



AMBULATORY PEDIATRIC ASSOCIATION

PRESIDENT'S MESSAGE

Daniel Lee Coury, MD



Over the past few days I've seen some abrupt changes occur outside my window. Six inches of snow gave way to temperatures warm enough to play basketball in the driveway with my son, only to drop to the low teens and bring another dusting of snow. In between there was a day or so of rain. Variety and constant change

are Mother Nature's best friends. They are also regular companions of the Ambulatory Pediatric Association (APA). And just as the Weather Channel keeps us informed of climatic changes, the APA Newsletter tries to keep our members attuned to the many activities in which we are involved.

However, a newsletter that arrives three times a year doesn't always meet the needs of timely communication, even if it is delivered by a specially assigned courier designated by the United States government. To augment this longstanding newsletter format, we have had the APA Net listserv for over a decade, providing an opportunity to reach out and touch our fellow members electronically and discuss important issues. The most recent string of messages has been addressing a common concern, that of teaching and billing in resident continuity clinics.

Over the past couple of years the APA Board of Directors has heard of concerns from the Region Chairs of a feeling of a need to be better informed of the Board's activities and actions. To address this we have begun sending minutes of the Board conference calls and the treasurer's reports. It is vital that the Region Chairs be aware of APA activities in order to disseminate to members in the region. It is also important for them to understand some of the activities of the organization, as they represent one of the groups from

which the Nominations Committee selects candidates for the Board positions.

Beyond keeping the leadership at various levels better informed, some time ago we started posting the minutes of the Board conference calls on the APA web site, under the Members Only section. If you haven't visited the site recently, I encourage you to do so and give us some feedback on how we can make it more useful to you.

The Region Chairs also voiced a desire to be more active in steering the organization, and there have been concerns that the annual Business Meeting format doesn't encourage new business from the floor, that is, the membership. This received serious discussion among the Board members, and this year the Business Meeting will feature additional time for open discussion of concerns of the membership with the Board. The Business Meeting has certainly changed over the years, serving a dual purpose of presenting the fiscal side of the organization and a growing role of recognizing outstanding achievements through our awards. Its primary purpose still is to serve as a forum for the membership to provide input and direction to the association, and **ALL** members are welcome and encouraged to attend and participate.

Along with increasing the activity and expectations of the Region Chairs, the role of Special Interest Group (SIG) Chairs is also increasing. In addition to organizing a SIG session at the annual meeting, a SIG Chair needs to keep both the Board and the membership informed with regular reports of the SIG's activities. We are also looking to both Region Chairs and SIG Chairs to serve as abstract reviewers for the Pediatric Academic Societies' (PAS) Meeting. Each

(cont. page 2)

COMMUNICATIONS DIRECTOR'S REPORT

Ruth A. Etzel, MD, PhD



As the Pediatric Academic Societies' meeting approaches, please remember that you are encouraged to attend ANY meeting of the Ambulatory Pediatric Association that might be of interest to you. So, if you relish research, stop in at the Research Committee meeting on Sunday, May 15 at

11:45 am. If you prefer public policy and advocacy, plan to attend their meeting. Or if you want to exchange ideas about Education or pediatric practice, come to the Education Committee or the Health Care Delivery Committee meeting on Sunday, May 15 at 11:45 am-1:45 pm.

As Communications Director, I won't pass up the opportunity to let you know that you are welcome at the Communications Committee meeting on Sunday, May 15 at 2-3 pm in the APA Focus Lounge, Room 148 at the Convention Center. We need your energy and your ideas.

With this issue, we welcome Kelly Morytko to the National Office of the APA. A native of Vermont, she attended Champlain College in Burlington and spent a year as an Americorp VISTA volunteer before moving to the DC area.

The deadline for the next newsletter is June 9, 2005. We welcome submissions from all.

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*The main obligation is to amuse
yourself.*

S.J. Perelman

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PRESIDENT'S Message (from page 1)

year, there are over 500 abstracts submitted in the areas of general pediatrics and pediatric education, and to provide a competent review of them requires a large cadre of reviewers.

One of the topics you will hear at the Business Meeting is the recognition of Academic General Pediatrics. Steve Ludwig, Paul Darden and others are seeking support to advance this initiative which would hopefully include accreditation mechanisms and training guidelines. You'll also read about CORNET, the New Century Scholars initiative, and much more. I hope you read it thoroughly, ponder the issues presented, and come to the Business Meeting in Washington in May. I'll see you there!

PAST PRESIDENT'S REPORT

Paul Darden, MD



This has been a busy year for me and for the APA. I have been negligent about communicating with you but Dan, Ruth, and many others have been doing a very good job.

I attended a meeting of the Primary Care Organizations Consortium (PCOC) for **Dan Coury** in October. This is a meeting of professional organizations concerned with Pediatrics, Internal Medicine and Family Medicine. HRSA and AHRQ, funders interested in what academic generalists do, were also in attendance.

There was much discussion of the Title VII program at HRSA. Title VII's legislative authorization has expired. This program is past due for reauthorization and the feeling is that it may get reauthorized this year. That does not mean it cannot be funded but, it seems, it makes the program seem more tenuous, more vulnerable. The reauthorization is also an opportunity to help Congress develop goals for this funding that are more consistent with how it is actually used. An interesting perspective on HRSA Title VII can be found in the minutes of the October, 2004 meeting of the Advisory Committee on Training in Primary Care Medicine and Dentistry (<http://bhpr.hrsa.gov/medicine-dentistry/actpcmd/min102004.htm>). I know I write this every few months but support Title VII, it seems to be the principal funder of academic general pediatric fellowship programs. When **Lollie McDavid** calls for letters and stories please respond. Troubling, the number of submissions to Title VII is down by 25% though it is not clear over what period. At this point 40 to 50% of submissions are funded (this differs by program and by specialty). Consider submitting for a residency, academic units and/or faculty development (or fellowship) funding (<http://bhpr.hrsa.gov/medicine-dentistry/default.htm>).

At PCOC the liaisons reported. Interestingly, AHRQ has added a tag line to their name "advancing excellence in health care". AHRQ continues to have a very tight budget and it translates into a very tough funding environment.

As comes up every year it is time to elect a new slate of officers. The officers that will be elected next year are the Workshop/SIG Coordinator, Research Committee Chair and two people for the nominating committee. The Nominating Committee would love to have input about members who you think would be appropriate and might be willing to serve. Please contact me or one of the members of the Nominating Committee with

suggestions. The members of the committee are **Mort Wasserman, Danielle Laraque, Dave Jaffe and Elena Fuentes-Afflick.**

Their email addresses:

Dave Jaffe, jaffe@kids.wustl.edu

Danielle Laraque, danielle.laraque@mssm.edu

Mort Wasserman, richard.wasserman@uvm.edu

Elena Fuentes-Afflick, efuentes@sfgHPeds.ucsf.edu

Paul Darden, dardenpm@muscu.edu

My experience with CORNET, the Continuity Research Network, of the APA has been very rewarding. **Janet Serwint**, the Director of the network, has worked very hard to develop the network. This development has been both recruiting additional continuity clinics and trying to find research funding. If you work in a resident continuity clinic you should join. Help evaluate what difference we actually make.

The APA continues with its effort to certify general academic pediatric fellowship programs. This effort is being led by **Steve Ludwig** but many others in the organization are involved including much of the leadership.

The PAS meeting in Washington, DC will be exciting. I hope to see you there.

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, and neonatology. We welcome all who share our mission.

SECRETARY'S REPORT

Marilyn Dumont-Driscoll, MD, PhD

Washington D.C., here we come! Seems like only yesterday that we were meeting in San Francisco and now we are back on the East Coast. **Paul Young**, in his last year as our PAS Program Committee Chair, and the other members of the PAS Program Committee have been busy, almost since the last meeting, putting together what looks to be another four days of exciting presentations. As always, I hope you will have less difficulty than I developing a daily schedule given the myriad choices on the program.....but not too much easier a time!

Once again this year, we have a terrific group of Workshops which you'll want to sample. We will continue to have open seating for these having done away with the ticket process of past years. **Jan Serwint**, our PAS Workshop Chair, along with several of our members had the challenging task of selecting the accepted sessions given the ever-increasing number of superb abstracts submitted. She also had the arduous task of juggling the schedule to accommodate presenters' schedules while minimizing topic conflicts as best she could. You'll notice her hair has a gray tint to it this May!

Likewise the quality and number of submitted abstracts for platform and poster consideration this year continued to improve making that review and selection process also more difficult. Each year we hope to increase the number of APA members who help in this enormous task. As these are all peer-reviewed, we need the PEERS to do it! We will again next year be sending out a solicitation for reviewers for the topic areas that the APA is responsible for developing. Please consider becoming an active participant in this work. Please be aware that the moderators for the individual platform sessions are selected from those members who contributed their efforts to this process.

Paul Young hopes this year to establish what will become a long-standing tradition of having senior faculty facilitate discussion among a small group of presenters with a common theme during some of the platform and poster sessions. As you browse the posters this year, we hope that you will notice these new "pockets" of discussion. Let us know your thoughts and hopefully many of you will consider volunteering for this new initiative in subsequent years.

Also new this year will be your ability to sign up for CME credits at no additional charge. Don't forget to complete the necessary forms at the meeting!

A very appreciative thanks to all who submitted abstracts this year. Due to enhanced technology and rising hard copy publication costs, all meeting registrants will receive a **complimentary copy** of the "Abstracts on Disk" rather than having the opportunity to purchase (and carry around!) the BIG RED BOOK! This record will remain available as an on-line citation for future reference of all abstracts.

And lastly, I would like to acknowledge the Program Committee, all the APA members who devoted countless hours to the review of abstracts, and our never tiring, ever cordial and helpful APA staff! We couldn't do it without you!

So please come to Washington D.C. May 14-17, 2005. Re-energize yourself for the coming year. Both old friends and new ones will be waiting just to see you! And so will I!

2005 Child Health Services Research Meeting

Join more than 200 colleagues on June 25 in Boston for the Seventh Child Health Services Research Meeting. This one-day meeting will feature the latest research, timely policy debates, and skill building sessions.

In addition, AcademyHealth is accepting nominations for the Nemours Child Health Services Research Award recognizing the scientific work of emerging scholars in the field of child health services research. Nominations are due on March 31st.

For more information, please visit:
www.academyhealth.org/childhealth

COMMITTEE REPORTS

EDUCATION COMMITTEE

Constance Baldwin, PhD

We have a number of exciting developments to report this season. The **Educational Guidelines** project team is busy building curriculum planning functions, creating the faculty development tutorial system, conducting dissemination workshops, and planning evaluation of the project (see report on page 17).

The **Faculty Development Program** (FDP) Executive Committee has expanded to include representatives in the research and advocacy domains. This spring, the FDP will be beta testing and launching an exciting new web-based networking tool for APA members called **E-Connections** (described elsewhere in this newsletter). After PAS, look for an announcement of hot topics for program-sponsored workshops at PAS 2006. The FDP website, linked from the APA Education page, can also be accessed directly at:

http://www.ambpeds.org/site/education/education_faculty_dev.htm/

The APA was shocked by the deaths of two of our educational leaders, **Rich Sarkin** and **Steve Miller**, in a plane crash last year. APA memorials in the planning stages include:

- A Miller/Sarkin Mentoring Award
- A workshop on humanism for the PAS 2006 meeting
- A possible supplement to *Ambulatory Pediatrics* on humanism in medicine

We are also studying the feasibility of creating a small grants program for educational research to honor Rich and Steve. We would like to hear from people interested in joining a task force to consider feasibility, funding sources, and mechanisms. (Contact: cbaldwin@utmb.edu)

Finally, to assist you with planning for PAS 2005 in Washington DC, here are some key activities to put on your schedule:

- The **Education Committee meeting** will be on Sunday, May 15, 11:45 am-1:45 pm.

- There will be a **reunion of National Pediatric Faculty Development Scholars** on Saturday, May 14 in the evening.
- Faculty Development Program **sponsored workshops** for this year are:
 - * From lectures to modules: designing/developing online teaching and learning materials. K. Lewis, R. Baker. FD Domains: Communications/Technology and Education (Saturday, May 14, 3:15-5:15 pm)
 - * So you are an educator and want to be tenured: the nuts and bolts of academic success for the clinician educator. L. Chandran, L. Osborn, V. Moyer. FD Domains: Career Development and Education (Monday, May 16, 9-12 am)
 - * Why? When? What? An introduction to qualitative research methods. J. Hanson, C. Christy, L. Tewksbury, L. Manfred, N. Talib, S. Smith, U. Shaikh. FD Domain: Research (Tuesday, May 17, 8:45-11:45 am)
- **Education Committee's sponsored workshop:** Developing a Competent Pediatrician: A Continuum Approach to Pediatric Education From Clerkship and Residency Through Faculty Development. C. Baldwin, M. Barratt, E. Doyne, L. Fall, L. Garfunkel, V. Niebuhr, D. Rauch. (Sun, May 15, 2-5 pm)
- **Educational Guidelines workshop:** "Using the *APA Educational Guidelines for Pediatric Residency to Plan Effective Evaluation Systems*. D. Kittredge, C. Baldwin, M. Bar-on, P. Beach, F. Trimm (Sat, May 14, 3:15-5:15 pm)

The Education Committee is open to all APA members: join us for our meeting at PAS. For questions and responses, contact Committee Chair, Connie Baldwin, at cbaldwin@utmb.edu.

*The most incomprehensible thing
about the world is that it is
incomprehensible.*

Albert Einstein

PUBLIC POLICY AND ADVOCACY

Lolita McDavid, MD, MPA

Every Day I Have the Blues!

B.B. King

The 108th Congress came to an end in a manner not dissimilar to previous Congresses: overdue, over-budget, and bruised and battered from the elections. Once again, legislators had to return to Washington in November and December for a post-election lame duck session of Congress in order to complete the required annual appropriations process. Though the fiscal year ended on September 30, partisan wrangling and election year campaigning caused the clock to run out before Congress could complete the spending bills, so a series of "Continuing Resolutions" were passed to keep the government funded and running at FY 2004 levels. When the process was finally completed in early December (in the form of an omnibus "catch-all" bill containing 9 of the 13 appropriations bills), the result was once again a bill that echoed conservatives' calls for fiscal belt-tightening, and unfortunately the belt was around many public health programs of importance to the pediatric community. The funding picture looks bleakly similar for the 109th Congress. The elections of 2004 provided Republicans with net gains in both the Senate and House. The new ratios are: 55 Republicans, 44 Democrats and 1 Independent in the Senate; 232 Republicans, 201 Democrats, 1 Independent and 1 open seat (following the death of Rep. Bob Matsui, D-CA) in the House. With both bodies skewing more conservative in the 109th Congress, the pediatric community will have to work very hard to make sure the interests of children and adolescents are assured in the coming year, and that public health programs in general are provided adequate funding.

President Bush released his FY 2006 budget on February 7, 2005, and we, yet again, have our work cut out for us. The following illustrates the up-hill battles are expected in those areas of interest to the APA in terms of current spending and what Mr. Bush has requested in his budget (millions of dollars):

	FY2004	2005	2006
	Actual		
Health Professions (Title VII)	410	416	429
Emergency Medical Services For Children	20	20	-----
Maternal and Child Health	730	724	724
Block Grant Children's Hospitals GME	303	298	200

My grandmother used to say "When you see a turtle on a fence post, you know he didn't get there by himself". I would like to thank Karen Hendricks for all of her help over these past 3 years, including the use of her words. She has been my *Bridge over Troubled Waters!*

WORKSHOPS AND SIGs

Janet Serwint, MD

This has been an exciting time in preparation for the 2005 PAS meeting in Washington, DC! The workshops have been selected and the program includes innovative and interesting selections. Based on past positive feedback, your participation in the workshops will not require a ticket. Thanks to everyone who submitted workshops. It was difficult to choose from all the terrific submissions. I look forward to seeing you at the meeting.

The APA Board of Directors has developed a new policy statement for the initiation and maintenance of the APA Special Interest Groups.

Ambulatory Pediatric Association Policy for Special Interest Groups (SIGs)

The Special Interest Groups of the Ambulatory Pediatric Association have provided a valuable venue for our membership to network with other colleagues with similar interests, to provide a forum to discuss issues concerning relevant topics to the SIGs, and work towards goals that will benefit the membership of the Ambulatory Pediatric Association at large. Some of the outcomes of the SIGs have included annual innovative meetings, invited speakers at the national PAS Meeting, development of research awards, topic specific manuals, collaborative research projects and policy statements.

The Ambulatory Pediatric Association regularly receives requests from groups who desire to establish a new Special Interest Group. It is important to have criteria in place for the establishment and maintenance of each SIG. This will help ensure the long lasting viability of the SIG, minimize redundancy between SIGs and prioritize resources related to our SIG structure. Moreover, other factors argue for limiting the total number of SIGs: a) the number of SIGs effectively limits the number of workshops that can be selected, because they share the same pool of rooms, b) it has become increasingly challenging to schedule SIGs at the PAS meetings to minimize conflicts, and c) members can effectively belong to only a limited number of SIGs. The

following procedures have been developed to outline criteria for initiation of a new SIG, and expectations for accountability in maintaining a SIG.

Criteria for Initiation of a New SIG

- 1) State the name of the SIG
- 2) List explicit goals of the SIG
- 3) Explain why the SIG is important and in what ways it will benefit the membership of the APA
- 4) List names and signatures of a minimum of 20 APA members who would join
- 5) Identify the SIG Chair (and/or Co-Chair)

The APA Board will discuss the application for a new SIG, and vote on the application.

Expectations for Accountability for Already Established SIGs:

- 1) Each SIG will be expected to meet each year at the PAS meeting.
- 2) Each SIG should submit a minimum of 2 SIG specific reports per year to the APA newsletter.
- 3) **Each SIG will send an annual report to the Chair of Workshops/SIGS by June 1 for review by a subset of the APA Board, (SIG Review Board).** The report should contain the following:
 - a) Description/agenda of the PAS SIG meeting held
 - b) Number of participants at the meeting (on list, identify APA members)
 - c) Evaluation of annual SIG meeting by members
 - d) Description of additional SIG meetings with information including items a-c.
 - e) Accomplishments of the SIG from the previous year. Possibilities include:
 - i. SIG sponsored workshop(s)
 - ii. SIG sponsored abstract(s)
 - iii. SIG sponsored manuscript(s)
 - iv. List of SIG members who participated in workshop or abstract review
 - v. SIG sponsored documents-clinical practice guidelines, directories, content specific manuals
 - f) Documentation of how SIG funds were utilized

Criteria for SIG Merger

If the SIG does not meet the following minimum criteria, they will be asked to merge with another SIG

- 1) Does not meet for 2 consecutive years at the PAS meeting, without extenuating circumstances
- 2) SIG has less than 10 active members
- 3) SIG does not provide the annual report
- 4) SIG does not provide at least 2 submissions to the APA newsletter per year

The SIG Review Board will include the following APA Board members:

- 1) Chair of Workshops/SIGs
- 2) Secretary
- 3) Membership Chair
- 4) Past President

Please let me know if you have any questions. Remember, the SIG reports should be sent by June 1, 2005 to: jsrwin@jhmi.edu. Hope to see you in Washington, DC!

Save the Date
for a conference on:

Pediatric Hospital Medicine 2005

July 28 - 31

Denver, Colorado

Presented by:

**APA, AAP - Section on Hospital Care* and
SHM**

Workshop Areas to Include:

*Clinical, Education/Teaching, Research,
Practice Management*

Additional details will be posted at
www.ambpeds.org

Or contact the APA National Office:
703-556-9225 x106 or connie@ambpeds.org

* The Section is in the process of securing approval
from the AAP

RESEARCH COMMITTEE

Peter Szilagyi, MD, MPH

The APA Research Committee has been busy working on a number of issues.

1) Reviews of Young Investigator Grants (YIGs):

The committee organized NIH-style study sections to review three groups of YIG's: General, AHRQ-funded, and Immunization (CDC-funded). Letters of intent were reviewed and scored, best scoring grants submitted full proposals, and the full grants were reviewed by the study sections. Altogether 49 LOIs were submitted, 30 full grants were reviewed, and grant recipients will be announced at the PAS meetings. We thank the dozens of senior APA members who served as reviewers.

2) Faculty/Fellowship Development:

Chris Forrest and **Benard Dreyer** are leading our joint efforts together with the Education Committee to develop a more formal, organized, and planned set of educational programs to serve our APA membership, either at PAS meetings or other venues. This is a long-term, important project. Stay tuned!

3) APA Research Award:

A study section of "who's who" in APA research and fieldwork was formed to review the multiple nominations for the prestigious APA Research Award. After much deliberation, the study section reached consensus and the winner will be announced at the PAS meetings.

4) The APA Statement:

"Ensuring Integrity For Research: With Children" was drafted, reviewed, and modified by committee membership, and then the APA board and other experts. This statement was recently published in Ambulatory Pediatrics. We thank Ruth Etzel for her outstanding leadership.

5) CORNET:

CORNET has a formal link with the Research Committee. We have been discussing these linkages and strategies to be most helpful as CORNET grows and flourishes. You can read more on CORNET on page 16.

6) PAS Committee Meeting:

We will be discussing the above issues at PAS during the Research Committee meeting on Sunday May 15, 11:45-1:45, Room 141 at the Convention Center. In addition, **Janet Serwint** will give an update on CORNET.

7) Membership:

If you have interest in joining our committee, please contact me! All levels of APA members are invited. We have monthly conference calls, and meet at the PAS meeting. My email is: Peter_Szilagyi@URMC.Rochester.edu

SPECIAL INTEREST GROUPS (SIGs)

ADVOCACY TRAINING

Lisa Chamberlain, MD, MPH

Benjamin Hoffman, MD

Alice A. Kuo, MD

We are excited to meet in May to discuss and share advocacy training triumphs and learning opportunities. This past fall you may recall having received an email asking for ideas and input into the planning of this year's SIG. Thanks to all of you who took the time to send us your ideas – it is that participation that makes this such a dynamic group.

This year our SIG will have two main activities: the resident advocacy posters and oral presentations followed by small breakout groups for in depth discussion. The poster session is back by popular demand and will feature exceptional resident advocacy work. We're sure it will continue to inspire. Interested residents should submit abstracts describing their project, its implementation, the target audience, the goals and objectives, activities, and outcome measures if you have any. Abstracts (of no more than 250 words) should be emailed to SIG co-chair Ben Hoffman at bhoffman@salud.unm.edu no later than March 30 so that we can notify those selected for posters and those for presentations by early April.

Our second activity will be small, interactive discussion groups to discuss advocacy infrastructure issues. In response to feedback we received the topics will include "How to evaluate your advocacy curriculum," "How to develop advocacy curricular experiences with no money," and "What innovative curricular experiences are out there." If anyone has other topics they would like to see discussed please email to Lisa Chamberlain at lisa.chamberlain@medcenter.stanford.edu. We plan to conclude with a brief moderated Open Forum for both residents and faculty to address issues raised in the small groups and garner suggestions for the SIG's future direction.

We are aware of one technical glitch: a workshop on advocacy competencies will overlap with our SIG. We are working to see if we can have the rooms be close by and will schedule the agenda so that folks can participate in both. Thanks to your input we'll continue to be a strong and useful SIG. We look forward to seeing you in Washington DC!

CHILD ABUSE *Cindy Christian, MD*

Greetings once again from Philadelphia, the city that loves their Eagles! During my recovery from our Super Bowl loss, I am busy planning the child abuse SIG for this year's meeting in Washington, DC. This year, the Child Abuse SIG is being co-sponsored by the AAP Section on Child Abuse. I'd like to thank my friends at the AAP for their time and assistance. In keeping with my pledge to highlight important work that is being done in our host city each year, we will focus on some of the emerging legal issues that we are faced within our field. I have invited colleagues from the National Center for Prosecution of Child Abuse to discuss two specific issues that have an impact on our work: Daubert challenges to the diagnosis of "shaken baby syndrome" and the Washington vs. Crawford decision, which limits hearsay testimony when the child can not testify.

In addition to the legal agenda of the meeting, we will continue to offer young physicians (and those young at heart) an opportunity to present research. This year, we will discuss the challenges of neonatal drug screening protocols, and neck injuries in abused children with head trauma. Please join us on Sunday afternoon, May 15th, from 2-5 PM for good conversation and learning. And feel free to email me (Christian@email.chop.edu) with any ideas or suggestions. See you in Washington!

DEVELOPMENTAL-BEHAVIORAL PEDIATRICS *Dan Coury MD*

The Developmental-Behavioral Pediatrics SIG will be meeting again in Washington with a presentation on a re-thinking of pediatric health supervision. There have been exciting developments in our understanding of the biologic changes underlying child development and behavior during

the first few years of life. This new knowledge has significant implications for child health policy. Along with this information, there have been very encouraging reports of successful efforts to promote development in primary care settings.

It seems an ideal time to examine how we can put these two streams of advancement together to re-think the focus and process of pediatric health supervision visits. The discussion will be led by **Martin Stein** and **Lane Tanner**, and active input from the audience will be not only encouraged but required.

In addition, my term as Chair of this SIG has reached an end and we need to identify a new chair. If you have an interest, or know of someone who does, please contact me at dcoury@chi.osu.edu so that a potential slate can be formed.

ENVIRONMENTAL HEALTH *Ruth A. Etzel, MD, PhD*

The 3rd annual pediatric environmental health scholars meeting brought together 6 APA fellows and their mentors, members of the fellowship oversight committee and a number of invited guests for an intensive meeting in Reston, Virginia, on the weekend of March 11-13. The fellows, **Maida Galvez**, **Nathan Graber** and **Leo Trasande** from Mt. Sinai, **Javed Hussain** from Children's Hospital, Boston, **Adam Spanier** from Cincinnati Children's Hospital and **Monica Pourrat** from Children's National Medical Center presented their research projects, which were critiqued by the group. The fellows' mentors, site directors for the APA fellowship program in pediatric environmental health, included **Philip Landrigan** and **Joel Foreman** (Mt. Sinai), **Alan Woolf** (Children's Hospital, Boston), **Bruce Lanphear** (Cincinnati Children's Hospital) and **Ben Gitterman** (Children's National Medical Center).

The meeting opened with a workshop for the fellows on How to Plan and Facilitate a Workshop by **Larrie Greenberg** from George Washington University School of Medicine and Health Sciences.

On Friday evening, **Dan Coury**, APA President, provided a brief history of the APA Environmental Health Fellowships, which were launched by **Ellen Crain** as part of her APA Presidential Project in 2000-2001.

Special guest speakers included Peter Gergen from the National Institute of Allergy and Infectious Diseases who outlined methodological issues in studying asthma, Peggy Shepard,

co-founder and executive director of West Harlem Environmental Action, Inc. who discussed advancing environmental health through advocacy, William Sullivan, Associate Professor and Director of the Environmental Council at the University of Illinois, Urbana-Champaign, who described studies of the impact of the green environment on child development and human behavior, Jenny Pronczuk, a medical officer at the World Health Organization who described technical activities at WHO to promote children's environmental health, and Ron Waldman from the Mailman School of Public Health of Columbia University who spoke about preventing epidemics during political emergencies and natural disasters, including lessons from Goma and Aceh.

Dana Best from the George Washington University School of Medicine and **Robert Wright** from the Harvard School of Public Health provided helpful advice to the fellows. Kathy Kirkland, Executive Director of the Association of Occupational and Environmental Clinics (AOEC) who oversees the Pediatric Environmental Health Specialty Units and Tee Guidotti, Professor of Occupational and Environmental Medicine at the George Washington University Medical Center also added their insights. The National Institute of Environmental Health Sciences (NIEHS) and AOEC provided funding for the meeting.

EVIDENCE-BASED PEDIATRICS

Nader Shaikh, MD

John Frohna, MD, MPH

Please join us for the first meeting of the Evidence-Based Pediatrics SIG! This is your chance to be involved in planning the direction and focus of this important SIG. The beginning of the meeting will be spent brainstorming about possible activities for the SIG. We will use these ideas to generate a mission statement and to set goals for the next few years. There will also be discussions on how to teach and evaluate EBP, using examples from two residency programs. Finally, we will review resources to be placed on the SIG website to determine which are most useful for our members.

Note that the meeting time is different from that in the preliminary agenda – it will be held May 15, 2005 at 2:00. See the final booklet for the room location. This forum will provide an opportunity for all those interested in the practice, teaching, and research about EBP to meet and to develop collaborative projects. We look forward to your involvement!

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FACULTY DEVELOPMENT

Virginia Niebuhr, PhD

Latha Chandran, MD, MPH, MBBS

The APA Faculty Development SIG meeting, titled "Snapshots of Faculty Development Activities from around the Country" will be Sunday, May 15, 8-11 am.

If you are beginning your efforts in faculty development and want consultation from experts, the Faculty Development SIG workshop is for you. If you completed the APA Faculty Development Scholars Program, and want to visit with old friends, this SIG is for you.

- Former members of the APA Faculty Development Scholars Program will give snapshot presentations of some of the exciting projects at their institutions.
- Junior faculty will have an opportunity to receive consultation on project ideas and opportunity to establish connections with senior faculty outside their own institutions. (note: inter-institution relationships are often imperative for promotion)
- Group discussions will address 3 key questions:
 - "what are the creative ways that faculty development activities have been funded and supported at your institution?"
 - "what creative ideas can we think of for collaborative work between institutions?"
 - "what do we want to be the future plans for the SIG?"

An overview will be given of the APA Faculty Development Program activities and plans.

HIV/AIDS

Lois Howland, MD

Nancy Hutton, MD

The HIV/AIDS Special Interest Group conducted a member-wide survey in the fall to identify current providers of care to children and youth with HIV infection, and to specifically assess areas of interest that could be addressed at the annual SIG meeting.

We received a geographically diverse response from both new members just out of training and long-term members with significant experience. While antiretroviral treatment perinatally has drastically diminished the number of HIV-infected newborns, pediatricians are continuing to care for children with HIV infection who are “aging up” and entering adolescence. At the same time there is recognition of increasing prevalence of adolescents contracting HIV through risk behaviors, particularly unprotected sex.

Last spring the SIG offered a lecture/discussion format focusing on the topic of issues related to measurement, predictors, and significance of quality of life of HIV-infected children. This year we will focus on issues related to adolescent HIV disease. Jon Ellen of Johns Hopkins University will present their program’s experience with integrating the pediatric and adolescent clinics as well as issues related to adolescent outreach as a model of care.

An interactive session will follow in which we will discuss interests and priorities for SIG activities including strategies to address the education and training needs related to pediatric HIV care. We invite all providers with an interest in this topic to join us at our meeting in May!

HOSPITAL MEDICINE

Daniel Rauch, MD

Jeff Sperring, MD

Only the name has changed. The SIG formerly known as Hospitalist/Inpatient Medicine is now in its 4th year and we’re looking forward to another outstanding meeting in Washington, DC. Plan on getting your 2005 PAS Meeting off to a great start this year – set your alarm clocks and join us for our SIG meeting Saturday, May 14th from 8-11 AM.

Our agenda this year will include:

- Updates from the previous year in Pediatric Hospital Medicine
- Presentation/discussion on Disaster Preparedness by our colleagues from Florida
- Poster session
- Small group discussion groups that will focus on research (including an update on the PRIS network) and education.
- Latest updates on the Pediatric Hospital Medicine 2005 Conference in Denver this summer

We are also excited to have the Pediatric Resident SIG join us for a joint discussion on the role of Pediatric Hospitalists in residency education and career planning for those interested in Pediatric Hospital Medicine.

In addition, please check your program guide when it becomes available for this year’s Hospital Medicine Plenary Session. Be among the first to hear the latest research on Pediatric Hospital Medicine!

We look forward to seeing you all again in DC and welcoming new members as our SIG continues to grow. If you have any questions about our SIG or the upcoming meeting, please contact us. **Daniel Rauch** (DANIEL_RAUCH@NYMC.EDU) and **Jeff Sperring** (jsperrin@iupui.edu).

INTERNATIONAL HEALTH

Joe Sherman, MD

Anna Mandalakas, MD, MS

The International Health SIG provides programs appealing to both members and non-members who are interested in international child health. This year’s program will begin with a presentation by the 2005 APA International Health Award winner discussing the health needs of children in the investigator’s home country. This will be followed by an introduction of all attendees and opportunity to learn about their professional activities and interests. Finally, we will conduct an open forum addressing the topic: “The Effect of Armed Conflict on the Health and Well-being of Children”. Invited speakers will address the issue from the perspective of international public policy as well as clinical experience from the field. There will be a chance for all attendees to participate in the discussion. We will also hold an informal meeting for SIG members and anyone interested in becoming involved with SIG activities. The approximate schedule will be as follows:

Sunday, May 16th:

- 2:00-3:00 PM: Presentation by award winner and introduction of attendees
- 3:00-3:30 PM: Informal Interaction
- 3:30-5:00 PM: “The Effect of Armed Conflict in the Health and Well-being of Children”
- 5:00-5:30 PM: Informal meeting concerning SIG activities

PEDIATRIC TOBACCO ISSUES

Dana Best, MD, MPH

Deborah Moss, MD, MPH

This year's Pediatric Tobacco Issues Special Interest Group promises an exciting and action-oriented session. We plan to take full advantage of the Washington, DC conference location and focus on building policy/advocacy awareness and skills. The session will include a presentation on tobacco control advocacy options, practice writing advocacy letters and a sample script to use when visiting legislatures. The meeting will be followed by a real life lobbying experience on Capitol Hill! Consistent with the SIG's mission to bring together pediatricians interested in tobacco control issues, the session will include Members' Updates, an opportunity for networking with other SIG members. This time will be dedicated to hearing reports on recent developments and publications of our SIG members as well as upcoming funding opportunities. Finally, the CIG SIG is soliciting interested volunteers for a debate on "The use of cessation pharmacotherapy in pediatrics." Please contact SIG co-chairs Dana Best (dbbest@cnmc.org) or Deb Moss (deborah.moss@chp.edu) with questions or comments. We're looking forward to seeing everyone at the meeting on May 16, 3:00 pm - 5 pm. The meeting room will be posted in the final program book.

RACE IN MEDICINE

Anne Beal, MD, MPH

Ivor Braden Horn, MD

Many researchers have studied patient-physician communication and documented the tensions and misunderstandings often seen in this important process. But these concerns are far greater when the patients are minorities or don't understand English well, and when doctors aren't equipped to explain the intricacies of care to people whose cultural beliefs may make American medicine a mystery.

Award-winning filmmakers Maren Grainger-Monsen, M.D., and Julia Haslett explore these issues in a just-completed series of films called *Worlds Apart*, which document the experiences of minority Americans and patients from other countries in the U.S. health care system. This unique project dramatizes communication between patients and their doctors, tensions between modern medicine and cultural beliefs, and the ongoing burdens of racial and ethnic discrimination.

Join us to view and discuss this award winning film, which is being used as a tool for cultural competency training in medical settings. We will see the stories of the following people:

- Mohammad Kochi, an Afghani man with stomach cancer, refuses chemotherapy in part because of poor communication between his doctors and his daughters, who act as his translators.
- Robert Phillips, a 29-year-old black man, has been waiting three years for a kidney transplant. He's frustrated with the medical bureaucracy and feels that black patients may not be readily referred for a new kidney because physicians think "they're just going to ruin it anyway."
- Justine Chitsena, a 4-year-old girl from Laos, needs surgery for a congenital heart defect. Her grandmother adheres to traditional Laotian and Buddhist beliefs and worries that the scar will affect Justine's spirit in her subsequent lives, while her mother worries that her family will blame her if something goes wrong.
- Alicia Mercado, a 60-year-old Puerto Rican woman, struggles to keep up with her chronic diabetes, hypertension, and asthma after being evicted from her apartment and suffering depression.

SERVING THE UNDERSERVED

Peter Sherman, MD

Wendy Hobson, MD

We are using the setting of Washington, DC to focus on advocating for the health care of underserved children at this year's PAS meeting. The SUS SIG meeting will take place on Saturday May 14th from 8 am -11 am. Taryn Houghton Rosenkranz from the AAP legislative office will give an overview of priorities for the 109th congress and will discuss how we can be effective advocates at the federal level. **Abraham Bergman**, from Harborview Medical Center in Seattle, will talk about his crusade to advocate for improved health care for children in foster care at the state level. One of our important sister organizations, The Association of Clinicians for the Underserved, will discuss two of the initiatives they are engaged in; oral health and identifying environmental triggers for asthma. We anticipate a lively discussion with all of these exciting presentations. Please bring all your ideas and comments for improving the SUS SIG and particularly how we can best use the SUS listserv that was recently set up.

AROUND THE REGIONS

REGION I

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Christopher Stille

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Region 1 members continue to be an active group. We are planning our annual meeting on April 8th at the Publick House in Sturbridge, Massachusetts. We look forward to a good turnout as this is an excellent opportunity for fellows and others to present their research to an enthusiastic and friendly crowd. In addition to abstract presentations, we will also have a keynote address at this meeting. The keynote topic this year will be about designing research involving quality improvement.

If you have questions please feel free to contact us.

REGION II

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Karen Edwards, MD, MPH

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The Region II meeting took place on February 25 at the Maria Fareri Children's Hospital and New York Medical College in Valhalla, NY. Three workshops were scheduled along with a full roster of platform presentations. One of the Association of American Medical Colleges's Medical Education Research Certificate (MERC) Workshops, "Qualitative Research Methods in Medical Education" was led by Ilene Harris of the College of Medicine at the University of Illinois at Chicago. A meeting highlight was a tribute to Steve Miller by Linda Tewksbury, Lyuba Konopasek, and Maryanne LoFrumento and the announcement of a Region II project in his memory.

Please come to the Region II breakfast at the PAS meeting in Washington, D.C. on Monday, May 16 from 7- 8 am

REGION III

Debra L. Bogen, MD

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Maryellen E. Gusic, MD

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The Region III annual meeting was held in Rochester on October 15. We would like to thank Mr. Britton Lui, administrative assistant to Peter Szilagyi who, for the past few years, has helped to arrange wonderful meetings for us in Rochester. The theme of this year's meeting was: Mental and Behavioral Health Issues in Pediatrics. We had speakers from 3 of the region's institutions: Linda Chaudron from the University of Rochester presented a talk and workshop on screening for maternal depression in the pediatric setting. Michael Scharf, also from the University of Rochester, discussed the pharmacologic treatment of common mental health problems in children. Martin Hoffman from Children's Hospital of Buffalo presented his research on the treatment of ADHD, using both behavior management and medication therapies. He and Anil Chacko from the Center for Children and Families at the University of Buffalo gave a workshop on the use of a report card to monitor symptom response to treatment. **Debra Bogen** from Children's Hospital of Pittsburgh talked about the use of SSRIs during pregnancy and lactation. If no one from your institution was able to attend the meeting, we would very much like to hear from you. We would like to explore ways to make our dream of complete regional inclusion a reality. Please email or call either co-chair; we would be thrilled to talk to you!!

In December we awarded our annual research award. Abstracts were submitted from students, residents, and fellows who are in training at a number of different institutions throughout our region. We would like to thank all of the investigators for their submissions and congratulate each of the researchers on their exciting and innovative work. Two awards were presented this year. Cynthia Ann Lucero is a second year resident at Children's Hospital of Pittsburgh.

She described her project which will explore physician attitudes, knowledge, and practices related to breastfeeding and smoking. She will survey Pennsylvania pediatric providers using a web-based questionnaire to determine practices related to breastfeeding advice and counseling regarding smoking cessation given to new mothers. Melissa Vitale, a second

year pediatric resident from Penn State Children's Hospital, was recognized for her study describing the epidemiology of trauma in Amish children admitted to a tertiary care center. She analyzed differences in treatment and outcomes related to mechanism of injury as well as cost associated with this the evaluation and treatment of these patients.

Maryellen Gusic has agreed to serve another term as co-chair for our region. We thank all of our members for their active participation in our activities and hope that additional energetic and enthusiastic members will consider running for a regional leadership position in the future.

We welcome new members to our region and hope to include others who share the passion and vision of the APA. Fellowship Directors and Division Chiefs – please encourage your fellows and junior faculty to get involved in the APA!

Our regional breakfast at the national PAS meeting is scheduled for Monday, May 16th at 7-8 am. Please consult the meeting brochure for exact location. We have asked the winners of this year's research award to present their work during the meeting. We will discuss topics of interest to our members that can then be shared with APA leadership. We will also begin planning our 2005 regional meeting that will be held in the fall in Pittsburgh, PA. If you have ideas or suggestions for this meeting – please share them with either co-chair and please join us for breakfast.

We'll see everyone in Washington in May. Please feel free to contact either one of us with any of your ideas, questions, or concerns.

REGION IV

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Janet Serwint, MD

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On January 15-16, 2005, the 30th Annual Region IV meeting was held in Williamsburg, Virginia. The meeting offered exciting abstract and workshop presentations; a special thank you to all who presented. In planning the meeting, the assistance of **Gail Cohen, Jenny Tender, John Olsson, and Karin Hillenbrand** was appreciated. The meeting next year will take place in Charlottesville, Virginia.

To encourage increased regional participation, we are looking for one representative from each institution to assist with planning for the meeting. **Jenny Tender**, DC Children's, **Karin Hillenbrand**, East Carolina University, **John Olsson**, East Carolina University, and **Larry Pasquinelli**, Eastern Virginia Medical School have currently volunteered to assist with planning. If you would like to assist in planning for the meeting, please contact **Larry Pasquinelli**.

As **Janet Serwint's** term as regional co-chair ends in May 2005, **Barry Solomon**, John Hopkins University, will become the new region IV co-chair.

We are pleased to be able to offer the Region IV Research Award again this year. This is a "start-up" grant to help support a regional research project that is a collaboration between two or more institutions within the region. Proposals should be 3-5 pages and include background, objectives, methods, data analysis and a proposed budget. Funding up to \$1000 will be available. The deadline for submission of proposals is April 15, 2005 with plans for proposal presentation at the Regional Breakfast as part of the PAS meeting in Washington, DC. Please email **Janet Serwint** or **Larry Pasquinelli** grant submissions or if you would like to assist in reviewing the grant applications.

Membership in the region continues to grow. To encourage increased participation and membership, please invite fellow 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, please contact either **Janet Serwint** or **Larry Pasquinelli**.

Please keep Barry Solomon, Region IV Communications Director, informed of any changes in your contact information at bsolomo@jhmi.edu. If you do not have e-mail, please call Larry Pasquinelli at (757) 668-7179.

Remember that you can make use of the Regional listserv at apa-iv@listproc.hcf.jhu.edu.

We look forward to seeing members of Region IV at the regional breakfast, on Monday, May 16, from 7-8 AM at the PAS meeting in Washington, DC.

Time is but the stream I go a-fishing in.

Henry David Thoreau

REGION V

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We are looking forward to seeing all of Region 5 at our Regional Breakfast on Monday, May 16th from 7-8 am! Here is what we have planned for that morning's meeting:

- 1) Introduction of our New Region Co-Chair whose term will begin May 2005.
- 2) Updates from the APA Board Meeting.
- 3) Presentations from the winners of our Trainee Abstract Competition. Their work is quite impressive! Please come and support these junior colleagues from our region! Also, a big thank you to our reviewers – we really appreciate your time and input!

If you have anything you'd like to see added to the agenda, please contact one of us! Remember we would love to see trainees at the breakfast. It is a great place to network. Invite a visiting trainee to breakfast! See you in DC!

REGION IX AND X

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The 2005 James Seidel, MD Meeting of the APA Regions IX and X was held on January 29 in Salt Lake City. This was the first time that this regional meeting was held in a location other than Carmel, California. The region chairs decided on a new venue in an attempt to address member concerns of the cost of travel to Carmel.

Fourteen research abstracts were presented by faculty, pediatric residents, and medical students. **Martin Stein** from UCSD presented a workshop entitled "Rethinking Child Health Supervision" and Barry Nangle from the Utah Department of Health gave participants an overview of Utah Health Department databases. A small but enthusiastic audience of 24, including community pediatricians from the Salt Lake area, attended.

The Region IX and X breakfast (Monday, May 16 from 7:00 am to 8:00 am) at the PAS meeting will focus on the future of this regional meeting. Nominations will also be sought for a new Region IX Co-Chair as **Karen Buchi** finishes her term.

Truth is error burned up.

Norman O. Brown

OPEN MEETING

The National Vaccine Advisory Committee and the Centers for Disease Control and Prevention are holding a meeting of key stakeholders with an interest in adolescent immunization to address issues expected to arise with the licensing of new vaccines for this age group. The meeting will be on June 2-3, 2005 in Washington, D.C.

Participants in the meeting will

- Identify approaches that will most effectively and efficiently increase the proportion of adolescents who receive newly recommended vaccines.
- Identify ways to integrate these approaches with other adolescent health, education, and development programs.

The meeting is expected to result in identification of practical strategies to protect adolescents against vaccine-preventable diseases. Papers developed for the meeting will be edited and put on the meeting website as well as submitted for journal publication.

You are welcome to attend.

SPECIAL REPORTS

E-CONNECTIONS

APA E-Connections, a new electronic networking resource for APA members, is planning to debut at the PAS meeting in Washington, DC. The E-Connections web page will be a members only service on the APA web page. It will serve to connect members who are looking for help on a specific project with other members who have both experience and expertise in that area. This project is co-sponsored by the APA Education Committee and the APA Faculty Development Program.

Experts will be able to enter and maintain their E-Connections listing information via an on-line form. These members will provide contact information, identify their areas of expertise using key terms (same as those used by searchers) and provide a short bio-sketch describing their topic-specific interests and accomplishments. They will also be able to update their listing, place themselves on indefinite sabbatical, or remove themselves permanently via the on-line maintenance feature.

Members seeking assistance will be able to search the database of experts using key terms or their own unique terms that describe their need in the areas of education, research, advocacy and health policy, communications and technology, leadership/administration, and career development. Searches will provide the names and contact information of other members who may be able to provide advice and counsel about a specific question or project. Secondary searches using APA region, state or territory, institution, or expert's name can also be completed. The "connection" will be topic-specific and time limited, depending on the needs and availability of the members.

Beta testing of the site is planned for March. Recruitment of additional experts will start after beta testing is complete. Prior to the PAS meeting, members who previously identified themselves as willing to be contacted as an expert on the Faculty Development Program's online expertise survey will be given a link to the on-line New Expert form. The APA-net will also be used to recruit new E-Connections experts. Presentations regarding E-Connections and recruitment of experts are planned for the PAS meeting. Look for E-Connections committee members: **Charlie Gaebler and Maryellen Gusic (co-chairs), Manny Doyne, David Keller, Ron Samuels, Elizabeth Specht, and Bill Wilson.**

CORNET

Janet Serwint, MD

This has been an exciting time for CORNET, the practice based research network of resident continuity practices. The APA Board has named CORNET as a core function of the APA and has committed some funding for administrative support at this critical phase. We very much appreciate the support of the APA Board and membership. We want to continue to represent the missions of the APA in research of the underserved, healthcare disparities, and resident education. In addition, two Board Members will now serve on the CORNET Steering Committee: The Research Chair and either the Education Chair or Treasurer, depending on their individual level of interest.

There are many exciting CORNET projects going on. "The Quality of Care in Continuity Practices" led by **Scott Krugman** has been completed with 19 institutions participating and over 2,000 parent questionnaires completed. "The Variability of IRB Responses to a Minimal Risk Research Study" with **Sarah Croskell** as the principal investigator is completing data collection. Preliminary results have been shared at the Region IX APA meeting in Salt Lake City, Utah. **Sue Feigelman** submitted a grant to the NIH entitled, "Walking Counts", a project that will examine the use of pedometers and motivational change in addressing obesity. Two other projects are currently in development and the search for funding underway. **Carole Lannon** and I are submitting a grant to AHRQ on a quality improvement project implemented by pediatric residents for their patients with ADHD. Six continuity practices will be recruited to participate in this pilot study that will both expose residents to quality improvement measures but also utilize eQIPP, the AAP internet program that includes performance measurement and feedback, interactive case scenarios, improvement strategies and the opportunity for clinicians to participate in an on-line community. If funding is obtained, we will be soliciting interested practices in the spring. **Hank Bernstein** and I are submitting a project to the Maternal and Child Health Bureau implementing Bright Futures curriculum on oral health into residency continuity practices. This is another project where we will be seeking interested continuity practices who wish to participate. **John Olsson** is serving as the CORNET representative for a planning grant in implementing fluoride varnish into continuity practices. **Marilyn Dumont-Driscoll** is working with Janet Silverstein on a

collaborative CORNET-PROS project on the metabolic syndrome in children. We have also submitted for publication our third manuscript related to our initial resident questionnaire that examines residents' perceptions of their experience by their level of training.

There are multiple ways in which to be involved with CORNET. Our goal is to make this a research network that produces excellent research, improves patient care and benefits our residents and faculty membership. You can participate in CORNET in several different ways. You can join CORNET and be a participating practice by sending an email to cornet@ambpeds.org for further information. Your joining does not obligate you in any way, but does allow you to be placed on a listserv whereby you can be informed of any upcoming studies in which you might be interested in participating. You would also be contacted by your Regional Research Co-Chair about potential projects. Another way in which to be involved is to develop a research project whose goals are in tandem with those of CORNET and submit it for review. The CORNET research goals are to study 1) healthcare issues of minority and underserved children, 2) healthcare disparities, and 3) resident education. CORNET includes a great group of clinicians, educators and researchers who are committed to children and make for a fun group with whom to work. If you have an idea you would like to further discuss, please send email to cornet@ambpeds.org. Hope you will consider participating!

Ambulatory Pediatric Association Educational Guidelines for Pediatric Residency Training Progress Report: Spring 2005

The Ambulatory Pediatric Association *Educational Guidelines for Pediatric Residency Training (EG)* revision project has completed its third year of support by the Josiah Macy, Jr. Foundation. Unexpended funds will be used to complete this ambitious project by Summer 2005.

For those of you who are new to the Guidelines, here is a quick overview. The *EG* website provides pediatric residency programs with a comprehensive, up-to-date curricular resource, including more than 340 goals with objectives appropriate for the graduating pediatric resident; interpretations of the six ACGME competency domains (with elements for each domain); and education and evaluation resources. The content was developed by more than 300 experts in pediatrics and related fields. These are guidelines, not requirements, designed for

programs and faculty to adapt for local use. They are intended to help programs meet the competency requirements mandated by the Pediatric Residency Review Committee (RRC). Residents may also use the *EG* for self-directed learning, with guidance from faculty.

EG users can access the very large database behind the website to download curricular material for customization on their own computer. The Build-Your-Own-Rotation functions allow users to select and download goals/objectives, competencies, and procedures for 8 standard and 22 subspecialty rotations, plus a variety of supplemental learning experiences. Alternatively, users can quickly obtain pre-selected lists of goals/objectives. Competency domains and elements can be cross-referenced to related goals and objectives. Evaluation tools and examples, Key Topic Searches, Curricular Resources and Online Help are also available. This spring, we will unveil two new functions not originally planned for the website: tutorials and tools to assist with rotation planning and program-wide planning after one has built lists of goals and objectives. All curriculum building functions yield downloadable files that users can customize for their own programs. The website URL is: www.ambpeds.org/egweb

Don't miss the *Educational Guidelines* workshop at PAS on May 14 at 3:15pm, entitled "Using the *APA Educational Guidelines for Pediatric Residency* to Plan Effective Evaluation Systems." We will also have a new graphic design for the site. By summer, we will have completed a system of faculty development tutorials (in Word and PowerPoint) to help *EG* users conduct educational planning and orient their colleagues to competency-based education.

Developmental-Behavioral Screening and the Electronic Medical Record *Frances Page Glascoe, EdS, PhD*

Electronic medical records and age-specific encounter forms influence patient care. Unfortunately, encounter forms and EMRs do not include standardized, validated screening tools which is counter to AAP recommendations (<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;108/1/192>). The rationale for the Academy's policy of using validated screens is that the majority of children with mental health and/or developmental problems are not detected prior to kindergarten.

But there is progress in addressing the short-comings of electronic medical records. Of the parent-report tools (all of which are easiest to use in primary care), the Ages and Stages

Questionnaire (<http://www.brookespublishing.com>) is being adapted for EMRs although a date for the electronic version is not yet set. In the meantime, the ASQ is available on CD-ROM and includes automated scoring and reporting.

In contrast, Parents' Evaluation of Developmental Status (PEDS) has a website that can be licensed for use in EMRs or parents can be directed to it, much like other outsourced labwork. The site (www.forepath.org) provides results and optional summary letters that can be delivered to professionals. Recently, the Modified Checklist for Autism in Toddlers was added to the site for children in the 18 to 59 month age range. This feature facilitates compliance with the AAP/AAN recommendations (www.aan.com/professionals/practice/pdfs/gl0063.pdf or see www.firstsigns.org for detailed information on the MCHAT, implementation issues, etc.). Plans for enhancing www.forepath.org include adding the Pediatric Symptoms Checklist and the Safety Word Inventory and Literacy Screener to ensure that older children can also receive quality assessment. If you are interested in seeing how the MCHAT and/or PEDS online works, please email Frances.P.Glascoe@Vanderbilt.edu for a password.

Other advances in electronic resources include the Brigance Screens-II (www.curriculumassociates.com). This is a measure comparable to the Denver-II in that it is largely dependent on direct elicitation of children's skills but, in contrast, offers validation and national standardization. The purchase of print materials is still needed but scoring is automated online or via CD-ROM. The Brigance Screens enable progress tracking and have separate cutoffs for detecting children with intellectual giftedness/academic talent.

Another measure with electronic capabilities is the Battelle Developmental Inventory Screening Test-2 (www.riverpub.com). Again print materials and test stimuli must be purchased but automated scoring and report generation is available for personal digital assistants as well as via CD-ROM. The BDIST-II, like the Brigance, offers a large range of scores including percentiles, quotients, age-equivalents, and cutoffs, all developed on a large national sample and validated on a battery of criterion measures.

Finally, an invaluable electronic resource screening including links to tools, information on test psychometry, implementation strategies, and a discussion list devoted to screening issues, is www.dbpeds.org. This is the AAP's Section on Developmental and Behavioral Pediatrics' official website and has been the recipient of an award from the Commonwealth Fund to expand its focus on developmental and behavioral screening.

ORAL HEALTH WEB-BASED TRAINING

Amos Deinard, MD

Tooth decay is the most common chronic infectious disease in children that neither is amenable to antibiotic therapy nor heals itself. It can begin in the very young child and progress rapidly into a cavity within just a few months.

In high risk populations (for example, those on Medicaid), it is not uncommon to find at least 30% of 2 year olds, 40% of 3 year olds, and 50-60% of 4 and 5 year olds who have early childhood caries. If these early caries go untreated, the caries process progresses to cavitation and associated acute pain, cellulitis, tooth loss, dysfunctional speech patterns, space loss and crowding, and diminished facial appearance. In addition, children with tooth decay and associated pain may perform poorly in school, disrupt the class, and have to miss school days because of discomfort (51 million hours lost from school nationally in 1999).

This destructive, multi-factorial disease process is avoidable through early and continual dental health promotion and risk-tailored disease prevention. Since dentists are generally unwilling to see these high-risk patients on a regular basis, primary prevention, if it is to be practiced, must fall to those primary care medical providers who see infants and young children 10-12 times from birth through the preschool examination for well-child care and a number of times over those years for episodic care. There are thus many opportunities for the primary care provider to perform a risk assessment, conduct a dental health screening, examination, offer anticipatory guidance to the primary caregiver, provide dental health prevention in the form of fluoride varnish, and make appropriate referrals for dental care as needed.

In 2004, the University of Minnesota launched web based training on how to perform a risk assessment and apply fluoride varnish. 1 CME credit is available to anyone who completes the training. In Minnesota, arrangements have been made with the Department of Human Services to reimburse medical providers \$14 - \$15.50 for each fluoride application (varies by health plan) with no limit to the number of applications per year (recommended at least 4 times per year).

In-service training of office staff is also available. For more information about the program, call **Amos Deinard** at 612-638-0700 x 212 or deina001@umn.edu

Post Tsunami Assistance for Children Disaster Management training

Karen Olness, MD

Children who experienced the tsunami, who lost homes and family members and neighborhoods, are at risk for lifetime psychological problems. For the past ten years the Rainbow Center for International Child Health of Rainbow Babies and Children's Hospital and Case Western Reserve University (CASE) have taught an intense five day problem based course on the special issues of children in disasters. This has been the only disaster management training focusing on children. The training from Cleveland, with endorsement from the American Academy of Pediatrics and the International Pediatric Association (IPA), has been replicated in Thailand (2001), Pakistan (2002), Ethiopia (2002), Nicaragua (2003), Panama (2003), Syria (2004), and India (2004). Colleagues from Khon Kaen, Thailand have helped to teach the courses in Pakistan, Ethiopia, Syria, and India. The purpose of the international replications was to increase the likelihood that pediatricians would be available to help children in disasters wherever they occur.

Events post tsunami have demonstrated that the purpose has been realized. Thai pediatricians have also been on the frontlines of the Thai tsunami disaster. Their expertise has been recognized by the Thai Ministry of Public Health and by UNICEF. They have done initial assessments on the status of children, developed immediate programs for children, including those in schools and for orphans. They have planned a program on "The psychosocial issues of children post tsunami" which took place February 27-March 3. Faculty for this seminar and workshop included Thai child health faculty joined by **Karen Olness**, Marisa Herran, and **Robert Needlman** from CASE. Sponsors include the Thai Ministry of Public Health, Thai UNICEF, Khon Kaen University, CASE, and the IPA. The IPA is planning to sponsor replication of this workshop in Indonesia and in Sri Lanka.

Members of the Indian Academy of Pediatrics sponsored "Disaster Management Training: focus on children" in India in March 2004. This was attended by pediatricians from throughout India. Recently, Indian pediatricians have been involved in programs for Indian children who were devastated by the tsunami disaster.

The course on "Management of Disasters: focus on children and families", will be held again in Cleveland June 20-24, 2005. For further information contact joan.farmer@uhhs.com

CASE faculty have also developed a domestic version of this training, "Helping Ohio's Children When Disasters Occur". This was given in December 2003 and will be repeated in September 2005.

The Agency for Healthcare Research and Quality Health Information Technology Programs: Helping to Improve Child Patient Safety and Quality of Care

Iris R. Mabry, MD, MPH

In 2000, the Institute of Medicine (IOM) released *To Err is Human*¹ and brought national attention to the issue of patient safety. In its subsequent report, *Crossing the Quality Chasm: A New Health System for the 21st Century*², the IOM identified health information technology (HIT) as a critical component for improving patient safety and health care quality. Integrating HIT into health systems brings with it the promise of improved quality and patient safety and helps accelerate the rate at which society reaches a "tipping point"^{3,4} where HIT use becomes standard practice. Concurrent with the IOM reports, the Agency for Healthcare Research and Quality (AHRQ), the principal federal agency for patient safety and quality, received Congressional funding to support research in patient safety, including monies for HIT grants and contracts.

The IOM reports and subsequent national interest have continued to propel HIT to the forefront, and in 2004, AHRQ offered to step up its HIT leadership role. Following the guidance of an expert panel (see <http://www.ahrq.gov/data/hitmeet.htm>)⁵ the agency launched a major initiative in awarding \$139 million in grants and contracts for projects of one-to-three years duration. The purpose of the projects is to promote the innovative use of HIT and to evaluate its impact on patient safety, quality of care, effectiveness, and efficiency. Research goals include: 1) improve patient safety by decreasing medical errors; 2) increase information sharing among health care providers, laboratories, pharmacies, and patients; 3) assist patient transition between health care settings; 4) decrease redundant testing; and 5) increase the knowledge and understanding of the clinical, financial, safety, quality, organizational value and benefits of HIT.⁶

HIT for Child Patient Safety and Quality

How do children's issues fit into this initiative? Children have unique health care needs. Therefore, adoption of HIT for the pediatric population requires asking specific research questions about children's health services, including issues related to child safety and quality of care and designing information systems

to address those needs. AHRQ's HIT initiative includes several pediatric grants on topics such as integrating HIT into primary health care systems and insuring there is HIT support within health care infrastructures; administration of electronic medication; and computerized provider order entry systems.

For example, Richard Shiffman and colleagues at Yale are implementing and evaluating an urban community-wide electronic health record (EHR) system for the range of health care providers that provide care for children diagnosed with asthma within pediatric primary care, school health, specialty care, and emergency medicine settings. Ann Beach at Children's Healthcare in Atlanta, GA, is focusing on pharmacy issues and implementing and evaluating information technologies such as electronic medication administration records, bar coding systems, and computerized provider order entry. Timothy Ferris at Massachusetts General Hospital is assessing improvements in patient safety using a computerized decision support system with reminders for guideline adherence, weight-based dosing, test result tracking systems, and electronic health records that include choice prompts for medication.⁷

To help spread the word about the progress of these projects, AHRQ will be holding conferences for its HIT grantees and contractors, with the first one scheduled for June 6-10, 2005.

As these projects continue over the next several years, AHRQ will disseminate the findings to highlight HIT's unique role in helping to fulfill the promise of improved healthcare for all, including children.

For summaries of all AHRQ children's extramural funding from 1996-2004 go to: <http://www.ahrq.gov/child/fundprj.htm>

For details on the AHRQ HIT portfolio by state, go to <http://www.ahrq.gov/research/hitfact.htm>.

Further details on the child projects can be found, by State of the principal investigator, at <http://www.ahrq.gov/child/usamap.htm>

For additional information about AHRQ's pediatric HIT grants and contracts please contact Iris Mabry at imabry@ahrq.gov or by calling 301-427-1597. For further information about children's health at AHRQ, contact **Denise Dougherty** at ddougher@ahrq.gov.

1. Institute of Medicine. *To Err is Human: Building a Safer Health System*. Washington DC: National Academy Press; 2000.

2. Institute of Medicine. Committee on Quality of Health Care in America. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academy Press; 2001.
3. Institute of Medicine. *Patient Safety: Achieving a New Standard for Care*. Washington, DC: National Academy Press; 2003.
4. Gladwell M. *The Tipping Point: How Little Things Can Make a Big Difference*. New York, NY: Little, Brown and Company; 2000.
5. Agency for Healthcare Research and Quality. (2003). *Expert Panel Meeting: Health Information Technology*. Meeting Summary. <http://www.ahrq.gov/data/hitmeet.htm>.
6. Agency for Healthcare Research and Quality. (2004). *Agency for Healthcare Research and Quality Health Information Technology Programs*. Fact Sheet. <http://www.ahrq.gov/research/hitfact.htm>.
7. Agency for Healthcare Research and Quality. (2005). *Research on child and adolescent health: new starts fiscal year 2004*. Fact Sheet No. 05-P006 January 2005.

NOTICE

All Fellowship Directors

A new section of the APA Website has been established to house information about Fellowship Programs.

Please send information about your fellowship opportunities to Connie Mackay.

E-mail: connie@ambpeds.org

**APA NEW CENTURY
SCHOLARS PROGRAM:
FIRST CLASS OF NCScholars TO
ATTEND 2005 PAS MEETINGS**

*Lee Pachter, DO
Cheryl Kodjo, MD*

The APA New Century Scholars Program (NCScholars) has been developed to increase workforce diversity within academic general pediatrics. The program is based on the assumption that increasing minority participation in academic medicine, particularly in the area of pediatric primary care will increase the quantity and quality of scholarly work in racial/ethnic disparities and sociocultural influences on child health. Recent reports concluded that minority scientists and researchers bring a wide range of perspectives and experiences to research teams, which increases the likelihood that sociocultural issues influencing health outcomes will be addressed in research design and study questions (IOM, 2004). With regard to medical education, diverse faculty “bring new kinds of scholarship to an institution, educate students on issues of growing importance to society, and offer links to communities not often connected to our campuses” (Smith, 2000)

The goal of the APA NCScholars Program is to select underrepresented minority pediatric residents, designate them as APA NCScholars, and match them with mentors and role models. Senior mentors will be leaders in academic general pediatrics and related areas (adolescent medicine and behavioral/developmental pediatrics) who work in the fields of racial/ethnic disparities and cultural competency. Junior mentors will be fellows working in these fields. It is our belief that personal mentorship and role modeling will result in a high percentage of NCScholars choosing academic careers. The first group of NCScholars will be attending the 2005 PAS annual meeting. A special one-day meeting will be held on Friday, May 13th for NCScholars and mentors, and NCScholars will be able to participate in all PAS meeting activities. Please welcome these future leaders of the APA when you see them at the meetings!

The program has been generously sponsored by a grant from the W.K. Kellogg Foundation. We hope that this will be the first of many years for this initiative. If you have any questions about this program or would like to participate please contact us (Lee: Lpachter@stfranciscare.org; Cheryl: Cheryl_Kodjo@URMC.Rochester.edu).

**Reaching Underserved Populations: How
Medical Missions for Children’s Global
Telemedicine & Teaching Network elevates
the care of catastrophically ill children**

*by Frank Brady, Chairman of the Board, Medical Missions
for Children and William G Bithoney, Chief Medical Officer,
Mercy Health System, Philadelphia, PA*

Each year, nearly three million children in poor countries die of diseases that immunization can prevent; another two million die of dehydrating effects of diarrheal disease. Despite this, concludes a recent report, “even in countries with few financial resources and limited health infrastructure, sensible and systematic efforts to improve health have worked.” (*Millions Saved*, Center for Global Development, 2004) Indeed, since 1999, Medical Missions for Children (MMC), headquartered at St. Joseph’s Children’s Hospital in Paterson, New Jersey, and dedicated to elevating the care of catastrophically ill children in underserved U.S. and international communities, has tackled the seemingly insurmountable task of caring for the world’s most sick children.

MMC has tweaked and improved the traditional medical mission model by deploying an extensive information technology system and leveraging a worldwide network of mentoring hospitals. By utilizing state-of-the-art collaborative technologies, MMC is able to raise the overall level of medical expertise in local hospitals in underserved areas through medical education for physicians, nurses, and hospital administrators *and*, provide one-on-one specialized care through live, two-way diagnostic and treatment consultations between specialists based at major U.S. medical centers and physicians in local hospitals. Typically, MMC facilitates the treatment of 1,500 children each month.

At its core, the organization’s programs are managed through its Global Telemedicine & Teaching Network™ (GTTN), a satellite and Internet-based communications platform. The GTTN supports the real-time treatment of remote, critically ill children, and through a fully FCC-licensed broadcast station, WMMC, broadcasts worldwide an extensive program of continuing medical education.

In order to deploy such a vast network, MMC has partnered with a number of leading edge technology companies including Polycom, Intelsat, VBrick and International Data Casting. Subsequently, the GTTN features today’s most cutting-edge channels:

- ISDN or IP video network

- A receive-only or send-and-receive satellite system
- An IP-based store and forward system
- Dynamic linkage to the World Bank's Global Development & Learning Network (GDLN)

As important as its IT infrastructure, today, Medical Missions for Children's global network encompasses pediatric healthcare facilities in Latin America, Africa, India, and Eastern Europe, and the volunteer services of more than 22 tier-one U.S.-based and four international medical institutions. MMC also partners with the United Nations and the World Bank – serving as the exclusive content provider for its Global Development & Learning Network (delivered to universities, medical schools, and the World Bank's own Learning Centers).

MMC's live, interactive remote consultations are full diagnostic sessions –live examination of the patient and direct access to a patient's full medical history – including echocardiograms, nuclear scans, MRIs, x-rays and any other supporting documentation. This documentation is typically provided prior to the live remote session, but may also be accessed during the exam.

Tapping into the expertise of these partner medical centers, leading medical associations and the National Institutes of Health, MMC's broadcast medical education program features a world-class digital library, including live and pre-recorded lectures, symposia, grand rounds, and research seminars. Programming is available via satellite broadcast or streaming broadcast on the Internet. MMC's broadcast medical education program features a wide variety of topics – such as recent programming provided by St. Joseph's Children's Hospital including management of idiopathic adolescent scoliosis and skeletal maturation and its application in orthopedic surgery.

Thousands of pediatric doctors and specialists in underserved countries would greatly benefit from the knowledge and expertise of members of the Ambulatory Pediatric Association. Currently, MMC is particularly focused on developing educational content partnerships – whereby partners would either provide content – grand rounds, lectures, research – for satellite broadcast distribution to underserved countries, or, would elect to receive broadcast programming from MMC. Content partners would enable MMC to help catastrophically ill children by raising the level of medical expertise in local hospitals in underserved areas through medical education for physicians, nurses, and hospital administrators. MMC is very interested in exploring content partnership opportunities with interested individuals or institutions – please contact Frank Brady, chairman of the board, MMC, fbrady@mmissions.org, for more information and to discuss.

Whether it is medical, emotional, or educational, MMC takes a holistic view of healing – and is dedicated to bringing the highest quality resources directly to children. With a goal of helping one million children a year, Medical Mission for Children has taken on a monumental task. But its vision – to bring top-flight medical care directly to the children through the use of today's most efficient telecommunications technology – is working.

The person who says it cannot be done
should not interrupt the person doing it.

Chinese proverb

EMERGENCY MEDICAL SERVICES FOR CHILDREN

The Emergency Medical Services for Children (EMSC) Program is a national initiative designed to reduce child and youth disability and death due to severe illness and injury. Medical personnel, parents and volunteers, community groups and businesses, and national organizations and foundations all contribute to the effort. HRSA administers the program in partnership with the U.S. Department of Transportation's National Highway Traffic Safety Administration.

Since its establishment in 1984, the EMSC program has improved the availability of child-appropriate equipment in ambulances and emergency departments. It has initiated hundreds of programs to prevent injuries, and has provided thousands of hours of training to EMTs, paramedics and other emergency medical care providers.

EMSC efforts have led to legislation mandating programs in several states, and to educational materials covering every aspect of pediatric emergency care. Most important, EMSC efforts are saving kids' lives.

Although EMSC has made great progress over the years, much remains to be done to ensure children receive optimal medical care. For more information on EMSC programs visit the website at <http://mchb.hrsa.gov/programs/emsc/>.

Tips to Make Professional Meeting Attendance More Beneficial and Less Stressful

Virginia Niebuhr, PhD

Attending professional meetings is a valuable part of academic scholarship. It is here where you make connections, find potential collaborators, earn continuing education credits, keep abreast of current thinking in your field, and re-energize your creativity and enthusiasm for what you do.

We have identified the following tips to make the experience more valuable.

1. Take organizing tools with you—Post it Notes®, paperclips, or a tiny stapler, envelopes.
2. If you will need reimbursements:
 - Handle receipts efficiently—mark an envelope “Receipts”—put receipts in here every night as you empty your pockets. Turn in the envelope the very 1st day on your return. Don’t forget to include your parking receipt from the airport, transportation to and from the hotel, and meals.
3. Keep a notepad (or two)
 - One for IDEAS
 - One for TO DO AS SOON AS I RETURN (e.g. “Send Jim the references,” “Send Eric the e-mail address.”)
4. Making connections
 - Carry your business cards with you
 - If you take someone else’s, jot a note on the back about the context in which you met this person (i.e. did you promise to send him/her something? did you ask him/her to send you something?). Keep all these in an envelope marked “Contacts”
5. Study the program carefully in advance and plan your meeting- otherwise you will miss something.
 - Some large meetings have electronic services to assist in planning—these may be helpful.
 - If there is a poster session, read the titles in the program and mark those you particularly want to visit.
 - Make a **master schedule**, identifying sessions you definitely want to attend, time and locations.
6. Sort and organize all your papers *before* you go home. An hour in your hotel room or “watching the world go by” will be well worth it when you arrive home. Throw away all the trash—you’ll have less to carry and it won’t get done easily once you’ve returned.
7. Check your e-mail from your laptop or from computers set up at the meeting. If nothing else, you can avoid huge surprises when you return or delete the pure trash.
8. Limit your alcohol intake at dinner. You’ll thank yourself in the morning.
9. Don’t forget trip presents for the kids. Very small children are delighted with the freebies you can get in the hotel (shower caps, soap, shoe shine rags.) If you know you won’t have time to shop, buy something before you go on the trip, tuck it in the suitcase, and your child will never know it did not come from some exotic place (and you’ll probably save money and the stress of finding just the right gift at a hotel or airport gift shop).
10. Save your meeting program and mark which items you have attended. This can be useful for future reference (“who was that gal who talked about that subject?”) and for documenting your continuing medical education.

Ambulatory Pediatrics Subscription Drive

As you know, the APA Board of Directors has designated as a high priority, gaining institutional subscriptions to *Ambulatory Pediatrics*. The goal is to make the journal available at each institution that an APA member is affiliated with so that this valuable resource is accessible to all those who can benefit from its outstanding research.

The 2003 impact factor for *Ambulatory Pediatrics* is 1.458. This ranks the journal 22nd out of 68 journals in the field of pediatrics and is especially impressive given that the Journal has achieved this after only its 3rd year of publication.

Once again, the Journal Committee would like to thank the APA members who have assisted in implementing the ongoing plan to increase the number of institutional subscriptions to *Ambulatory Pediatrics*.

Resources for promoting the Journal to your library are available. For information about how you can help, contact Connie Mackay at the APA National Office, 703-556-9222 or connie@ambpeds.org.

POSITIONS AVAILABLE

Director, Comprehensive Obesity Center *Columbus Children's Hospital*

Full-time faculty position at The Ohio State University College of Medicine and Public Health. Candidate will be an academic M.D., D.O., or Ph.D. with demonstrated expertise in evaluation and treatment of pediatric obesity. The director is expected to build a successful multidisciplinary program in pediatric obesity, including collaborating with multiple specialty disciplines and coordinating a network of community, hospital and university resources. Faculty rank and compensation are commensurate with experience.

The Ohio State University is an Equal Opportunity, Affirmative Action Employer. Women, minorities, veterans, and individuals with disabilities are encouraged to apply.

Address correspondence with three references and curriculum vitae to:

John Germak, MD

Chief, Division of Endocrinology

Children's Hospital

700 Children's Drive

Columbus, OH 43205

Phone: (614) 722-4436 FAX: (614) 722-4440

E-mail: GermakJ@pediatrics.ohio-state.edu

ANNOUNCEMENTS

Call for Papers

REFLECTIVE PRACTICE

Patient Education and Counseling, presents a new section comprised of selected narratives on reflective practice.

Reflective Practice will provide 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>. All manuscripts will be peer-reviewed.

Editors:

David Hatem, MD, University of Massachusetts Medical School.
<HatemD@ummhc.org>

Elizabeth A. Rider, MSW, MD, Harvard Medical School.
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For further information, or an electronic copy of the editorial describing the Reflective Practice section, please email: Elizabeth_Rider@hms.harvard.edu

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Pediatric Journals Need a Home

Looking for a home for a set of bound volumes of Pediatric Journals from Volume 1 in 1948 through volume 106 in 2000. They are in perfect condition. Hoping to find them a home in a deserving venue, presumably a library, either in this or a third-world country. If necessary, will pay shipping costs within the U.S., Overseas shipping costs discussable.

If interested please contact Kelly Morytko at the
APA Office at:
kelly@ambpeds.org

PEDIATRIC ACADEMIC SOCIETIES' ANNUAL MEETING

May 14–17, 2005 ~ Washington, DC

Tentative Schedule

Saturday, May 14	Sunday, May 15	Monday, May 16	Tuesday, May 17
<p>8:00am – 10:00am Topic Symposium</p> <p>8:00 – 11:00am Mini Courses Educational Workshops & APA Special Interest Groups</p>	<p>7:00am – 8:00am Meet the Professor Breakfasts</p> <p>7:00am – 8:00am APA Past Officers Breakfast</p> <p>8:00am – 10:00am Topic Symposia & Subspecialties/Themes (Original Science Abstract Programs)</p> <p>8:00am – 11:00am Educational Workshops & APA Special Interest Groups</p> <p>10:15am – 11:45am APS Plenary/Howland Award & (11:15 am) St. Geme Award</p> <p>11:45am – 1:45pm Poster Session II</p>	<p>7:00am – 8:00am APA Regional Breakfasts</p> <p>8:00am – 10:00am Topic Symposia & Subspecialties/Themes (Original Science Abstract Programs)</p> <p>9:00am – 12:00noon Educational Workshops & APA Special Interest Groups</p> <p>10:15am – 12:00pm SPR Presidential Plenary, Awards & E. Mead Johnson Award Lectures</p> <p>10:15am – 12:15pm Subspecialties/Themes (Original Science Abstract Programs) <i>Ambulatory-Generalist Areas Only</i></p>	<p>8:00am – 10:00am Topic Symposia & Subspecialties/Themes (Original Science Abstract Programs)</p> <p>8:45am – 11:45am Educational Workshops & APA Special Interest Groups</p> <p>10:15am – 11:45am State of the Art Plenary Sessions</p>
		<p>12:15pm – 1:00pm APS/SPR Meet the Council Lunch (tentative)</p> <p>12:00pm – 1:30pm APA Luncheons</p>	<p>12:00pm – 1:30pm Poster Session IV</p>
<p>11:45am – 2:45pm Mini Courses Educational Workshops & APA Special Interest Groups</p> <p>1:00pm – 3:00pm Subspecialties/Themes (Original Science Abstract Programs)</p> <p>3:15pm – 5:15pm Topic Symposia Subspecialties/Themes (Original Science Abstract Programs)</p> <p>3:15pm – 5:15pm Educational Workshops (2 hrs) APA Special Interest Groups</p> <p>5:15pm – 7:15pm Poster Session I & PAS Opening Reception</p> <p>7:15pm – 8:30pm PAS Presidential Reception</p> <p>Evening - Open</p>	<p>2:00pm – 5:00pm Educational Workshops & APA Special Interest Groups</p> <p>2:30pm – 4:00pm State of the Art Plenary Sessions *PPC – 2 Hours*</p> <p>4:15pm – 6:15pm AAP Presidential Plenary</p> <p>4:15pm – 6:15pm Topic Symposia & Subspecialties/Themes (Original Science Abstract Programs)</p> <p>5:00pm – 6:30pm APA Business Meeting & Awards</p> <p>Evening APS Member/Howland Dinner</p>	<p>1:00pm – 2:45pm March of Dimes Prize in Developmental Biology Lectures</p> <p>1:45pm – 5:15pm APA Presidential Plenary & Armstrong Lecture <i>No Ambulatory-Generalist Areas</i></p> <p>3:00pm – 5:00pm Topic Symposia & Subspecialties/Themes (Original Science Abstract Programs)</p> <p>3:00pm – 5:00pm <i>Educational Workshops(2 hrs)</i></p> <p>5:15pm – 6:45pm Poster Session III</p> <p>Evening APA Board/Awardees Dinner</p> <p>Evening Open for Departmental Activities</p>	<p>1:45pm – 3:45pm Hot Topics Subspecialties/Themes (Original Science Abstract Programs)</p>
<i>Exhibits Open</i>	<i>Exhibits Open</i>	<i>Exhibits Open</i>	<i>Exhibits Open</i>



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