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Looking Ahead...

- Call for topics: We are inviting you to submit suggestions for topics for our newsletter.
- We are now looking for kid and parent perspectives for those who have participated in the art competition.
- In June's newsletter, kick-off to summer with sun safety tips and activities for a rainy summer day.

First Annual Get Smart Kids' Art Competition Award Ceremony

By: Nkuchia M. M'ikanatha, Lead Epidemiologist, Antimicrobial Resistance Response

The 2015 Get Smart Kids' Art Competition winners arrived at the State Capitol Rotunda on March 23, 2016, at 11 a.m. Proud parents, grandparents, siblings and friends accompanied the children. "This is a big deal," one of the parents said to me, "You did all this work for the kids?" I replied, "Wait until you see what Dr. Rachel Levine, Pennsylvania Physician General, will present to the winners." Each winner received a special certificate, a calendar with winning entries, books and even tickets to the Pa. State Museum.

"My brother never received one of these," said Julie, a second grader at Valley Elementary School, as she admired her certificate. "She was very excited last November when a news reporter came to our home to write a story," Donna, Julie's mother, said to me. Fourth grader Jude was equally elated when she heard that she was also a winner. When we handed her the phone to speak with a Department of Health representative, her father told us, "Her jaw dropped, she did a squealing 'YESS!' with a victory dance, complete with a clenched fist and rapid happy dance, spinning in place." Her father remembers how everyone in the family was so excited by the news.

Three Get Smart Program volunteers were also recognized at the award ceremony. Volunteer Lydia Glick (pictured) credited the program for giving her clarity on her career path. "I always knew I wanted to study medicine but the Get Smart Program confirmed my interest," she said during her remarks. Lydia will be starting medical school in the fall. Another award recipient, Aneesha Mani, a senior at Cedar Cliff High School in Camp Hill, will be attending Emory University. Regarding her experience, Aneesha shared, "It was a very good insight to the way population-based medicine can be practiced in the United States and how information technology in its various forms can be used to disseminate information."

During the event, Dr. Levine encouraged the audience to spread the word about this year's competition. Get Smart art competition submissions will be accepted from March 23 through Oct. 31, 2016. Contest winners will be announced during National Get Smart Week, Nov. 14-20, 2016. For information about entry rules and submissions, visit www.KnowWhenToSayNo.org.

Watchful Waiting: An introduction

By: Erina MacGeorge, Associate Professor in Communication Arts and Sciences, Pennsylvania State University

Parents whose children are sick often expect that doctors will prescribe antibiotics because this was standard practice in earlier times. However, the standard of medical care has changed. Many childhood illnesses are viral. Viruses are not affected by antibiotics, so taking an antibiotic in those cases will not help a child get well any quicker. Further, some illnesses that are bacterial but not severe will often get better in a day or two, without using any antibiotic. If antibiotics were just useless or unnecessary, taking them might just be wasteful. However, we now understand that using an unnecessary antibiotic contributes to an extremely serious and growing problem called "antibiotic resistance," in which bacteria evolve over time to be stronger than the antibiotics used to treat them. By avoiding antibiotics whenever possible, we help them remain effective when they are truly needed (e.g., for our children's serious illnesses and injuries).



Lydia Glick- Student at Pennsylvania State University and Get Smart Program Volunteer

Antibiotics also have significant side effects (e.g., diarrhea) and can produce allergic reactions, so these are other good reasons to avoid antibiotics unless they are clearly necessary.

Watchful waiting (WW) is a treatment strategy that is specifically designed to provide children with appropriate medical care, while avoiding unnecessary antibiotic use. If your doctor takes a WW approach, he or she will prescribe an antibiotic but advise you not to use it unless your child's symptoms worsen or do not improve in a limited period of time, such as 48 hours. This wait-and-see approach is not harmful for patients with symptoms that are not severe. If your child has severe symptoms, your doctor will prescribe an antibiotic and direct you to use it immediately. However, if the symptoms are mild, then WW is the best approach, because it avoids using an antibiotic that is probably unnecessary and potentially harmful to your child.

WW is never intended to leave sick children without appropriate care. As a parent or caregiver, you should be clear on how to keep your child comfortable or when to stop watching and waiting. For this reason, doctors who prescribe WW will also provide instructions on how to monitor the child's pain, fever and other symptoms; what medication to use for reducing pain and fever; how to obtain follow-up care by phone or office visit; and when it would be appropriate to use the antibiotic. If you've been advised to use WW with your child's symptoms and find yourself uncertain about any aspect of caring for your child, be sure to call your child's doctor and ask for the information you need.

Watchful Waiting: A parent's perspective

By: Christine Chappell

Nothing is more difficult than watching a loved one suffer. For me, nothing is more difficult than watching one of my children suffer. I did not have children until I was finished with my pediatrics residency, so I spent years counseling parents with medical advice, wondering why it was such a "big deal" to simply watch their children closely to see how their symptoms progressed. Well, I finally learned why it was so incredibly difficult, when I rocked my own feverish baby for hours in the middle of the night. Waiting to see if the fever will finally stop, waiting to see if the pain of an ear infection worsens or watching to see if the intensity of a cough subsides can be incredibly difficult!

As a society we are dealing with the reality of bacteria becoming resistant to antibiotics. We want to make the illness of our loved ones better as soon as possible. We want those antibiotics to work "right away." But the evidence shows that many ear infections can also be caused by viruses, which cannot be treated by using antibiotics. Up to 60 percent of children actually have less pain the day after they are diagnosed with an ear infection, even without antibiotics. Watchful waiting can also apply to children who are coughing. Observing the child closely to see if any breathing difficulty develops is important for the child's diagnosis.

Now, I can imagine what you are thinking ... "Of course, it's easy for you! You're a pediatrician! You can examine your children at home and you don't have to worry." I remember "watchful waiting" being much more difficult when the children were babies. With my oldest, his fevers



Alyssa San Jose, psychology major at PSU's Schreyer Honors College, presenting at the Kentucky Conference on Health Communication on watchful waiting.



would climb so high with ear infections, and waiting to use antibiotics was quite difficult. I would worry that the infection would only get more serious the longer I waited. Thankfully, my oldest son did not get ear infections often, but his younger brother would wake up with green pus on his pillow to announce the arrival of an ear infection. I believe waiting to use the antibiotics was wise, but “mom guilt” certainly plays its part when the infection worsens and eventually requires the antibiotic. You can reassure yourself that “watchful waiting” was the right thing to do to make sure the antibiotic was truly necessary. I hated using the antibiotics, knowing that diarrhea and a diaper rash usually resulted. I recall one time when my younger son had a high fever for several days and had absolutely none of his usual energy. We were on vacation, and I so desperately wanted to start him on some sort of treatment. On the fourth and fifth day of the fevers, he still had no usual toddler energy, and on the fifth day, he woke up with a rash all over his body -- and his fever had disappeared. It was Roseola, a common viral infection in young children! If I had started an antibiotic, I might have thought that the rash was an allergy to the medication. All along, a virus was to blame. I was thankful that I had just watched and waited!

I believe the role of a parent is to want what is best for our children, even if it means that the journey is not completely pain free. Whether we are monitoring the symptoms of an ear infection or monitoring our child to see if his or her cough is worsening, we need to keep in mind the greater good for our children, as antibiotics can also cause side effects. Perhaps “watchful waiting” can make us feel better if we are “expectantly observing.” We parents feel better if we are “doing something” to make our children feel better.

A warm welcome to Julie Droddy!

Julie Droddy will serve as the Get Smart Program coordinator in Harrisburg. She earned her BA in Social Work from Millersville University and her MS in Clinical Mental Health Counseling from Neumann University. After completing her BA, she worked for almost 10 years as a social worker in long-term care, specializing in dementia care for residents and the education for their families. She then spent eight years working for the Department of Human Services as a TANF caseworker at the Lancaster County Assistance office. During that time, she also served as a customer service representative for the TANF unit. She decided to pursue graduate studies during her time at the assistance office and spent two years counseling women at a local homeless shelter for her internship, where she provided individual counseling, ran a group for addiction and provided case management services. More recently, she has worked as a crisis specialist/lead clinician at a crisis residential program for persons suffering serious mental illness and experiencing crisis situations. Her previous work has focused on individual and group counseling, participating in interdisciplinary teams, collaborating with various providers/community supports to coordinate appropriate treatment and aftercare, and providing education to others to optimize overall health, well-being and quality of life. She feels it is important to continue to educate others on topics meant to promote happy and healthy lives, both physically and mentally. She is pleased to be joining this team's efforts to keep our communities healthy!



Looking ahead and conversation...

The June edition will include articles on sun safety in the summer by dermatologists and on what to do on a rainy day by children’s book illustrators. Get Smart Team values your suggestions for topics. Email us at: knowwhentosayno@pa.gov

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