferring Family Chair in Pediatrics," says Dr. Plax. "This gift will help us continue to focus on changing health for disadvantaged youth through transformative patient care, teaching, advocacy and research. What we do makes a world of difference to a lot of young people who deserve good health in the broadest sense possible."

Learn more about Dr. Plax and Alison and John Ferring at StLouisChildrens.org/DD.

[FACULTY UPDATE] HUNSTAD NAMED DIRECTOR, PEDIATRIC INFECTIOUS DISEASES DIVISION


David Hunstad, MD

David Hunstad, MD, has been named director of the Division of Pediatric Infectious Diseases at St. Louis Children's Hospital (SLCH) and Washington University School of Medicine (WUSM).

Dr. Hunstad, an associate professor of pediatrics and of molecular microbiology, succeeds Gregory Storch, MD, the Ruth L. Siteman Professor of Pediatrics, who served as director of the division for the past 10 years. Dr. Storch, who remains director of the Division of Pediatric Laboratory Medicine, plans to devote more time to research and continue to develop new molecular diagnostic tests.

"In terms of goals, we of course want to serve the children of our community, continue our relationship with primary providers and public health agencies in the city and county, and grow what is already a diverse and productive research program in infectious diseases," says Dr. Hunstad. "We also look to raise our visibility in antimicrobial stewardship and in the prevention and treatment of infections in transplant patients."

A graduate of WUSM, Dr. Hunstad previously served as director of the Pediatric Infectious Diseases Fellowship Program and co-founded the university's Pediatric Physician-Scientist Training Program with colleague Anthony French, MD, PhD, associate professor of pediatrics.

"David is a triple-threat physician-scientist in the very best sense of the term," says Alan L. Schwartz, PhD, MD, the Harriet B. Spoehrer Professor, head of the department of pediatrics and pediatrician-in-chief at SLCH. "He is an outstanding and complete clinician, modeled after Dr. Jim Keating, a legend here, and David is an excellent microbial pathogenesis investigator and an exceptional teacher."

Adds Dr. Schwartz, "He is administratively adept and fluid in his thinking and is nationally regarded as one of the very best emerging leaders in pediatric infectious diseases. David has beautifully succeeded in every aspect of his career since he began here at WUSM."

Dr. Hunstad is a fellow of the Pediatric Infectious Diseases Society as well as the recipient of numerous honors during his career. He is also principal investigator of a laboratory that focuses on pathogenic bacteria, with the goal of discovering ways to prevent and treat bacterial infections of the urinary tract, gastrointestinal tract and central nervous system.

After earning his medical degree with accolades from Washington University in 1995, Dr. Hunstad completed a residency in pediatrics at St. Louis Children's Hospital in 1999, serving as chief resident during his final year. He finished a fellowship at the School of Medicine in pediatric infectious diseases in 2003 before joining the faculty.

[FACULTY UPDATE] MEET THE 2015-2016 CHIEF RESIDENTS

Communication figures strongly in the goals the 2015-2016 chief residents have set for themselves. Their plans include broadening the resident curriculum and conferences to cover strategies for coping with the emotionally difficult situations that arise when caring for seriously ill children and their families. They also want to support a culture in which residents are encouraged to think for themselves and feel comfortable voicing their opinions and concerns. Finally, they are committed to ensuring residents receive a solid grounding as capable pediatricians from which they can pursue additional training as fellows or enter into primary care.

RACHEL ASHWORTH, MD

Growing up in Kansas City, Dr. Ashworth knew she liked science and children, but it was an offer from a friend's physician father that brought into focus how she could combine the two. Between her freshman and senior year in college, Dr. Ashworth shadowed a pediatric surgeon for two weeks. The experience sold her on becoming a pediatrician, and she later received her medical degree at the University of Kansas School of Medicine.

As she continues her chief residency year, Dr. Ashworth looks forward to mentoring residents in training.

"I want to continue in academic medicine, so resident training will remain a significant part of my career," she says. "I'm looking forward to gaining experience as a teacher and being involved in planning conferences and presenting interesting cases that will help residents expand their medical knowledge."

Dr. Ashworth's ultimate plan is to complete a pediatric intensive care fellowship. "I like everything about pediatrics, and the intensive care unit is the place where every specialty comes into play, sometimes on a daily basis," she explains. "But beyond that, I want to help the children and their families during a time that may be the most difficult of their lives."

Among the things Dr. Ashworth most appreciates about Children's Hospital is the freedom everyone in training—from medical students to chief residents—has to ask questions of attending physicians who are leaders in their field. "Everyone is willing to take the time to talk about even the most basic medical topic in order to advance learning," she says.

Dr. Ashworth and her husband, Craig, were married in May. Craig is in archery equipment sales. They enjoy outdoor activities, and spend many of their vacations in national parks hiking, camping, rafting and fishing. They also are the new "parents" to a German Shorthaired Pointer puppy, Franklin.

ERIN CASEY, MD

A native of Long Island, N.Y., Dr. Casey attended medical school at the University of Rochester. Receiving her medical degree was the fulfillment of a desire that began for her as a little girl playing with doctor kits and accompanying her mom—a biology teacher at a local college—as she taught classes on Saturdays. Even at the age of 5, she found it fascinating.

Dr. Casey's choice of pediatrics was influenced by her childhood pediatrician and her love of children. "I thought if I was going to be a doctor and have busy days, how rewarding would it be to enter a patient room after working long hours and be able to save a child's life or reassure parents their child is doing OK," she says.

Upon completing her chief residency, Dr. Casey plans on entering general pediatrics. For the next year she is looking forward to teaching and interacting with residents and learning more about how the hospital at large operates.

"At Children's Hospital there is a wonderful balance between having the independence to push yourself to learn what you really know, while at the same time having support from fellows and attendings," she says. "I'm hoping over the next year to not only contribute to that teaching model but also encourage residents to develop the mutual support that makes learning fun and exciting."

In her leisure time, Dr. Casey enjoys spending time with her husband, Scott Simpson, MD, who recently secured a position as a sports medicine physician in St. Louis. She also likes cooking, and traveling, especially to destinations with beaches.

DAVID SONDERMAN, MD

A native of St. Louis, Dr. Sonderman attended St. Louis University High School and the University of Notre Dame. He received his medical degree from Loyola University's Stritch School of Medicine in Chicago and credits his own pediatrician, Steven Plax, MD, as instrumental in inspiring his interest in entering the field.

"Growing up, I saw the relationship Dr. Plax developed not only with myself but also with my parents and older sisters. He was someone I could trust," he says. "I've always been attracted to the types of roles where I'm involved in supporting the wellness of others. I saw in Dr. Plax an example of how this could be done, particularly with children."

Dr. Sonderman plans on becoming a primary care pediatrician, a goal supported by his experience with the Washington University Department of Pediatrics Community Outpatient Practice Experience (COPE) program.

"My COPE preceptor was Dr. Rebecca Bullivant at Kids Docs in Creve Coeur. The office was a great example of how to create a medical home for patients, where families rely on their relationships with their pediatricians over time to help make important decisions," he says. "I'm looking forward to sharing in the journey of my own patients here in St. Louis after concluding my chief residency."

Over the next year, Dr. Sonderman looks forward to helping residents develop a strong foundation in general pediatrics, as well as honing their skills communicating with their colleagues, patients and their families.

Dr. Sonderman's wife, Molly, works in the Weston Career Center at Washington University's Olin Business School. Much of the Sondermans' free time is spent with their 15-month-old son, Luke. They enjoy spending time with family and friends and exploring the beautiful parks around the St. Louis area with their yellow lab, Te'o.

[RESEARCH UPDATE] NEW TEST DETECTS ALL VIRUSES THAT INFECT PEOPLE, ANIMALS

A new test detects virtually any virus that infects people and animals, according to research at Washington University School of Medicine, where the technology was developed.

Many thousands of viruses are known to cause illness in people and animals, and making a diagnosis can be an exhaustive exercise, at times requiring a battery of different tests. That's because current tests aren't sensitive enough to detect low levels of viral bugs or are limited to detecting only those viruses suspected of being responsible for a patient's illness.

"With this test, you don't have to know what you're looking for," said the study's senior author, Gregory Storch, MD, the Ruth L. Siteman Professor of Pediatrics and infectious diseases specialist at SLCH. "It casts a broad net and can efficiently detect viruses that are present at very low levels. We think the test will be especially useful in situations where a diagnosis remains elusive after standard testing or in situations in which the cause of a disease outbreak is unknown."

Results published online in September in the journal *Genome Research* demonstrate that in patient samples the new test—called ViroCap—can detect viruses not found by standard testing based on genome sequencing. The test could be used to detect outbreaks of deadly viruses such as Ebola, Marburg and severe acute respiratory syndrome (SARS), as well as more routine viruses, including rotavirus and norovirus, both of which cause severe gastrointestinal infections.

Developed in collaboration with the university's McDonnell *Genome Institute*, the test sequences and detects viruses in patient samples and is just as sensitive as the gold-standard polymerase chain reaction (PCR) assays, which are used widely in clinical laboratories. However, even the most expansive PCR assays can only screen for up to about 20 similar viruses at the same time.

The Washington University researchers are making the technology they developed publicly available to scientists and clinicians worldwide, for the benefit of patients and research.

The researchers evaluated the new test in two sets of biological samples—for example, from blood, stool and nasal secretions—from patients at St. Louis Children's Hospital. In the first, standard testing that relied on genome sequencing had detected viruses in 10 of 14 patients. But the new test found viruses in the four children that earlier testing had missed. Standard testing failed to detect common, everyday viruses: influenza B, a cause of seasonal flu; parechovirus, a mild gastrointestinal and respiratory virus; herpes virus 1, responsible for cold sores in the mouth; and varicella-zoster virus, which causes chickenpox.

In a second group of children with unexplained fevers, standard testing had detected 11 viruses in the eight children evaluated. But the new test found another seven, including a respiratory virus called human adenovirus B type 3A, which usually is harmless but can cause severe infections in some patients.

In all, the number of viruses detected in the two patient groups jumped to 32 from 21, a 52 percent increase.

Gregory Storch, MD

"The test is so sensitive that it also detects variant strains of viruses that are closely related genetically," said corresponding author Todd Wylie, an instructor of pediatrics. "Slight genetic variations among viruses often can't be distinguished by currently available tests and complicate physicians' ability to detect all variants with one test."

In addition, because the test includes detailed genetic information about various strains of particular viruses, subtypes can be identified easily. For example, the study showed that while standard testing identified a virus as influenza A, which causes seasonal flu, the new test indicated that the virus was a particularly harsh subtype called H3N2.

Last flu season, H3N2 contributed to some 36,000 deaths in the United States. And in some patients—particularly young children, older adults and people with weakened immune systems—knowing that the H3N2 strain is present may alter treatment.

To develop the test, the researchers targeted unique stretches of DNA or RNA from every known group of viruses that infects humans and animals. In all, the research team included two million unique stretches of genetic material from viruses in the test. These stretches of material are used as probes to pluck out viruses in patient samples that are a genetic match. The matched viral material then is analyzed using high-throughput genetic sequencing. As completely novel viruses are discovered, their genetic material could easily be added to the test, Dr. Storch said.

The researchers plan to conduct additional research to validate the accuracy of the test, so it could be several years before it is clinically available.

"It also may be possible to modify the test so that it could be used to detect pathogens other than viruses, including bacteria, fungi and other microbes, as well as genes that would indicate the pathogen is resistant to treatment with antibiotics or other drugs," said co-author Kristine Wylie, PhD, assistant professor of pediatrics.

In the meantime, the technology can be used by scientists to study viruses in a research setting. Kristine Wylie investigates the viruses that set up residence in and on the human body, collectively known as the virome. The new test will provide a way to capture the full breadth and depth of such viruses, and deepen understanding of how they play a role in keeping the body healthy.

The research is funded by the National Institute of Allergy and Infectious Diseases at the National Institutes of Health (NIH). Grant number R01AI097213.

Wylie TN, Wylie KM, Herter BN and Storch GA. Enhanced virome sequencing using targeted sequence capture. *Genome Research*, online Sept. 22, 2015.

[RESEARCH UPDATE] MANY PARENTS UNAWARE OF E-CIGARETTE DANGERS TO CHILDREN

As the use of e-cigarettes has risen dramatically in the United States in recent years, so have calls to poison centers about them. Yet many parents who use e-cigarettes—or "vape"— aren't aware of the dangers to children, according to a new study at Washington University School of Medicine.

The devices are used like typical cigarettes but instead of tobacco, they vaporize a liquid mixture of nicotine, glycerin and glycol ethers. The liquid form is flavored, which appeals to children. If ingested, a teaspoon of this "e-liquid" can be lethal to a child, and smaller amounts can cause nausea and vomiting that require emergency care. Exposure to skin also can sicken children.

"These are largely avoidable risks, but because e-cigarettes are relatively new, many people—including pediatricians—aren't aware of the dangers or the steps that should be taken to protect children from them," says first author Jane Garbutt, MD, a professor of medicine and of pediatrics at the School of Medicine.

The research was published Aug. 25 in the journal, *Academic Pediatrics.*

For the study, 658 parents and guardians at 15 pediatric clinics in the St. Louis area completed surveys about their knowledge and use of e-cigarettes. Almost all parents knew about e-cigarettes: 1 in 5 had tried them, and 1 in 8 said a family member regularly smoked e-cigarettes. In two-thirds of the homes where children were exposed to e-cigarettes, they also were exposed to regular cigarettes.

The researchers found that 36 percent of the e-cigarette users neither locked up e-liquid bottles nor used childproof caps. Such caps, while required in Europe, are not mandated in the United States. E-liquid most commonly was stored in a drawer or cupboard (34 percent), a purse or bag (22 percent) or on an open counter (13 percent), the study showed.

"Three percent of the people in our study said a child of theirs had tried to drink the e-liquid," Dr. Garbutt says. "The easiest way to lower risk is to store e-liquid out of the reach of children. Open counters and shelves, unlocked drawers, and purses and bags aren't safe storage places."

Last year, a toddler in New York died after ingesting liquid nicotine intended for use in an e-cigarette.

The researchers were surprised that e-cigarettes were used in so many homes and were concerned about the safety risks to children from unsafe storage of e-liquid. Yet, few parents were aware of these risks.

In the study, only 15 percent of e-cigarette users reported that they had told their pediatricians they were using the devices. Six percent of users said the doctors had discussed with them the use and safe storage of e-cigarettes.

"We strongly encourage pediatricians to ask parents about nicotine use, including e-cigarettes, and to discuss the risks of exposure," says Dr. Garbutt. "Ingestion is bad, of course, but even skin exposure to e-liquid can harm children."

Funding for this research comes from the Washington University Institute of Clinical and Translational Sciences, grant UL1 TR000448 from the National Center for Advancing Translational Sciences (NCATS) of the National Institutes of Health (NIH), with co-funding from St. Louis Children's Hospital

Garbutt JM, Miller W, Dodd S, Bobenhouse N, Sterkel R, Strunk RC. Parental use of electronic cigarettes. *Academic Pediatrics*, published online Aug. 25, 2015.

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EARLY BIRD ROUNDS

(Fridays, 8 a.m., St. Louis Children's Hospital Executive Boardroom, 3S-36, or online at StLouisChildrens.org/Med_Ed)

- **DECEMBER 4** – Ophthalmology
- **DECEMBER 11** – Plastic Surgery
- **DECEMBER 18** – Psychiatry

For additional information about December presenters or any other continuing education opportunities, go to StLouisChildrens.org/Med_Ed.

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