



## Association of Medical School Pediatric Department Chairs

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### AMSPDC is pleased to announce the 10<sup>th</sup> Cohort for Pediatric Leadership Development Program (PLDP)

#### Megan Bair-Merritt, MD, MSCE



As a pediatrician and child health services researcher, I have conducted social epidemiology and intervention research in the area of family violence for over 10 years. To date, I have published 87 scientific and/or invited articles, 13 letters/editorials, and 10 book chapters that predominantly focus on family violence and child health. I have received three R01-level awards as PI (and 3 additional awards as Co-I) from the National Institute of Justice and the Maternal and Child Health Bureau (federal funding for violence research generally comes from non-NIH institutes), an AHRQ T32 training grant, and multiple large foundation grants. I currently hold several leadership roles at Boston Medical Center/Boston University School of Medicine including serving as Executive Director of Pediatrics' Center for the Urban Child and Healthy Family, multi-PI of Boston University's CTSI, and as Chair of Women's Leadership through the Boston University Medical Group's Office of Equity, Vitality and Inclusion. **I have now reached a pivotal point in my career—to achieve my career goal of becoming a Department Chair, I need additional focused training on leadership within Pediatrics.**

My scholarly work has moved forward the field's understanding of how intimate partner violence (IPV) affects children, influenced how IPV screening and related interventions are implemented in the medical setting and shaped conceptualizations of relationships with teen dating violence. My publications have been cited in critical policy pieces and clinical guidelines including the Institute of Medicine's consensus report *Clinical Preventive Services for Women: Closing the Gaps*, the World Health Organization's *Guidelines for Prevention and Clinical*

*Intervention for Female Survivors of Intimate Partner Violence*, the United States Preventive Services Task Force's recommendation for *Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults: Screening*, as well as the American Academy of Pediatrics guidelines on IPV screening in the pediatric setting. I recently was invited to present about IPV homicide at the National Academy of Science, Engineering and Medicine's *Workshop on Firearm Injuries and Death*. I am regularly asked to provide expert input in these areas. For example, I was invited to be an expert in the Maternal, Infant, and Early Childhood Home Visiting program and Design Options for Home Visiting Evaluation project (part of HRSA) to establish best practices to respond to IPV partner violence within home visitation. Although IPV screening and brief counseling are now recommended in health settings, the most effective interventions have not been clearly delineated. Therefore, I directed efforts to systematically evaluate existing interventions, and to establish new paradigms of care that support families experiencing adversity. This work continued with my R40 from the Maternal and Child Health Bureau, in which we examined the impact of the Purposeful Parenting intervention integrated into well child visits during the first year of life on positive parent-child interactions.

I currently hold several leadership roles across the medical campus. First, I serve as director of Pediatrics' Center for the Urban Child and Healthy Family which envisions a world in which all children have an equal opportunity to achieve their full potential; our first aspirational goal is that all children served by BMC Pediatrics are healthy and ready to learn by 5. Under my leadership, we have undergone strategic planning, raised over \$10 million in philanthropic and grant support, built a core Center staff, and created using human centered design a new model of primary care delivery which an innovation team is testing and iteratively improving. In addition, we are discussing testing alternative payment models with the Boston Medical Center HealthNet. I also serve as a multi-PI for our CTSI. My involvement with the CTSI began when I developed and led a Career Development Award grant writing class. Participants in the class have had a very high success rate with Career Development Award submissions, and consistently provide very positive evaluations and feedback about the support that the class provides. Despite an increasingly busy schedule, continuing to lead this class has been important, as mentoring early career faculty, particularly women and faculty from under-represented groups is a priority for me. In my role as multi-PI, I have continued to prioritize broadening and deepening training efforts and research opportunities for faculty. For example, we are supporting a program to increase the submission of minority supplements. Finally, I serve as the Chair of Women's Leadership for the hospital. In this role, I have developed a review-based guide for equitable assignment of leadership positions, which will be implemented across Departments, as well as moving forward other key initiatives focused on gender equity in medicine.

## Vikas Dharnidharka, MD, MPH



I am currently the Chief of the Division of Pediatric Nephrology, Hypertension and Pheresis. I am also the Vice-Chair for Clinical Investigation in the Department of Pediatrics and a tenured Professor of Pediatrics at Washington University in St Louis. I also serve as the co-chair of the Research Forum-Child Health for the Washington University Institute of Clinical and Translational Sciences. For St. Louis Children's Hospital, I serve as the co-medical director of the Pediatric Kidney Transplant Program. I lead our joint Departmental-Hospital combined Nephrology Quarterly Steering Committee meetings, which reviews our strategic plans.

I served as Pediatric Nephrology Division Chief at University of Florida from 2007 to 2012 and serve in the same role at Washington University from 2012 onwards. In this capacity I oversee all aspects of the divisional fiscal management, budgeting, scheduling, strategic planning, policy making and personnel management. Over the years that I have been in charge, both these divisions have shown significant growth each year of clinical revenues, addition of new procedures, recruitment of new faculty, increasing extramural research funding, 18-30 publications/year and strong educational ratings from our pediatric residents. In both places, we achieved a ~25% increase in net clinical revenues over the first 5 years.

As a clinical and translational researcher, I create and lead multidisciplinary teams that perform many different types of research, ranging from translational metagenomic sequencing projects, to large database integrations for comparative effectiveness, to clinical biomarker studies. I have published more than 200 papers, including in the New England Journal of Medicine, Journal of Clinical Investigation and Lancet Infectious Diseases. I have received NIH salary support continuously since 2004, including 2 current R01 grants from the NIDDK and NIAID for which I am the PI on, plus as site PI for several R01 and U01-funded trials over the years. I am privileged to be a nationally recognized leader in nephrology, pediatrics and transplantation. I am the current chair of the Section of Nephrology within the American Academy of Pediatrics, and serve on the National Council of the American Society of Pediatric Nephrology. I have completed two separate academic medical leadership courses, one through Harvard School of Public Health and one through the Washington University Department of Pediatrics.

I have served as the nominator for 7 different people in my community for lifetime achievement awards from 4 different societies. I have successfully mentored three junior faculty to letters of intent for NIH K award funding. I have served as a mentor to undergraduate, graduate, resident and fellowship mentees from within and outside my pediatric nephrology discipline. These aspects of my work that have given me the greatest joy. Humbly, I think these are aspects that any Department Chair must enjoy, to be really effective.

I have tremendously enjoyed the discipline of Nephrology and building my division over the years. I now also feel ready to serve in additional higher capacities. As a new Vice-Chair, I will be part of executive teams making program decisions for the whole Department, and interacting with institutional leadership. At the very least, this PLDP program will make me more effective in the Vice-Chair role. But I think regularly about how to make my medical campus even better. I want to learn more from AMSPDC about what a Pediatric Chair needs to know and be good at. I have acquired many skill sets and feel vibrant, ready to seek the challenge of a Chair position.

## **Linda DiMeglio, MD, MPH**



I was raised in a small rural Wisconsin town. I dreamt of flying and adventures like Amelia Earhart's – after working with a local pediatrician during high school I abandoned my aviation passion and decided to pursue medicine. As an undergraduate at Harvard I got my first exposure to research and wrote a master's thesis on the origins of avian flight. Ultimately, I continued to medical school over pursuing paleontology because I wanted to improve people's lives, rather than ponder fossils.

In medical school at Penn I recommitted to pediatrics. I chose Northwestern for residency for excellent training, and, as a second-year resident, moved on to pediatric endocrinology. I loved the science of hormones and genetic disorders, the math involved in fluid balance for sodium and insulin for diabetes, and the advocacy aspects of caring for children with chronic, often uncommon, diseases. As a fellow in Indiana I wrote and received two career development grant proposals for disparate projects in diabetes and rare bone disease. Twenty-one years later, I continue to have dedicated clinics and to perform research in both areas. The bulk of my efforts as a physician scientist have been in the realm of type 1 diabetes.

After several years as a solo clinical researcher, in 2010 I became Director of a type 1 diabetes U01-funded research program after the Principal Investigator died in a car accident. In that moment, the role of leading a research team (of two nurse coordinators, a technician, and a newly-minted nurse manager) I had joined just 4 months earlier fell solely to me. Over the last 10 years I diversified and expanded our research portfolio. My research group now consists of 12 members (two faculty; 1 NP, 4 nurses, 4 coordinators, and admin support) engaged in over 30 open observational studies and clinical trials.

I lead faculty-mentoring initiatives for the department and school. The genesis of these dates to my time as a K scholar, when I formed a peer-mentoring program for other K awardees focusing on K to R transitions. In 2008 I leveraged this self-made program into a formal appointment as the Director of Career Development for the Indiana Clinical and Translational Sciences Institute (CTSI). I have also mentored faculty doing research projects as co-chair of our CTSI Pediatric Project Development Team. At the department level I mentor assistant and early associate-professor research faculty on projects and career planning. In 2017 I was asked to use my research and mentoring expertise and serve in a new Assistant Director for Clinical and Translational Research role for our department's Wells Center for Pediatric Research. In this role I work to connect basic scientists, clinical researchers and clinicians and am guiding the Wells Junior Faculty Mentoring program.

In 2016 I entered the Drexel ELAM program. I started the fellowship year focused on enhancing my research leadership potential. I found the program transformative. It widened my perspective; I enjoyed seeing "under the hood" all the interconnected parts of the academic medicine mission, ranging from fiscal stewarding to clinical operations to population health. I am now determined to be well-prepared to marry my aptitudes and interests in research, education, advocacy, and excellent clinical care in the role of a Pediatric department Chair. In 2019, in pursuit of this goal, I agreed to assume another newly-minted-for-me role as Associate Division Chief for Pediatric Endocrinology. I now am completing steps in the training necessary to become a Department Chair. As one of those steps, I hope to become a fellow in the AMSPDC Pediatric Leadership Program.

## **Paul Kantor, MBBCh, MSc, FRCPC**



I graduated from medical school at the University of the Witwatersrand in Johannesburg, South Africa in 1984, and moved to the USA in 1988 and then to Canada in 1990 for further subspecialty training. My personal academic journey has taken me across North America: from Albert Einstein College of Medicine, the University of British Columbia, McMaster University, the University of Toronto, the University of Alberta and currently to the University of Southern California where I serve as Professor of Pediatrics, and Division Chief of Pediatric Cardiology/co-director of Heart Institute at Children's Hospital Los Angeles. I would like to contribute to the development of pediatric academic health care, as a future Department Chair or Health System leader if the opportunity presents. My interests are in the economics of health care, sustainable academic faculty development, and particularly in behavioral economic models which can be used to improve the effectiveness of Academic Departments.

## **Elijah Paintsil, MD**



Dr. Paintsil, Professor of Pediatrics, of Pharmacology, of Epidemiology and of Management. He is a member of the American Academy of Pediatrics, Society for Pediatric Research, and Academic Pediatric Society and a consultant to Africa CDC. He completed medical school in his native Ghana, residency at Lincoln Hospital in NYC and fellowship training in pediatric infectious disease

at Yale. He arrived at Yale with no background in research. Dr. Paintsil is both a laboratory-based and a clinical investigator with a major interest in understanding the determinants of individual differences in response to antiretroviral therapy (ART) (e.g., virologic response and clinical toxicities of antiretroviral drugs). He received an NIH career development award (K08) from 2008 to 2013 and then seamlessly transitioned to an R01 award. Dr. Paintsil devotes significant professional effort to training and capacity building. During his 15 years on the faculty at Yale, Dr. Paintsil has mentored over 32 trainees at the undergraduate, masters, doctoral, and post-doctoral levels and junior faculty. Trainees from his lab have received numerous awards for individual research accomplishments, including prizes awarded by the Yale Schools of Medicine and of Public Health, as well as with national awards from the Academic Pediatric Association. Work of one of the trainees resulted in issuance of US Patent (No. 62/007,121: Plasma Cytochrome C as a Biomarker for Mitochondrial Toxicity During Antiretroviral Therapy). He served as the co-Chair of the Pediatric Department Faculty Mentoring Program.

In 2006, Dr. Paintsil established a bi-directional research and training initiative with the Noguchi Memorial Institute for Medical Research at the U. of Ghana (Ghana-Yale Partnership for Global Health). In addition to supporting collaborative research between faculty, the program sponsors up to 12-month periods of closely mentored research training in New Haven and in Accra for students/fellows from both institutions. Based on the success of the Yale-Ghana collaboration, the program was expanded in 2009 to include additional partner institutions, the U. of Sao Paulo (Brazil) and King Saud U. (Saudi Arabia) and, in 2014, the U. of the West Indies, Kingston, Jamaica. These five universities comprise a global consortium dedicated to collaborative research and training in infectious diseases. He is the PI of a D43 grant (06/15/20 to 12/31/24) from Fogarty titled "HIV Comorbidities Research Training (HIV-ComRT) in Ghana, which builds and expands on his ongoing successful short-term summer intensive mentored-research training in New Haven. He also the PI of an R01 to study the benefits of pediatric HIV disclosure in Ghana (R01 HD103512-01, 8/15/20 to 6/30/25).

Before migrating to the U.S., he had extensive experience in both leadership and management in Ghana, where he was the District Director of Health Services in charge of policy, planning, implementation, monitoring, and evaluation of health services delivery in three hospitals and 18 health centers. Since joining Yale faculty, he has distinguished himself as a leader and mentor. He was the Acting Chief of Pediatric Infectious Diseases from 2016 to 2019 and was appointed the substantive chief in 2019. He is also the Program Director (2016 to present) of the Pediatric Fellowship Training Program and the PI of T32 training grant (2T32AI007210-36) aimed at training physician scientists. His career goal is to help establish and promote global pediatric academic medicine within institutions in the US and abroad. Tackling diseases in children and adolescent globally will require collaborations among pediatric academic centers worldwide.

## Adam Ratner, MD, MPH



Adam Ratner, MD, MPH is the Director of the Division of Pediatric Infectious Diseases at Hassenfeld Children's Hospital and New York University School of Medicine. He received his Bachelor of Arts degree in Biology from Yale University and his Medical Degree and Masters in Public Health from Columbia University. Adam completed internship and residency training in Pediatrics at Columbia University / Babies and Children's Hospital of New York in 2001. He completed fellowship training in Pediatric Infectious Diseases at Children's Hospital of Philadelphia and performed postdoctoral research in Microbiology at the University of Pennsylvania. In 2006, Dr. Ratner returned to Columbia University as Assistant Professor of Pediatrics and was promoted to Associate Professor in 2013. In 2015, Dr. Ratner was recruited to New York University and Hassenfeld Children's Hospital as the Director of the Division of Pediatric Infectious Diseases and Associate Professor of Pediatrics and Microbiology.

Dr. Ratner heads an active, translational research laboratory focused on understanding and preventing infections in pregnant women and newborn infants, with a focus on Group B *Streptococcus*. His areas of particular interest include new vaccine development and combining molecular, small animal, and human studies to understand the biology of infectious diseases. Dr. Ratner has published more than 100 peer-reviewed papers and is an inventor on three patents. Currently, Dr. Ratner is the principal investigator (PI) of a National Institutes of Health (NIH) R01 examining GBS and host gene expression during chorioamnionitis and an R21 in the area of genome-wide approaches to understanding GBS virulence. He has led clinical studies through a Doris Duke Charitable Foundation-funded trial of a new diagnostic test for bacterial vaginosis, carried out investigations of vaccine efficacy using national-level datasets, and performed studies of group B *Streptococcus* colonization and disease with collaborators in Botswana, Jordan, and the Dominican Republic. Dr. Ratner has a strong clinical interest in caring for infants with congenital and perinatal infectious diseases. He has mentored numerous undergraduates, graduate students, residents, and postdoctoral fellows and has served as the primary mentor for NIH K23 and K08 awards and an NIH-funded Pediatric Scientist Development Award. Several prior mentees have gone on to faculty positions and independent translational research careers at outstanding universities.

Dr. Ratner is the immediate past Chair of the Clinical Research and Field Studies (CRFS) study section of the NIH. He serves on the AAP Committee on Infectious Diseases and the Board of Directors of the Pediatric Infectious Diseases Society, and he is the current President of the Infectious Diseases Society of New York. Dr. Ratner is a Section Head for *Faculty of 1000* and a

member of the Editorial Board for *Infection and Immunity* and the *Journal of the Pediatric Infectious Diseases Society*.