First off, I want to thank the ARROW program for this incredible opportunity. This mentorship has provided me with invaluable opportunities that I would not have had otherwise. Dr. Ruth McDonald was my mentor for this program. She is internationally known for her leadership skills and her transplant knowledge. I have learned so much about how to be a good mentor from her.

<table>
<thead>
<tr>
<th>June-July 2015</th>
<th>Goal</th>
<th>Plan</th>
<th>How goal was completed</th>
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<tbody>
<tr>
<td>Understand the needs of new faculty and different ways of mentoring</td>
<td>weekly calls and emails</td>
<td>I was able to develop five year goals for my two new faculty under the direction of Dr. McDonald. She put me in touch with people in the field who will help my two new partners in their area of interest. Dr. Michael Somers of Boston Children’s will be the clinical mentor for Dr. Oana Nicoara and Dr. John Mahan of The Ohio State University will be working with Dr. Lauren Becton.</td>
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<tr>
<th>August 2015</th>
<th>Goal</th>
<th>Plan</th>
<th>How goal was completed</th>
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</thead>
<tbody>
<tr>
<td>1) Set goals for SOT Program 2) Plan Dr. McDonald’s visit to MUSC</td>
<td>meet with head of pediatric and transplant service lines</td>
<td>We are in the process of developing the PROMISE center (Program Redefining Organ Management &amp; Immune System Excellence). The PROMISE center will be a multidisciplinary Pediatric Solid Organ Transplant Center focused on patient and family-oriented care that goes beyond transplanting individual organs to supporting, guiding and educating patients and families with skill and compassion through the many stages of transplant. The PROMISE center will seek to not only provide comprehensive superior health care with the most up-to-date technology possible, but to also continue to accumulate knowledge through research with the ultimate goals of preventing organ damage and improving the therapeutic management of transplanted organs.</td>
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<tr>
<th>September 2015</th>
<th>Goal</th>
<th>Plan</th>
<th>How goal was completed</th>
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<tbody>
<tr>
<td>Evaluate the current pediatric transplant programs</td>
<td>Dr. McDonald to come to MUSC</td>
<td>Currently at MUSC we offer the best in medical and surgical care available, but children with SOTs have needs beyond the typical surgical and medical needs. We are excelling in our outcomes, and according to the most recent Scientific Registry of Transplant Recipients (SRTR) data, the one year survival for pediatric transplant recipients is 100% for kidney, 80% for heart and 82% for liver. All of these are at or above the expected rates nationally, and the percent of patients that we are transplanting per year is increasing. From 2012 to 2013, the pediatric kidney transplant program had a 30% increase in patient volume, and the pediatric heart program had a 66% increase in volume. With our growing number of transplant patients and increased complexity, having an integrated program will be vitally important to support these children and families. The PROMISE center will not only enhance the quality of care that we can provide to pediatric transplant patients, but it will also improve the access to care. Currently we have 3 patients that have liver/kidney transplants, and 5 patients with heart transplants with chronic kidney disease (CKD), one requiring dialysis. Currently these children are seen in several different clinics on several different days, which often leads to frequent frustration and no shows since a lot of these families come from long distances. With a combined clinic, the convenience that would be afforded to these families will no doubt raise our patient satisfaction and improve our patient show rates.</td>
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### October 2015

**Understand the organization of a SOT program**

Dr. Twombley to go to Seattle

This part of my fellowship was invaluable! I was able to go to Seattle and see how their transplant program is organized. I was able to bring back the framework for their QAPI program and all of their excel roadmaps for their immunosuppression so that we can design our own roadmaps. They also shared with me the nursing educations for the inpatient nurses who are caring for transplant patients and their organizational charts. We have taken this education and modified it to suit our program and we are going to start the training with the nurses in the next few months.

### November 2015

**Formalize the business Plan**

Meet at the American Society of Nephrology meeting

Since the start of this fellowship, we have hired a pharm D. and a new pediatric transplant coordinator.

### December 2015-January 2016

**Develop long term goals and projects for the new faculty**

weekly calls and emails

Since the start of this fellowship, I have met numerous times with my new faculty and we have narrowed down there clinical interests. I have helped them find mentors in those areas to help build their national reputation. They are both currently working on projects with their mentors that will results in publications/presentations.

### February-March 2016

**Determine priorities for being an effective and successful mentor/leader**

Meet with Dr. McDonald at the American Society of Pediatric Nephrology meeting

One of the most important things that Dr. McDonald helped me with was my time! She taught me that I have to stop thinking of other people all the time and think about myself some. She showed me areas that I can improve. She also helped me make my future plans for my next promotion. She has helped me become a member of NAPRTCS and has submitted my name to be an author on the annual NAPRTCS report!

### April 2016

**Explore opportunities for joint research projects**

Dr. Twombley to go to Seattle

We are in the process of writing a multicenter grant looking at DSA monitoring in pediatric kidney transplant patients.

### May 2016

**Develop long term SOT goals and future projects**

Dr. McDonald to come to MUSC

We have developed several long term goals in the pediatric SOT program.  
1) Develop a pediatric specific competencies for the nursing staff  
2) Improve resident and student exposure to pediatric SOT  
3) Improve 3 year outcomes  
4) Develop a more successful transitions program

Once again, thank you for this wonderful opportunity.