



ACADEMIC
PEDIATRIC
ASSOCIATION

APA Focus

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Communications Director's Message

Education is the emphasis of the *APA Focus* this month.

The APA educational program investments over the past few years are already paying off. The Educational Scholars Program which began in 2006 has graduated 31 scholars and has 41 actively enrolled. The Academic General Pediatrics Fellowship Accreditation Program began in 2008 and has accredited 7 fellowship programs to date, 2 others are provisionally accredited with expected full accreditation in the near future.



The first Pediatric Educational Excellence Across the Continuum (PEEAC) meeting was so successful that the next meeting is tentatively scheduled

for fall, 2011.

APA members run numerous other successful programs and projects for the benefit of our academic pediatric community and the children and families we serve. As you take a look at the successes, I hope you are encouraged to apply for a grant or award, collaborate on a new project, mentor a junior colleague or volunteer your expertise in some way.

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Over the next few months, the national leadership will begin a strategic planning process. An APA member survey will be sent out over the next few weeks, which is critical to this process. Please let the leadership know what current programs and projects are valuable to you, and in what directions you think the APA should move over the next few years.

Yours,

Donna D'Alessandro

Communications Director

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Academic Pediatric Association

President's Message

This season between Thanksgiving and the holidays is an opportune time to think about what I am thankful for and to plan for the coming year. I am thankful for many things in my personal life, my family, friends and fortunately good health for my family. In my professional life I am thankful for my colleagues. This year in particular, as APA President, I am thankful for the talented members of the APA Board.



The APA Board just participated in our fall board meeting. We met in St. Pete Beach, FL and although we were in a beautiful place, most board members wished we had more time to enjoy the beach and sun. Most of us took early morning walks or runs before the early meeting start times. We accomplished a great deal during the 1½ day board meeting. This time together allowed us to discuss important issues such as maintenance of important programs, progress to date of the committees and core functions, development of new programs and fiscal responsibility. All of these related to our missions of education, research, advocacy and health care delivery to improve the health care of children. I feel very fortunate to be working with a very talented board that is committed to the missions of the APA. The passion I heard in advocating for programs and for our

members was inspiring. Since being on the board is a voluntary position, people donate their time for these activities. While we accomplished a great deal during the board meeting, it represents only a small portion of the behind the scenes work that goes on throughout the year. I am very proud of our board and would like to thank them publicly for all their hard work. In addition, we function most effectively because of the expertise of the APA administrative staff. So thanks to Marge Degnon, Connie Mackay, Jennifer Padilla, Raquel Bailey, Usha Mishra and Nui Dhepyasuwan who is an integral administrator for the research networks.

Highlights of new programs approved at the board meeting include:

* Approval of the BORN Network (Better Outcomes through Research for Newborns) as a core function of the APA

Special Interest Groups

Continuity

E-Learning in Medical Education

Emergency Medicine

Ethics

Faculty Development

Hospital Medicine

Medical Student Education

Teaching in Community Settings

- * Development of a Resident Young Investigator Award
- * Approval of a Time Sensitive APA Position Statement
- * Development of a Guideline for APA Sponsored Grants and Contracts
- * Formation of an APA Mentorship Task Force
- * Approval for formation of the Health Care Transition Special Interest Group
- * Support for the second Pediatric Educational Excellence Across the Continuum Meeting (PEEAC) in collaboration with the APPD-COMSEP-CoPS.
- * Development and dissemination of The Value of APA Survey

We are developing the **Value of APA survey** to be distributed to our membership January 10th through the APA list-serve. The survey is essential to poll our membership in order to:

- 1) Determine demographics of APA members
- 2) Identify functions that our members value to help guide future decision making and strategic planning and
- 3) Identify membership needs for new innovative activities.

Our goal is to obtain greater than a 60% response rate. Stay tuned for the announcement and the music video produced by the APA Board to introduce the survey!

The formation of an **APA Mentorship Task Force** has evolved from feedback from our members. Results from the last APA Membership Survey (5 years ago) determined that members wanted enhancement of mentoring and career development opportunities. Multiple participants from our past APA Leadership conferences and SIG members have stated the need to have mentors outside of their institutions. An article published in *Academic Medicine* by Hitchcock et al. (Hitchcock MA, Bland CJ, Hekelman FP, Blumenthal MG. Professional networks: The influence of colleagues on the academic success of faculty. *Acad Med.* 1995;70:1108-1116) states that an important factor related to academic promotion is faculty involvement in a national organization. Hence, in order to ensure that our organization is meeting the professional needs of our members, we are convening an APA Mentorship Task Force.

The objectives are to:

- 1) Identify and collate the mentorship opportunities currently available within the APA and the core functions (and there are many);
- 2) To strengthen those opportunities, and
- 3) To develop additional innovative strategies for mentorship.

The Task Force will be meeting over the next 6 months by conference call. Please let me know if you have specific ideas for mentorship opportunities. We are open to your feedback.

Finally, I had the opportunity to meet with the Presidents of the Society for General Internal Medicine (SGIM) and the Society for the Teaching of Family Medicine (STFM) at the AAMC meeting. We met for two

Announcements

APA Development Fund

APA LISTSERVS

Academic Pediatrics Nov/Dec Issue

Call for Abstracts

Call for Systematic Reviews

Children's Health Services Research

Development Surveillance

North American Congress of Epidemiology

Public Health Training within Pediatric Residency

School Yoga Instruction

Reviews

Environmental Health Reviews

reasons. The first was to discuss Patient and Family Centered Medical Home concepts which are central to health care reform. We discussed ways in which our organizations can partner to address research, policy and education on these issues. Of interest, all of our organizations are working on modules for resident education on medical home concepts.

The second reason for meeting included our serving on a panel to discuss: “Collaboration between the National Primary Care Organizations to Recruit the Next Generation of Primary Care Providers in the Present Era of Real Time Health Care Reform” sponsored by the Association of Deans and Directors for Primary Care (ADDPC). This panel, with input from the audience, discussed the importance of primary care education, ways to promote generalism and increase the pipeline of candidates from medical students, residents, fellows and junior faculty to generalist careers.

In closing, I hope you, your family and friends have a wonderful holiday season. Safe travels and enjoy the time of celebration. May we continue our collaborative work towards equitable and high quality health care to all children in the coming year.

Janet Serwint

President

Academic Pediatric Association

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President Elect’s Message

This issue of the APA newsletter is focused on education. I would like to focus on the education of children and their families and tell you about APA activities related to the issues of **early literacy** and **health literacy**.

One of the major problems facing this country is the lack of educational attainment of our children and youth. Over 30% of US children don’t graduate from high school. We know that a major precursor of low school achievement is **early literacy** and early development. More than a third of children enter kindergarten without the basic language skills they need to learn how to read. We also know that poor and minority young children are most at risk.



What can we do as pediatricians to change the educational trajectory of vulnerable children?

Research has focused on interventions in primary care, during preventive pediatric visits. Programs such as Healthy Steps, Reach Out and Read (ROR), as well as the Video Interaction Project, have tested different levels of interventions that take place during preventive pediatric visits in early childhood to improve early child development, language acquisition, and literacy. So I am delighted, and proud, to announce an exciting new Young Investigator Award being offered through the APA this year, the **ROR Young Investigator Award Program**. This award is being funded by the ROR National Center and offers up to \$15,000 for research that studies interventions in primary care that target improvement of early literacy in young children. Areas of investigation include (1) studying ways of improving early literacy and school readiness among children, especially those at risk for language delay and school problems, through primary care-based interventions including Reach Out and Read and related programs, and (2) understanding home environmental and other influences (both social and biological) related to early literacy and school readiness, in order to inform development and refinement of primary care interventions. I strongly encourage you, or those you mentor, to

apply to this Young Investigator Award program. **Letters of Intent are due on January 13, 2011.** If you haven't seen the announcement on APA-NET, go to our website at www.academicpediatrics.org/research/research_young_investigator_awards.cfm to find details of the application process.

The issue of **health literacy** is of critical importance in health care, including the health care of children. Almost one in three parents has low health literacy. More importantly, over 60% of parents on public insurance, or with low education have low health literacy. We also know that parents with low health literacy are more likely to have children who are uninsured, to have difficulty managing childhood chronic disease such as asthma, to make errors in the administration of medications to their children, and are less likely to utilize preventive care adequately. The burden of dealing with health literacy is on us, the health care providers and the health care system. We need to communicate more simply, and make health care less complex in order to enable our families to utilize health services effectively.

What is the APA doing?

First, the APA has a new **Health Literacy SIG**, co-chaired by **Shonna Yin** and **Lee Sanders**. The Health Literacy SIG had its first meeting at PAS last May. I encourage you to check it out on our website at www.academicpediatrics.org/specialInterestGroups/sig_health_literacy.cfm.

In addition, I also represent the APA in several national activities regarding health literacy and pediatrics. I am the pediatric representative to the **Institute of Medicine (IOM) Roundtable on Health Literacy** and have just returned from a meeting of that IOM Roundtable. The IOM Roundtable focuses on such issues as medication safety related to health literacy, how to integrate health literacy in the health care reform legislation and implementation (the Affordable Care Act, ARA), how to implement the **National Action Plan on Health Literacy** (www.health.gov/communication/hlactionplan/) recently released by DHHS, and how to educate health care providers and trainees in the principles of health literacy. I also represent the APA in the **CDC PROTECT Initiative**, which met in November. PROTECT brings together public health agencies, researchers, manufacturers, and consumers to try to decrease medication errors and overdoses in children. Using principles of **health literacy**, PROTECT is working on improving labels on OTC liquid medications to make it easier for parents to give the correct dosage to their children. Go to the PROTECT website to find out more at http://www.cdc.gov/medicationsafety/protect/protect_Initiative.html.

I encourage you to educate yourself in the principles of clear communication and plain language in order to improve outcomes in your patients. APA members lead workshops and mini-courses at PAS related to health literacy. Look for those learning activities at the PAS. If you are a program director, or a resident, consider using the "Pedialink" online course module available through the AAP for resident (or faculty) training in health literacy, developed under the leadership of APA's **Teri Turner**. Visit the **Health Literacy SIG** at the PAS in Denver.

If you are a researcher, I encourage you to consider joining the pediatric research community studying the impact of health literacy on children and families and developing "health-literate friendly" interventions. If you are an educator, start to include health literacy education into medical student, resident, and fellow training and in faculty development. If you are a practitioner, try to use the principles of health literacy in your practice. And please contact me at benard.dreyer@nyumc.org if you want to know more about the new **ROR Young Investigator Award** or about health literacy. I would love to hear from you.

Benard P. Dreyer

President Elect

Academic Pediatric Association

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Treasurer's Message

The election is over; the voters have spoken and a new team assumes control. No, I am not speaking of Speaker Boehner and the new Congress; I am talking about the APA Board elections held at the same time.

Congratulations to my successor, **Denise Cora-Bramble**, to whom bequeath the joys of fiduciary responsibility and budgetary confusion. The fiscal health of our organization is sound, or as sound as it can be in the current political and economic environment. The waters ahead are shifting, and it will make for interesting sailing.



This month, however, our theme is education. Depending on how you count it, the APA spends a sixth of our budget on medical education, supporting the development of academic generalists, fellowship programs, educational scholars and leadership training in a variety of ways. When we rewrote our mission statement in 2007, we found that almost all of our membership saw themselves as teachers. Education is at the heart of our core activities and in the soul of our association.

Medical education has been changing over the past decade, driven by two major factors. Economic factors have driven those training in the care of adults to specialize, eschewing primary care in order to use new science in a way that maximizes return on investment. Debt and differential income will do that to a profession. At the same time, political factors have created a public perception that our profession has lost its professional core. In response, medical educators, led by the ACGME and LCME, have moved toward greater accountability, focusing on teaching the 6 core competencies of medical practice and developing measures that demonstrate our ability to do so.

Pediatric medical education has two additional drivers. Demographically, the trainees in our profession have fewer Y chromosomes than the general pool of physicians. Financially, pediatric subspecialties often do not have the same income differentials as do our adult counterparts. Even so, we are part of an educational system that is seen, in general, to be part of the reason that health care costs are escalating out of control.

In the Affordable Care Act, there are several components specifically designed to change the medical education system, to drive the system toward primary care, in an effort to control costs. A number of the law's provisions are designed to make primary care a more attractive career choice, by increasing payment to primary care providers, creating payment models based on the medical home and support for health information technology and primary care practice. The primary care workforce will be augmented through a robust expansion of the National Health Service Corps Scholarship and Loan Repayment programs, allowing students the opportunity to reduce their debt burden while providing important service to the high-risk populations.

HRSA's Title VII (and Title VIII) were reauthorized and funded, in order to support the training programs for those moving into primary care for medically underserved areas. Title VII was also broadened to include the development of the academic infrastructure needed for the faculty in those programs. Teaching Health Centers will create some new residency training slots for primary care providers, and, if additional funding is approved, scholarships and loan repayment will be available to those entering pediatric subspecialties with shortages. Within the law, however, the control of the curriculum will rest with the hospitals that administer the residency programs and the certification process managed by the ACGME and the LCME.

What is our role in that process? We need to assure that the needs of children are not neglected in the curricular changes induced by the new systems in which we are practicing. We have committed our resources to the

continued development of academic generalist teachers, through our fellowship certification process and the Educational Scholars program. These folks will form the backbone of the Title VII training programs that we mold the workforce of the next century. We nurture the next generation of diverse academic leaders through the New Century Scholars and the Young Investigator Awards. It is always a good idea to nurture your successors. We assist program directors in meeting the ACGME's goals through the competency-based curricular development project. We are a significant force within the various coalitions that are forming to make certain that health reform does not leave children behind.

The elections are over, both in the country and in the APA. Now the real work begins.

David Keller

Treasurer

Academic Pediatric Association

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Membership and Region Chair's Message

Happy Holidays!

Good news from the perspective of membership: as of October, we are now at 1913 members, once again within striking distance of the "magic" 2000 mark. Moreover, many of this year's new members are hospitalists, ED providers, and trainees, all groups that may benefit the most from the APA's newer initiatives. As always, however, there are about 200 members who have not renewed their membership to date, so if you know any of these people, please remind them.

At the recent APA Board meeting, several items were discussed relating to invigorating activities at the region level, especially for trainees and junior faculty who may benefit the most from local networking. Boosting attendance at regional meetings is always a challenge; encouraging and enabling trainees and junior faculty to submit their work and attend should be a top priority for division directors and Region Chairs. Regional meetings are often the only chance trainees have to discuss projects in progress outside their home institutions, including those related to quality improvement. Connecting new members to regional or national facilitators might be another good region-level activity.

Finally, a new and improved "welcome" letter for new members, customizable by Region Chairs, received a final polishing. Look for it in the next few months.

I look forward to seeing many of you in Denver in May!



Christopher Stille

Chair of Membership and Regions

Academic Pediatric Association

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Election Results

Congratulations to the winners and thanks to all the candidates...

President Elect:

Dave Jaffe

Treasurer:

Denice Cora-Bramble

Communications Director:

Barry Solomon

Health Care Delivery Chair:

Jane Knapp

Public Policy an Advocacy Chair:

Paul Chung

Nominating Committee:

Rob Kahn

Suzette Oyeku

New APA Members

Welcome to all of the new APA Members!

Tzvi	Aaron	Jeremy	Fox	Andrea	Morrison
Steven	Bachta	Carl	Galloway	Yumiko	Nakazawa
Eleanor	Bathory	Mana	Golzari	Elizabeth	Nelsen
Jessica	Bettenhausen	Monika	Goyal	Stephen	Nelson
Christy	Boling Turer	John	Greene	Kavita	Parikh
Brett	Bordini	Matthew	Haemer	Padmaja	Pavuluri
Shannon	Boudreaux	Rohini	Harvey	Damiris	Perez
Corinne	Bria	Renee	Henigan	Maria	Petrini
Dara	Brodsky	Valeria	Higinio	Meredith	Riebschleger
Mara B.	Chavolla-Calderon	Benson	Hsu	Glenn	Rosenbluth
Jennifer	Chuang	Kristin	Jensen	Kelley	Roswell
Sandra	Cohan	Karen	Jerardi	Mohsen	Saidinejad
Ryan	Coller	Lara	Johnson	Marianne	San Antonio
Jeffrey	Colvin	Temitope	Jose	Senthilkumar	Sankararaman
A. Ioana	Cristea	Jennifer	Kicker	Alexandria	Saulsberry
Keith	Cross	Sadie	LaPonsie	Andrea	Schwartz
Lynn	Davidson	Kandyce	Larson	Deepa	Sekhar
Melissa	Desai	Sheryl	Levy	Nirav	Shastri
Cristina	Farrell	Angela	Mazur	Miriam	Shiferaw
Noha	Fathy	Shana	McCormack	Michelle	Shouldice
Eric	Fleegler	Eva	Moore	Julia	Simmons

Nicola Smith
Amy Stier
Parmi Suchdev
Christina Suh
Kinga Szucs
Lindsay Taliaferro
Heather Taussig
Zebulon Timmons

Meghan Treitz
Dongngan Truong
Tien Vu
Brian Wagers
Jennifer Walter
Adam Ware
Lawrence Wasser
Abigail Watson

Ashley Weedn
Rebekah Williams
Margaret Wolff
Brian Wymbs
Wenying Zhang

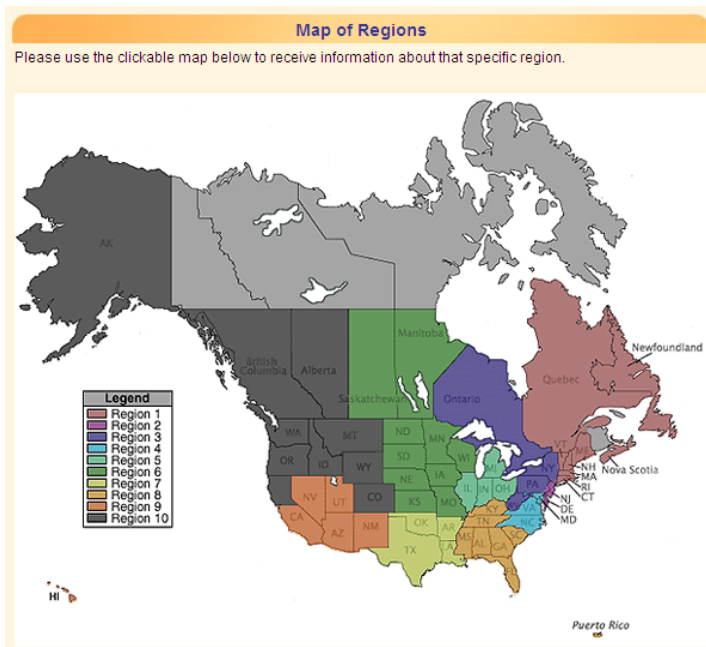
Upcoming Conferences

Pediatric Academic Societies 2011



PAS-ASPR 2011
April 30 - May 3, 2011
Denver, Colorado
pas-meeting.org

Regional Meetings



Region 2 and 3

March 11, 2011

Region 4

February 26-27, 2011

Region 5

March 10-11, 2011

Region 7 and 8

February 17-19, 2011

Region 9 and 10

January 29-30, 2011

Committee Reports

Education

Update on the core educational activities:

There are currently 41 scholars enrolled in the **Educational Scholars Program**. This year's curriculum at the PAS meeting will focus on quantitative and qualitative research. Before this face-to-face session, scholars will complete an intersession module on either qualitative evaluation or project evaluation using the virtual learning platform. Graduating scholars will be recognized during the PAS meeting in Denver. Applications for the next cohort of scholars will be solicited in the summer of 2011.

We are looking for a *team leader* for the **Educational Guidelines Project**. The new leader will have the opportunity to build on previous work and consider how to integrate the project with other national pediatric educational initiatives and to expand the scope of these resources to enhance teaching and learning across the continuum of education. Any interested member should contact the Transitional team leader, **Teri Turner** at tturner@bcm.edu.

The **Academic General Pediatrics Fellowship Accreditation Program** has accredited 7 programs and 2 programs have received provisional accreditation. General pediatrics, hospital medicine and primary care research, and primary care faculty development programs have been accredited.

“Save the Date”: The 2nd **Pediatric Educational Excellence Across the Continuum** (PEEAC) meeting is scheduled for Fall 2011, attached to the fall APPD meeting. The meeting will be sponsored jointly by the APA, APPD, COMSEP and CoPS. The meeting will once again target teachers across the continuum of education. Sessions will address teaching strategies, learner assessment, curriculum development and the career planning for educators. A new addition to this year's conference—a poster session exhibiting innovations in education.

Watch your email for upcoming opportunities to get involved with activities of the education committee: To increase opportunities for active participation in educational activities across the continuum and to enhance collaboration across educational organizations, we will solicit and select liaisons to the Task Forces of the APPD and COMSEP. Past Presidents of both of these organizations have expressed support for this idea. Liaisons would have the opportunity to participate in virtual meeting sessions of the Task Force and hopefully, to contribute to the activities of the groups.

Maryellen Gusic
Education Committee Chair
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Research

APA Young Investigator Award Program for Primary Care Strategies for the Promotion of Early Literacy and School Readiness Supported by Reach Out and Read

With generous support from Reach Out and Read, the APA Research Committee is pleased to announce a new Academic Pediatric Association Young Investigator Award Program for Primary Care Strategies for the

Promotion of Early Literacy and School Readiness. This award will provide financial support for young investigators whose research projects focus on interventions in primary care intended to support the early stages of literacy development and school readiness among children at risk for reading problems or school failure.

Through this process, the program will award up to \$15,000 per selected project. One award is anticipated during this first year and at least one award in subsequent years.

Through this award, the primary goal is to foster development of young investigators who will advance a research agenda related to:

1. Improving early literacy and school readiness among children, especially those at risk for language delay and school problems, through primary care-based interventions, including Reach Out and Read and related programs

2. Understanding home environmental and other influences (both social and biological) related to early literacy and school readiness, in order to inform development and refinement of primary care interventions

Letters of intent are due, January 13th. Read the specifics of the application process for this program and submit your electronic application at the following link:

<http://www.academicpeds.org/members/roentry/login.cfm>.

For questions, contact Connie Mackay, connie@academicpeds.org or 703-556-9222.

Glenn Flores

Research Committee Chair

Glenn.Flores@UTSouthwestern.edu

Core Activities

Academic General Fellowship Accreditation Program

Attracting the Best and the Brightest to Academic Generalist Fellowships

As an APA core activity, the mission of the Academic General Fellowship Accreditation Program is to strengthen fellowship training in Academic General Pediatrics (AGP). By establishing an accreditation process which has curriculum guidelines and program standards, we hope to enhance the education of our trainees and thereby attract the “best and the brightest” residents to AGP.

The program is responsible for administering the voluntary accreditation of “generalist” pediatric fellowship programs, including training programs that focus on health services research, clinical effectiveness, quality and safety, community pediatrics, environmental health, hospital medicine and academic general pediatrics.

Now in its third year of existence, nine programs have been accredited, one program’s application is under review for 2011, and two more applications are expected.

The accredited programs are:

Accredited on July 1, 2009

- The Baylor College of Medicine's Academic General Pediatric Fellowship Training Program
- The Cleveland Clinic Pediatric Hospitalist Fellowship Program
- New York University's Academic General Pediatric Fellowship Program

- UC Davis Primary Care Outcomes Research Fellowship
- University of Rochester's Academic General Pediatric Fellowship Program
- SUNY Academic General Pediatrics Fellowship Program at Stony Brook

Accredited on July 1, 2010

- The Children's National Medical Center's Pediatric Hospital Medicine Fellowship
- The John's Hopkins University Pediatric Primary Care Research Fellowship Program
- The University of Pittsburgh Primary Care Physician Faculty Development Fellowship Program

Application under review for July 2011:

- Academic General Pediatric Fellowship program at The Children's Hospital of Philadelphia

Currently the committee is working to enhance internet links to the APA website and other ways to advertise the accreditation status of the programs to potential trainees.

Applications will be accepted throughout the coming year. Information concerning the accreditation process and all documents required for an application can be found on the website (www.academicpeds.org) under the "Education" section. If you have any questions, please contact **Lou Bell** at 215-590-1964 (belll@email.chop.edu) or **Marge Degnon** at 703-556-9222 (marge@academicpeds.org).

Members of the AGPAC are:

Lou Bell (chairperson), belll@email.chop.edu
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Program Chair

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CORNET

Winter months are upon us as we reflect on CORNET's mission to establish and maintain a sustainable, collaborative research network composed of pediatric residency continuity clinicians and their clinical sites. Since its inception in 2001, CORNET has tripled in size; representing 51% of all U.S. accredited pediatric training programs. Currently, CORNET consists of 100 pediatric training programs and includes 117 clinical practices across 40 states.

As a result of our members' hard work, we are proud to highlight the CORNET projects in a very productive year:

Quality Improvement Project of Implementation of *Bright Futures* Principles (PreSIP)

Paula Duncan is the principal investigator of this study which focuses on the implementation of *Bright Futures* principles in practices. The study includes 20 practice sites, 5 of which are CORNET sites. **William Stratbucker** is leading the CORNET component. Practices will participate in an initial training session, followed by monthly chart reviews and monthly group telephone calls in which the data from the monthly PDSA cycles will be discussed. Funding of this study is through the Friends of the AAP.

Recruitment is complete.

Pediatric Residency Integrated Survey: Mental Health in Primary Care (PRISM-PC)

This is a two phase study examining the approach to mental health issues from an educational and patient care perspective at CORNET sites. The Principal Investigator for this study is **Maya Bunik**. The first phase, a cross-sectional survey of continuity directors at each site, was completed in September 2010, with a total of 54 continuity sites participating. The survey outcomes include access to mental health care by patients, resident education of mental health issues and whether practice sites have integrated mental health models at their sites. Institutional funding has been secured through University of Colorado for the first phase. The second phase will be a comparative study examining patient and resident educational outcomes comparing clinical sites with integrated mental health programs to those sites that have a more standard approach to mental health care.

Phase I is complete. Grant submission will be made in February, 2011 for phase 2. Stay tuned.

Adolescent Immunizations in Medical Homes Initiative (AIM HI)

Peter Szilagyi is the principal investigator of this study funded by the Centers for Disease Control. This is a 3 phase study that will include QI methods to enhance adolescent immunization rates within medical homes. This is a collaborative effort with inclusion of two research networks, a regional practice based research network in Rochester (GR-PBRN) and CORNET. The first phase included a survey of practitioners to assess perceptions of potential interventions, barriers, strategies and critical components of interventions to enhance immunization of adolescents. 47 CORNET sites participated in Phase 1 which was completed by September 2010. Phase 2 incorporates focus groups with health care providers to better examine feasibility issues for practices in incorporating interventions. The final phase will include a randomized controlled trial to measure the effectiveness of the selected strategy.

Phase I is complete. Phase II is underway. Stay tuned.

Bright Futures Study

Data collection for the *Bright Futures* study has been completed. This 4 year study, funded by the MCHB, is a randomized controlled trial of incorporation of preventive health strategies comparing a more intensive web based educational series of modules on oral health and *Bright Futures* concepts (7 modules; intervention group) to a streamlined web based module on iron deficiency prevention (1 module; active control). Twenty six pediatric training programs participated. Data analysis is currently underway.

Study is complete.

A standing ovation goes out to the participating sites that contributed to these studies. We couldn't have done this without your help and enthusiasm!

As many studies are now in the data analyses phase, we've submitted seven abstracts and have one workshop accepted for the 2011 PAS meeting.

Also, as we wind down with several projects, that gives us the opportunity to look for new projects in the coming year. If you have been contemplating an idea for a research project, that deliberates CORNET's goals

of focusing on health care issues of minority and underserved children, pediatric health care disparities and resident education in the Continuity clinical settings, we encourage you to act on it.

Please put your thoughts on paper and submit a 2-3 page draft to the CORNET team at cornet@academicpeds.org. Alternatively, you can contact your Regional Research Chair to discuss ideas. The Regional Chairs can also help you to formulate your research question and plan.

*We look forward to planning for the New Year and starting up some new projects!!
Warm wishes for this holiday season!*

Marilyn Dumont-Driscoll

Recruitment Director
dumonmd@peds.ufl.edu

Nui Dhepyasuwan

Research Associate, Network Coordinator
nui@academicpeds.org

Educational Scholars Program

The Academic Pediatric Association's Educational Scholars Program will be recruiting a new cohort of faculty scholars in 2011. The application website will open on July 1, 2011, and the deadline for online submissions is October 1. Scholars complete an application, including a project proposal, and undergo a rigorous selection process. For those interested in applying, now would be a good time to choose a mentor and begin planning a project for inclusion in an application to the program. Applicants must submit a letter of support from their mentor, and also a letter from their supervisor that commits to payment of an enrollment fee of \$5000 and permission for the scholar to devote 10% FTE to the program over 3 years (May 2012 – May 2015). Scholars are expected to become members of the Academic Pediatric Association.

The ESP is an ideal way for academic pediatricians to gain additional training to succeed as an educator and join a community of other dedicated educators, without doing a separate fellowship or degree program. The purpose of our program is to help faculty with a strong commitment to education to build careers around scholarly activities related to teaching, learner assessment, curriculum development, and educational administration and leadership. Methods in educational evaluation and research are a special focus of our curriculum. We also offer career planning advice, and help scholars develop a well-crafted educator portfolio to support their future applications for promotion and advancement.

The ESP offers didactic and interactive activities at the PAS meeting each year. Scholars also complete self-directed modules between PAS meetings, and practice scholarship hands-on through completion of a mentored educational research or evaluation project. All participants who complete these required activities, including a peer reviewed publication or presentation on their completed project, receive a Certificate of Excellence in Educational Scholarship from the Academic Pediatric Association.

Since 2006, 30 scholars have graduated from the ESP program. Our current group of 41 scholars includes hospitalists, general and emergency medicine pediatricians, and a variety of subspecialists; many are program directors or associate directors. The ESP is supported by a faculty of 35 pediatric educators. Our hard working Executive Committee includes: **Connie Baldwin**, ESP Director; **Maryellen Gusic**, Co-director for Research; **Latha Chandran**, Co-director for Curriculum and Evaluation; **Elisa Zenni**, Chair of the Faculty Advisor

Committee; **David Keller**, Cohort 2 Leader; **Mary Ottolini**, Cohort 3 Leader; and **Teri Turner**, Cohort 4 Leader. These volunteers devote many hours to the ongoing success of this program.

To learn more about the Educational Scholars Program, go to:

http://www.academicped.org/education/education_scholars_program.cfm.

Constance Baldwin

Program Chair

mailto:Constance_Baldwin@urmc.rochester.edu

Region Reports

Region I

The region's fall conference was held on October 22, 2010, with the theme of "Leading through Change". This was the first year that we combined efforts with members of COMSEP and the NPPD from throughout New England. We met at Women & Infants' Hospital/ Hasbro Children's Hospital in Providence, RI, for a great day of discussions and interactions with a total of 70 attendees.

The APA track was kicked off with a special digital presentation by **David Keller** on "*The Affordable Care Act: Is it Developing Appropriately for Age?*" As David was physically in Washington, DC, reporting on behalf of children and pediatricians, we stretched our technical capabilities and actually had David respond to questions via conference phone to his cell phone as he stood on a city corner.

Then we had Scientific Abstract Presentations by trainees and faculty on three great topics:

- 1) Title: An Abbreviated Screen for Autism Spectrum Disorders
Presenting Author: **Nicola Smith**, Institution: Tufts (Fellow)
Sponsor (APA member): **Ellen Perrin**
- 2) Title: *Choosing Peace Through Healthful Living: A Collaboration Between the Institute for the Study and Practice of Nonviolence (ISPN) and the Brown University Pediatric Residency Program (BPRP)*
Presenting Author: Sarah Bagley, MD and Elizabeth Dawson-Hahn, MD
Institution: Brown (Resident) Sponsor: **Adam Pallant**
- 3) Title: Teaching Professionalism to 3rd Year Medical Students
Presenting Authors: **Eve Colson** and Melissa Held, MD Institution: Yale

We wrapped our morning up with a motivating workshop by Meghan DeAngelis, the Senior Employee Development Specialist from Women & Infants' Hospital, who led us through "*What's My Carrot? What's Yours? And How Do We Help Each Other Get to the Carrots Amidst Occasionally Restricted, Unchartered Terrain?*" Although we might have gotten a little off track from the intended presentation, the impromptu modifications led to interactive small group discussions.

Lunch was spent with all of the participants interacting, catching up and sharing new ideas, and our day ended with our Keynote Speaker, Mal O'Connor, PhD, vice president of the Center for Applied Research, who led us through a great interactive session that stressed some fundamentals of change.

As this type of meeting is new for the APA Region 1 we are looking for feedback and any suggestions for next year's fall meeting. We want to make these meetings are a venue for positive change for the members and deliver to you what you need... so please send us your thoughts and ideas.

Wishing you all the best for the New Year,

Region Co- Chairs

Ada Fenick

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Marcia VanVleet

mvanvleet@WIHRI.org

Region III

We are looking forward to a joint regional meeting with APA Region II in NYC at New York University School of Medicine on Friday, March 11, 2011. We have received a record number of abstracts for presentation from residents, fellows, and faculty members, and are planning a multifaceted group of workshops. Please save the date!

Region III Co-Chairs:

Cynthia Rand

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Carrin Schottler-Thal

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Region IV

Hello Region 4 APA members!

We are excited to announce the details of our upcoming Region IV meeting:

FEBRUARY 26-27, 2011

OMNI HOTEL, CHARLOTTESVILLE, VA.

We have some great speakers lined up:

Oxiris Barbot, who is a pediatrician and the new Commissioner of Health for the Baltimore City Health Department will be giving the keynote address. She has held interesting jobs ranging from the Medical Director of the New York City Schools to pediatrician in a community health center and will have a terrific presentation.

Bob Hall, Assistant Director of the AAP Washington Office, agreed to return this year and will give a presentation updating us on the progress and challenges to health care reform and child health policy in DC.

We will continue to have the **Meet the Professors Breakfast**. This is an opportunity to talk in small groups with senior faculty from the region. The planned MTP breakfast line-up will include:

Behavior/Developmental Pediatrics: **Ken Norwood** (UVA)

Education: **Janet Serwint** (Johns Hopkins)
Advocacy and Leadership: **Tina Cheng** (Johns Hopkins)
Hospitalist: **Mary Ottolini** (Children's National Medical Center)
Quality Improvement: **Greg Randolph** (UNC)
Research: **Sue Feigelman** (UMD)

Finally, we are excited about the potential workshops and abstract submissions. Remember that this is a terrific opportunity to share works-in-progress and also for junior faculty or trainees to present. There is also a dedicated poster session for resident QI projects. Note that APA membership is not required in order to submit a workshop or abstract for consideration.

Use our online Meeting Registration Form to register and submit your abstract and/or workshop description:

<https://www.degnon.org/secure/apa/region4meeting11/index.cfm>

ABSTRACT SUBMISSION DEADLINE

January 10, 2011

A group rate is available at the Omni Hotel, located directly on the downtown mall in Charlottesville. Attendees who take advantage of this inexpensive rate help keep the overall cost of the conference down. Hotel information is available at <http://www.omnihotels.com/FindAHotel/Charlottesville.aspx>

We are hopeful that every program in the region will have faculty and trainees at the program and share in this terrific opportunity to network, learn and share all the incredible things that are going on in Region IV.

We look forward to seeing you in February!

Sincerely,

The 2011 Region 4 Planning Committee:

Amy Wrentmore, University of Virginia

Michael Steiner, University of North Carolina

Ivor Horn, Children's National Medical Center

Rachel Dodge, Johns Hopkins University

John Olsson, East Carolina University

Region V

Planning for the 2011 APA Region V Regional Meeting in Grand Rapids, MI continues to come together. We are currently scheduling speakers and workshops. Look for further information soon! Remember that the meeting is on March 10th starting at 12 noon and concluding on March 11 at 1pm. Come to meet with other region members, watch presentations by the winners of the annual Trainee Abstract Competition and see the brand new facilities in Grand Rapids!

Our latest Regional Teleconference is scheduled for December 17th at noon EST. We have had a change in plans and our speaker will now be Ethan Booker, MD. He is an Emergency Medicine attending at the Washington Medical Center and will be talking about "Economics of Health Care". As usual, we will be using

Perfect Meetings to host the meeting. Look for information on the listserv soon. Recordings of this teleconference as well as previous meetings can be found on the same site.

We want to remind everyone that we are still looking for a new co-chair. If you or someone you know is interested in becoming one of the Region V co-chairs, please have them email Bill (william.stratbucker@devoschildrens.org) or Michael (mpmckenn@iupui.edu).

Remember to stay in touch with the news of the region as well as interact with other members by becoming a member of the Region V group on Facebook.

Region Co-Chairs:

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Bill Stratbucker

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Michael McKenna

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Region VI

Region 6 Co-Chairs would like to thank all of our members who supported the fall meeting by presenting their abstracts, leading workshops or traveling to attend! We'd like to extend a big thank you to APA president elect **Benard Dryer** for traveling to Lake Geneva, Wisconsin and giving his key note address on Health Literacy!

Region 6 is skipping winter and jumping ahead to spring as we convert our remaining 2010 funds into a PAS Trainee Travel award. Our award more than doubled thanks to generosity of the fall meeting faculty who paid a higher registration fee to support trainee attendance; when they out numbered trainees they voted to contribute the excess funds from the meeting to the PAS Trainee Travel fund. As a result of their contribution we will be able to offer on \$330 Trainee Travel award to Denver. Look for the application on our web page and listserv in mid February. The February newsletter will also include application information.

It's time to start thinking of nominations for a new Region 6 Co-Chair who will replace our third year term Co-Chair **Lorraine Brewer**. We hope to identify the new Co-Chair prior to the Denver meeting so their installation can occur as part of the Region 6 Breakfast.

Region VI

Lorraine Brewer

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Bernard Eskridge

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Charlene Gaebler-Uhing

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Region VII & VIII

Amidst the hustle-bustle of the holiday season, don't forget to register for our upcoming **Southern Regional Meeting February 17th-19th 2011 in New Orleans**. There was a record number of abstracts submitted and posters for presentation this year so that the meeting should be nothing short of exceptional.

Our traditional **APA Workshop** will take place on **Friday, February 18th** and should be a very intriguing and educational event: **“Media and Medicine for the New Millennium”** will be presented by **Casey Hester and Deborah Shropshire** from OUHSC in Oklahoma. The workshop promises to be informative and interactive.

Our regional breakfast/business meeting will take place on **Saturday morning February 19th**. We may be fortunate to have a member of the APA Board present during our regional meeting so please make every effort to attend. We will look forward to socializing, sharing, and networking with all of you.

Region 7 Co-Chairs:

Shelly Baldwin

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Region 8 Co-Chairs:

Judy Theriot

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Special Interest Group Reports

Continuity

The Continuity SIG Task Force met at the end of October and we wish to thank all of our SIG members for your fantastic advance input for the planning of our meeting as part of the PAS meeting in Denver this spring. Our meeting will feature our usual business items with updates from the APA Board, CORNET, and the RRC. The Continuity Directors' manual is almost complete and will be ready for comments and considerations. We look to all of you for feedback. We will then discuss the new work hour guidelines with background information and an opportunity to break into small groups for more in depth discussion. We hope to share solutions to maintaining a rich continuity experience for the residents in this environment.

We are also excited to share that there will be two workshops at the PAS with a focus on Continuity. **Cindy Ferrell** helped organize a workshop entitled “So Much More Than Just the Numbers! Utilizing Effective Teaching Methods to Optimize the Continuity Clinic Experience”; great ideas for teaching on the run. Also **Bill Stratbucker's** workshop, “Continuity Clinic QI with CORNET: Take Your Project to the Next Level”, which will help you take your educational program to the next level.

So you see, there's a lot to get excited about at the Continuity SIG this year! More details in the next newsletter.

SIG Co-Chair

John Olsson

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E-Learning in Medical Education

E-Learning SIG in Medical Education Quarterly Webinars

On November 18, 2010 the e-Learning SIG's first quarterly webinar was launched by Mr. Ed Bowen who is a nationally well-known scholar of distance learning. He is the Director of New Products for the LeCroy Center for Educational Telecommunications in Dallas, where his responsibilities include the management and operation of the instructional division of the Dallas TeleCollege. He works closely with faculty and instructional deans across the seven colleges in the Dallas County Community College District (DCCCD) to increase operational efficiency and instructional capacity of online course sections. Mr. Bowen also serves as the catalyst for implementation of Quality Matters in the District. His experience and interests focus on distance education in community colleges, military education, and proprietary institutions.

[Read the e-Learning newsletter](#)

SIG Co-Chairs

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Heidi Saliba

hsaliba@peds.ufl.edu

Emergency Medicine

The National Pediatric Academic Society's Emergency Medicine SIG meeting was held in May, 2010 in Vancouver, British Columbia. There were over 200 participants. The focus was Quality in Pediatric Emergency Medicine. **Evelyn Alessandrini** and **Lalit Bajaj** co-chaired the meeting. The agenda included an overview of gaps in quality of care by **Jane Knapp**, followed by examples of successful performance improvement projects from Texas, Seattle and Boston Children's Hospitals.

This year marked the end of the three year term of Drs. Alessandrini and Bajaj. New SIG co-chairs, **Mark Roback** of the University of Minnesota Amplatz Children's Hospital and **Anne Stack** of Children's Hospital Boston, were named in June of 2010.

SIG Co-Chairs

Mark Roback

mgroback@umn.edu

Anne Stack

anne.stack@childrens.harvard.edu

Ethics

We have rolled our sleeves to prepare for our Ethics SIG session in Denver next year. We have not finalized the schedule yet, but we will focus on the topics that you reported to be important in the survey you responded to a few weeks ago. We are thankful to our members who took their time to respond to this survey.

Here are the survey results:

The number of Ethics SIG members who received the survey: 56

The number of Ethics SIG members who responded to the survey: 22

Question 1:	Not at all	Somewhat important N (%)	Important N (%)	Very important N (%)	
How important to you is Ethics SIG at APA?	0	7 (33)	7 (33)	7 (33)	

Question 2, 3, 4, 6:	Yes N (%)	No N (%)	Not sure N (%)	Does not matter N (%)
Would you consider joining a blog if Ethics SIG co-directors create one?	15 (71.4)	6 (28.6)		
Would you like case discussions as part of the Ethics SIG newsletter that is published a few times of the year or in a possible Ethics SIG blog?	16 (80)			4(20)
Would you like Ethics SIG to form a support group for faculty who want to pursue an academic career in ethics?	10 (47.6)	1 (4.8)	10 (47.6)	
Would you be interested in a separate networking lunch meeting at APA next year?	10 (55.6)	8 (44.4)		

Question 5: Please rate the importance of the topics below to be presented at APA Ethics SIG next year:

	Not important	Neutral	Important	Very Important
International research ethics	0	8 (40)	5 (25)	7 (35)
Research ethics	0	6 (33.3)	7 (33.3)	7 (33.3)
Philanthropy/Global health initiatives and ethical issues	0	6 (28.6)	12 (57.1)	3 (14.3)
End-of-life initiatives/curriculums in general pediatrics and subspecialties	1 (4.8)	0	6 (28.6)	14 (66.7)
Ethics education in the US and the world-what is needed	0	0	11 (52.4)	10 (47.6)
Earning scholarship in ethics-how to overcome barriers	2 (10)	6 (30)	6 (30)	6 (30)

71 % of the respondents were interested in an Ethics SIG blog. We will look into ways to make this happen. We are open to suggestions and would definitely support collaborations.

50 % of the respondents would like to have lunch with the other Ethics SIG members. We will look to see how to make this happen in Denver. Any suggestions would be appreciated.

60% of you felt earning scholarship in ethics was important or very important. We also believe collaboration will help all of us in reaching our academic goals. Please let us know your ideas, suggestions about how to make this happen. We will report your ideas/proposals on this important topic in the next ethics SIG letter.

We wish you and your families a very happy and healthy Holiday Season!

SIG Co-Chairs

Diane Plantz
dmplantz@cmh.edu

Zeynep Salih
zsalih@iupui.edu

Faculty Development

The faculty development SIG is planning an exciting session for the spring meeting. We are considering a number of topics: patient safety, quality of care, supervision, and inter-professional training, all inspired by the new ACGME duty hours standards. Our spring SIG session will focus on providing faculty development to address at least one of these issues.

SIG members should pay attention to their inboxes to look for and respond to a survey to help select the final topic for our session. The SIG wants to prepare its members and their faculty to meet new standards and have a positive experience in doing so.

SIG Co-Chairs

Joe Lopreiato

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Miriam E. Bar-on

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Hospital Medicine

The pediatric hospital medicine community continues to offer tremendous opportunities for individuals to contribute to the growth of our field. Please check the *NEW* section called current events for a list of easy references. Be sure to let us know if there are other links you'd like to see!

EDUCATION

In keeping with the theme of this newsletter, the following update was provided by **Becky Blankenburg** and **Jennifer Maniscalco** from the Pediatric Hospital Medicine (PHM) **Education Task Force** on their activities.

“The Pediatric Hospital Medicine (PHM) Core Competencies were published in April 2010 as a supplement to the Journal of Hospital Medicine. In order to support the use of the PHM Core Competencies in curriculum development and other educational initiatives, the Education Taskforce of the PHM Strategic Planning Roundtable created a central resource repository that is available to the public, free of charge. The repository can be accessed at the following link: <http://sites.google.com/site/phmeducationresources/home>. For each competency topic, there are at least three (often more) resources listed - published curricula, practice guidelines, scientific articles, and more. The resources are intended to assist hospitalists and other educators when designing educational activities or formal curricula or for pursuing individual CME objectives.

The PHM Roundtable Education Taskforce, in collaboration with the Association of Pediatric Program Directors (APPD) Curriculum Task Force, is also working on the creation of a night float curriculum that will be comprehensive, but yet still adaptable to each program based on their needs. It will contain learning modules addressing all 6 ACGME competencies, as well as evaluation tools. Many of you may have been asked to be part of this at your institutions (especially given the upcoming work hour changes).

This work includes:

- (1) National Night Float Survey: The pediatric and med-peds residency program directors were surveyed to assess the current state of night float education nationally, as well as assess the perceived needs for night float education and assessment.
- (2) Curriculum Development: We are beginning to create a web-based night float curriculum based on the needs expressed by the program directors, which builds off curricula at several institutions (Children's National Medical Center, University of Connecticut, Stanford, and University of Florida)

and incorporates some key topics in the Pediatric Hospital Medicine Core Competencies. This curriculum will be finished by April 2011, and we are planning to pilot test it in the 2011-2012 year.

(3) Assessment Tools: We are also working on creating assessment tools, which we will be validating in subsequent years.

All of these will be available to you as pediatric hospitalists, so you won't need to reinvent the wheel, but rather adapt these to your own program's needs.

What can you do?

(1) If you are interested in curriculum or assessment tool development, please email **Becky Blankenburg** (rblanke@stanford.edu), and she can add you to our working group.

(2) In the future, the group will be looking for sites to pilot test the curriculum and/or assessment tools. Please consider if you might be interested in this. A call for interested programs will come out in the spring.”

PRACTICE MANAGEMENT

The Pediatric Hospital Medicine (PHM) Roundtable committee provided an update on the **Strategic Planning (STP) Committee**.

“The STP Committee is charged with evaluating various specialty options available for us in PHM, and more importantly, for those who follow us. A variety of options is under consideration, including:

- maintaining the status quo while enhancing the PHM-specific performance improvement modules for part 4 and self-evaluation programs for part 2 of Maintenance Of Certification,
- pursuing formal subspecialty designation within the American Board of Pediatrics through 1, 2 or 3 year fellowships,
- following the "recognition of focused practice" with maintenance of certification as is being done with American Board of Internal Medicine and American Board of Family Practice.

The STP Committee will meet regularly for the next 1-3 years as it analyzes different options, solicits feedback from members of the PHM community and other constituencies with which we interact, and formulates recommendations.

The Pediatric Hospital Medicine (PHM) Roundtable has established a 3 person subcommittee which is composed of one representative from each society (**Doug Thompson** from the Academic Pediatric Association (APA), **Dan Rauch** from the American Academy of Pediatrics (AAP), and **Doug Carlson** from the Society of Hospital Medicine (SHM)). By the middle of December, this subcommittee of the PHM Roundtable will select the co-chairs of the STP committee from approximately 50 individuals who submitted applications. The co-chairs will select the remaining members of the committee and drive the process moving forward. Members of the STP Committee will be announced online. You should feel comfortable sharing your thoughts with them as they work through these various options on all of our behalves.”

PRIS

The **Pediatric Research in Hospital Settings (PRIS) Research Network** would like to invite you to join our new listserv. Simply click on the link below and follow the instructions to subscribe: <http://mailman.xmission.com/mailman/listinfo/prisnetwork>. This listserv will allow discussion that will help members understand the new process to propose research ideas, hear details on new membership requirements, and hear about what PRIS has been working on during the past 18 months (the redesign phase). That part is over – and PRIS is open for new business! The PRIS Network Coordinator is Jaime

Blank (Jaime.blank@hsc.utah.edu) and the Chair is **Raj Srivastava** (raj.srivastava@hsc.utah.edu). You may email either of them if you have any questions regarding PRIS.

QI

Learn more about the VIP network at the newly-updated website: <http://www.vipnetwork.webs.com/>

UPCOMING MEETINGS

We are also generating an exciting agenda for the SIG meeting at the **Pediatric Academic Societies 2011 meeting** in Denver on **April 30, 2011 from 8 am to 11 am**. Updates related to ongoing projects in quality improvement (VIP network), research (PRIS network), education (PHM Roundtable) and practice management (STP Committee) are planned. Facilitated breakout sessions will allow attendees to have input in direction of these efforts. Ideas for a possible Topic Symposium or Mini Course sponsored by the SIG for PAS 2012 will be discussed. In addition, a workshop in a topic related to academics in the career of the hospitalist will be conducted. Our annual Hospital Medicine poster session will be included. Please note December 1st is the opening day for PAS registration and housing. Last year, accommodations were tight so consider registering early.

Although the workshop deadline for the **Pediatric Hospital Medicine 2011 meeting** has just past, the planning committee is soliciting engaging, educationally rich workshops that will provide participants with new skills, insights or knowledge on how to manage the hot topics of our day. As in 2010, the workshops will be assigned to one of the following tracks: Clinical, Research, Practice Management, Quality and Safety, and Education. Please see the attachment for submission specifics. Please feel free to contact **Allison Ballantine** (ballantine@email.chop.edu) or **Catherine Smith** (csmith@hospitalmedicine.org) with any questions. Also, please be aware that the abstract submission process will be open in early 2011.

Other important dates to remember:

- **March 21-23, 2011 SHM Leadership Academy, Las Vegas, NV**
- **April 30- May 3, 2011 Pediatric Academic Societies 2011, Denver, CO**
- **May 10-13, 2011 SHM's Hospital Medicine 2011, Dallas, TX**
- **July 27-30, 2011 Pediatric Hospital Medicine 2011, Kansas City, MO**

Please take advantage of these opportunities for personal professional growth and to contribute to advancements in Pediatric Hospital Medicine.

SIG Co-Chairs:

Jeff Simmons

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Tamara Simon

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Doug Thompson

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Medical Student Education

Special Interest Group for Medical Student Education Mission and Goals:

The Medical Student Education SIG will still be dedicated to disseminating information for faculty development, professional learning and teaching, and career development of members. It may partner with other SIGs or other organizations to enhance the approaches to education and training.

Thought provoking and relevant publications on education for physicians were announced during the 2010 session about medical student's education of the 21 century.

Cooke, Irby and O'Brien Published in April of 2010 **Carnegie Foundation for the Advancement of Teaching Report www.carnegiefoundation**

"Educating Physicians- a call for reform of Medical School and Residency" four goals for medical education:

- 1-Integration: connecting knowledge and experience, a longitudinal approach.
- 2- Habit of inquiry focusing on excellence.
- 3-Standardization and individualization: set outcomes and allowing flexibility in learning.
- 4-Identity formation: developing professional values and commitment.

Each year our session is co-sponsored by the APA and COMSEP. The Student Medical Education SIG had an excellent session at the PAS meeting in Vancouver this year. Our annual goal is to address a topic that brings innovation in medical education: providing skills and knowledge necessary for providing high quality, efficient, safe and cost effective care.

In 2009 IOM reported resident duty hours with primary goals of patient safety and best possible preparation of health professionals. Challenges of implementation of the recommendations are high cost, development, increase number of "hand off" and possible disruption of continuity. "Hand Off" is a very important process to ameliorate duty hours reform and maintain high quality and safe health care. Dr. Vineet Arora provided the guidance and materials for the planning of a very proactive talk about a longitudinal educational model of "Hand Offs" for medical student education.

Definition of "Hand Off" as more than communication as a process of passing something or the control of it to another person. It is a process that includes events prior and after signout, it is a clinical/professional learning opportunity, easier to work as a team, decreases uncertainties, decreases errors, improve patient safety, and is a model of longitudinal education. Communication psychologist Emily Patterson describes the process that is imbedded during "hand offs" and it consists of: standardization and flexibility, efficiency and effectiveness, availability to give updates and intimacy of knowledge, short term and long term info, direct and indirect audience. There are different strategies for learner development about hand off like: take out and read back, information technology, psychology, face to face, "Swiss Cheese" model with the multiple successive layers of defenses, barriers and safeguards.

The Sub-Internship Curriculum was published in the winter of 2010

The new developmental approach of the curriculum is about more patient care responsibilities for the learner, competency based learning; ACGME competencies, need to put knowledge, skills and attitudes all together to

provide care. The approach is more synthetic than analytic, and flexible. There are new teaching and evaluation tools being published in the near future.

In summary the objectives of the Medical Student Education SIG 2010 is to design or diffuse new models of medical education, to support faculty in their teaching endeavors, ensuring all training environments hold high standards of quality and safety, embracing new education technologies, and learning in collaboration.

The ultimate goal is professional learning: To become a "Good Doctor"

SIGCo-Chairs:

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Sandra Sanguino

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Teaching in Community Settings

The Community Based Physicians SIG and the Pediatrics for Family Medicine SIG are now combined under a new SIG: Teaching in Community Settings SIG. We are planning a meeting of the new combined SIG at PAS 2011 in Denver. Members of either SIG are welcome to continue membership in the new SIG. In addition to updating the membership on SIG activities and planning for the future, we would appreciate and welcome any input or feedback on topics for the Denver PAS SIG meeting. Anyone interested or involved in teaching in any community setting (including teaching medical students, pediatric residents, family medicine residents or fellows) is welcome to join and attend.

SIG Co-Chairs:

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Alison Holmes

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Chris Peltier

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Announcements

APA Development Fund

Dear Colleagues,

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

Contributions are fully tax-deductible. Whether you choose to contribute \$50, \$100, \$250, or another amount, I urge you to participate. Also, if you have thoughts or ideas about other possible sponsors, I would welcome your input. If you have already made a donation in 2010, we thank you.

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

Thank you,
David Keller, MD
Treasurer, Academic Pediatric Association

Suggested Giving for APA Fund:

More than \$1,000	Benefactor
\$501-\$1,000	Patron
\$251-\$500	Supporter
up to \$250	Contributor

[Click Here to Donate](#)

APA LISTSERVS

At any time, members may self-select the Listservs they wish to participate in by going to the website, signing into the [Members only section](#), and clicking on Administer ListServ Preferences.

Academic Pediatrics Nov/Dec Issue

Academic Pediatrics
Volume 10, Issue 6

[Read Synopsis](#)
[Read Full Article](#)

Call for Abstracts

In anticipation of PAS 2011 in Denver April 30-May 3, the Evidence-Based Pediatrics SIG of the APA is calling for abstracts for two types of presentations:

1) Presentations describing successful programs of teaching EBM to medical students, pediatric trainees, or faculty

2) Presentations of studies of EBM teaching methodologies

To respond, please email to both jacobson.robert@mayo.edu and hans.kersten@drexelmed.edu , in 250 words or less, a descriptive summary. Please include in your 250 words the title of your presentation, the submitters' names, the submitters' departments and institutions. Please indicate to which call you are submitting. Submitters may submit an abstract to each. All submissions will be considered solely on their merit. Submissions are due February 1, 2011, and submitters will be notified March 1, 2011. Presentations will take place during the Evidence-Based Pediatrics SIG Session at PAS 2011. The date, time, and location are yet not available. Submission to this session does not preclude its submission to the general scientific sessions of the PAS 2011 meeting.

Submitted by

Robert M Jacobson

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Call for Systematic Reviews

The APA journal, *Academic Pediatrics*, is announcing a new, recurring section entitled "Systematic Reviews" and is calling for submissions of systematic reviews concerning education and professional development. The section also seeks to publish other topic-areas pertinent to academic pediatrics including research, health care delivery, and public policy.

The new section creates a home for this form of scientific investigation. We expect submissions to be highly structured, rigorous reviews that follow the latest methodology for systematic reviews. Of course, submissions for the Systematic Reviews section of the journal will undergo the same level of rigorous peer-review as other submissions to the journal. Nonetheless, junior investigators can master the methods of systematic review and use a systematic review to launch their longitudinal efforts in a direction of inquiry.

Those interested in pursuing such an investigation with the intention to publish in *Academic Pediatrics* may contact the section editor, **Robert Jacobson**, Mayo Clinic, ph: 507-266-4598, fax: 507-284-0160, and email: jacobson.robert@mayo.edu.

Submitted by

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Children's Health Services Research

Children's Health Services Research to Commemorate 10 years in Indianapolis with National Symposium

Indianapolis – The Children's Health Services Research Section (CHSR) at Indiana University School of Medicine has announced plans for a national symposium on pediatric health services research in Indianapolis, IN, September 19-21 of 2011. CHSR was founded in August 2001 with support from Indiana University and the Riley Children's Foundation. In the intervening years, the program has grown to 10 full-time research faculty and a \$5M research budget.

“CHSR started with the idea of helping children and their families by applying rigorous methodologies in health services research and informatics to some of the biggest challenges in healthcare,” according to **Stephen M. Downs**, founding director of the section. “The combination of dedication to kids and a commitment to scientific rigor have been the hallmarks of our success.”

To mark the section’s 10th anniversary, and to promote the application of health services research to solving healthcare issues for children, CHSR plans a symposium consisting of a keynote and several invited speakers in the field. Additionally, there will be opportunities for fellows and junior faculty to present their research. Finally, a career development program for junior faculty will cover issues like choosing a research topic, negotiating a job, networking or talking to the media. Social events will be included to promote informal collaborations.

In a time of healthcare reform and burgeoning electronic health records, the study health services research and medical informatics has become an imperative, and pediatrics is no exception. CHSR wants to highlight work in Indianapolis and around the country in this important field at their symposium next year.

Submitted by
Stephen M. Downs, MD, MS

Development Surveillance

With support from the Commonwealth Fund, researchers are developing a developmental surveillance instrument for children up to 5 years of age: the Survey of Wellbeing of Young Children (SWYC). The SWYC includes assessments of (1) family risk factors, (2) emotional and behavioral functioning, and (3) several domains of development, i.e. communication, cognition, motor skills, and self-regulation. Feasibility in pediatric settings has been a guiding principle in the development of the SWYC. The final SWYC will be brief (< 10 minutes to complete), publicly-available, and amenable to different forms of administration (e.g., paper-and-pencil, internet, computer kiosk, telephone survey). Its results will be straightforward to interpret and if administered by computer, transportable into an electronic medical record (EMR). Initial validation by more than 1200 parents from primary care settings and specialty clinics has been completed and analyzed. Other pediatric symptom checklists are being also being developed for children < age 5 years.

Submitted by
Ellen C. Perrin, R. Christopher Sheldrick, Brandi S. Henson, Shela Merchant, Emily N. Negerb
December 1, 2010

North American Congress of Epidemiology

Submit an Abstract to the North American Congress of Epidemiology
Deadline: January 10, 2011

The 3rd North American Congress of Epidemiology will be held June 21-24, 2011 at the Sheraton Centre in Montreal, Canada. The Congress is sponsored by the American College of Epidemiology, the Epidemiology Section of the American Public Health Association, the Canadian Society for Epidemiology and Biostatistics,

and the Society for Epidemiologic Research. Co-sponsoring societies include the AAP Section on Epidemiology and the Society for Pediatric and Perinatal Research, among others. Abstracts for presentations of research results at the Congress are due on January 10, 2011. To submit an abstract, go to <http://epicongress2011.org>

Submitted by
Ruth A. Etzel

Public Health Training within Pediatric Residency

The Children's Hospital of the King's Daughters/Eastern Virginia Medical School (CHKD/EVMS) have been chosen as 1 of 6 pilot programs in the country chosen to design a pediatric public health curriculum. The grant was awarded through UCLA (via HRSA funding) for a period of one year. Soon after, our institution received a HRSA Residency Training Grant that provides our program with funds to roll out the public health curriculum over a 5-year period. Over the 3-year residency program, we will be working with the EVMS School of Public Health to help design a curriculum where each pediatric resident will graduate with a Pediatric Public Health Certificate with credits that can be put towards an EVMS MPH Degree.

Lecturers will be faculty from the Department of Pediatrics, MPH Program, and the EVMS Community Pediatric Research Group and the Consortium for Infant and Child Health (CINCH). The entire curriculum, which consists of lectures, experiential learning, narrative journaling and evaluations, will be completely web-based.

As we design the curriculum, we will be getting input and ideas as to how to reach and introduce public health principles within all sub-specialties, which will allow us to infuse the new curriculum throughout all rotations. Patients and their families face social, environmental, and financial challenges impacting their health and well-being. Due to the multi-faceted nature of pediatric care, residents must learn and understand how these issues affect their patients' health. It is with this idea in mind that led CHKD/EVMS to develop a program emphasizing public health within pediatric residency. This program will emphasize community-based interventions to improve the health of children and provide residents with the skills, knowledge, and experience to deliver primary health care to medically-underserved patients. With this new curriculum, residents and faculty will develop skills to implement population-based approaches to promote the best outcomes for their patients.

For more information, please contact **Natasha K. Sriraman** at Natasha.Sriraman@chkd.org.

Submitted by
Natasha K. Sriraman

School Yoga instruction

A pilot study using yoga to support 4th and 5th graders with emotional behavioral disorders in an urban public school was recently completed. The 3.5 month intervention consisted of two formal yoga sessions a week in groups of 7-10 students, with a yoga teacher experienced in teaching yoga to children directing the sessions. Parents, children and teachers completed a systematic assessment pre- and post-intervention. Children, parents and classroom teachers enjoyed and anticipated the yoga sessions, and noted the relaxation benefit. Teachers

reported a significant decrease in problem behaviors, emotional behavioral disorders and an increase in positive social interactions and attention skills in their classrooms. Students were even spotted doing yoga in the classrooms, hallways or at home. Teachers, parents, and students enjoyed the program and requested its continuation

Submitted by
NJ Steiner, PG Pop, TK Sidhu, EC Perrin
December 1, 2010

Reviews

Environmental Health Reviews

Ambient air pollution exposure and full-term birth weight in California.

Morello-Frosch R, Jesdale BM, Sadd JL, Pastor M. Ambient air pollution exposure and full-term birth weight in California. *Environmental Health*. 2010; 9 (1):44. doi:10.1186/1476-069X-9-44

Approximately six percent of US births are low birth weight (LBW). LBW is associated with several adverse health outcomes including infant mortality and the development of chronic diseases later in life. Both maternal characteristics, such as race/ethnicity, socioeconomic status, and gestational weight gain, and place-based factors, such as neighborhood quality and social support, have been identified as predictors of LBW. There may also be an association between air pollution and risk of LBW; however, the evidence is inconsistent and the mechanisms are poorly understood. In this study, Morello-Frosch et.al. sought to determine the effects of chronic air pollution exposure during pregnancy on birth weight and risk of LBW among live singleton term infants (≥ 37 weeks gestation) born in California, 1996-2006 ($n=3,545,177$).

Ambient concentrations of air pollution were assessed using both California and federal monitoring data, the California Aerometric Information Reporting System (CalAIRS) and the Environmental Protection Agency's Air Quality System (AQS), respectively. Measured pollutants included particulate matter less than 2.5 μm in aerodynamic diameter ($\text{PM}_{2.5}$), particulate matter less than 10 μm in aerodynamic diameter (PM_{10}), coarse particulate matter ($\text{PM}_{\text{coarse}}$), carbon monoxide (CO), nitrogen dioxide (NO_2), sulfur dioxide (SO_2), and ozone. Tract and ZIP Code geocoded birth data was from the California Department of Health Services Natality files for 1996-2006. The analysis was restricted to live singleton term births with information on birth weight, sex, date of birth, maternal education, parity and maternal age. LBW was defined as birth weight < 2500 grams. Multivariate analyses were adjusted for maternal factors: age, education, race/ethnicity, and birth place; temporal factors: marital status, parity, Kotelchuk index of prenatal care adequacy, and presence of pregnancy risk factors (anemia, diabetes, chronic/pregnancy-associated hypertension, and herpes); and measures of neighborhood socioeconomic status using the 2000 census. Average concentrations during pregnancy for CO, NO_2 , ozone, PM_{10} , $\text{PM}_{2.5}$, and $\text{PM}_{\text{coarse}}$ within a 10 kilometer radius of the tract or ZIP Code of the mother's residence were associated with lower birth weights; -5.4 g (95%CI: -6.8, -4.1) per parts per million (ppm) CO, -9.0 g (95%CI: -9.6, -8.4) per parts per hundred million (pphm) NO_2 , -5.7 g (95%CI: -6.6, -4.9) per pphm ozone, -7.7 g (95%CI: -7.9, -6.6) per 10 $\mu\text{g}/\text{m}^3$ PM_{10} , -12.8 g (95%CI: -14.3, -11.3) per 10 $\mu\text{g}/\text{m}^3$ $\text{PM}_{2.5}$, and -9.3 g (95%CI: -10.7, -7.9) per 10 $\mu\text{g}/\text{m}^3$ $\text{PM}_{\text{coarse}}$. Higher odds of LBW were found per pphm NO_2 (adjusted odds ratio (AOR): 1.03; 95%CI: 1.02-1.04), per ppm CO (AOR: 1.04; 95%CI: 1.02-1.06), and per 10 $\mu\text{g}/\text{m}^3$ $\text{PM}_{2.5}$ (AOR: 1.04; 95%CI: 1.02-1.07). These estimates were robust to further adjustment for co-pollutants (with the exception of CO) and full pregnancy exposures were similar to those generated from trimester-level exposures. There was no evidence for effect measure modification by neighborhood level poverty rate; however, after

stratification by maternal race, lower birthweights were associated with PM_{2.5} and PM_{coarse} exposure among African Americans.

An acknowledged limitation to the study is that the researchers were unable to adjust analyses for maternal prenatal smoking behavior, a known predictor of low birthweight. Other limitations include an inability to account for residential mobility during pregnancy (since maternal geographical locations during pregnancy were based on birth record data); ambient air pollution was a surrogate for personal exposure and did not include indoor pollutant levels, occupational or transportation exposures, or other activities not occurring in the home neighborhood; and measurement error due to air pollution exposure assessment methods. Overall, the results from this study show a modest association between ambient air pollution and lower birthweight, which are consistent with those from previous studies. Though the effect estimates are weaker than those associated with other exposures, such as maternal prenatal smoking, air pollution represents a modifiable environmental exposure and may be especially problematic in other countries where air pollution levels tend to be much higher than those observed in California.

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12/1/2010

Prenatal Organochlorine Exposure and Behaviors Associated with Attention Deficit Hyperactivity Disorder in School-Aged Children.

Sagiv SK, Thurston SW, Bellinger DC, Tolbert PE, Altshul LM, Korrick SA. Prenatal Organochlorine Exposure and Behaviors Associated with Attention Deficit Hyperactivity Disorder in School-Aged Children. *Am J Epidemiol.* 2010;171:593-601. doi:10.1093/aje/kwp427

Organochlorines, which include polychlorinated biphenyls (PCBs) and p,p'-dichlorodiphenyl dichloroethylene (p,p'-DDE), are environmentally persistent contaminants that can cross the placenta and are associated with health risks to the fetus, including neurobehavioral disorders. Attention deficit hyperactivity disorder (ADHD) affects approximately 5-10% of children and is the most common neurobehavioral disorder. Previous literature provides some evidence for an association between PCB levels and attention and impulsivity measures, however, an association between p,p'-DDE exposures and ADHD has yet to be reported. In this study, Sagiv et.al. prospectively investigated the association between prenatal PCB and p,p'-DDE exposures and childhood ADHD behaviors.

Participants were children born in 1993-1998 to mothers residing near a PCB-contaminated harbor in New Bedford, Massachusetts (n=573). Umbilical cord blood samples were collected at birth and four organochlorine exposures were measured: 1) the sum of all 51 measured PCB congeners, 2) the sum of 4 prevalent PCB congeners (118, 138, 153, and 180), 3) the computed toxic equivalent of 5 dioxin-like mono-ortho PCB congeners (to investigate a potential distinct biologic mechanism for the effect of dioxin-like congeners on neurodevelopment); and 4) p,p'-DDE. These values were relatively low compared to those from other population-based studies of PCB exposures. ADHD-like behaviors in the children at ~8 years were assessed using a teacher-administered rating scale, the Conners' Rating Scale for Teachers (CRS-T). Four subscales from the CRS-T were used: 1) Conners' ADHD Index, 2) Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) Inattentive, 3) DSM-IV Hyperactive Impulsive, and 4) DSM-IV Total (both

subtypes combined). Multivariable regression analyses were used to determine the associations between these four behavioral outcomes with 3 PCB measures and p,p'-DDE. The following covariates were considered in analyses: child's age and sex; maternal age, marital status, smoking during pregnancy, alcohol consumption during pregnancy, local fish consumption during pregnancy, and illicit drug use; and household income and quality of the home environment.

In covariate-adjusted models there were consistent positive associations between organochlorines and increased ADHD-like behaviors. Children's lead exposure did not confound the observed associations and inclusion of multiple organochlorine exposures in the model only slightly attenuated effect estimates. The change in CRS-T scores associated with an increase from the 5th percentile to the 95th percentile of organochlorine exposure was also higher, ranging from 1.1 to 2.4-point increases in scores. When ADHD-like behavior was dichotomized at the 86th percentile (mildly to markedly atypical scores) across quartiles of the sum of 4 PCB exposures, dioxin-like PCBs, and p,p'-DDE, the risk of ADHD-like behaviors increased approximately 26-92% for the highest quartile of exposure compared to the lowest quartile.

A potential limitation of this study is that ADHD-like behaviors were based on scores from a teacher's behavioral rating scale and not clinical diagnosis of ADHD. Additionally, covariate data was missing for 10-15% of the population. The results show moderate associations between organochlorine (PCB and p,p'-DDE) exposures during pregnancy and ADHD-like behaviors in children at ~8 years.

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