



AMBULATORY PEDIATRIC ASSOCIATION

PRESIDENT'S MESSAGE

Peter G. Szilagyi MD, MPH



It is an honor and privilege to serve you as APA President this year. The APA is thriving, literally blossoming with both ongoing activities and exciting new programs. I would like to highlight three issues: the meaning of the APA, the PAS meetings, and our newly developed strategic plan.

The meaning of the APA

The APA has been my academic home for 20+ years, providing me with roots, mentorship and opportunities for professional growth. From its founding nearly 50 years ago, this organization has strived to improve the health of children and families through a collective academic mission of education, research, patient care, and policy and advocacy. The APA provides mentorship through the many wonderful senior APA members who have contributed so much to the mission and fabric of the APA. The APA provides lifelong collegiality and friendships, with opportunities to enhance skills, receive feedback, get involved, serve others, and possibly make a difference in this world. My hope is that the APA will become the academic and professional home for each of its members, and will be as important to each of you as it has been and is to me.

This newsletter highlights many of our ongoing programs and our strategic plan. To learn more about the APA's activities and programs, please read our APA 2006 Annual Report prepared by **Diane Kittredge** (<http://www.ambpeds.org/site/publications/AnnualReport/2006Report.htm>). Then, please become involved in one or more APA activities!

PAS Meetings

The APA co-sponsored the 2007 PAS meeting in Toronto, and what a successful meeting it was! More than 800 APA

members participated in the full array of activities, and I am sure you will agree that the level of science, creativity, energy, and networking were all outstanding. The APA sponsored 33 Special Interest Group (SIG) meetings which were well attended, and coordinated the PAS workshop process. Our regional breakfasts, special lunches, and committee meetings provided exciting opportunities to share ideas and become involved in ongoing programs. The scientific abstracts were top-notch. The APA also sponsored all-day sessions for the Educational Scholars Program to prepare the next generation of educational scholars, and the New Century Scholars Program to promote the academic careers of minority pediatric residents. Our Business Meeting highlighted many of our organization's accomplishments and provided an opportunity to present our strategic plan. During both the Business Meeting and the Presidential Plenary, recipients of APA awards treated us to their insights and provided us with challenges for future collaboration in our shared academic mission to improve the lives of children and families. I would like to thank all APA members who participated and who helped lead programs at the PAS meeting.

The 2008 PAS meeting will be held on May 3-6 in Honolulu. Please start planning for this very special meeting! Online workshop submissions are due **September 6, 2007** and online abstract submissions are due **December 4, 2007**.

The APA's Strategic Plan

Under the leadership of **Clai Dungy**, in the fall of 2006, we began a year-long process of self-reflection and development of a strategic plan for the APA. We held a major strategic planning retreat in November 2006, and over the ensuing 6 months have engaged in a rigorous interactive process with literally hundreds of APA members and other colleagues to crystallize our major strategic initiatives and action plans. Our

ambitious 5-year strategic plan will serve our APA members better through significant core enhancements; support of major long-term programs that promote professional development, research and other scholarship; and by championing an equitable children's agenda. We have posted the strategic plan on page 9 of this newsletter, as well as on our website (http://www.ambpeds.org/site/APA_Strategic_Plan.pdf). Because of the importance of this plan, and the unique opportunities for our organization, I am taking the unusual step of writing a series of email letters to all APA members and interested colleagues. These letters will detail the strategic plan, seek your input, and ask for your involvement in our activities. The first letter will be sent to you in late July 2007 and will be followed by 6 weekly letters. All letters will be available on our website.

Please consider the APA your academic home. Get involved. Stay involved. Share your creativity, energy, and talents with others. By working together, we will improve the health of children, families, and communities. That is our shared vision.

AMBULATORY PEDIATRIC ASSOCIATION MISSION STATEMENT

The Ambulatory Pediatric Association fosters the health of children, adolescents, and families by promoting generalism in academic pediatrics and academics in general pediatrics.

General pediatrics and generalism concern the whole child in the context of family and community. Our mission is accomplished through patient care, academics (teaching and research), and advocacy.

General pediatric divisions in academic settings have generalism as their primary focus. Other divisions may also have generalism as a stated goal; these often include emergency pediatrics, critical care, adolescent medicine, behavior and development, hospital medicine and neonatology. We welcome all who share our mission.

COMMUNICATIONS DIRECTOR'S REPORT

Karen Edwards, MD, MPH



I have the pleasure of announcing that the APA has embarked upon a full redevelopment of the APA website. The work will proceed by phases over the next 12 to 18 months and will include changes such as: new membership services in the members-only section; a new APA site map, homepage, and navigation system; new template for display of information

throughout; a documents database and survey center. Karen Rosenberg, the APA's new association manager, will take the lead on this project.

In planning this project, we took into consideration the many helpful comments that we received from you via the membership survey and other communications. The result will be a site that is easier to use and which has more useful content and functions for members.

On a practical level some of the first steps will make it easier to pay dues on-line and to access the "members only" section. The launch of these upgrades will be announced by email and on the website.

Along with these changes in the website comes a switchover in the format for the APA newsletter from paper to electronic. You are holding the final paper newsletter. The fall 2007 newsletter will arrive via e-mail (you will still have the option of printing it out on paper!).

I want to thank the members of the Website Committee for their work on this project. We all want to thank Karen Rosenberg for her hard work and creative inspiration that is now taking us forward on this project.

The Website Committee welcomes your input. Please contact me at karen_edwards@nymc.edu.

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PAST PRESIDENT'S REPORT

Claibourne I. Dungy, MD



As I assume my new role as past president of the APA, I would like to take this opportunity to thank all the APA members and staff whose contribution helped to make my time as president so memorable. It was a busy year which started with planning for the fall 2006 Board retreat and was

capped by an exciting array of APA activities at the 2007 PAS meeting in Toronto. In between were visits to eight regional meetings, participation in the Environmental Health Scholars retreat, and numerous Board and Executive Committee conference calls. In addition to these activities a tremendous amount of energy was devoted to creating a strategic plan from the organizational goals identified at the fall 2006 Board retreat. This activity involved the efforts of the entire APA, Board retreat participants, members and the APA staff. It is a living document that should serve the APA well as we charter our course for the next 3-10 years.

None of this would have been possible without the invaluable support I received from **Diane Kittredge** and **Peter Szilagyi**, as past president and president-elect, respectively, during my tenure as president they provided an often used sounding board. Their insight and wisdom was an invaluable resource. Thanks also to **Tina Cheng**, the current president-elect, for her contributions to our deliberations.

Few APA presidents have been as fortunate as I to have such an energetic and resourceful Board. The APA is a volunteer organization, yet the level of commitment and dedication of the Board members is truly remarkable, especially when you recognize they all have "day jobs" with significant administrative, teaching and research responsibilities.

My travels also allowed me to interact with region chairs, SIG leaders and directors of the various scholars initiatives. Thus as I assume my new role I do so feeling confident that the APA is in a strong position to transition to a remarkable association.

SECRETARY'S REPORT*Marilyn Dumont-Driscoll, MD, PhD*

It was wonderful seeing so many of you in Toronto, but time certainly was too short for the numerous conversations I was hoping to have! This year's meeting certainly proved to be a diversified conference with outstanding presentations in medical education, clinical care, health services and public policy. There were numerous State of the Art Plenaries, Topic Symposia, Mini-courses, Platform presentations, Hot Topics, Workshops, Special Interest Groups and poster sessions which kept our schedules packed to the brim. I know I missed multiple sessions which would have been wonderful to attend and I hope you feel you had something you wanted to attend during every scheduled minute! While I apologize that you may not have found lots of spare time to experience the sights or sites of Toronto, hopefully you didn't lack educational or networking opportunities.

While the Program Committee was busy since the end of the San Francisco meeting in planning the Toronto one, the overall content and quality of the sessions were totally dependent on all of you who contributed innumerable hours developing these great programs. This year's attendance reached an all time high, with close to 8,000 registrants for the May 5-8, 2007 meeting.

Our special thanks to the APA members who submitted abstracts and those who graciously agreed to review them during the busy holiday season! And we appreciate the wonderful expertise of our administrative staff that provided endless insight and patience over the course of the year.

Over the past several years under the leadership of past APA president **Dan Coury**, the 4 partner societies (APA, APS, SPR and AAP) have been developing a more formal organizational structure for the PAS. The focus of the PAS is to develop and successfully present an annual conference which not only is educationally and scientifically strong in meeting the needs of each society's members, but also is fiscally solvent. With the increasing size and complexity of the meeting, delineating appropriate roles and responsibilities of the member societies was critical. Accountability to our respective societies is critical and I would invite all of you to

contribute suggestions for achieving this goal. Please send me all your comments (dumonmd@peds.ufl.edu).

Have a happy and safe summer!

TREASURER'S REPORT*Arthur Fierman, MD*

This year's PAS meeting in Toronto was a great success, both in terms of the amazing program, and the record-breaking attendance. As per the annual tradition at the APA Business Meeting, I presented information regarding the financial status of our organization, including highlights about our budget, grants administered by the APA, and the Development Fund. Following is a brief summary of my report.

The APA continues to grow, with an operating budget of \$1.2 million for 2007. On the expense side of the budget, approximately 40% of our expenses are attributable to membership, meeting, Journal and other publication costs. Another 30-40% of expenses is attributable to the pass-through spending that occurs on the grants administered by the APA for the benefit of the membership and the organization, including programs such as CORNET, the educational scholars program, the environmental health fellowship, and New Century Scholars. While the activities of the APA continue to expand, administrative costs have remained at approximately 20% of our total expenses over the past three years. On the income side of the budget, aside from grants, the largest proportion of our income comes from member dues and from the PAS meeting. Our investment portfolio continues to grow. It is currently valued at \$1.3 million, with a 14.8% annual rate of return on our investments from January 2006 to the present, and this year's income from interest, dividends and increase in value totaling approximately \$200,000. The total net income for our organization for 2006 was approximately \$144,000.

While our portfolio is currently performing very well, it continues to be our goal to have interest from a stable endowment to fund APA activities. This is the goal of our Development Fund. Each year since its inception in 2003, there has been steady growth in the amount of money

contributed by our membership, with total contributions of \$27,406 in 2006. There has also been an increase each year in the percentage of members who contribute to the Fund – up from 19% in 2005 to 26% in 2006. Certainly, we should be able to improve on our percent participation! So, if you recognize the APA as your professional and intellectual home,

if you value the programs we all support, please consider a donation to the Fund! More information and a donation form can be found on the APA website at http://www.ambpeds.org/site/about/about_apa_dev_fund.htm. (Online donation is coming soon with our planned website upgrade!).

Hope you all have a wonderful summer!

COMMITTEE REPORTS

EDUCATION COMMITTEE

Mary Ottolini, MD, MPH

Connie Baldwin led a well attended Education Committee Meeting at PAS in Toronto on Sunday May 6th. Dr. Baldwin updated the committee on several important APA ongoing initiatives.

The Educational Scholars Program, a three year program is designed to teach faculty how to develop, implement, evaluate and disseminate educational interventions or evaluation methods by a creative, planned and rigorous process. Forty scholars representing institutions across the country, and a spectrum of disciplines including general and community-based pediatrics, med-peds, emergency medicine, neonatology, critical care, and infectious disease met for a full day mini-course at PAS on May 8th. Each scholar has a project facilitator as well as a home mentor. The long-term plan is to add 10 scholars/year, but it is a very labor-intensive program and there is an ongoing need for more mentors. To help scholars track their assignments and achievements, Connie Baldwin developed the Virtual Learning Platform and Educator's Portfolio that could benefit anyone trying to track educational scholarship at their institution. Descriptions and examples of these products will be posted on Med-Ed Portal in the near future.

An article entitled “**Academic General Pediatric Fellowships: Curriculum Design and Educational Goals and Objectives**,” contains the core curriculum and goals and objectives documents generated by the Academic General Pediatrics Fellowship Accreditation Project and will be published in *Ambulatory Pediatrics* in July 2007. The project members successfully completed the pilot phase, reviewing 7 fellowships ranging from community/general pediatrics to a hospitalist fellowship program. Next steps include developing a website to disseminate curriculum development documents,

including goals lists. With APA support, a voluntary accreditation and/or consultation program will be launched on a larger scale.

Over 89% of US residency programs have used the **APA Educational Guidelines**. An evaluation paper has been produced by the project leaders and submitted to *Ambulatory Pediatrics*. Plans for updating the guidelines will roll out over the next couple of years, but members who feel that a topic needs to be refined now should contact the project team manager **Diane Kittredge**.

Lee Pachter provided an update to the Committee concerning the **APA New Century Scholars Program**, which is a 3-year training initiative, meant to encourage pediatric residents from underrepresented minority backgrounds to pursue academic careers. Six scholars are recruited each year and paired with mentors and supported to come to the APA meeting.

Diane Kittredge provided updates for the **Residency Review and Redesign in Pediatrics Project (R3P)** – The project is sponsored by the American Board of Pediatrics with input from other key stake-holders in pediatric education to achieve consensus about the competencies needed for the practice of pediatrics now and in the future, as well as any changes in residency training necessary to achieve those competencies. Diane will consider a process via email/web to allow us to provide relevant input. For more information please go the website: http://innovationlabs.com/r3p_public/. Diane also reported that the **AAP Committee on Pediatric Education (COPE)** is assessing international educational opportunities, cultural and diversity issues, e-learning platforms, and related faculty development efforts.

Jack Pascoe provided an update on the Child Health Equity Curriculum, an effort led primarily by our UK colleagues to focus on child rights, including those children with special health

care needs. APA members can get involved in one of 6 workgroups: 1) competencies, 2) program development, 3) faculty development, 4) methods, 5) concept mapping, 6) assessment and evaluation. Any one interested can contact Dr. Pascoe.

Emanuel Doyne, our AAP liaison, shared six copies of the “Starter Kit” for community preceptors. Members of the APA have provided input to this handbook. Copies are available at the AAP’s website to members who are also members of the Council on Community Pediatrics Education and Training or CPET. We will establish a link with the APA’s Continuity Clinic SIG.

The following Education Award Winners were recognized:

- § Teaching Award: **Ray Baker** and colleagues, Cincinnati Children’s Hospital Medical Center, for their fantastic faculty development program.
- § Miller-Sarkin Mentoring Award: **Lewis First**, University of Vermont, received the second annual award in honor of our two colleagues.
- § Helfer Award: (two recipients identified this year!)
 - Michael G. Gaies, MD, MPH, Teaching Procedural Skills to Pediatric Residents: A Randomized Interventional Trial
 - Elwyn Chomba, MDCHB, CRCP-IRE, Effects of the World Health Organization Essential Newborn Care Training Course on Early Neonatal Mortality by level of Maternal Education
- § Community-based Physician Award: **Denice Cora-Bramble**, Washington D.C.

This year’s Education Committee Sponsored Workshop was entitled: *Fanning the Flame of Educational Scholarship When It Flickers* presented by **F. McCurdy, L. Lane, V. Niebuhr**, L. Fall, and M. Offring.

The vote for this year’s sponsored workshop was a workshop that could be entitled “Rescuing Chestnuts from the Fire” or how to deal with rejection and learn from the mistakes of others in trying to publish educational scholarship. Anyone interested in participating should contact **Mary Ottolini**.

Following the PAS meeting a conference call was held with leaders from the APA, AAP, COMSEP and APPD to discuss the utility of holding an “Educational Summit”, focused on the process and content of pediatric education across a continuum including students, residents, fellows and attendings. The

project is in the early planning stage. Workshops focused on developing strategies to bridge gaps in curriculum, evaluation and process are also encouraged for PAS in 2008!

The Education Committee is an open committee to all APA members. Anyone interested in education activities is encouraged to join. Please contact **Mary Ottolini** at Mottolin@cnmc.org. We specifically need volunteers for:

- § Reviewing abstracts for presentation; typically due by early January
- § Reviewing for APA Awards; typically two week period in winter, specifically
 - Helfer Award
 - Miller-Sarkin Mentoring award
- § Participation with the Educational Scholars Program (ESP) Task Forces, Research Groups, and faculty/preceptor roles

RESEARCH COMMITTEE

Benard Dreyer, MD



At the annual PAS meeting in Toronto, the Research Committee had an exciting meeting focusing on plans for the upcoming year. The Executive Committee of the Research Committee meets (by conference call) throughout the year and has moved the committee’s agenda ahead. The Research Committee has been chaired by

Benard Dreyer for the past year. Other members of this past year’s hard-working Executive Committee are **Peter Szilagyi, Bill Cooper, Ruth Etzel, Mark Schuster, David McCormick, Donna Halloran, Janet Serwint, and Jim Guevara**. Here are some of the highlights of the past year and plans for the future:

Young Investigator Grant (YIG)

The Committee has put together NIH-style study sections to review all submitted proposals. This year these study sections shepherded the almost 50 applications through a two-step process that led to the acceptance of six proposals. After initial short proposals were reviewed by a study section, 18 applicants were chosen to submit longer proposals. The proposals are split into two groups for consideration: general grants supported by APA funding, and health services research grants funded with support from AHRQ. The general grant proposals were then reviewed by a study group led by **Benard Dreyer**, and the AHRQ grant proposals were reviewed by a study group led by **Bill Cooper**, with active involvement of AHRQ’s **Denise Dougherty**. We are grateful to **Shari**

Barkin, Michael Cabana, Matt Davis, Simon Hambidge, Bob Jacobson, Bruce Lamphear, Danielle Laraque, Lee Pachter, Scott Shipman, and David Wood, who, in addition to members of the Executive Committee and **Denise Dougherty**, were reviewers in these study sections. The winners, in alphabetical order, are:

General Grants:

Amanda Dempsey: "Evaluating risk fact-based strategies for HPV vaccination"

Helene Greves: "Measuring the impact of school physical activity policies: can we identify best practices through behavior outcomes?"

Najah Musacchio: "Text message reminders to improve adolescent clinic attendance"

Health Services Research (AHRQ) Grants:

Srilakshmi Gnansekaran: "Child health policy and asthma: a multilevel analysis"

Stephen Pont: "Healthcare encounters due to diarrheal illness in children"

Sheela Sathayanarayana: "Is ambient air pollutant exposure associated with preterm and small for gestational age birth in the Puget Sound air basin?"

***Congratulations to all!** We encourage all young investigators to apply in the coming year's cycle. Look out for the announcement early this fall!*

Evaluation of the PAS Abstract Review Process

The Research Committee has begun a multi-year evaluation of the PAS abstract review process. The last time we reviewed the process of scoring and selecting abstracts for presentation at the PAS meetings was in 1996. We are looking at the reliability of the scoring, opportunities to improve the process, and planning for next year's abstract submissions. Stay tuned for information regarding this results of this evaluation.

APA Research Award

The committee oversees the process of nominations and selection of the awardee for the annual APA Research Award. A review committee, made up of previous APA Research Awardees, evaluates the nominations. This year's awardee was **Tracy Lieu**, who gave a great speech at the PAS meetings! Tracy is Professor of Pediatrics and Ambulatory Care and Prevention at Harvard Medical School, and the Director of the Center for Child Health Care Studies at Harvard. She also directs the Children's Hospital of Boston

site of the Harvard Pediatric Health Services Research Fellowship Program.

We encourage all APA members to consider nominating an outstanding researcher for the APA Research Award for 2008.

Academic General Pediatrics Fellowship Consultation and Certification

The APA has been working on the development of a process of consultation for and certification of academic general pediatric fellowship programs. Members of the Research Committee have been active in this process. We will report on progress in this important endeavor as the year progresses.

Educational Scholars Collaboration

Congratulations to **Connie Baldwin** and the Education Committee for establishing the PAS Educational Scholars Program in the APA. The Research Committee has been collaborating in designing research projects coming out of this effort as well as evaluation of outcomes of the program.

Research Networks

The Research Committee has a formal bi-directional link with CORNET, directed by **Janet Serwint**. We are actively involved in working with the CORNET steering committee and beginning to work with other research networks such as PRIS (Pediatric Research in Inpatient Settings). PRIS is led by **Chris Landrigan**. See the report on CORNET on Page 28.

Membership

If you have an interest in joining our Committee, please contact me! All APA members are invited, from trainees to senior faculty. Our yearly meeting at PAS was well attended this past May, and we are excited about the increased interest in and participation in our activities. We have a monthly conference call during the year for our Executive Committee, which is open to anyone interested in year long involvement!

If you are interested, or have any questions, contact me at bpd1@nyu.edu

SPECIAL INTEREST GROUPS / WORKSHOPS

Steven Selbst, MD

It was a great meeting in Toronto! Congratulations to the talented and enthusiastic APA members who organized and facilitated very successful get-togethers of our Special Interest Groups (SIGs) at the recent PAS meeting. I briefly visited these sessions and I found them to be very impressive. At



almost every one of the SIGs there was a collection of some of the national and world leaders discussing important issues, such as environmental toxins or fellowships in the “new” specialty of child abuse, or debating about whether we need a special session or gathering for women in medicine. I was struck not only

by the talent in each room, but also by the energy of the participants in the audience. I realized there are very few forums such as the SIGs for academic leaders to share their knowledge and opinions so passionately. What an incredible opportunity for younger members in the audience. At the SIG for Women in Medicine, one medical student stood up and commented that this session was perhaps the most worthwhile two hours of her medical career thus far!

I would personally like to thank all those leaders who are so dedicated to our Special Interest Groups. They unselfishly organize these sessions each year with little reward other than the satisfaction of advancing medical knowledge. The SIGs are obviously important and highly valued by the membership of the APA.

There were also numerous unique and well-done workshops at the PAS meeting in Toronto. Members of the APA led many of these workshops. In some, the audience was mostly fellows and other trainees, whereas other workshops attracted junior faculty and senior leaders. The variety of topics was incredible and there were opportunities to learn how to write a scientific paper, how to use simulation to teach management of a pediatric code, how to develop successful family centered rounds or how to manage time for your own family. There were clearly many interesting sessions for all, and we thank the workshop leaders for their innovation, creativity and skillful instruction.

It is not too early to begin thinking about next year’s meeting in Hawaii. Workshop proposals must be submitted by September 6, 2007. Leaders and members of our Special Interest Groups should also begin to think about the year ahead. Consider developing educational material from the recent sessions, or submitting a workshop proposal to further develop ideas. SIG leaders may also wish to join forces with another SIG for a research project. Hopefully, we can maintain the momentum from the recent meeting and enhance further collaboration.

HEALTH CARE DELIVERY COMMITTEE

Cynthia Minkovitz, MD, MPP



We enjoyed stimulating presentations and lively discussions at the May meeting of the committee. The theme was engaging trainees in the delivery of mental/behavioral health services, particularly in primary care settings.

The interest in trainees reflects activities of many APA members, the push to ‘do more in less time’ for each clinical encounter, and the recognition that exposures and skills acquired during training influence activities once pediatricians are established in their careers. Presenters included: **Sue Feigelman**, (University of Maryland), **Lynn Garfunkel**, (University of Rochester) joined by **Jenni Linebarger**, Sara Horstmann, Heather Paradis, **David Link** (Cambridge Health Alliance; Harvard Medical School), and **Francis Rushton**, (Beaufort Pediatrics). We are greatly appreciative to each of the presenters for their contributions to the meeting. Over the next year, the committee will refine its goal of identifying effective strategies to care for vulnerable children. If you are interested in learning more, please contact **Cynthia Minkovitz** (cminkovi@jhsph.edu), Chair of the Committee.

Health Care Delivery Awardee

Congratulations to the **Yes We Can, Urban Asthma Partnership** at San Francisco General Hospital/UCSF. Yes We Can is the recipient of the 2007 APA Health Care Delivery Award and is directed by **Shannon Thyne**, Nannette Maddon, and **Andrea Marmor**. The program addresses asthma among disadvantaged, urban youth and is a multidisciplinary collaboration of San Francisco State University, City College of San Francisco and the UCSF Department of Pediatrics at San Francisco General Hospital (SFGH). The program at SFGH has served over 700 children to date. Highlights of the services offered include medical evaluations, social interventions, and integrated activities including patient education, social support and community outreach. Early evaluation results highlight increased prescribing of controller meds, use of action plans and mattress covers, and decreased asthma symptoms. The partnership, in operation for 8 years, involves academic and community partnerships. Originally supported by foundation pilot funds, the initiative has been institutionalized and now is supported by the Department of Public Health.

7/3/07

APA Strategic Plan: 2007-2012**Goals**

- Serve our members better
- Improve the health of children and families

Core Enhancements

- Clarify our identity and future directions
 - Re-evaluate the APA's name, mission, vision, and core values
- Improve organizational effectiveness
 - Develop and implement an organizational communication strategy
 - Re-evaluate board member activities, board structure, liaisons, key constituents
 - Support the development and maintenance of major new programs
- Continue to enhance the impact of the APA's journal: *Ambulatory Pediatrics*
- Grow board and central office infrastructure to meet evolving programmatic needs
- Support the academic and professional needs of the membership

Meet Membership Needs

- Serve the membership better through a data-driven approach
- Support a broad spectrum of pediatric disciplines
- Increase APA membership and strengthen the commitment of current members
- Promote activities of the Committees, regions and SIGs
- Maintain and develop activities supporting the needs of new APA members

Promote Professional Development, Research, and Scholarship

- Continue the Educational Scholars Program
- Develop and implement strategies for national leadership conferences
- Improve Increase diversity of future academic pediatricians by maintaining and enhancing the New Century Scholars program
- Implement an Academic General Pediatric Fellowship Accreditation Project
- Continue to expand the Young Investigator Grants
- Explore concept of an educational summit
- Foster scholarship in community pediatrics
- Continue and enhance APA-sponsored network research activities
- Enhance the APA's role in international health collaborations
- Continue as a partner in the Pediatric Academic Societies

Champion an Equitable Children's Agenda

- Intensify the APA's policy and advocacy activities
- Advocate for adequate financing of health care for all children and adolescents
- Advocate for sustained funding of pediatric training programs

Your comments are encouraged. Please email them to connie@ambpeds.org

SPECIAL INTEREST GROUPS

ADVOCACY TRAINING

Allison Brindle, MD, Anda Kuo, MD, Megan Sandel, MD, MPH

We had a great advocacy experience at the 2007 PAS meeting. Our Mini-Course entitled: “Advocacy Training: From Theory to Practice” was co-sponsored with the AAP Community Pediatrics Training Initiative and the Medical-Legal Partnership for Children. Guest speakers and the topics of their presentations included **Paul H. Wise** (“Confronting the Social Determinants of Children’s Health: Using Data to Speak to Justice”); Karen Hendricks (“Legislative Advocacy: Identifying Key Issues and Developing Realistic Objectives”); **Pamela Tames and Lauren Smith** (“Training Allied Health Professionals: The Advocacy Boot Camp (ABD) Model”); and **Steven Shelov, MD** (“Media Advocacy Tips for Health Care Professionals”).

We also had wonderful resident presentations by Christopher Fink from the University of New Mexico (“Hornet Health: Using Print Media to Improve High School Students Attitudes Towards Health”) and Eva Moore from the Children’s Hospital & Regional Medical Center in Seattle, Washington (“Addressing the Fitness Goals of Immigrant Muslim Women”). These presentations were followed by a poster session in which residents from around the country showcased their community and advocacy projects.

Finally, during the business portion of our SIG meeting, we had a presentation on advocacy by Sharon Ladin from the National Association of Children’s Hospitals and Related Institutions (NACHRI). The three co-chairs stepped down, and **Allison Brindle** (Cleveland Clinics), **Anda Kuo** (UCSF), and **Megan Sandel** (Boston Medical Center) were nominated as the new co-chairs. All in all, it was a very successful SIG meeting!

We look forward to any input or feedback on future Advocacy Training SIG meetings, and we will be communicating with our members via e-mail over the next year. Please feel free to contact any of the co-chairs via e-mail: **Allison Brindle** (brindla@ccf.org), **Anda Kuo** (akuo@sfgHPeds.ucsf.edu), and **Megan Sandel** (megan.sandel@bmc.org).

CONTINUITY

John Olsson, MD

We had a very energizing meeting of the Continuity Special Interest Group at the 2007 PAS meeting in Toronto, Canada. Over the past year, we have collaborated with the Association of Pediatric Program Directors (APPD) in helping the ACGME define the requirements for pediatric residency training in the continuity setting. The ACGME has been encouraging our input into this process and we took advantage of that in our SIG meeting. We spent over half of our meeting talking about RRC issues and in small groups facilitated by Continuity SIG Task Force members in developing a list of qualities and competencies that are best taught or evaluated in the continuity setting, given its unique position in residency training of offering a longitudinal rather than a block experience. We plan to summarize the points raised and send this list to the membership with a copy of the minutes of the meeting. The Task Force hopes to review the list and develop member work groups to further define these qualities/competencies into a form that would be useful for the ACGME and residency accreditation.

We would like to share bittersweet news that Wendy Davis, a key member of our SIG, decided over the past year to leave the Task Force as she pursued opportunities in the State of Vermont. Wendy is a talented and compassionate pediatrician and educator; she organized several of our workshops and was a major contributor to our past SIG meetings. We decided this was a good time to expand our Task Force membership and we are excited to announce that **Cindy Ferrell**, Oregon Health Sciences University, and **Lynn Garfunkel**, University of Rochester, will be our new Task Force members.

The Continuity SIG continues to be an active group interested in helping our membership in their day-to-day administrative efforts, teaching, and career development in continuity sites. As a reminder, the continuity listserv is available at APA-CONTINUITYSIG@LISTSERV.AMBPeds.ORG, and questions can always be sent to **John Olsson**, SIG Chair, at olssonj@ecu.edu. Have a great summer!

CHILD ABUSE

Cindy Christian, MD

The child abuse SIG had an excellent session at the PAS meeting in Toronto this year. The session was filled with old friends and new colleagues who all have an interest in protecting children from maltreatment. Each year, our session is co-sponsored by the APA and the AAP section on Child Abuse and Neglect. I would like to thank my colleagues at the section for assisting me in planning our SIG. One of my annual goals is to address a topic or issue at the SIG that relates in some way to our host city- sometimes we highlight the work of colleagues in that city, or invite a special lecturer from the host city. This year, we asked our colleague from SickKids, Alex Levin, to begin the session with a discussion of ethical issues related to child protection work.

Alex gave a provocative talk that covered ethical issues related to both clinical care and child abuse research. Those of us who are researchers in this field are familiar with many of the challenges we face in conducting our research. Alex's presentation and subsequent discussion gave us all some new issues to think about. He began by discussing the interface between research, clinical care and the child welfare and legal communities. We discussed certificates of confidentiality, consenting rights of parents who are suspected perpetrators of abuse, and disclosure of research findings that have potential legal implications. We also discussed anonymous and retrospective research, and ethical issues in animal research. Alex presented hypothetical case examples to initiate conversation, which was lively and thought provoking. These issues are complicated, and the discussion gave us all much to consider.

We followed the ethics discussion with a presentation by **Phil Scribano** who reviewed ACGME requirements for child abuse fellowships with the group. Within the next few years, child abuse pediatrics will be officially recognized as a pediatric subspecialty by the American Board of Pediatrics, and fellowship programs will need to conform to ACGME requirements. Phil led us through the many steps we will need to take in order to fulfill the mandates of the ACGME. His talk was very helpful, quite humorous at times, and made us all realize how much work we have to do within the next few years to get our programs sufficiently organized. For those of you not present, you can visit www.acgme.org for an introduction!

Finally, **David Rubin** presented an interesting and very informative policy talk on children in foster care and federal and state funding for children in substitute care. He discussed the utilization of Title IV funding for maltreated children and the impact of the deficit reduction act on funds for vulnerable children. These issues are important for us to understand so that we can more effectively advocate for children's health issues to our legislators. David's expertise in this area is invaluable to all of us child abuse pediatricians, and I appreciate his sharing his knowledge and leading us in these issues.

I would like to express my personal thanks to all of our presenters, who graciously volunteered their (early) Sunday morning to help educate us all. Thanks also to all the physicians and friends who participated in the Child Abuse SIG. The group came to unanimous agreement that child abuse deserves a platform presentation session, and we passed that information on in our evaluations. I will follow up with the APA to promote this great idea. Overall, I thought it was a great session, and look forward to next year in Hawaii (who wouldn't?!). I've already got some plans brewing, but need your input. If you have a burning issue, or an idea for a great presentation, please let me know. I can be reached at Christian@email.chop.edu – Until Hawaii, Aloha!!

DEVELOPMENTAL-BEHAVIORAL PEDIATRICS

Daniel Coury, MD

The Developmental-Behavioral Pediatrics SIG was held in Toronto in front of a standing-room only audience. The topic of the session was prevention of early childhood behavior problems, especially aggression and violence. The speakers presented three different models or approaches to this issue. **John Duby** spoke on the Triple P program which began in Australia and has had success there and is being disseminated across other countries, including a site in Ohio. Nancy Cunningham addressed the Incredible Years program, another evidence based treatment program which originated in Washington and has also become disseminated across the US. Both programs are similar in the need for trained professionals to conduct the program, and the flexibility of being conducted not only in traditional child mental health settings but also in schools or other group situations. The third speaker, **Seth Scholer**, presented Play Nicely, a newer program with a smaller evidence base which is oriented toward use in primary care settings. Advantages of the Play Nicely program include not requiring the expensive training

seen with the former two programs, and the utility of the program helping train pediatric residents in normal early child development and behavior. The session was extremely well attended and ran over its time due to the interest and enthusiasm of the attendees and participants.

DIVISION DIRECTORS in GENERAL PEDIATRICS

Susan Bostwick, MD, MBA, Juan Parra, MD

We had over 35 attendees at the meeting in Toronto. **Tina Cheng** led off the meeting with a discussion of the 2007 Leadership in Academic General Pediatrics conference. The conference was held on February 28-March 2 in Atlanta with collaboration of the department chairs (AMSPDC). Division directors and future leaders were nominated by pediatric department chairs to attend and the conference has exceeded capacity. Almost 150 academic generalists attended. The meeting was noted to be very successful by the attendees and the follow up data is being tabulated. The 2008 conference is being planned. Suggestions were solicited.

Tina Cheng announced that the Division Director's SIG will have an APA maintained listserv. To be on the listserv APA membership is required. Attendees were encouraged to become members of the APA. Tina Cheng brought up for discussion the name of the APA. There has been a committee appointed to review and possibly suggest a new name for the APA. A report is due to the board in November 2007. Tina Cheng handed out and reviewed the APA strategic plan.

Tina Cheng presented the update of the AGP fellowship program under discussion by the APA. Via a grant from HRSA a group from the APA with the goal of determining the need and value of an accreditation process reviewed several fellowships. There was discussion of both the need for well-trained AGP and the possible market demands. There was also discussion of accreditation vs a consultation process.

Susan Bostwick then led a discussion on what defines a division of AGP, is it changing and how does it effect our future. There was a lively discussion, which pointed out the many similarities and differences among AGP divisions. Most agreed that AGP divisions should include the tripartite mission of clinical, education and research excellence. It was noted that the lack of focus of AGP is both a strength and a weakness. It is a strength in that we meet multiple competing demands and have

the flexibility to change and bring in new areas, i.e. Quality Improvement, Health Services Research, Palliative Care, etc. It is a weakness in that often other areas within our own departments and hospitals can't define us and don't regard us as "academic". Others noted that their divisions are based on some areas being grouped together based on administrative needs within their departments or lack of academic homes for small programs, e.g. Child Protection, Special Care, Environmental, etc.

Following there was a reunion open to those who had participated in the leadership retreat in Atlanta. **Gary Freed**, President of SPR, gave a brief and very well received talk on leadership, mentorship and role modeling.

EVIDENCE-BASED PEDIATRICS

Robert Jacobson MD, Hans Kersten MD, Nader Shaikh MD

This has been a terrific year for the EBM SIG!

We completed the revision of the APA EBM educational objectives. We assembled a core group of interested listserv members and reworked the objectives during the past year by email correspondence and by teleconference. This list of expected competencies may be used by educators in developing their EBM curricula and in evaluation of curricula. We have submitted these to the APA Education Committee and are planning to post it on the SIG website.

In the coming year, we hope to collaborate with colleagues in the AAP, APPD and PAS to develop self-instructional short modules on basic EBM topics (e.g., searching for evidence). The topics will closely correspond to the list of objectives we have prepared. If you have prepared EBM presentations that you are willing to share or if you would like to work on the development of such presentations, please contact **Nader Shaikh** or **Hans Kersten**. We also hope to continue collecting competency-based EBM evaluation tools. We expect to eventually post the modules and evaluation tools on the SIG website.

We also sponsored the highly successful "How to do a Cochrane Review" workshop at the PAS meeting. We are planning to do the same for next year. Individuals interested in preparing a SIG sponsored workshop for next year's PAS meeting, please contact us early so we can work together on this.

We are excited to welcome a new SIG co-chair of the SIG. **Robert Jacobson** is a primary care pediatrician and a vaccine researcher at the Mayo Clinic in Rochester, Minnesota, where he is now Chair and Professor of Pediatrics.

Nader Shaikh, Out going Co-Chair

Hans Kersten, Co-Chair

Bob Jacobson, In-coming Co-chair

FACULTY DEVELOPMENT

Lyuba Konopasek MD, Joseph Lopreiato MD, MPH

The APA Faculty Development SIG held its meeting during the PAS meeting in May in Toronto, Canada. Over 50 individuals attended. SIG Chairs, **Virginia Niebuhr, Lyuba Konopasek** and **Joe Lopreiato** conducted the business meeting and distributed a needs assessment to better serve our SIG group. The results will be tabulated to help us plan next year's meeting.

Ginny Niebuhr introduced our guest speaker, **Bob Hilliard** from the hospital for Sick Children in Toronto. The department of pediatrics at "SICKIDS" (their new hospital name) has been committed for a number of years in developing their teaching faculty as teachers, scholars, and researchers. Bob told the "Toronto story" that detailed how the leadership of the department was committed to having trained teaching faculty and as such allowed them to pursue degrees in education in addition to their clinical duties. The result is a faculty with clinical and educational expertise dedicated to student and resident education.

The second half of the SIG was devoted to a workshop featuring small group discussions around three case scenarios involving dilemmas that teaching faculty face in career progression, getting promoted and recognized, and in leadership skills. Each small group worked through the scenarios and reported out the main points of learning. These scenarios represented likely dilemmas that most of us face in our roles as educators in our institutions.

The SIG concluded with announcements and a farewell to **Ginny Niebuhr** who will be stepping down as SIG chair after a three year tour. We are indebted to Ginny for all her hard work on behalf of the SIG and await further collaborations with her in faculty development. **Bob Hilliard** has agreed to join our SIG as the newest co-chair.

Journal Club: Articles of interest in Education:

1. Family-Centered Bedside Rounds: A New Approach

to Patient Care and Teaching. **Stephen E. Muething, Uma R. Kotagal**, Pamela J. Schoettker, **Javier Gonzalez del Rey** and **Thomas G. DeWitt**. Pediatrics 2007;119;829-832

An excellent overview of Cincinnati's Childrens Hospital's experience with bedside rounds during the ward rotation for residents. Worth reading.

2. A Multi-Level Assessment of a Program to Teach Medical Students to Teach. Ben Blatt and **Larrie Greenberg**. Advances in Health Sciences Education (2007) 12:7-18.

Describes a new elective for fourth year students designed to improve their skills as future teachers

3. "Continuity" as an Organizing Principle for Clinical Education Reform. David A. Hirsh, M.D., Barbara Ogur, M.D., George E. Thibault, M.D., and Malcolm Cox, M.D. New England J of Medicine. 356;8 February 22, 2007.

Describes the Cambridge, MA experiment in year long clinical rotations for third year clerks. Perhaps some lessons here for residency training???

HOSPITAL MEDICINE

Daniel Rauch MD, Jeff Sperring MD

This Hospital Medicine SIG continues to grow as evidenced by another great turnout at this year's Annual Meeting in Toronto! Thank you to everyone that was able to make it to the first session and we missed those that weren't able to make it.

Update on Hospital Medicine

Dan Rauch presented an update on hospital medicine activities within the APA. The APA continues to be very supportive of pediatric hospitalists within its membership, including sponsorship of the SIG and joint sponsorship of the Pediatric Hospital Medicine conference with the AAP and SHM. There was a very successful Leadership Conference presented this winter and we will explore opportunities to incorporate this training in conjunction with future Hospital Medicine conferences.

Jack Percelay gave an update on the activities within the pediatric section of the SHM. There are pediatric-specific initiatives developing, including quality. The AAP is the lead sponsor of the Pediatric Hospital Medicine 2007 Conference this year in Salt Lake City. The listserv remains incredibly active. There is continued support within the AAP for special issues related to community and non-academic hospitalists.

Pediatric Hospital Medicine 2007 Conference in Salt Lake City

There will be a hard cap on registrations set at 260 this year due to space limitations. There are currently over 110 registrants already and given the past attendance at Denver, the cap will likely be reached prior to the meeting. If you are planning on attending what should be another outstanding conference this year, register as soon as possible. Dates are already set for the 2008 conference in Denver – July 24-27th.

PRIS Update

Chris Landrigan presented an update on the PRIS network, including the first publications to come out of the network and current clinical studies. PRIS continues to recruit sites who are interested in participating in future research studies. Information on the PRIS network can now be obtained at the APA website (www.ambpeds.org) and clicking under “Research” and “PRIS.” Any questions regarding the network can be directed to **Chris Landrigan** at christopher.landrigan@childrens.harvard.edu or Nui Dhepyasuwan at nui@ambpeds.

Hospital for Sick Children Presentation

Michael Weinstein gave an informative presentation on the hospitalist program at the Hospital for Sick Children in Toronto. The presentation highlighted their clinical activities and their development of concurrent teaching and clinical hospitalist teams. There was an outstanding discussion among the group after the presentation regarding these issues.

Poster Session/Presentations

We had 10 posters presented at this year’s meeting:

Communication Boards Improve Caregiver Satisfaction during Pediatric Hospitalization

Padmaja Pavuluri, Yong S. Han, and **Alison C. Caviness**.
1Department of Pediatrics, Baylor College of Medicine and Texas Children’s Hospital, Houston, TX.

Applying Quality Improvement Measures before and after Implementation of a Asthma Care Path

Rita M. Pappas, **Michelle Marks**, Kathy Fedor, Sara Stevens and Sarah Worley, 1General Pediatrics, Cleveland Clinic Foundation, Cleveland, OH.

Pediatric Hospitalist Resident Education: Sharing Experience with a Novel Pilot Curriculum

Jennifer Walthall, and **Jeffrey Sperring**, 1Pediatrics, Indiana University School of Medicine, Indianapolis, IN.

Baseline Attitudes Regarding Interdisciplinary Communication Prior to Introduction of Family Centered Rounds

Lora Bergert, Shilpa Patel, Hareesh Mavoori, and **Meta Lee**, Department of Pediatrics, University of Hawaii, John A. Burns School of Medicine, Honolulu, HI and 2Patient Safety & Quality Services, Hawaii Pacific Health, Honolulu, HI.

The Diagnostic Utility of MRI in Differentiating Acute Osteomyelitis and Acute Osteoinfarction in Children Hospitalized with Sickle Cell Disease

Michelle Porepa, Catherine S. Birken, Paul S. Babyn, Andrea Doria, and **Patricia C. Parkin**, Pediatric Medicine and the Paediatric Outcomes Research Team, Hospital for Sick Children, Toronto, Canada; 2Child Health Evaluative Sciences, Hospital for Sick Children Research Institute, Toronto, Canada and 3Diagnostic Imaging, Hospital for Sick Children, Toronto, Canada.

Variations in Length of Stay for Common Pediatric Diagnoses: Hospitalists, Community Physicians, and General Academic Pediatricians

Anu Subramony, **Paul Hain**, John Grantham, Greg Ayres, and **Shari Barkin**, pediatrics, Vanderbilt University Medical Center, Nashville, TN.

Quality Improvement “The Ultimate in Systems” Based Teaching for Residents

Craig A. Swanson, and **Erin R. Stucky**, Critical Care, Rady Children’s Hospital, San Diego, CA and 2Hospital Medicine, Rady Children’s Hospital, San Diego, CA.

Urinary Tract Infection among Hospitalized Infants d’ 12 Months Old with Bronchiolitis

Ian B. Cipriano, and Fatema Meah, (Sponsored by **Susana Rapaport**) (Eastern SPR Sponsored by **Susana Rapaport**) 1Pediatrics, Flushing Hospital Medical Center, Flushing, NY.

Newborn Circumcision Adds Significant Revenue to an Academic Pediatric Hospitalist Program

Kenneth J. Pituch, John P. Schmidt, Jocelyn H. Schiller, Jennifer L. Meyers, and Nadia Sarwar, . (Eastern SPR Sponsored by)1Pediatrics and Communicable Diseases, University of Michigan, Ann Arbor, MI.

Physician Practice Patterns Regarding NG Feeding and IV Fluids in Bronchiolitis Patients

Elizabeth Tyson, Tracy Hill, Armand Antommara, Gena Fletcher¹ and Flory Nkoy, Pediatrics, University of Utah, Salt Lake City, UT and ²Systems Improvement, Primary Children's Medical Center, Salt Lake City, UT.

“Hospitalist Effect” on Influenza Vaccine Administration at Children's Medical Center Dallas “2004”2006

Casey E. Drake, Theresa Barton, Ruth A. Merryman², Sara Luoma² and Jane D. Siegel, Department of Pediatrics, UT Southwestern Medical Center, Dallas, TX and ²Pharmacy, Children's Medical Center Dallas, Dallas, TX.

Breakout sessions for education and research

We had brief breakout sessions again this year to discuss research and education issues within Pediatric Hospital Medicine. Several project proposals were discussed within each group and the goal is to continue to develop collaborative projects among the members throughout the year.

SAVE THESE DATES!

Pediatric Hospital Medicine 2007
Salt Lake City, UT
August 2-5, 2007

Pediatric Hospital Medicine 2008
Denver, CO
July 24-27, 2008

Pediatric Academic Societies' Meeting
Honolulu, HI
May 3-6, 2008

INJURY CONTROL

Shari Barkin MD, Brian D. Johnston MD

Through the Injury Control SIG we plan: 1) to present highlights on new injury control findings or research methodology; 2) to allow injury control researchers to discover new resources to aid their work; and 3) to foster collaboration among injury control researchers. The chairs are **Shari Barkin**, and **Brian Johnston**.

Highlight on new injury control finding or research methodology.

In this month's *International Journal of Injury Control and Safety Promotion* vol 14, issue 2, June 2007, pp. 77-84 , authors Gutierrez-Martinez, Espinosa Del Villin, Fandiño and Oliver from the Institute for Peace Promotion and Injury/Violence Prevention at the Universidad del Valle in Columbia and the Colombia Program at Georgetown University report on crime observatories that serve as monitoring centers that provide low-cost, geo-referenced methods of data collection and analysis which allow cities to develop responsive policies and prevention programs. This article reports on specific methodologies used.

Resources

The Crash Injury Research and Engineering Network (CIREN) is a multi-center research program involving a collaboration of clinicians and engineers in academia, industry, and government. Together, they are pursuing in-depth studies of crashes, injuries, and treatments to improve processes and outcomes. CIREN's mission is to improve the prevention, treatment, and rehabilitation of motor vehicle crash injuries to reduce deaths, disabilities, and human and economic costs.

The CIREN database consists of multiple discrete fields of data concerning severe motor vehicle crashes, including crash reconstruction and medical injury profiles. Personal and location identifiers and highly sensitive medical information have been removed from the public files to protect patient confidentiality. CIREN cases, extending back to 1996, for which coding and quality control have been completed, are available for public viewing. Additional cases are released to the public as they become available.

<http://www-nrd.nhtsa.dot.gov/departments/nrd-50/ciren/CIREN.html>

Summary of the PAS meeting Injury Control SIG

We heard and discussed work from **Seth Scholer**, **Shari Barkin**, and **Nader Ajluni**. The topics ranged from questions regarding study design to translation of effective research findings into clinical practice. Each year we solicit ideas from Injury Control SIG participants to discuss scientific questions that, through peer input, will result in quality science and implementation. (If you would like to participate in the meeting in Hawaii, please let one of the chairs know). We learned about ATV injuries from **Mary Aitken**, our keynote speaker, who raised questions about effective health behavior interventions and influencing policy makers. Lastly, we presented the Injury Control SIG trainee award to Ms. Pamela Farmer for her work on the impact of booster seat legislation on motor vehicle injury and mortality. Mark your calendar for next year in Honolulu!

INTERNATIONAL HEALTH

Yvonne Vaucher MD, Cindy Howard MD

The International Health SIG met in Toronto with approximately 80 people attending. The SIG invited Michael Wessels, Professor of Psychology at Columbia University to be the keynote speaker on the theme of the effect of armed conflict and forced migration on children. Wessels' research on children and armed conflict examines child soldiers, psychosocial assistance in emergencies, and post-conflict reconstruction for peace. In countries throughout the world he helps to develop community-based, culturally grounded programs that assist children, families, communities affected by armed conflict. He is the author of *Child soldiers: From violence to protection* (Harvard University Press, 2006). Wessel spoke on "Child soldiers and reintegration: Implications for health and social reconstruction for peace." Following his presentation there was a lively discussion and expressed interest in continued dialogue between psychology and pediatrics in this urgently important area of global child health. Margaret Nakakeeto, the Director of the Special Care Nursery at Mulago Hospital in Kampala, Uganda presented her research in "Neonatal Survival in the Internally Displaced People (IDP) Camps in Northern Uganda." Her presentation complimented Dr. Wessels' presentation and likewise was followed by a larger discussion. Finally, **Cindy Howard** presented details of the Global Pediatrics Program, a new educational innovation within the pediatric residency program at the University of Minnesota. The meeting was concluded with time for introduction of all the participants and networking.

During the Toronto meetings the leadership of the AAP Section on International Child Health and the APA International Health SIG met along with others interested in joining forces to plan graduate and post graduate education in child health in resource poor areas of the world. Action items were discussed which will be jointly accomplished this year.

Some of the SIG members attended the Global Pediatric Research Symposium held on the last two days of the PAS meetings. The symposium was well attended by colleagues from all over the world. The topic for the workshop on the final day was researching outcomes for high risk newborns and children in developing countries.

The International Health Research Award was not presented this year due to an initial lack of funds which delayed advertisement of the award globally and subsequently resulted in few applications. The IH Research Award will be presented at the 2008 PAS meeting.

INTEGRATIVE PEDIATRICS

O.J. Sahler MD, David Steinhorn MD

The SIG was able to take advantage of a unique opportunity to partner with the Sickkids Foundation of Canada, one of the largest foundation supporters of Complementary and Alternative Medicine (CAM) research in Canada, which held its annual meeting in Toronto all day on Friday May 4. Members of the APA SIG were invited to attend the Foundation meeting at a reduced cost to begin a dialog about ways to partner in international collaborations with organizations in Canada and the United Kingdom.

The conversation was continued during the SIG meeting which focused on barriers and opportunities in the implementation and evaluation of clinical programs focused on the delivery of integrative pediatrics.

About 20 US participants attended the Sickkids Foundation meeting and about 20 Canadian and UK participants attended the SIG meeting.

Additional programs focused on the use of CAM in pediatric practice were scheduled for the afternoon of May 5. These included a workshop on autism that incorporated discussion of the use of CAM modalities in the treatment of this disorder and a workshop on developing an academic pediatric integrative medicine program. Additional informal meetings

were held outside regular program sessions regarding international collaboration.

The SIG will partner with the provisional section on Integrative Medicine of the American Academy of Pediatrics to explore formal associations between international organizations representing pediatricians and international organizations representing complementary and alternative medicine practitioners.

LITERACY DEVELOPMENT PROGRAMS IN PRIMARY CARE

Robert Needlman MD, Perri Klass MD

The SIG meeting was held to overlap with part of the Reach Out and Read (ROR) meeting, which is one of the pre-meetings which takes place right before PAS, and there was a very strong turn out of doctors who had come for the full ROR program. We started with two presentations of outstanding research related to health literacy. Next, the group devoted about an hour to a communal brainstorming session. We started with a framework developed after the ROR Research Workshop of the day before, using the “roadmap” metaphor to describe avenues and side streets for future research. Work on the Roadmap has continued since the SIG, and will be circulated and discussed over the course of the year. If it fulfills its promise, the Roadmap will help inspire people to do research in clinic-based literacy promotion, while identifying priorities for advancing knowledge in the areas of theory, clinical practice, and policy, as they relate to our literacy promotion focus. Further refinement of the Roadmap, and filling in some of the empty spaces in the “known” column, will be a focus for future SIGS. If you’re interested in participating in this process, please contact Perri or Robert.

MEDICAL INFORMATICS

Donna D’Alessandro MD

Lisa Simpson, from Cincinnati Children’s Medical Center headlined our main discussion entitled “Pediatric Medical Informatics and Public Policy.” It was a great presentation about how we can utilize information technology for quality improvement, public policy and to improve children’s and families lives.

Our “Medical Informatics Round Robin” had 6 speakers, with lots of discussion and questions! **Zeina Samaan** from Cincinnati described trying to use their EHR for real quality

improvement and how they have been wrestling with real technical challenges. **David Estroff** described that The Department of Defense has a broadly implemented electronic health record that can be difficult to use, but is loaded with lots of theoretical possibilities and lessons learned. APA informaticians like **Kevin Johnson** from Vanderbilt are pushing the envelope by moving IT and patient self-management for children with chronic illness into homes, school, and even teddy bears via cell phones. **Bill Adams** from Boston University talked briefly about using the ubiquitous telephone and automated telephony to support behavior changing for overweight children and their parents. **Steve Downs** described the Regenstrief experience with advanced decision support and pre-visit data collection. The discussion was rich and informative. Clearly APA informaticians are working in a broad range of areas spanning from Quality Improvement to cutting edge emerging technologies to changing national IT policy.

We encourage anyone who is interested in using computers in medicine to join the SIG. You don’t have to be a technical person to be a member; many of us aren’t! If you have ideas, suggestions, comments or questions, please contact **Donna D’Alessandro** at donna-dalessandro@uiowa.edu.

FELLOWSHIP DIRECTORS

Paul Darden MD

The Fellowship Directors’ SIG had a very interesting meeting in Toronto. **Tina Cheng, Benard Dreyer, and Paul Darden** presented the ongoing process by a committee of the APA Board to move toward certification of Academic General Pediatric Fellowship Programs. There will be two articles published in the next few months in *Ambulatory Pediatrics* about this effort.

There was discussion of the Council of Pediatric Subspecialties (CoPS). The mission of CoPS is *The Council of Pediatric Subspecialties integrates approaches to subspecialty education, research and patient care by providing a forum for members and other organizations and by serving as the common voice for the pediatric subspecialties*. The website is - <http://www.pedsubs.org>. Ongoing activity of CoPS is to work on a common application deadline for fellowships and a common curriculum. Look on the website under issues and topics for other areas of activity being considered.

The activities of the SIG include:

1. A listserv for the SIG is now in place

2. A survey of all fellowship programs is in process. The objective will be to have a listing of all programs on the APA website with links to the programs' websites. This is our webpage: www.ambpeds.org/site/sp_int_groups/sig_fellowship_directors.htm

The leadership of the SIG was discussed. **Matt Davis** has opted to step down as the SIG Co-chair. After solicitation on the web **Iris Borowsky** from the University of Minnesota has agreed to join **Paul Darden** as Co-chair.

QUALITY IMPROVEMENT

David A. Link, MD, Daniel R. Neuspiel, MD, MPH

The QI SIG expanded its membership over the past year, indicated by growth of subscribers to its listserv. We had a successful SIG meeting in Toronto which drew 24 participants. The keynote speaker at the meeting was Doug Opel from Seattle, who spoke on The Ethics of Quality Improvement: Provider Obligations and the Role of External Oversight.

Several key themes emerged at the Q.I. SIG meeting which ranged across the entire field and its methodology.

1. Q.I. Methods: members of the SIG expressed interest in developing Q.I. projects, deploying them, learning about process and outcome measures, and thinking about collaboration opportunities.
2. Research and publication was an item of major interest. The topics were varied and included issues in ethics of research, IRB related concerns, and moving from project work to publication in referred journals.
3. Teaching/Training for Residents: a number of participants were interested in "bringing up the next generation".
4. Q.I. innovation: The question was posed: could we develop some new methods in approaching some of the clinical care improvement projects we undertake?

The Q.I. SIG aims to put together workshops for future meetings, which will cover:

The basics of Q.I. work

- working with methodologies sufficiently rigorous to result in publication.
- We look forward to participants gaining funding, particularly in the recently articulated NIH roadmap which focuses on translational research, which should be right up our alley.

Additionally, we will consider co-sponsoring a plenary with similarly focused SIGs such as HSR, disparities, IT, international pediatrics, NICU Quality Improvement effort, Vermont Oxford Network.

Last, there was interest in spreading the work beyond our borders to try to help the international pediatric association in its Q.I. efforts (Ukraine is one example of a participant country with much work ahead of it and a great interest in this field, and already in attendance at the PAS).

MEDICAL STUDENT EDUCATION

Lindsey Lane, BM, BCH, Bill Raszka, MD

The SIG meeting was held on Saturday and focused on:

1. Using technology to enhance education. Kathy Day from Thomas Jefferson University gave a demonstration of various technologies primarily dealing with audience response systems and pod casting. The group was able to practice with one of the audience response tools. She demonstrated the differences between two commercial podcasting programs. Finally, the group explored a model for web conferencing that did not involve a huge amount of IT support.
2. Responding to a question posed to the SIG by R3P (Residency Review and Redesign in Pediatric Project) leaders. At the request of the R3P leadership the SIG discussed the structure of the 4th year of medical school and the potential for a fourth year curriculum or 'pediatric' pathway for students intending to seek a pediatric residency. Overwhelmingly, the group was in favor of looking at the 4th year curriculum more carefully and developing some guidelines and curricular content (with specific competencies) particularly for the sub-internships. Residency directors were in favor of this approach that could facilitate comparison of students from different medical schools. Some groups (e.g. STFM) and institutions have already done some work on this. We explored some of the models that define specific objectives or competencies for the fourth year (e.g. required acting internships, specific one month end of fourth year courses, COMSEP mastery curriculum.) The Curriculum Task Force leaders for COMSEP were in attendance and have already begun working on the 4th year curriculum beginning with a curriculum for an inpatient, general pediatrics sub-internship. The COMSEP CTF will continue to work on developing the curriculum and guidelines for the general inpatient sub-internship (using CDIM as a model) and continue working with the APPD CTF on this project. While there was consensus that the 4th year curriculum be looked at, there was an even split between attendees who

wanted national vs. local guidelines. After some discussion, it seemed that a reasonable approach would be to develop national guidelines that could be adopted locally and potentially tailored for local needs. There was consensus that any 4th year curriculum that is developed should not be mandatory. The group wrestled with developing outcomes data. Most people felt that a continuum of education approach favored using portfolios and generating benchmarks. This information was passed on to the R3P leadership.

Change of Leadership:

Sandy Sanguino (Northwestern University) and **Maria Marquez** (Georgetown University) will be the new leaders of the SIG.

NEWBORN NURSERY

Linda Meloy, MD, Mark Vining, MD

The Newborn Nursery SIG met on Saturday, May 5th in Toronto. As usual there was a spirited discussion on a variety of topics related to newborn medicine. **Mark Vining** reviewed the evidence for the car seat challenge and proposed a survey, which was distributed to the list serve shortly after the meeting. The survey seeks to document the variability of practices with the car seat challenge given the lack of guidelines for its implementation. **Tony Burgos** outlined the goals and basic structure and enlisted support for organizing a research network among participating SIG nurseries. **Bonny Whalen** discussed the creation of a nursery curriculum that the newly formed education committee has been working on. This exciting project will combine APA Educational Guidelines, ABP guidelines, and ACGME requirements to formulate ideal goals, objectives and teaching modules for an up-to-date, peer-reviewed curriculum. Many participants volunteered to help with the modules. If you are interested in participating, please contact Bonny at Bonny.L.Whalen@HITCHCOCK.ORG. **Gary Emmett** demonstrated an example of an interactive teaching module developed with PowerPoint.

We look forward to working collaboratively on these projects during the upcoming year, and as always, using the newborn nursery list-serve to share ideas, questions and problems with the SIG membership. The SIG membership present at the meeting voted Mark Vining as co-chair for a three year term starting now. **Tony Burgos** was elected to begin a three year term when Linda steps down in 2008.

Linda Meloy lmeloy@mcvh-vcu.edu

Mark Vining viningm@ummhc.org

PEDIATRICS FOR FAMILY MEDICINE

Scott Krugman MD, Alison Holmes MD, MPH

Pediatricians who teach at family medicine programs from far and wide, from inner cities and from far-flung rural areas, attended the annual SIG meeting at the 2007 PAS Meetings. One outcome of our meeting in Toronto is that we have officially changed our Special Interest Group name from “Pediatrics for Family Practice” to “Pediatrics for Family Medicine”.

The session began with three presentations by SIG members who are in the PAS Educational Scholars Program. Attendees heard about curricular innovations to effectively teach family medicine residents about breastfeeding, outpatient asthma management and primary care of the former premature infant. We moved on to what we hope will be an ongoing project for the SIG—helping to develop national, competency-based curricular guidelines for the pediatrics portion of family medicine residency. We would like to determine what clinical content is most important for future family practice physicians, and we are currently exploring a variety of ways to begin.

If you have ideas for our curriculum project, or any other activities you would like to have the SIG take on, please contact either scott.krugman@medstar.net or aholmes@crhc.org. And please have your pediatrician colleagues at your programs join the APA and our SIG.

SERVING THE UNDERSERVED

Kirsten Roberts-Butelman, MD, Wendy L. Hobson, MD

Starting off PAS early Saturday morning, the Serving the Underserved SIG had a very interesting meeting in Toronto. The meeting began with **Lee Pachter**, Director of the APA New Century Scholars Program, giving an overview of the program. This was followed by a review by **Carol Berkowitz** and **Lee Pachter** of the 1990 APA Conference “Educating Pediatric Residents to Provide Health Care to Underserved Children”. Carol and Lee provided thought-provoking background on caring for the underserved in the 1970s and how resident education has changed since then. This led to a lively discussion of teaching students and residents about caring for underserved populations. Specifically, approaches to maintaining their altruistic commitments, and encouraging more students and residents to choose serving the underserved as a career.

From this point, the SIG members began discussing the barriers to providing care to the underserved. Many participants shared their experiences with struggling to remain financially viable while caring for underserved patient populations. Problems discussed included poor participation or buy-in from

institutions, impact of medical student debt on student and resident career choices, as well as the difficulties of incorporating underserved populations into a private practice setting. An awareness of the enormous impact of economics on serving the underserved, and the realities of trying to maintain altruistic intentions in the face of these difficulties led to the idea of sponsoring a workshop on this topic at the 2008 PAS meeting.

OBESITY

Jennifer Bass, MD, Sandy Hassink, MD

A lively group met for the Obesity SIG in Toronto. **Sandy Hassink** presented her conceptual model for treatment of obesity that centers on families as a clinical microsystem working through small cycles of behavioral change. **George Datto** discussed adolescent morbid obesity, presenting data from his medical center as well as a variety of cases to open the discussion about medical criteria for bariatric surgery for adolescents.

Interesting cases were presented for discussion by Meredith Dreyer and **Nazrat Mirza**. Issues addressed included:

1. The importance of expanding the focus of care beyond the eating issues and looking at the family system
2. Early morbid obesity with short stature and pubertal delay-medical workup and treatment approaches
3. Timing for bariatric surgery and risk of progression of impaired glucose tolerance to diabetes

Several posters were presented. Jill Joseph shared a new way to examine spatial accessibility to healthy foods. **Marie Leiner** discussed the relationship between behavioral/psychosocial problems and obesity in Mexican Americans, and Mina Desai presented her model for programmed obesity in rats that begins with maternal food restriction leading to IUGR and later obesity.

The Obesity SIG has been working with **Bob Karp** on the Teacher's Guide to Pediatric Nutrition which is getting closer to completion. There is a large section on obesity. Completed portions may be found at: <http://www.downstate.edu/peds/Teacher%20Guide/index.html>

SIG members have also created an obesity knowledge assessment questionnaire with learning objectives. The exact application of these questions has to be determined, but they have been submitted to the American Board of Pediatrics as well as the Academy of Pediatrics, and may be piloted at different sites with residents and/or medical students.

If you are interested in any of these projects, background information, or getting involved in the Obesity SIG, please contact one of us. We welcome anyone who has interest in childhood obesity.

Jenny Bass (yenbass@aol.com)

Sandy Hassink (shassink@nemours.org)

SCHOOL & COMMUNITY HEALTH

Rani Gereige, MD, Sarah Hampl, MD

The 2007 School and Community Health SIG meeting in Toronto was well-attended. "The Pediatrician's Role in Emergency Preparedness" was the topic of the meeting, and 2 keynote speakers were featured. **Linda Grant**, Boston Medical Center and Boston Public Schools, gave a talk regarding how pediatricians can help their local schools be prepared for disasters, while Sarita Chung, Children's Hospital Boston Center for Biopreparedness, spoke on office preparedness for disasters. These presentations were followed by a question and answer period with the audience. The 2007 SIG also featured brief oral presentations by pediatric residents and fellows on a variety of community health projects, including violence prevention, obesity prevention, promotion of cultural and ethnicity awareness among students and community needs assessment. Our SIG welcomes new members with an interest in school and community advocacy. We are beginning to plan for the 2008 SIG in Honolulu now, and would welcome ideas from others regarding our program focus. We are also interested in collaborating with other SIGs to have a combined SIG meeting in 2008 and 2009.

EMERGENCY MEDICINE

Michael Kim, MD, Joan Bothner MD

The Emergency Medicine SIG meeting at 2007 PAS was jointly sponsored by APA Emergency Medicine SIG and AAP SOEM for the first time. Thanks to all of the exceptional presenters and attendees. The session focused on new innovations/technologies/approaches in PEM and provided a new sense of excitement for the future of pediatric emergency medicine. **Terry Klassen** from University of Alberta presented on his work on knowledge translation in emergency medicine. **Amy Drendel** from Medical college of Wisconsin discussed pharmacogenetics and the implication for PEM. Tom Abramo from Vanderbilt discussed new approaches to noninvasive monitoring in PEM. Pam Okada and Michael Dowling from Southwestern Medical School, Dallas, presented experience in implementation of a clinical care guideline for stroke management in a PED. The meeting was extremely well

received by the attendees and was hailed as one of the best PEM SIG meetings ever.

Milton Tennenbein introduced the creation of a new joint award from the APA SIG and the AAP SOEM for the Best Platform/ Abstract presentation.. The award will be presented at the AAP National Conference and Exhibition to be held in San Francisco on October 27-30th. Thanks to Milton Tennenbein, **Lalit Bajaj**, and **Marc Gorelick** for attending all the platform sessions as the judges.

This year's Ludwig/Seidel award was presented to **Darshan D. Patel** for his research titled "The Utility of Bedside Ultrasonography in Identifying Fractures and Guiding Fracture Reductions in Children". Thanks to **Chris Walsh-Kelly**, **Genie Roosevelt**, Donna Moro-Sutherland, Ethan Wiener, **Evie Alessandrini**, and Tom Abramo for their efforts as the judges.

Having served for last 3 years as a Co-chair of the Emergency Medicine SIG, **Michael Kim** would like to thank you for the opportunity to serve and sends much appreciation to all the members for encouragement, support, and participation which will be cherished for a long time as he is stepping down. **Joan Bothner** also thanks everyone for the opportunity.

The new chairs will be **Lalit Bajaj** (Bajaj.lalit@tchden.org) and **Evie Alessandrini**... (alessandrini@email.chop.edu).

RACE IN MEDICINE

Iris Mabry-Hernandez, MD, MPH and Suzette Oyeku, MD, MPH

The Race in Medicine SIG had another successful meeting during the 2007 PAS annual meeting. This year's session focused on Patient Experiences of Medical Errors with a particular focus on how we can address patient safety and reduce racial and ethnic disparities in this dimension of health care. SIG participants viewed the film, "When Things Go Wrong: Voices of Patients and Families" which featured vignettes of patients sharing the impact of medical errors on their lives. This film sparked a lively discussion about the role of disclosure in patient experiences of medical error.

We also had a presentation by Dr. Anne Matlow, Medical Director of Patient Safety at the Hospital for Sick Children in Toronto, Canada. Dr. Matlow's presentation focused on

parents' attitudes about disclosure of adverse events, which highlighted some interesting differences in parental attitudes based on nationality.

Iris Mabry, Medical Officer & Senior Advisor for Obesity Initiatives at the Center for Primary Care, Prevention & Clinical Partnerships within the Agency for Healthcare Research and Quality also shared with participants funding opportunities for those interested in patient safety research.

We also discussed opportunities to partner with the APA New Century Scholars program and possibly feature the scholarly efforts of some of the scholars during one of our future SIG sessions. We also discussed possible ways the Race in Medicine SIG can become a home for those interested in issues related to health disparities, minority workforce development and cultural competency.

To facilitate continued discussion about these issues, we plan to submit email notices to the APA listserv, as well as APA SIG listserv in addition to the New Century Scholars program.

AROUND THE REGIONS

REGION I

Marcia VanVleet, MD and Bruce Bernstein, PhD

Our Spring meeting was held on April 13, 2007 in Sturbridge, MA and was attended by 22 enthusiastic region members. Even in April there was snow flying in New England so we missed our northernmost members from Vermont. But attendees enjoyed presentations on activities in advocacy, research, and education. A main presentation by **Linda Sagor** and **Heather Forkey** highlighted their program addressing the medical needs of children in foster care. President **Clai Dungy** joined us from afar providing an APA update and insight into the diversity of the APA regional activities. Other topics included resident call and night float hours, an intervention on resident knowledge of pediatric disaster medicine, and resident training in advocacy. There were presentations by medical students and fellows with robust feedback given about their works in progress. And for the first time ever, we offered a hands on mini workshop lead by Frank Overly and Lei Chen entitled, "Stimulating Simulation: Introduction and Overview of High Fidelity Medical Simulation".

We have enjoyed the successful development of a Region 1 "Buddy System" at almost all of our major academic centers, matching up more senior long standing members with new members.

We are thrilled to have our Region 1 members recognized at the APA/PAS meeting in Toronto. These accolades include: **Tracy Lieu**, with the APA Research Award, and **Lewis R. First**, with the Miller-Sarkin Mentoring Award. And we are anticipating great works from our 4 educational scholars from Region I: **Ada Fenick (Yale)**, **Alison Holmes (Dartmouth)**, **Edward McGookin (Brown)**, and **Bonny Whalen (Dartmouth)**.

REGION II

Judith Turow, MD and Cynthia W. DeLago, MD, MPH

Region II had its second combined regional meeting with Region III at the University of Medicine and Dentistry of New Jersey School of Osteopathic Medicine in Stratford, New Jersey on March 16, 2007. Despite being hindered by terrible weather,

54 APA members, non-members and trainees traveled to beautiful South Jersey to hear the inspiring presentations delivered by **Dan Taylor**, **Moira Szilagyi** and Region II's 2006 Young Investigator Award Winner, **Monika Goyal**. **Goyal** presented her research, "Assessing barriers to emergency contraception prescription for adolescents in the emergency department." The morning theme was child advocacy and the morning program culminated with the Keynote address, "25 years of political advocacy for abused children," delivered by **Martin Finkel**. APA President, **Claiborne Dungy** and President-elect, **Peter Szilagyi**, joined us for the day and informed us on the challenges facing the APA and strategies planned to address them.

The afternoon program consisted of original research presentations. Both Region 2 and 3 members heeded our call for abstracts and, following a peer review process, 18 were chosen: 10 for poster presentations and 8 for platform presentations. This year's best trainee presentation award winner was H. Shonna Yin, from NYU School of Medicine and Bellevue Hospital Center, New York, NY for her original research, "An RCT to assess whether use of a pictogram based intervention is associated with reduced parental liquid medication administration errors." Of note, two of our regional meeting presenters, Shonna Yin and Patrick Conway were chosen to present their research at the PAS annual meeting in Toronto, Canada, during the APA Presidential Platform.

The four highlights of Region II was as follows:

1. A Region II member, **Darshan Patel** of New York, was this year's Ludwig / Seidel award winner.
 2. Nine Region II members are Educational Scholars and 2 are New Century scholars.
 3. We continue to have strong, active membership. We congratulate the members of region II who are in the national arena, including the 4 Board Members, 1 member of the Nominating Committee, and 14 Special Interest Group chairs.
 4. Region II will again be offering a Young Investigator's Award. Applications are due by June 1 and applications should be emailed to tomops01@med.nyu.edu
- Region II has 256 members.

REGION III

Maryellen E. Gusic, MD and Robert Hilliard, MD

Debra Bogen completed her term as Co-Chair this year and officially handed over her role to **Robert Hilliard** from the Hospital for Sick Children in Toronto at our regional breakfast during the national meeting. We want to take this opportunity to thank Debra for all of her work on behalf of our region and its members. We know she will continue to be an active member of our region and be a leader in encouraging our members to be active both regionally and nationally in the APA. Many of you know Bob already but below is some information that will allow you to get to know him better.

We ask all of you to encourage faculty, fellows and residents in your institutions to join the APA and become active in our region. Feel free to contact us if you have ideas, comments or feedback. We have begun planning our regional meeting for next year which will once again, be a joint meeting with Region II. It will be held in New York City in the spring. More details to follow...

Bob is a general pediatrician who trained at the Hospital for Sick Children and Montreal Children's Hospital. He was the first head of the Division of General Pediatrics at Sick Kids in Toronto. Currently, he attends on the inpatient general pediatric teaching unit and in the outpatient general pediatric clinic and the clinic for children who are failing to thrive. Bob holds both a Masters of Education and an EdD in Professional Education. He is active in teaching both medical students and residents. He is a member of the Royal College of Physicians and Surgeons and the Canadian Pediatric Society as well as the APA. He is interested in global health and has also served as a visiting professor and pediatrician in Kenya, Zaire and Uganda. He is married with two children and his other interests include Monday Night Hockey (of course—he is Canadian!), jogging, swimming, and the trombone.

Maryellen E. Gusic
mgusic@psu.edu

Bob Hilliard
robert.hilliard@sickkids.org

REGION IV

Gail Cohen, MD, MS and Barry Solomon, MD, MPH

Welcome back from Toronto! PAS was again a wonderful meeting, and we were glad to see so many familiar faces (as well as plenty of new ones) there. We had a fabulous turn-out for the Region IV breakfast on Monday morning. We had

over 30 members attend from 12 different institutions around the region.

The breakfast meeting was very productive. We gave kudos to several of our members who received awards and distinctions at the meeting this year. These included: **Tina Cheng** as APA President-Elect; **Denice Cora-Bramble** for receiving the APA Community Teaching Award; **Mary Ottolini** for being elected APA Education Committee Chair; **Suzette Caudle**, **Barry Solomon** and **Theresa Walls** for being selected into the Educational Scholars Program and **Arvin Garg** for receiving the SPR Fellow's Clinical Research Award. **Cynthia Minkovitz** gave an update on the APA Board activities and **Janet Serwint** gave an update on CORNET. We also took some time to remember **Omolara Olaniyan**, recipient of the 2004 APA Region IV Research Award. Omolara died in December 2004. She was an incredibly caring and thoughtful physician, colleague, mentor and friend.

This year two applicants presented their research project proposals for the 2007 Region IV Research Award. **Karin Hillenbrand** (ECU) presented, "Measurable Outcomes of Residency Education in Pediatrics;" and **Savithri Nageswaran** (WFU) presented, "Care-Coordination Services for Children with Special Health Care Needs." Our regional research award committee is in the process of reviewing the two applications and the award recipient will be notified in the coming weeks.

Membership in the region continues to grow. To encourage increased participation and membership, please invite colleagues, faculty members, fellows, and residents to consider applying for membership. If you are interested in serving as a recruiter for Region IV at your home institution, let us know. Please keep **Barry Solomon** informed of any changes in your contact information at bsolomon@jhmi.edu or if you'd like him to send a message out to Region IV members. If you do not have e-mail, please call Barry at (410) 614-8438.

Finally, please mark your calendars for next year's Region IV meeting! It will be held January 19-20, 2008, in Charlottesville, VA. We look forward to seeing everyone then!

Barry Solomon, - bsolomon@jhmi.edu
Gail Cohen, - gcohen@wfubmc.edu

REGION V

Jennifer Christner, MD and Shalini Forbis, MD

Hello to everyone! It was great to see so many of you at the regional breakfast in Toronto. For those of you who were unable to make the meeting, we started with an update on the APA strategic plan for 2007 – 2012 from one of our board members, **Lisa Simpson**. The Board is considering changing the APA's name to better reflect our membership (more inclusive of hospitalists and emergency medicine colleagues).

This was followed by presentations from our trainee abstract competition winners. Our 2 resident winners were: **Beth Nagy**, and Pamela Rogers. Our fellow abstract winners were **Najah Musacchio**, **Jennifer Setlik**, and **Patricia Chambers**. As always we appreciate the time and effort of our region members in evaluating these abstracts!!

Region 5 had even more to be proud of. Our region is the home of several award winners!! The Young Investigator Grant went to **Najah Musacchio**, and **Amanda Dempsey**. The George Armstrong Lecture was delivered by our own **Thomas G. DeWitt**, of University of Cincinnati. The Helfer Award Winner was Michael G. Gaies, for his project – Teaching Procedural Skills to Pediatric Residents: A Randomized Interventional Trial. And finally, Teaching Award Winners were our own **Raymond Baker**, and **Emanuel Doyne**.

We finished the breakfast meeting with announcements from region members and viewing the posters of abstract competition runners-up.

We were so busy congratulating award winners that we did not get around to discussing if there was any interest in having a regional meeting this fall. If you are interested, or are hosting an event we might be able to piggy-back on to...please contact us!!!! We are more than willing to help facilitate.

REGION VI

Elizabeth Simpson, MD, Heidi Sallee, MD and Young J. Juhn, MD

Join your colleagues for the Region VI fall business meeting during the Midwest Society for Pediatric Research Annual Meeting October 18-19, 2007 in Indianapolis, Indiana. After attending the MWSPR program on Thursday Oct. 18th,

Region VI will have our fall networking and business meeting from 5:00-7:00 PM. The meeting will be held in the Ruth Lilly Learning Center of the Riley Outpatient Center on the lower level adjacent to the MWSPR meeting. Encourage participation in the APA by bringing your trainees with you to this meeting. We anticipate having a lively panel discussion regarding Faculty & Resident Career Development: Teaching Educators & Residents to Teach. Please volunteer to be a panel member and share what your institution is doing to address this important issue. Contact one of the co-chairs if you are willing to participate on the panel. Panel participants and trainees who attend the meeting will receive a prize! Let's have a good turnout and support our organization while we recognize and encourage research at our institutions through the MWSPR. You can register for the MWSPR meeting and/or submit an abstract at www.medpubinc.com. Meeting registration continues through Sept. 28. See you in Indianapolis!

Your region needs your participation and support. Currently we are in need of an additional co-chair for this year. This position is an easy and fun way to network with colleagues throughout the region and complete activities needed for professional development and promotion. **Division and Section Chairs** please nominate and discuss with appropriate faculty members at your institution. **Junior faculty members**, don't be shy! You will enjoy the job! Please email one of the current Co-Chairs as soon as possible if you are willing to help.

REGION VII

Bryan L. Burke, MD, Teresa K. Duryea, MD and Charles T. Kantrow, MD

The Southern Regional Meeting for Regions VII and VIII was held on February 8-10, 2007 in conjunction with the Southern Societies Meeting. We were pleased to return to New Orleans, LA for the meeting this year. The two APA workshops received great reviews. **Rosina Connelly** and **Teri Turner**, from Baylor College of Medicine, presented a workshop on health literacy and methods to improve our communication with patients. **Bryan Burke**, Clare Nesmith, and Chris Monnikendam, from the University of Arkansas, presented a workshop on myths, misunderstandings and realities in the care of healthy term newborns. The recipients of the travel awards were **Marjorie Lee White** from the University of Alabama at Birmingham, **Roshan George** from

Louisiana State University-Shreveport, and **Erik Schobitz** from Children's Hospital of the King's Daughters in Norfolk, Virginia. Of the 397 abstracts submitted at the Southern Societies Meetings, 26 were from the APA. **Clai Dungy** spoke at our APA breakfast meeting and reported on the national state of the APA. **Terry Wall**'s organized our first annual APA dinner in New Orleans. The dinner was held at the Palace Café and we all agreed the food was wonderful and the camaraderie was even better. Please join us for the 2008 meeting, which will be on February 21-23 at the Hotel Inter-Continental in New Orleans. All are welcome to the 2nd annual dinner meeting, too! We encourage you all to submit abstracts for presentation and workshops.

The Region VII breakfast business meeting at the PAS meeting in Toronto was very well attended. **Diane Kittredge** gave a report from the board. We were pleased to have posters presented by **Teresia O'Connor**, Jenny Ravenscroft, and Perla Vargas. We welcomed our new co-chair **Charles Kantrow** and everyone was encouraged to recruit new members. We look forward to seeing everyone next year in Hawaii!

REGION VIII

Terry Wall, MD, MPH, David L. Wood, MD, MPH and Jennifer Takagishi, MD

Regions VIII (along with Region VII) of the APA was a participating society in the Southern Regional Meeting held February 8-10 at the Hotel Intercontinental in New Orleans. It was great to be back in the Big Easy after having to relocate the meeting to Atlanta in 2006 due to Hurricane Katrina. Members of the APA presented two workshops, one on health literacy (**Teri Turner** and **Rosina Connelly** from Baylor) and the other on myths and realities in caring for the term newborn (**Bryan Burke** and **Clare Nesmith** from Univ. of Arkansas). Both workshops were a smashing success! The regions combined resources and provided travel awards and APA trainee memberships to three well deserving young researchers (**Erik Schobitz** from Children's Hospital of the King's Daughters, **Marjorie Lee White** from University of Alabama at Birmingham, and **Roshan George** from LSU). The APA also organized a dinner at the meeting to promote networking and provide an opportunity for young investigators to meet general pediatrics faculty. The regional breakfast and business meeting was attended by 19 members and guests, and we were privileged to have **Clai Dungy** address the

group. Next year's regional meeting is planned for February 21-23 at the Hotel Intercontinental. For those pondering a workshop for the regional meeting, you can plan toward a late August deadline for submission.

REGION IX

Greg Blaschke, MD, MPH and Alice Kuo, MD, MPH and

REGION X

Patricia Barreto, MD, MPH and Cindy Ferrell, MD

Our region breakfast meeting in Toronto was filled with some turnover in leadership and discussion about our upcoming Regional Meeting in Spring 2008. Tremendous gratitude was expressed to outgoing chairs, **Michael Aldous**, from Region IX and **Richard Pan**, from Region X. **Alice Kuo** from UCLA was nominated as the new co-chair for Region IX, and **Patricia Barreto** from Santa Clara Valley Medical Center was nominated as the new co-chair for Region X.

Our Joint Region IX and X Meeting, the **Pediatric CARE (Community, Advocacy, Research and Education) Conference**, will be on **March 22, 2008** in Los Angeles. The venue is tentatively planned at the historic Millennium Biltmore Hotel in the downtown area. A welcome reception will be held the evening of March 21, 2008 before a full Saturday of plenary speakers, workshops, presentations, and a poster session at the end of the day with a closing reception. Invited speakers from our regions include **Neal Halfon**, **Carol Berkowitz**, and **Miriam Bar-on**. Residents or fellows who present posters or platform presentations at the Pediatric CARE Conference will be eligible for 2-3 travel stipend awards to the Honolulu PAS meeting to present at our Regional Breakfast meeting. Please stay tuned for details on the Request for Abstracts and the agenda for the Pediatric CARE Conference.

We welcome any feedback or ideas for APA regional activities, either locally or at the national meeting. Please feel free to contact in Region IX: **Greg Blaschke** (gregory.blaschke@med.navy.mil) or **Alice Kuo** (akuo@mednet.ucla.edu) and in Region X: **Patricia Barreto** (pbarreto@mednet.ucla.edu) or **Cindy Ferrell** (ferrellc@ohsu.edu).

SPECIAL REPORTS

APA NEW CENTURY SCHOLARS GATHER IN TORONTO

Lee M. Pachter, DO and Cheryl Kodjo, MD, MPH

The class of 2007 APA New Century Scholars met in Toronto at the PAS meetings. This is the third year of operation for the program, the goals of which are to increase workforce diversity in academic pediatrics by providing mentorship and career development support to young under-represented minority (URM) pediatric residents interested in careers in academic medicine.

Each year we select a group of first year URM pediatric residents to become NCScholars. This year we had the largest number of applicants to the program in its 3 year history. From this pool we selected 7 new first year NCScholars (who join the 12 upper class NCScholars already in the program). Each NCScholar has been matched with a junior and a senior mentor from the APA.

The 1st and 2nd year NCScholars met in Toronto. A special NCS Conference was held on Friday, May 4th. This conference included sessions devoted to an orientation to the program, career decision issues, academic fellowship information (from fellowship directors as well as from fellows), a discussion about academic general pediatrics as a career, a fellowship roundtable and an introduction to the PAS academic meetings. A dinner banquet in honor of the New Century Scholars ended the day, and was attended by the NCScholars, mentors and over 50 guests, including APA leadership, fellowship directors, directors of divisions of academic general pediatrics, and department chairs.

During the PAS meetings the NCScholars spent time with their junior and senior mentors, attending scientific sessions with them and meeting to discuss career planning. They also met regularly with the NCS program director, who provided mentorship and career planning support as well. There was also ample time for the NCScholars to get together with each other, both formally and socially. The NCScholars left Toronto with a good idea of what academic medicine is all about, and

with the feeling that they're seen as an integral part of the APA's future.

We'd like to thank all of the mentors who have generously donated their time and efforts to this program and to their NCScholars. We'd also like to thank the APANCS Advisory Board and the speakers at this year's conference. This program is generously supported by a grant from the Office of Minority Health of the US Department of Health and Human Services as well as by the APA.

Any APA member interested in learning more about the program, or who may be interested in becoming a mentor should contact either Lee (lpachter@comcast.net) or Cheryl (Cheryl_Kodjo@URMC.Rochester.edu).

See next page, First and Second Year New Century Scholars



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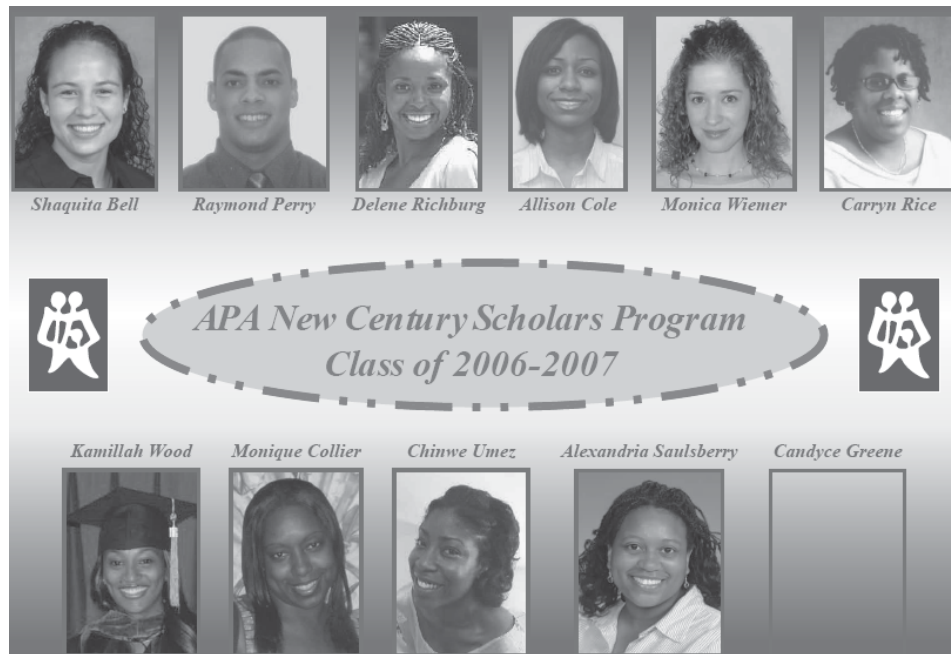
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**APA New Century Scholars Program
Class of 2006-2007**



First Year Scholars:

Shaquita Bell (University of Washington)

Junior Mentor: **Amelia Burgess** (Minnesota)
Senior Mentor: **Rhonda Graves** (NYU)

Allison Cole (Northwestern)

Junior Mentor: **Stephen Wilson** (Cincinnati)
Senior Mentor: **Matilda Irigoyen** (Albert Einstein Medical Center)

Monica Eneriz-Wiemer (Stanford)

Junior Mentor: **Marney Gundlach** (Texas Children's Hospital)
Senior Mentor: **Fred Rivara** (University of Washington)

Raymond Perry (University of Chicago)

Junior Mentor: **Jonathan Castillo** (Cincinnati)
Senior Mentor: **James Perrin** (Massachusetts General Hospital)

Carryn Rice (Palmetto Health Richland/University of South Carolina)

Junior Mentor: **Stephanie Wallace** (University of Alabama)
Senior Mentor: **Steven Shelov** (Maimonides Medical Center)

Delene Richburg (Emory)

Junior Mentor: **Sheela Sathyanarayana** (University of Washington)
Senior Mentor: **Veronnie Jones** (University of Louisville)

Kamillah Wood (Children's Hospital of Philadelphia)

Junior Mentor: **Mollie Greves** (University of Washington)
Senior Mentor: **Danielle Laraque** (Mount Sinai Medical Center)

Second Year Scholars:

Monique Collier (Columbia Presbyterian)

Junior Mentor: **Steve Maddox** (NYU)
Senior Mentor: **Cheryl Kodjo** (Rochester)

Candyce Greene (LAC/USC Medical Center)

Junior Mentor: **Joyce Javier** (Stanford)
Senior Mentor: **Lauren Smith** (Boston University Medical Center)

Alexandria Saulsberry (Medical College of Wisconsin)

Junior Mentor: **Shuba Kamath** (Tufts)
Senior Mentor: **Lee Pachter** (UConn)

Chinwe Umez (Crozer Chester Medical Center)

Junior Mentor: **Evelyn Berger** (Mount Sinai)
Senior Mentor: **Ivor Horn** (Children's National Medical Center)

*This program is funded by a generous grant from the DHHS
Office of Minority Health*



Janet Serwint, MD

CORNET was well represented at the 2007 PAS meeting in Toronto with a poster presentation and a workshop. The poster entitled, "Hispanic patients receive high quality care in resident continuity practices," with authors **S Krugman, WL Hobson, LC Garfunkel, JR Serwint, and L Parra-Roide**, was presented on Sunday, May 6th. **Bill Stratbucker** also presented a workshop along with **S Feigelman, S Krugman, J Olsson, N Dhepyasuwan and JR Serwint** entitled: "You CAN do Research within your Continuity Clinics: a CORNET Primer" on Tuesday, May 8th where several ideas for future CORNET projects were developed. CORNET presentations were also made at the APA Board meeting, the APA Research Committee meeting, and also the APPD Executive Committee meeting.

The 4th Annual CORNET Executive Meeting took place immediately following the PAS meeting in Toronto on May 8-9th. We are fortunate to have **Benard Dreyer**, the APA Research Committee Chair join the CORNET Steering Committee. Upcoming projects that were discussed and approved by the CORNET Executive Committee include:

- *Application of Fluoride Varnish.* This development grant has been awarded through the NIDCR. This randomized controlled trial will evaluate the effectiveness of fluoride varnish application. Kiet Ly, is the Principal Investigator and **John Olsson**, who is a CORNET Regional Research Chair and serves as a co-investigator, has been very involved with the planning.
- *The Asthma Decision Making study* includes a survey of pediatric residents and preceptors concerning factors related to treatment decisions. Sande Okelo, is the principal investigator.
- *Play Nicely* is a randomized controlled trial to evaluate the effectiveness of a video to decrease aggression in early childhood. **Seth Scholer** is the principal investigator.

More details will be forthcoming regarding recruitment for these studies as funding is secured.

Additional studies in the planning phase include:

- My Infant's Not PHAT, a study to investigate health literacy in nutritional counseling proposed by **Lee Sanders**. Co-investigators of this study also include **Russell Rothman and Eliana Perrin**.
- Utilization of Health Care Services by Residents and their Families, a survey of pediatric residents to examine their personal healthcare choices proposed by **John Olsson** and Jessica Nichols.

The *Bright Futures* Study funded by the Maternal and Child Health Bureau is progressing well. This randomized controlled trial, that will evaluate an educational curriculum on *Bright Futures* concepts, now has recruited 31 pediatric training programs and over 260 pediatric residents. The multi-center study is going through IRB review at the respective sites and the faculty development stage has begun. Recruitment of patients should begin this summer and fall.

CORNET is also collaborating with the PROS network of the AAP on the study, Secondary Sexual Characteristics in Boys (SSCIB). Nine CORNET practice sites have enrolled thus far. To participate in the study, each practitioner needs to enroll 30 male patients; 15 boys ages 6-12 years and 15 boys ages 13-16 years being seen for a well-child visit. Study outcomes include the completion of a one page two sided data collection form on puberty related variables. Please contact Nui at nui@ambpeds.org if you are interested in participating. It is exciting to be collaborating with PROS on a study protocol and hope that this is the first of many collaborations.

We would like to welcome our new CORNET members: **Sheila Snyder**, University of Nebraska Medical Center; **Colette Gushurst**, Michigan State University; **Susan**



Guralnick, Stony Brook University Medical Center; **Marilyn Doyle**, University of Texas at Austin; Jimmie Birdsong, University of Arkansas and Arkansas Children's Hospital; **Maria Nanagas**, Dayton Children's Hospital; **Delsie Filardi**, Children's Mercy Hospital; **Barron Patterson**, Vanderbilt Children's Hospital; **Michael Steiner**, North Carolina Children's Hospital; and **David Krol**, University of Toledo.

We welcome your participation in CORNET at multiple levels. Our network goals include:

- Study health and healthcare issues of minority and underserved children
- Examine healthcare disparities
- Study resident education
- Compare resident practice behaviors with pediatricians in private practice
- Increase resident exposure to and involvement in primary care research

Joining CORNET allows you to collaborate and network with colleagues nationally. Participating in a study allows you to both get involved with research at a national level and gain exposure and expertise. And, CORNET may provide the network organization needed for you to conduct a multi center study as the principal investigator. See our website for more information, or contact your Regional Research Chairs listed below or any of the Steering Committee members:

Regional Research Chairs

- Region I- **Ron Samuels**
- Region II- **Theresa Hetzler**
- Region III- **Lynn Garfunkel**
- Region IV- **John Olsson**
- Region V- **Bill Stratbucker**
- Region VI- **Ellen Link**
- Region VII- **Michelle Barratt**
- Region VIII- **Lee Sanders**
- Region IX- **Tom Ball**
- Region X- **Cynthia Ferrell**
- Region XI- Uniformed Services, - **Timothy Shope**

Steering Committee

- Nui Dhepysawan- Network Coordinator
- **Janet Serwint**, - Network Director
- **Susan Feigelman**
- **Marilyn Dumont-Driscoll**
- **Paul Darden**
- **Benard Dreyer**, - APA Research Committee Chair

Thanks to all of the CORNET Members, the Steering Committee and Regional Research Chairs and especially to Nui for all your hard work this past year!

An update on TIDE (Teaching Immunization Delivery and Evaluation)

Immunization Program Activities

Paul Darden, MD

Immunization delivery is complex and ever-changing. TIDE (Teaching Immunization Delivery and Evaluation) is a way to teach and be taught in an efficient and authoritative manner. TIDE is the product of collaboration between The Ambulatory Pediatric Association's collaboration and the Society for Adolescent Medicine (SAM). The APA was funded by the CDC's National Immunization Program for 11 years, 6 of those with SAM. Disappointingly our last application was approved but not funded. We are currently assessing our options and multiple sources of funding and support are being sought for the continuation of the program.

TIDE is a self paced program and the curriculum is organized as five self-contained modules including all the resources needed for learners. Modules can be worked on, saved and completed at your own speed.

- Module A - Childhood Immunization - presents sample cases requiring the learner to make correct decisions for pediatric patients' vaccinations.
- Module B - Assessing Immunization Rates leads the learner through a chart audit to measure practice immunization rates.
- Module C - Improving Immunization Rates in your practice presents ways to bring about change in office routines to improve immunization rates. Modules B & C are currently in the final stages of development incorporating current concepts in continuing quality improvement, the first being Improving Immunization Rates in Your Practice: Understanding the Concepts. The other CQI module is Improving Immunization Rates in Your practice: The new modules will (1) detail the benefits of assessing immunization rates in a practice, (2) demonstrate principles of evidence-based medicine and continuous quality improvement (CQI), (3) show how to prioritize change in office systems, (4) show the value of assessing or auditing the immunization rates of patients (5) and the process to assess a clinical setting and implement change.
- Module D - Adolescent Immunizations presents sample cases requiring the learner to make correct decisions for adolescent patients' vaccinations.

- Module E - Vaccine Storage and Handling describes the storage and handling requirements for commonly used vaccines and provides quick access to authoritative vaccine storage and handling resources. It also provides the clinician with a method of assessing and improving the vaccine storage and handling policies and practices within his/her own clinical setting.

TIDE/APA/SAM Immunization Activities:

The annual updates for the program were completed in Spring 2007 and include the new immunization schedule as well as vaccine information.

Activities for dissemination such as e-mail notices on the listserv and information presented in the newsletters and national meetings was ongoing. TIDE brochures were distributed at the APA booth at the PAS meeting in Toronto in May 2007. TIDE held an information booth at the CDC's 40th National Immunization Conference (NIC), March 5-8, 2006 in Kansas City. The information at the booth was well received with many conference attendees stopping by to see what's new with TIDE. Contact information from immunization coordinators who were attending the conference were gathered for a QI survey that has been prepared by **Judy Shaw** to provide real-world data and testing for the TIDE Quality Improvement Tools.

A 2006 article in CDC's *Immunization Works* online newsletter highlighted the new storage and handling module. The Medical University of South Carolina's Office of Continuing Education has agreed to issue free CMEs for the online curriculum and the Center for Academic and Research Computing is providing web development support.

In January 2007, the APA Board approved the submission of a proposal to MERCK for funding to support the program. The APA/SAM Special Projects Program that provided funding to develop future immunization leaders was also included in this application.

SAM has expressed an interest in supporting the continuation of the special projects program on its own until future funding can be procured.

Visit TIDE online for an interactive demonstration or to register at www.musc.edu/tide or email **Paul Darden** dardenpm@usc.edu or Anne Ross (Rossas@musc.edu) for more information.

www.musc.edu/tide

JULIUS B. RICHMOND AAP/FAMRI VISITING LECTURESHIPS

Jonathan Klein, MD, MPH

The *Julius B. Richmond AAP/FAMRI Visiting Lectureship* program provides 4 awards of up to \$2,500 each to fund 2-day educational programs focusing on the field of tobacco control and children's health. The lectureships are designed to promote control of secondhand smoke (SHS) exposure and to integrate SHS prevention activities in pediatric education in AAP State Chapters and educational institutions across the United States. Four-page proposals are due on **September 1st, 2007** and should be submitted electronically to richmondcenter@aap.org. The AAP Julius B. Richmond Center of Excellence and the *Julius B. Richmond AAP/FAMRI Visiting Lectureship Program* are supported by the Flight Attendant Medical Research Institute (FAMRI). The Richmond Center's mission is to improve child health by eliminating children's exposure to SHS and tobacco through changing the clinical practice of pediatrics. The Center is committed to building broad-based awareness, commitment, and skills within the pediatric community to reduce children's SHS exposure.

The **program goal** is to provide pediatric trainees, child advocates, and academic and/or community pediatricians with an opportunity to interact with leading academic pediatricians on topics related to children and SHS. Visits may address some or all of the following:

- 1) Enhance curriculum development on the topic of child health and tobacco control;
- 2) Increase awareness of careers in pediatrics tobacco control among medical students, residents, fellows and others in the medical community;
- 3) Promote dialogue and collaboration in one or more communities among community pediatricians, full-time pediatric faculty in training programs, public health departments, community groups, and others with an interest in preventing children's exposure to tobacco;
- 4) Increase the involvement of AAP Chapters and pediatric training programs in community tobacco control interventions, improve participants' clinical skills, and enhance their ability to deliver tobacco control interventions in practice and in their communities.

Application Process

Only electronic submissions of proposals (submitted as one PDF or MS Word file attachment) will be accepted. Proposals

must be submitted to richmondcenter@aap.org. Applications will be reviewed by a subcommittee of the AAP Richmond Center Scientific Advisory Committee and will be rated on the strength of the objectives and activities planned to meet the program goals. Programs must be conducted within 1 year of award notification. Proposals are encouraged to demonstrate:

- 1) Collaboration with an AAP Chapter;
- 2) Partnership with one or more academic medical centers and a pediatric training program;
- 3) Partnership with one or more community-based organizations;
- 4) A visiting lecturer involved with and very knowledgeable about children and SHS issues, and;
- 5) Encouragement of participation in AAP Richmond Center activities. The involvement of multiple institutions in one geographic area also will be positively viewed.

The application guidelines, application form and more information about the Richmond Center are available at www.aap.org/richmondcenter. If you have questions about the guidelines, contact **Jonathan Klein**, Director of the AAP Julius B. Richmond Center of Excellence (585-275-7760, or jklein@aap.org).

FUTURE SEARCH: A POWERFUL PLANNING AND LEADERSHIP TOOL

Richard Allan Aronson, MD, MPH

As a long-time member of the Ambulatory Pediatrics Association, I have been inspired by our leadership in promoting the practice of our profession within the ecological context of the whole child, family, and community. I started my career as a developmental pediatrician with the Vermont Department of Health, and then moved into Maternal and Child Health leadership positions in Vermont, Wisconsin, and Maine. While I represent a minority of APA members who do not primarily focus on academic pediatrics, I continue to feel a deep connection with the vision and advocacy of our organization.

Within that context, I describe here a form of participative planning and leadership that I have practiced for many years. It is uniquely suited to the ideals of the APA and to the task of making the world a better place for children and youth. In the course of doing this work, I have discovered common threads that seem to unite people from all walks of life. I believe that it has a place in community and ambulatory pediatrics, and I

look forward to exploring its potential application with APA colleagues.

Through this planning and leadership tool, I've seen people from diverse backgrounds and come together, plan, and carry out extraordinary action steps to promote child health. Pediatricians have a central role in play in making such action happen.

From this work I have become convinced that we all hunger for a world where dignity and respect prevail for everyone, and that such a desire is at the essence of the APA. Instead of clinical care and systems that pathologize, stereotype, and lump children and families into a dizzying array of risks, diseases, and disorders, we aspire to humane practices that honor all people. Our species, I believe, has a remarkable capacity for creativity, healing, and cooperating for the common good. Pediatrics - and specifically ambulatory pediatrics - is rooted in such a belief.

Since 1991, as a senior public health pediatrician in the state public health agencies of Wisconsin and Maine, I have sought to mobilize people to improve the health of mothers, children, and families. The purpose of public health, as defined by the Institute of Medicine, is to fulfill society's interest in fostering the conditions under which all people can be healthy. Public health seeks to assure that all people have the opportunity to fulfill their potential to be healthy in mind, body, and spirit. A central commitment of public health is to end health inequalities and protect human dignity and rights. Maternal and Child Health (MCH), of which pediatrics has been integral since the enactment of Title V of the Social Security Act in 1935, seeks exactly the same goals. We work to create sustainable and humane systems, policies, and services that help all families and communities provide children with the care, love, dignity, and respect that they need.

Future Search

The methodology I have used, Future Search, is at its simplest, a 2 1/2 day planning meeting. However, it embodies a particular theory and philosophy of leadership that recognizes that every person does the best they can with what they have, and that all come equipped with the capacity for extraordinary cooperation if given a chance to use their own experience and wisdom. Moreover, Future Search is based on four common sense principles that I will describe in a moment. In my 30 years as a pediatrician, public health leader, and public servant, I have found these principles to be powerful guidelines for creating successful and humane public policies

for child health. Also, I have learned to understand how these principles align with the 10 Essential Public Health Services, as described by the Center for Disease Control and Prevention. More, these principles have paved the way for effective grassroots programs that continue for years. I know of no other methodology that so effectively links planners, providers, agencies, families, and children into a web of cooperative planning and implementation.

Outcomes

Here are 10 examples of how Future Search has led to effective child health outcomes: 1) Created essential but previously unlikely partnerships to address infant mortality in Milwaukee, Wisconsin; 2) Resulted in \$7 million per year in dedicated revenue for human services in Seattle; 3) Transformed racial tensions into collaborative economic development projects in Berrien County, Michigan; 4) Leveraged new funds for parenting education and child care in New Mexico; 5) Led to a plan for health coverage for all people in Vermont; 6) Established the San Gabriel, California, Healthy Start Family Resource Center; 7) Established the Nevada Public Health Foundation; 8) Increased youth participation in the governance of 4-H clubs throughout Montana; 9) Reduced absenteeism from asthma in Minneapolis schools; 10) Enabled Community Connections, a grassroots organization in North Platte, Nebraska, to obtain a \$1.2 million grant to expand before-school, after-school, and summer programs, and to reduce tobacco use. Dozens of other effective outcomes from Future Searches all over the world have been documented.

Principles

The principles that make Future Search especially suited to the ambitious task outlined above are these:

The first is that if you want plans that are both visionary and practical, you need to have “the whole system in the room,” meaning people with authority, resources, experience, information, and need. The second says that if you want action plans based on genuine dialogue and commitment, you must give people a chance to explore the whole before seeking to fix any part, that is to have everybody talking about the *same world*, one that includes ALL of their realities.

The third principle has people putting common ground and desirable futures front and center, while treating problems and conflicts as information, not action items. The fourth principle asks people to manage their own work and take responsibility for acting on what they learn. People discover that they do in fact have the means to change their own lives, and if they don't do it no one else will.

Future Search has proved especially useful in uncertain, fast-changing situations in which deeply entrenched systems and policies are under pressure to change and in which it is important that everyone have access to all perspectives in order to act responsibly. For more on the methodology of a Future Search Conference, see Appendix 2.

Because Future Search has people work with their own knowledge and experience, using structured dialogues as a key procedure, it honors and transcends cultural differences. Thus, it is used successfully in North and South America, Asia, Africa, Australia, Europe, and India to create umbrellas for social, economic, educational, and health planning and leadership (See www.futuresearch.net). The actions generated by Future Search are both local and global and have been shown to continue far into the future. They demand hard work and tenacity, for the world needs hard work to overcome severe injustice and violence and breathe life into a threatened future. But we can learn, as Nelson Mandela said, that “miracles happen with vision and spirit”.

Summary

Future Search represents a process where we can move beyond our job titles, professional degrees, turf, and fears and help each other reach a deeper understanding of the underlying root systemic factors that contribute to child health. It has the proven potential to unite us by discovering that we have much more in common than we previously believed. This happens not by changing people's behavior but by changing the structures and conditions under which we work with each other.

Through the principles of Future Search, we can put into ambulatory pediatric practice a style of leadership that emphasizes vision, risk, and collaboration. It includes but goes beyond the risk reduction model of public health and the new morbidity model of community pediatrics. It can expand our leadership capacity by fostering systems and environments in which children and families can grow and thrive, and live compassionate, productive, and dignified lives.

Richard Aronson has been a member of the Future Search Network since 1993. Through the Network, whose members provide service to people, communities, and organizations for whatever they can afford, he has organized and facilitated more than a dozen three-day Future Search Conferences on several child health related issues. He receives a standard speaker honorarium for his work during these conferences.

CHILDREN'S ADVOCACY PROJECT OF PHILADELPHIA (CAP4KIDS)

Daniel R. Taylor, DO

The Children's Advocacy Project of Philadelphia (Cap4Kids) was started in the Fall of 2004 to help health care providers bridge the gap between families in need and the social service agencies that serve them. Started by APA member and St. Christopher's Hospital for Children pediatrician, **Dan Taylor**, this resource has become a standard for many health care providers, teachers, social service providers and parents in Philadelphia. The site, www.cap4kids.org/philadelphia, has at its backbone, 21 Parent Handouts that lists resources for After School Programs, Child Care, Domestic Violence, Immigration Resources, Special Needs, and Teens among others. There are also many advocacy resources for families and providers as well as helpful links.

To date this resource has amassed over 1,000,00 "hits" averaging between 2,000-5,000 daily. There are 1,000 concerned individuals on the Cap4Kids Listserv who contribute to the site's content. The site is also translatable into 8 different languages and has an online tutorial.

WHERE DO YOU GO FOR HELP?

IF YOU OR YOUR FAMILY IS HAVING PROBLEMS WITH...

| | |
|----------------------------------|--|
| feeling overwhelmed? | the condition of your housing? |
| making ends meet? | your child's development |
| having enough food to eat? | your child's school performance? |
| getting family health insurance? | you or your child's reading skills? |
| the safety of you or your child? | your child not having after school or summer activities? |

YOU ARE NOT ALONE.
THERE ARE COMMUNITY RESOURCES THAT CAN HELP!!

Go to www.cap4kids.org/philadelphia

CHILDREN'S ADVOCACY PROJECT OF PHILADELPHIA

St. Christopher's Foundation for Children
St. Christopher's Hospital for Children
Tobacco Free Pennsylvania

Users of this resource have commented: *"This is a resource that should exist in every city in America, regardless of size. Every parent in the Delaware Valley should be told about it."* *"I am often finding out more things every time I visit the Cap4Kids site. I often use it as a starting point because it is rare that after I visit the site that I would*

need to search elsewhere." *"I am glad that there is a doctor that recognizes the need to be involved with other community based organizations and who has a grass roots approach. Thank you for your advocacy. I hope other doctors follow in this philosophy."* *"Outstanding tool. We also encourage our residents and students to use this website as a resource for patients."*

The Children's Advocacy Project was also constructed as a template for other communities to be able to replicate the site and customize the content. To date we have 7 communities that have started Cap4Kids (see www.cap4kids.org) sites including: Philadelphia (St. Christopher's Hospital for Children), New York City (Mt. Sinai), Hawaii (University of Hawaii), St. Louis (Children's Hospital of St. Louis); Baltimore (Johns Hopkins University), Pittsburgh (Children's Hospital Pittsburgh), and Central Susquehanna Valley (Geisinger-Janet Weis Children's Hospital).

To find out more, email APA member **Dan Taylor** at dtaylor01@drexelmed.edu.

HO CALL FOR PAPERS

21st

Primary Care Research Methods & Statistics Conference

November 30 – December 2, 2007

Conference Theme:

"Social Epidemiology and Multilevel Effects Research"

Presentations are also invited on:

Methodology - Statistics
Qualitative Methods - Computers in Research
Communication of Results - Practice-based Research Networks
Geographic Information Systems

Deadline for receipt of proposals is August 17, 2007

Plenary Speaker

"The Search for Contextual Effects in Social Epidemiology: Challenges and New Directions"

Ichiro Kawachi PhD

Harvard School of Public Health

Dissection of Innovative Studies Workshop

"Using the RE-AIM Framework to Enhance Effectiveness Research"

Russell E. Glasgow PhD

Workshops For Experienced or Novice Researchers

Experienced Researchers

"Longitudinal Analysis"

Garrett Fitzmaurice D.Sc.

Harvard School of Public Health

Novice Researchers

"Increasing the Odds for Research Funding"

Lawrence L. Gabel PhD

The Ohio State University

Agency for Healthcare Research & Quality Review of Concept Papers

Format for concept papers at www.ahrq.gov/about/cp3/cp3conevr.htm

Deadline for receipt of Concept Papers is November 2, 2007

Contact David Katerndahl MD for details, 210-358-3885

AHRQ Forum

David Meyers, MD, Center for Primary Care, Prevention, and Clinical Partnerships, AHRQ

For further details, contact the conference director, Walter L. Calmbach MD, UT Health Science Center San Antonio (ph: 210-358-3930, fax: 210-223-6940, email: calmbach@uthscsa.edu)

This project is supported by grant no. 1 R13 HS016444-01 from the Agency for Healthcare Research & Quality.

For more information, go to our website: http://www.ambpeds.org/site/Primary_Care_Research_Conf.pdf

RECENT ENVIRONMENTAL HEALTH ARTICLES

ENVIRONMENTAL HEALTH

Nita Vangeepuram, MD

Many families are concerned about environmental toxins and potential effects on neurological function and cognitive development. The following summarizes two recently published articles looking at effects of exposure to environmental toxins (mercury from dental amalgams and pesticides).

Dental Amalgam Restorations and Children's Neuropsychological Function: The New England Children's Amalgam Trial (Environmental Health Perspectives Mar 2007; 115: 440-446,) by Bellinger et al

Background

Two of the main treatments for dental caries are dental amalgams containing mercury and composite fillings with no mercury. Concern persists that children's exposure to mercury vapor from dental amalgams may negatively impact cognitive function.

The author's goal in this study was to compare the neuropsychological function of children whose caries were repaired using dental amalgam containing mercury with children whose caries were treated with mercury-free composite materials. The children in both groups had no prior exposure to dental amalgam.

The study was based on the New England Children's Amalgam Trial (NECAT), previously described by Bellinger et al. In the original trial, no significant differences were found over a five year follow up between scores of children for whom dental amalgam was used to repair caries and the scores for whom mercury free composite materials were used. The Full-Scale IQ score on the Wechsler Intelligence Scale for Children-Third Edition (Wechsler 1991) was the primary end point and the General Memory Index on the Wide Range Assessment of Memory and Learning (Sheslow and Adams 1990) and the Visual Motor Composite on the Wide Range Assessment of Visual-Motor Ability (Adams and Sheslow 1995) were the two secondary end points.

In the current study, additional analyses were performed to address three issues. First, to improve assessment of outcomes, the authors looked beyond global test scores, which may not identify problems with specific neuropsychological

functions. Subscale scores from the initial global tests and other specific tests were compared for each of the two groups. Second, to improve assessment of exposure beyond simple treatment group assignment, the investigators looked at two additional measures of exposure: surface-years of amalgam and urinary mercury concentrations. Finally, other potentially confounding factors were examined which might influence adverse neuropsychological effects. These factors included behaviors such as bruxism and frequent gum chewing and measures of enhanced sensitivity to mercury based on certain genetic polymorphisms.

Methods

Eligibility was confirmed for 598 children age 6 at baseline. Baseline visits included dental exam, X-rays, standard preventive dental care, blood and urine tests, body measurements, neuropsychological testing of the child and a health interview with the child's guardian. Children were next randomized into amalgam versus composite treatment groups. Children in the amalgam arm received amalgam to restore posterior teeth with caries at baseline and to repair incident caries during the five year trial. Children in the composite arm received composite fillings. The main exposure variables were surface-years of amalgam (number of amalgam surfaces weighted by number of years that amalgam was present) and urinary mercury concentration (expressed as micrograms per gram creatinine). Neuropsychological tests were administered at baseline and yearly over the next five years.

Data Analysis

Associations were evaluated between surface-years of amalgam and urinary mercury concentration and the neuropsychological test scores using analysis of covariance. Adjustments were made for covariates including baseline test scores, age, sex, SES, randomization stratum (based on geographic location of Boston versus Farmington and two to four versus five or more teeth with caries), hair mercury and blood lead level.

Results

The treatment groups did not differ in terms of baseline age, race, income, education of the primary caregiver, Full-Scale IQ, hair or urinary mercury, blood lead and number of decayed tooth surfaces. There were more females in the composite

group compared to the amalgam group. Slightly more than half the children had five or more teeth with caries requiring restoration. Children averaged about one new filled surface per year. Over the course of the study, mean and cumulative number of restored surfaces did not differ between the two groups.

At the end of the five year follow up, the mean urinary mercury concentration was significantly greater among children in the amalgam group (0.9; range 0.1-5.7 ug/g creatinine) than among the children in the composite group (0.6; range 0.1-2.9 ug/g creatinine) ($p < 0.001$). There was a significant association between surface-years of amalgam and three test scores but for all three the score actually improved slightly with increasing exposure to amalgam. Urinary mercury concentrations were not significantly associated with any tests scores.

Strengths

A major strength of the study was the prospective, randomized control trial study design with intention to treat analysis. Children were randomized to amalgam versus composite groups. Although participants and dentists could not be blinded to treatment, individuals who collected and analyzed data were blinded. Exposure variables (surface years of amalgam and urinary mercury concentration) were measured continuously and thus contained more information than the initial study which only looked at assigned treatment group. Quality control of the neurological assessments was addressed by having all examiners trained and certified by one supervising psychologist and each testing session rescored by a second person. Neuropsychological tests assessed a wide range of domains including intelligence, achievement, language, memory, learning, visual-spatial skills, verbal fluency, fine motor function, problem solving, attention and executive function.

Limitations

Limitations of the study include: (1) the follow up interval of 4-5 years will not pick up long term deficits, (2) the critical vulnerability window of exposure may have passed by age 6 when children entered this trial, (3) prevalence of children with enhanced sensitivity might be too low to detect effects on test scores and (4) children with pre-existing disorders were not eligible.

Conclusion

The dental treatment needs of the children in this trial were substantial and exceeded those typical of the general U.S. population of children as measured by NHANES 1999-2002. The authors conclude that "Given the failure to detect significant differences between amalgam and composite groups in this

group with significant dental treatment needs, the results offer reassurance that the use of dental amalgam to repair caries is not causing significant deficits in neuropsychological function in the general population of children."

The take home message is that primary care physicians can counsel families that use of dental amalgams does increase exposure to mercury but does not appear to have negative neuropsychological effects. Primary care physicians should dissuade parents from having all of the dental amalgam removed from their children's teeth to be replaced by mercury-free materials, a procedure that has been proposed by some advocates.

Prenatal Organophosphate Metabolite and Organochlorine Levels and Performance on the Brazelton Neonatal Behavioral Assessment Scale in a Multiethnic Pregnancy Cohort (Am J Epidemiol 2007; 165: 1397-1404) by Engel et al

The Mount Sinai Children's Environmental Health Center investigated the impact of pesticide and polychlorinated biphenyl (PCB) exposure on child neurodevelopment in an inner-city multiethnic cohort of women recruited during pregnancy.

Background:

A pesticide, according to the U.S. Environmental Protection Agency, is any substance or mixture of substances intended for preventing, destroying, repelling, or mitigating any pest. Pesticides include insecticides, herbicides, fungicides and rodenticides, and over 600 of these compounds are registered for use in the U.S. An emerging concern about pesticide exposure during pregnancy is potential for negative effects on neurological development in the fetus.

In this study the pesticides of interest were the organophosphate compounds and DDT. Also of interest were exposures to polychlorinated biphenyls (PCBs), another environmental toxin with possible effects on neurodevelopment. There are more than 40 different organophosphate pesticides used in agriculture, homes, gardens, and in veterinary practice; these pesticides work by inhibiting acetylcholinesterase. Dialkylphosphates and malathion dicarboxylic acid (MDA) are markers of exposure to organophosphate pesticides. MDA is a metabolite of malathion, a pesticide used in agriculture and for public health control of mosquitoes. DDT is no longer used in the U.S., but exposure may occur through consumption of foods imported from countries where DDT is still in use.

DDE is a chemical similar to the pesticide DDT that contaminates commercial DDT preparations. PCBs have been used as coolants and lubricants in electrical equipment. PCB exposure occurs primarily through consumption of fish from contaminated waterways.

Methods:

The project enrolled women who presented for prenatal care with singleton pregnancies at the Mount Sinai prenatal clinic and at two private practices and who delivered at Mount Sinai Hospital between May 1998 and July 2001. Of 1,450 eligible women, 33 percent consented to participate (**n=479**). Of these, 75 women were excluded because of medical complications, infant or fetal demise, very premature birth, delivery of an infant with genetic abnormalities or malformations, inability to collect biologic specimens before birth, change of residence and loss to follow-up. Thus 404 mother-child pairs with biologic data from the moms and outcome data for the neonates were included in the analyses.

Exposure data were collected by questionnaire (environmental exposures, sociodemographic variables, medical history and lifestyle factors) and by biologic sampling of maternal blood and urine. Biologic samples were obtained at a mean gestational age of 31.2 weeks. Exposure to the organophosphates was assessed by measuring urinary concentrations of dialkylphosphates and MDA. DDT exposure was assessed in a random subset of women by measurement of serum concentrations of the DDT metabolite, DDE. PCBs were also assessed in this same random subset of women through measurement of levels in serum.

The main outcome variables were based on administration of the Brazelton Neonatal Behavioral Assessment Scale (BNBAS) before hospital discharge by one of four trained examiners. The BNBAS includes 28 behavioral items and 18 primitive reflexes. The BNBAS was not administered if the infant was admitted to the neonatal ICU (n=21), if the infant was delivered and discharged over a weekend (n=43), if the parent refused (n=5), if the infant was not testable (n=2), or if study personnel were unavailable (n=22).

Data Analysis:

Diethyl- and dimethylphosphate metabolites were summed to obtain total dialkylphosphate levels. General linear models and Poisson regression were used to analyze associations between biomarker levels and all domains from the BNBAS. Potential confounders included maternal age, race, marital status, education, C section, delivery anesthesia, infant age at

exam, infant gender, infant jaundice, smoking, alcohol consumption, caffeine consumption and drug use during pregnancy. MDA was analyzed as either detectable or non-detectable because only 21.6 percent of moms had detectable levels. Dialkylphosphate models were additionally adjusted for levels of an enzyme (paraoxonase I) that affects metabolism of this pesticide.

Results:

Participants were mostly young, Black and Latina women with low education levels. 46 percent of women reported that pesticides had been applied in their home during their pregnancy.

Maternal MDA levels above the limit of detection during pregnancy were associated with a 2.24 fold increase in the number of abnormal reflexes (95 percent CI 1.55-3.24) in infants. In comparison to the children in the lowest exposure quartile, as measured by levels of total diethylphosphates, the proportion of infants with abnormal reflexes increased significantly in quartiles 2-4. After adjusting for examiner and age at exam, subjects with prenatal MDA levels above the limit of detection delivered infants who were 3.6 times more likely to have at least two abnormal reflexes. Subjects with prenatal total diethylphosphates levels above the median delivered infants who were 2.3 times more likely to have at least two abnormal reflexes.

There was a strong interaction between maternal expression levels of the enzyme paraoxonase I, total dimethylphosphate levels and risk of abnormal reflexes. The central finding was that mothers who were slow metabolizers of the pesticide had a significantly greater risk of delivering an infant with abnormal reflexes compared to fast metabolizers.

Strengths:

Strengths of the study include the prospective cohort study design, which permits exposures to be measured during pregnancy in real time as they actually occur. A second strength was that the participant population represents young minority women in an inner city environment with abundant exposure to pesticides. Exposure information was assessed both by questionnaire and objective biologic measurements of maternal blood and urine levels of pesticide metabolites. The BNBAS provides comprehensive assessment of behavior and primitive reflexes and was administered by trained examiners. Efforts were made to account for many potential confounders and analysis also incorporated individual

susceptibility based on varying levels of an enzyme affecting pesticide metabolism.

Limitations:

Limitations include that the prognostic utility of a single measurement of infant behavior shortly after delivery is unclear. Exposure measurements were based on a single urine specimen taken during the third trimester. However, if sources and patterns of exposure are unchanged, it can be assumed that a single measurement reflects a typical measurement at any time during pregnancy.

Conclusion:

The study suggests that exposure to pesticides such as dialkylphosphates and MDA leads to abnormalities in newborn reflexes. This study offers important information about effects of pesticide exposure on early development. Based on known health effects of pesticides and the growing body of evidence suggesting effects on neurodevelopment in young children, alternatives to pesticide use (such as integrated pest management) should be promoted. Since the cohort of children will continue to be followed, more information will be obtained regarding effects of exposure on neurodevelopment over time.

**National Environmental Education Foundation-
Asthma Faculty Champions Grant**
Christine L. Johnson, MD

The National Environmental Education Foundation, an organization interested in providing education in the area of health and the environment, has a new grant-funded initiative entitled *Integrating Environmental Management of Pediatric Asthma into Health Care: Creating Faculty Champions at Medical Schools and Outreach to the Health Care Community*.

The goal of this new and innovative project is to increase the overall number of pediatric health care providers who demonstrate knowledge of indoor environmental asthma triggers and intervention strategies, and who deliver comprehensive asthma education and care to their patients. We hope to increase the number of children with asthma, and their parents, who are taking action to reduce their exposure to environmental triggers of asthma. This project will focus on 5 EPA regions across the nation. One faculty champion from each region has been selected and trained in the area of managing environmental triggers of asthma. Each faculty champion will then train over 450 additional faculty, over 1000 residents and/or medical students and countless community

pediatric providers over the next 3 years. We hope to be able to measure specific outcomes related to knowledge and behavior practice change in the area of environmental triggers of asthma through surveys and potentially through medical chart reviews or asthma registry reviews. Broad goals are also to integrate environmental management of asthma training into residency training and medical school curricula in a sustainable manner and increase that number of health plans incorporating environmental management of asthma. Through this initiative we hope to increase the awareness of the broader healthcare community about the need for environmental management of asthma as part of comprehensive asthma care for these patients.

For more information please contact **Leyla McCurdy** at mccurdy@neefusa.org

LSUHSC Baton Rouge Faculty
Still Feeling Effects of Hurricane Katrina
Charmaine Venters, MD

Hurricane Katrina devastated the coasts of Louisiana and Mississippi twenty-one months ago. The city of New Orleans was flooded for several weeks after the storm. The Louisiana State University Medical School and its other Allied Health Professional schools suffered major damage to buildings, and many faculty members of all these schools either lost their homes or sustained damage to their properties. For a time, many of these people were scattered across the United States. But thanks to the great efforts of their hierarchy and the faculties of the medical school and Pennington Biomedical Research Center here in Baton Rouge, most of the faculty members shared office and laboratory space, clinic and hospital practice areas, and even homes until enough of the damage could be corrected and schools could resume in New Orleans several months later.

During the first few days after the storm, many of us here in Baton Rouge helped to staff the rescue stations set up on the campuses of Louisiana State University and Southern University. Despite the fact that some of us did not have electricity at our own homes or sustained wind damage to our own property, we did our best to care for the sick while tending to problems at home. A small number of children were brought to the triage stations, and most of these were with adult family members and were not very ill. The one major illness that the children who needed immediate medical attention had was asthma, probably triggered by pollen and mold. Some were Type I diabetics who did not have insulin. The majority of children merely needed comforting and reassurance.

In the months immediately following, many of the patient evacuees from New Orleans who resettled temporarily in Baton Rouge began to utilize our pediatric outpatient clinic for routine well visits, immunizations, and sick visits. Initially they were able to see some of the faculty from New Orleans that they had utilized there. When those faculty members returned to New Orleans, the faculty here in Baton Rouge had to absorb that patient load. Only one New Orleans faculty member joined our team on a full-time basis, after two of our faculty entered sub-specialty practice and no longer were here to help with general pediatric duties. To this day, we are still seeing children who have not been examined by a pediatrician since the storm. It has been difficult to treat these patients because of the fact that medical records no longer exist. Parents did not bring immunization records or medication with them because they did not believe that they would be away from home for more than one or two days. Some doctors' offices remained closed because the patient population is no longer there in New Orleans, and pediatricians have relocated to other cities and states. Louisiana is fortunate in that the public health sector utilizes an electronic immunization tracking system, and the patients who had received immunizations through public health units did have their records in that data base, making it a little easier to determine what vaccines they needed for health maintenance and school placement. Hurricane Katrina really emphasized the importance of electronic medical record keeping.

The LSUHSC-EKL Pediatrics faculty was awarded a grant to furnish a mobile health unit for children living in some of the Katrina trailer parks in the Baton Rouge area. It is staffed with a full-time pediatrician, RN, and social worker to aide in complete patient care. This made it easier for patients to receive services without having to be concerned about transportation to the clinic. There is also a mobile unit for mental health services for children and adults. Some of the child evacuees had to be carried through or waded through flood waters to reach shelters, and it is estimated that up to 40% of them have some aspect of post-traumatic stress disorder. Parents are suffering from anxiety, depression, PTSD, and other coping problems and cannot fully address the problems that their children are facing. Our outpatient pediatric clinic has accepted several children from Katrina ravaged areas into our Behavior/ADHD Clinic, which is staffed by our pediatricians, two child psychologists, and one child psychiatrist (one half-day every week only). We find that our resources are stretched to over capacity. There is still a great need for more mental health services. Children and parents here in Baton Rouge also were affected by the storm in that there was a great increase in

population suddenly, and it was harder for them to get appointments scheduled for their routine health care. Media coverage of the storm has been unrelenting, and some children here suffered mental trauma from seeing images of people wading through flood waters and from seeing constant helicopters flying over Baton Rouge, bringing the sick and injured to rescue stations on the campuses of LSU and Southern University. Hurricane Katrina put the spotlight on the inadequacies of mental health services in the United States.

As New Orleans recovers and rebuilds, there has been an influx of non-documented immigrants, especially from Mexico and other Latin American countries. The immigrants come to provide much-needed manual labor, particularly for construction jobs. Many have brought their families with them, including children who have no health care and who do not qualify for state Medicaid because they are not citizens of the United States. Many have delivered new babies at our state-run charity hospital here in Baton Rouge (Earl K. Long Medical Center). The birth rate at the hospital has increased somewhat, and the infants receive follow-up care at our clinic. The Latin American patient population at the pediatric clinic has increased from about 3% to about 10%. Because of the fact that some of these parents are undocumented immigrants, it has become more difficult to enroll these newborn US citizens in the Medicaid program, and as a result, some of these infants do not receive timely health maintenance check-ups and immunizations. Also, some of these families migrate to different parts of the state or to other states like Mississippi when jobs with higher pay become available, and health care again becomes fragmented. Some of these issues may be resolved once the United States Congress passes immigration reform legislation sometime in the near future.

As the second anniversary of the storm approaches, we are still feeling the effects of all the devastation. Some of the evacuees have returned to their homes in parts of greater New Orleans. Many are not yet able to return because low income housing (especially federally subsidized housing units) is not available. Some people will never be able to rebuild. Some parents state that they do not want to return to New Orleans because of the crime rate, drug, and gang problems. They feel that they can have a better life here in Baton Rouge. There are more jobs available here, and the public education system, although not great, is better in some respects than the one some children had in New Orleans. Baton Rouge's population will never return to pre-Katrina levels. So, as all can see, Hurricane Katrina changed two major cities in Louisiana forever.

ANNOUNCEMENTS

ATTENTION REGION VI AMBULATORY PEDIATRIC ASSOCIATION MEMBERS

Join your colleagues for the **Region VI fall business meeting** during the Midwest Society for Pediatric Research Annual Meeting **October 18-19, 2007 in Indianapolis, Indiana.** After attending the MWSPR program on Thursday Oct. 18th, Region VI will have our fall networking and business meeting from 5:00-7:00 PM. The meeting will be held in the Ruth Lilly Learning Center of the Riley Outpatient Center on the lower level adjacent to the MWSPR meeting. Encourage participation in the APA by bringing your trainees with you to this meeting. We anticipate having a lively panel discussion regarding Faculty & Resident Career Development: Teaching Educators & Residents to Teach. Please volunteer to be a panel member and share what your institution is doing to address this important issue. Contact one of the co-chairs if you are willing to participate on the panel. Panel participants and trainees who attend the meeting will receive a prize! Let's have a good turnout and support our organization while we recognize and encourage research at our institutions through the MWSPR. You can register for the MWSPR meeting and/or submit an abstract at www.medpubinc.com. Meeting registration continues through Sept. 28. See you in Indianapolis!

Elizabeth Simpson.

Children's Mercy Hospitals & Clinics
University of Missouri-Kansas City School of Medicine
easimpson@cmh.edu
816-983-6655

Heidi Sallee

St. Louis University School of Medicine
salleehm@slu.edu
314-577-5643

DIFFICULT CONVERSATIONS IN HEALTHCARE: PEDAGOGY AND PRACTICE

This 1-day course offers the opportunity to learn about an innovative pedagogy for enhancing relational capacities and communication skills in physicians, social workers, nurses, and

other health care professionals at all levels of professional development. We use the PERCS (Program to Enhance Relational and Communication Skills) model of realistic enactments (with actors), collaborative learning, and reflection and feedback. We also discuss and consider how participants might usefully integrate the pedagogy into educational endeavors in their home institutions. The course provides teaching and learning strategies for the interpersonal and communication skills and professionalism competencies required by many regulatory organizations including the ACGME and LCME. The course is a Pre-Course of the Harvard Macy Institute Program for Educators in the Health Professions and was developed by faculty leaders at the Institute for Professionalism and Ethical Practice at Children's Hospital, Boston.

**2008 Course Dates: Saturday, January 12, 2008;
Saturday, May 17, 2008, 2:00 - 8:15 pm**

Cost and Location: Tuition is \$425 Spaces are limited. The course will be held in Boston.

Register online at:

<http://www.harvardmacy.org> and click on the course listing on the left side of your screen.

For more information, please contact:

Elizabeth Rider, Course Director:
elizabeth_rider@hms.harvard.edu

A TOOL KIT OF RESOURCES FOR RELATIONSHIP-CENTERED CARE

Please contribute to our tool kit of resources for Relationship-Centered Care!

Do you have program, website, teaching tools, references or other resources you would like to include in our resource guide? Disseminate your work and that of your colleagues in: "*Humanistic Medical Education and Practice: A Tool Kit of Resources for Relationship-Centered Care*"

Let us know for which chapter we should consider your resource:

- * programs for teaching/disseminating relationship-centered care
- * teaching materials
- * assessment tools
- * websites

* film, video, TV selections
 * definitions of humanism in healthcare
 * bibliography (annotated) - which section? (communication skills; professionalism; feedback and reflection; narrative medicine; working together in teams; observation skills; organizational change; art, film, literature; or miscellaneous)

Please email your resources to:

Elizabeth Rider:

elizabeth_rider@hms.harvard.edu or

Lyuba Konopasek:

lyk2003@med.cornell.edu

CALL FOR NARRATIVES ON REFLECTIVE PRACTICE

Patient Education and Counseling, an international journal, presents a section comprised of selected narratives on reflective practice. Reflective Practice provides a voice for physicians and other healthcare providers, patients and their family members, trainees and medical educators. The title emphasizes the importance of reflection in our learning and how our patient care and own self-care can be improved through reflective practice, similar to other health care provider skills. We welcome personal narratives on caring, patient-provider relationships, humanism in healthcare, professionalism and its challenges, patients' perspectives, and collaboration in patient care and counseling. Most narratives will describe personal or professional experiences that provide a lesson applicable to caring, humanism, and relationship in health care. Submit manuscripts through the Patient Education and Counseling online, electronic submission system at <http://ees.elsevier.com/pec>. Patient Education and Counseling is an international journal indexed in Medline and 13 other related indexes. All

manuscripts, including narratives, are peer-reviewed.

If you would like an electronic copy of the editorial describing the Reflective Practice section, "Sharing Stories: Narrative Medicine in an Evidence-Based World", please e-mail David Hatem: HatemD@umhc.org or **Elizabeth Rider**, E: elizabeth_rider@hms.harvard.edu

Editors:

US: David Hatem, University of Massachusetts Medical School, Worcester, MA USA

Elizabeth A. Rider, Harvard Medical School, Boston, MA USA

Europe: Shmuel Reis Technion [Israel Institute of Technology], Haifa, Israel

PHYSICIANS FOR PEACE

Ellie Hamburger, MD

George Washington University School of Medicine has formed a partnership with Physicians for Peace and the Eritrean Ministry of Health to establish pediatric and surgery residency training programs in Asmara, the capital city of Eritrea. To address its severe shortage of physicians, Eritrea started its own medical school 4 years ago, and is now in need of post-graduate training. The first two fulltime U.S. instructors to start this program, Fatima Khambaty and Jennifer Egelseer, will be heading to Eritrea in the fall of 2007. Khambaty and Egelseer will begin setting up the surgical and pediatric residency programs in October 2007, and will remain in country for a year or longer. The Partnership is currently recruiting additional pediatricians to assist in curriculum development, as well as teaching and supervising the first class of residents. For more information, contact Ellie Hamburger: ehamburg@cnmc.org.

JOB POSTINGS



Pediatric Hospitalist - Illinois

Carle Clinic Association, a 320-physician owned and operated multispecialty group practice, is seeking a Pediatric Hospitalist who is BE/BC in Pediatrics to join an established program in Champaign-Urbana, Illinois. 100% of time would be spent on the floor; Pediatric Hospitalists do not cover the NICU or newborn nursery. Ancillary staff includes pastoral services, child life specialists, and social services. Opportunity for academic/research affiliation with the University of Illinois. Champaign-Urbana has a population of 180,000 and is located two hours from Chicago and Indianapolis and three hours from St. Louis. Please contact:

Dawn Goeddel, Search Consultant

Phone: (800) 436-3095, extension 4103

Fax: (217) 337-4119

E-mail: dawn.goeddel@carle.com

New Associate Chief of General Pediatrics.

The Medical College of Wisconsin (MCW) Department of Pediatrics in Milwaukee seeks a new Associate Chief of the Section of General Pediatrics.

Full-time position with excellent benefits. Reports to the Chief and Professor of General Pediatrics. May directly co-manage up to 10 faculty, 13 professional and 13 support staff and indirectly manage community partner agency staff. Administrative duties (45% effort) include Associate Medical Director, mentor and guide of faculty and staff in growing Downtown Health Center and Milwaukee Adolescent Health Program, and Associate Director of the Primary Care Research Fellowship. Clinical translational and community-based research duties (25%) in Center for the Advancement of Underserved Children and Children's Research Institute, Co-Investigator of MCW Healthier Wisconsin Partnership grants to address childhood asthma, obesity, uninsured, and city health policy, and Associate Coalition Director of Fight Asthma Milwaukee Allies. Clinical patient care and teaching (15%) at Downtown Health Center and growing Children's Hospital of Wisconsin (CHW). Educational scholarship and teaching (15%) in MCW Department of Pediatrics, CHW, and new MCW and University of Wisconsin-Milwaukee School of Public and Community Health. Board certification in Pediatrics required. Additional masters-level education preferred. Administrative and grant-writing experience required. Email CV to jmeurer@mcw.edu. EOE M/F/D/V.

Saint Louis University School of Medicine
Cardinal Glennon Children's Medical Center
Pediatric Hospitalist

Saint Louis University, a Catholic, Jesuit institution dedicated to student learning, research, health care, and service, is seeking outstanding applicants for four full-time faculty positions in the Division of General Academic Pediatrics, Section on Hospitalist Medicine. One position available is for the Section Chief of Pediatric Hospitalist Medicine. The successful candidate for this position will be BC/BE and have completed a fellowship program in pediatric hospital medicine or have significant postgraduate experience in inpatient hospital care. This position will be at the assistant or associate professor level. The remaining three positions will be at the assistant professor rank.

These four individuals will have the opportunity to serve as the foundation for this new Hospitalist Section, and will have the opportunity and responsibility to provide clinical care; education at all levels; and to develop programs in quality improvement, health outcomes research, clinical research and/or educational research.

Cardinal Glennon Children's Medical Center includes a 160-bed free standing children's hospital located in midtown St. Louis, adjacent to Saint Louis University. The Medical Center serves a diverse population from the inner city, the metropolitan area, and children from a 200 mile referral radius. The medical staff includes over 90 full-time Saint Louis University School of Medicine faculty, and all medical and surgical specialties are represented.

All applications must be made online at <http://jobs.slu.edu>. Applications must include a cover letter and curriculum vitae. Other correspondence regarding this position should be sent to **Timothy Fete**, Professor and Director, Division of General Academic Pediatrics at fetetj@slu.edu. Saint Louis University is an Affirmative Action, Equal Opportunity Employer, and encourages nomination of and applications from women and minorities.



Director, Division of Emergency Medicine

Miami Children's Hospital (MCH) is seeking a Director for the Division of Emergency Medicine. MCH is a 275-bed, not-for-profit, stand-alone children's hospital located in a beautiful suburb of Miami. MCH has over 13,000 inpatient admissions and 82,000 emergency department visits each year.

This physician will lead the Division of Emergency Medicine in the delivery of quality clinical care and participate in teaching & education of medical students, pediatric residents, and emergency medicine subspecialty residents at MCH. He/she will participate in performance improvement and patient safety initiatives in a family - centered care environment.

Applicants must possess a MD or DO and be board certified in pediatric emergency medicine. Experience in teaching, management, and scholarly activity in emergency medicine is required.

Miami Children's Hospital is an affirmative action employer, and offers a competitive salary and benefits program. To learn more about MCH, visit www.mch.com

Please submit a letter of interest and curriculum vitae to Christian C. Patrick, Chief Medical Officer and Senior Vice President for Medical & Academic Affairs, 3100 SW 62nd Ave., Miami, Florida, 33155-3009; telephone: (305) 669-5811; e-mail: christian.patrick@mch.com.



AMBULATORY PEDIATRIC ASSOCIATION

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APA DEVELOPMENT FUND

Dear Colleagues,

I would like to remind all of you of the importance to our organization of the APA Development Fund. This fund was established in 2003 in response to the increased need for support of APA-sponsored activities. It is meant to support Young Investigator Grants, trainee scholarships to the annual meeting, NCScholar Program and consultations for healthcare delivery programs. The Fund also will be used to support other new programs that serve the APA mission. We hope to make the fund self-sustaining, but it will be hard to succeed without the support of the entire membership.

You can view and download a copy of the Development Fund brochure and contribution form on the APA website at <http://www.ambpeds.org/site/about/jaffe-fin-03.pdf>, or you may use the form below. Contributions are fully tax-deductible. Whether you choose to contribute \$50, \$100, \$250, or another amount, I urge you to participate. Also, if you have thoughts or ideas about other possible sponsors, I would welcome your input.

Remember also that the names of contributors to the Fund are listed in the Newsletter and are posted at the annual meeting!

Thank you,

Arthur H. Fierman
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Recognition of all donors will be given at the PAS Annual Meeting, in the APA Newsletter and on the APA web site.

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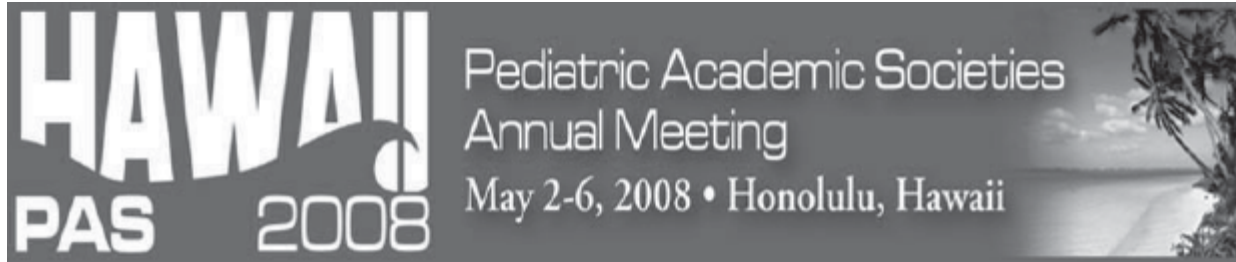
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