

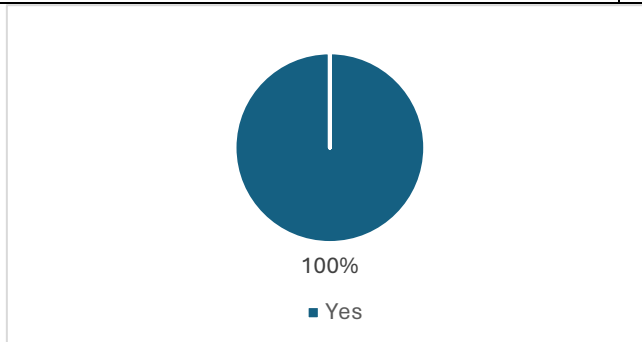
Marshall Health Network Pediatric Hospital Medicine Conference May 16, 2026

Attendees: 38
Evaluations: 16

1. Sessions Attendance Based on Evaluations

Sessions	Attendance
Tarek Husien, MD, PD, PHM Fellowship at Children’s Hospital of Michigan “Hot Showers and Recurrent Vomiting: Understanding Cannabinoid Hyperemesis Syndrome	14
Alexis Jones, FNP, BC, GI Nurse Practitioner, Marshall Pediatrics “Beyond the Cleanout: Comprehensive Care of Constipation in Children	5
Jessica Ford Davis, DO, MHA, Pediatric Hospitalist, College of Medicine Peoria “Don’t Leave Money on the Table: Coding and Billing Tips for Pediatric Hospital Medicine	8
Jeffrey K. Harris, MD, Pediatric Cardiologist, Marshall Pediatrics “Heart to Heart: A Cardiologist’s Guide for Pediatric Hospitalists	15
Perspectives from the field: Pediatric Hospital Medicine in Rural Settings. <i>Panel: Facilitator: Madison Anderson, MD, Pediatric Hospitalist, Marshall Pediatrics. Josh Hall, MD, Holzer, Holzer Gallipolis, Ohio, Casey Fitzpatrick, MD, Three Rivers Pediatrics, Three Rivers Medical Center, Louisa, KY, Megan O Brien, RN BSN Logan, Eric Flynn, RN, BSN, MHA Director of Nursing, Raleigh General Hospital</i>	17
Patricia Tran, MD, MS, Pediatric Hospitalist, College of Medicine Peoria “Brand New, Brand You: Crafting Your Professional Identity with Purpose	2
Kara Anderson, MD, Palliative and Complex Care Pediatrician, Marshall Pediatrics “Navigating Complexity: Hospital Care for Children with Special Health Needs	7
Susan Flesher, MD, Program Director, PHM Fellowship, MUJCESOM “How to Publish 30 Manuscripts in 10 years: Lessons in Scholarly Persistence”	2
Hillary Porter, DO, Child and Adolescent Psychiatry, Marshall Pediatrics “Calming the Storm: Approaches to the Agitated Child”	3
Amanda Dye, MD Pediatric Endocrinologist, Marshall Pediatrics “When the PICU isn’t an Option: Managing DKA in the ED or Pediatric Floor“	8
Lauren Tufts, MD Director PHM Division, Marshall Pediatrics “Pediatric Puzzles: Navigating Clinical Conundrums on the Hospital Floor“	2

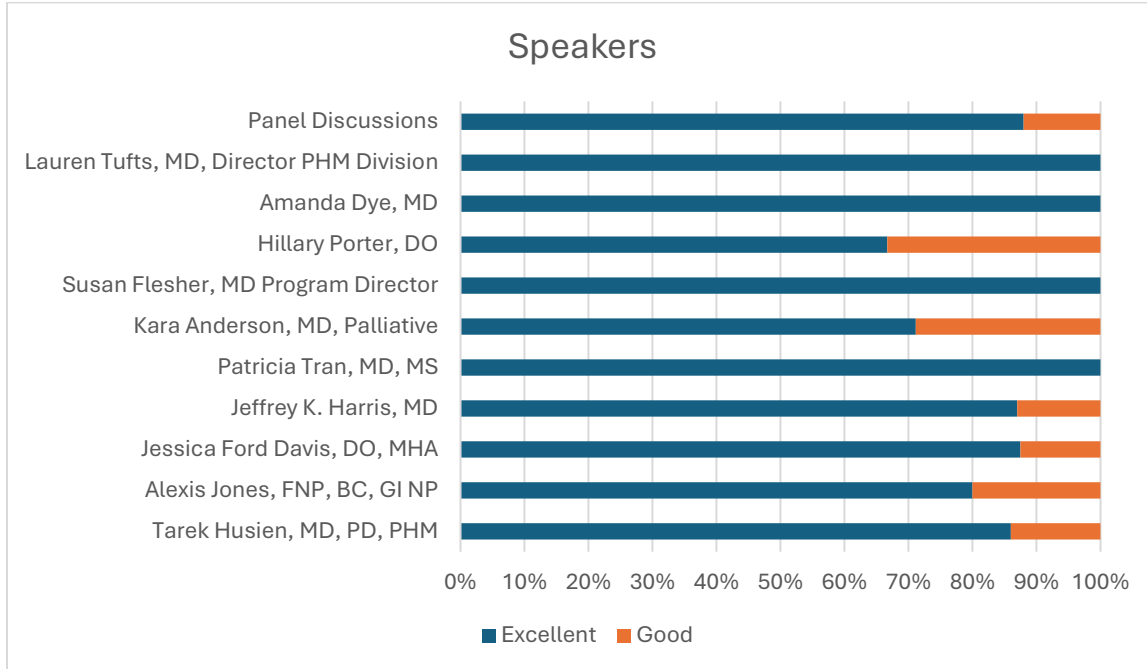
2. Were All Activities Free of Commercial Bias?



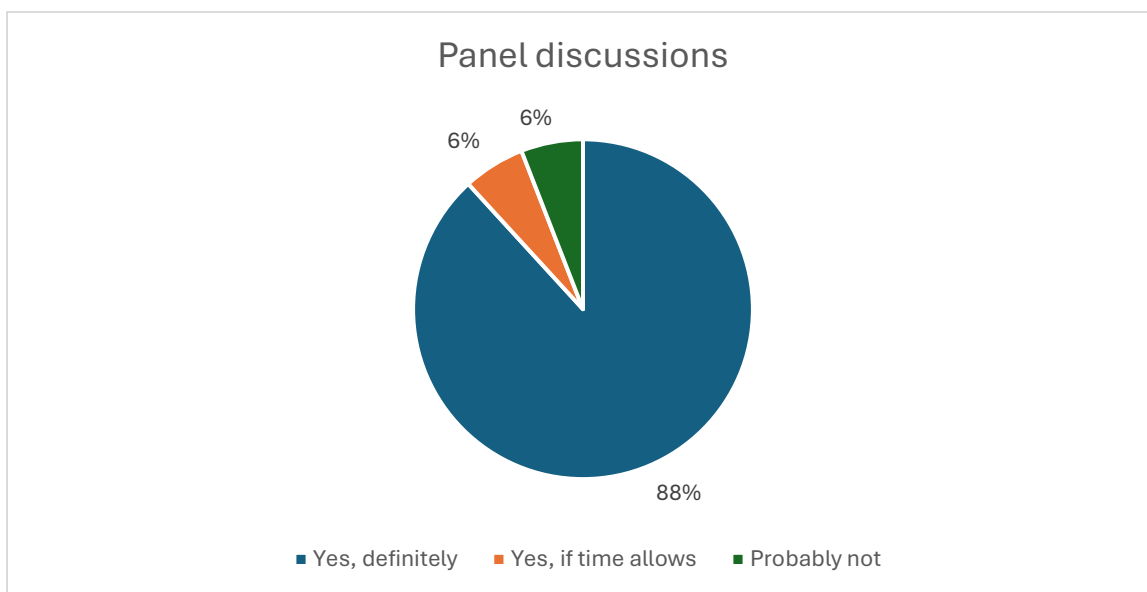
3. Do you feel all Learning Objectives were represented?

- 86% The need for pediatric hospital medicine services close to home.
- 86% The availability of pediatric hospital medicine services closes to home.
- 100% How to best utilize available services.
- 86% Articulate barriers in rural areas that make pediatric hospital medicine care challenging.
- 86% New collaboration and networking contacts they have established at the conference.

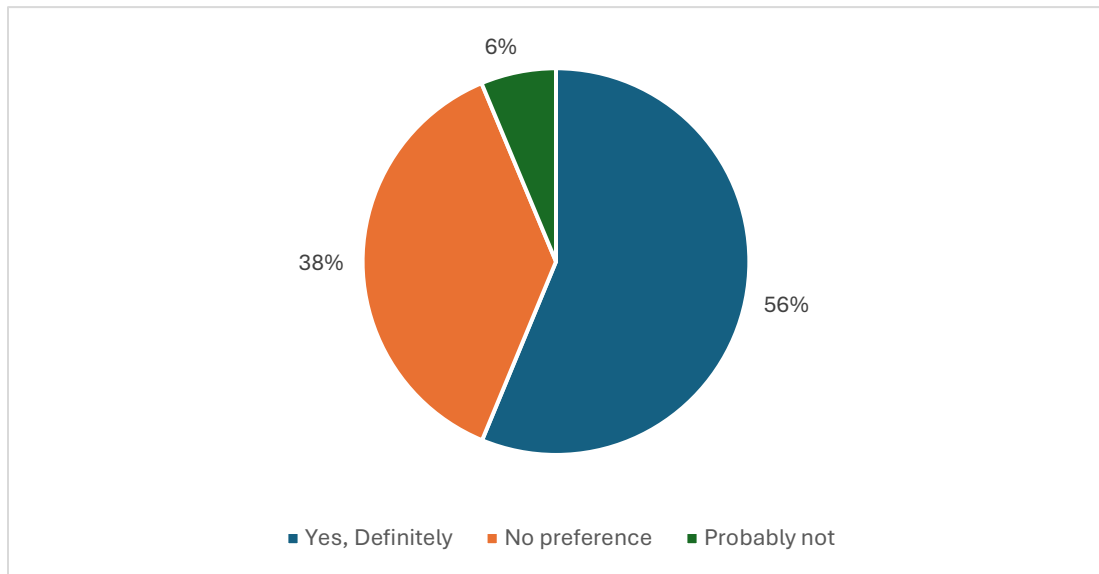
4. Effectiveness of Each Speaker and Lecture Content and Quality



5. Should the Pediatrician Panel discussion be included in future conferences?



6. Should the Simulation Ambulance demonstration and HOOPS Hospital Tour be included in future conferences?



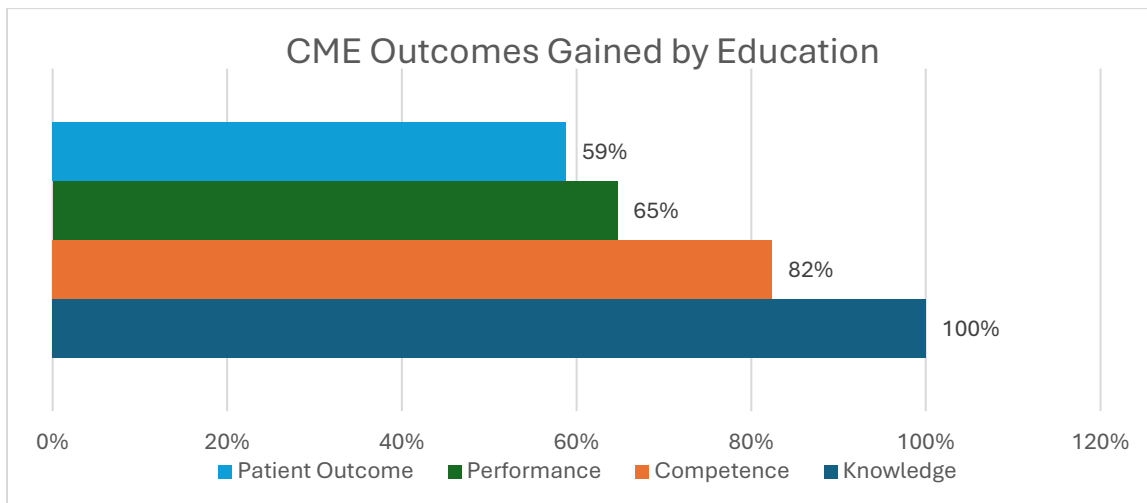
7. Overall, which skills do you feel like you have gained from this conference?

Knowledge: Updated Knowledge

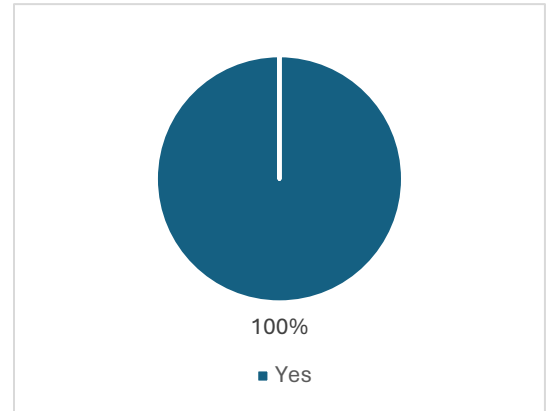
Competence: Knowing how to do something/knowledge put into action.

Performance: Competence put into your practice.

Patient Outcome: Education was linked to improving Patient Outcome.



8. Do you feel the content presented in all activities was based on current science evidence, and clinical reasoning while giving a fair and balanced view of diagnostic and therapeutic options?



9. I intend to adjust my clinical approach based on the insights gained from the information presented:

1.	Use Ativan and/or Haldol in treatment of cannabis hyperemesis, improve my reading of echo reports.
2.	Billing Changes
3.	Outreach to rural centers
4.	Utilize wider pharmacologic interventions for cannabis hyperemesis. Review pediatric echocardiograms more thoroughly and not stop at the overall impression. Reform our complex care algorithm to create a more thorough admission, care and discharge process. Consider barriers to care and independence of rural providers when accepting transfers. Be more mindful of my insulin corrections even though we have Pediatric Endocrinology consultation available.
5.	New diabetes treatments will be utilized
6.	I will be able to provide more effective counseling about the topics that were covered.
7.	I have a new framework from which to guide my care of hospitalized complex care pediatric patients.
8.	Improved knowledge of diagnosis of cannabis hyperemesis. Developing a brand for my medical practice. Improved use of antipsychotic medications if needed for the agitated child.
9.	I have a better understanding in the evaluation and treatment of patients with vomiting due to marijuana use
10.	Improved knowledge of diagnosis of cannabis hyperemesis. Developing a brand for my medical practice. Improved use of antipsychotic medications if needed for the agitated child
11.	Improved insight into challenges faced in rural settings, allowing for improved care of transported patients. Improved understanding of career trajectory and remaining focused on that trajectory to build a brand.
12.	I learned a lot about billing and DLA management. It was a great refresher for cardiology and I felt like the cannabis talk was superb.
13.	New billing and coding updates.

11. If you answered No, what is the reason for not being able to apply this training to your clinical practice?

- a. Organizational constraints to apply training.
- b. Retired
- c. Geographic limitations of my clinical practice

12. Comments

It was a great time, I learned so much, and I am grateful that I got to attend!
Thank you to Susan Flesher and everyone over at Marshall Health for the invitation to their inaugural Pediatric Hospital Medical Conference. So great to see everyone and a great day of learning and collaboration!
Proud to have our team contributing to important conversations surrounding rural healthcare and pediatric/maternal care services throughout our region.
Thank you for the conference. It was excellent. The hosts were extremely welcoming and provided outstanding hospitality. The topics were relevant for hospitalists and out-patient pediatricians. The built-in breaks were perfect. The lunch was excellent too. I have no critiques, except that it was difficult to hear Dr. Porter during her presentation due to some outside noise at times; despite the noise factor, Dr. Porter was engaging and provided us with very valuable information.
I have a new framework from which to guide my care of hospitalized complex care pediatric patients.
Thank you for the opportunity to participate in the rural healthcare panel at the conference. I truly appreciated being included in such an important discussion alongside so many experienced healthcare leaders. It was an honor to share perspectives on the challenges and opportunities facing rural pediatric and maternal healthcare, particularly in southern West Virginia. Conversations like these are incredibly meaningful as we continue working to improve access and outcomes for our communities. I am grateful for the invitation and for all the work that went into organizing such a great event. I hope to have the opportunity to participate again in the future.
Excellent conference. I wish I could have attended morning sessions as well, but I was on service and rounding during that time.
I felt like the DKA lecture was great. Billing talk was awesome. I really enjoyed the rural medicine panel. I would love to see more microbiology topics next!