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ACADEMIC PEDIATRIC ASSOCIATION

APA Focus

The Official Newsletter of the Academic Pediatric Association

Volume 48, Issue 4

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Communications Director's Message

Happy August ! I hope everyone is having an enjoyable summer. I imagine many of you are busy with the arrival of new residents, fellows and faculty. The theme of this issue of APA Focus is Research, one of the core missions of the APA. Be sure to read Janet Serwint's inspiring journey into research, the APA Research Committee Chair's update including details about the 2011 Research Award and Young Investigator Award recipients, and the update on current and future CORNET studies. Also, if you haven't already seen the latest issue of [Academic Pediatrics](#), be sure to check out the terrific commentary written by Marie McCormick and colleagues about challenges and recommendations for child health research in response to the recent Institute of Medicine and National Research Council report. The 2012 PAS meeting in Boston may seem far away, but on-line abstract submission opens in just a few weeks (opens September 1st with a November 17th deadline) - check out the [2012 PAS website](#) for details.



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I'm happy to report that our APA Facebook drive has been a huge success! We now have over 260 APA members as Facebook friends! The raffle for the one year APA membership ended on July 31st - and the winner of a one year APA membership is...drum roll please...Dr. Dennis Kuo from Arkansas Children's Hospital! Be sure to post a congratulatory Facebook message to Dennis! If you haven't yet signed up as an APA Facebook friend, it's never too late. To sign up, just log into your account (www.facebook.com) and enter Academic Pediatric Association in the search box at the top of your screen. Click on our site and click "Like" - that's it! As a reminder, liking the APA on Facebook will not allow others to see your personal profile, but you will be able to see which of your Facebook friends also like the APA. Feel free to post a message on the wall and start a dialogue. We realize Facebook may not work for all APA members, but we're hoping this forum will serve as an easy and meaningful discussion board for some of our membership.

In other APA communications news, we now have a [Wikipedia page](#)! As always, we welcome your feedback and suggestions for improving the newsletter, the APA website, our [WIKI](#) and our Facebook page. We are also looking for a few tech-savvy APA members to serve on a new APA Communications Committee. Committee members may be called upon to participate in a few conference calls and email exchanges about additional strategies to enhance communication. Please email me if you are interested in being part of this committee at bsolomon@jhmi.edu. TNT (Til' Next Time)

Barry Solomon
Communications Director
Academic Pediatric Association
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President's Message

Sometime too hot the eye of heaven shines...

This line, in iambic pentameter from Shakespeare's sonnet, seems particularly apt as a description of this summer (except for our colleagues in the Pacific Northwest). Much of the U.S has been oppressively hot, including New York, where I work and live, and Kansas City, MO, where I just attended the 2011 Pediatric Hospitalist Medicine (PHM) meeting. I hope that all of you are keeping cool, and enjoying the long days with your family and friends. For me, July always means being the pediatric hospitalist at our institution. I enjoy being paired with our new residents and sharing their first patient care experiences. And this July I also was able to attend the Pediatric Academic Societies (PAS) Program Committee summer meeting as well as a strategic planning meeting of the Federation of Pediatric Organizations (FOPO). Finally, the ACGME released new program requirements for pediatrics (to go into effect July 2013) for comment and I would like to address those changes as well.



Pediatric Hospitalist Meeting and PRIS:

Let me start by telling you about the 2011 PHM meeting, which over 450 pediatric hospitalists attended. This is a meeting that the APA originally sponsored in 2003 and has been co-sponsoring with the AAP and SHM since then. Pediatric Hospitalists are a growing and important part of our membership. This year, over 260 folks are members of the APA Hospitalist SIG. At the meeting, I had the opportunity to attend a number of exciting research presentations and workshops as well as address the attendees at a "town hall" (along with Judy Palfrey, representing the AAP, and Joe Li, representing SHM). I was able to tell the attendees about all the APA has to offer them and to ask them a few questions using an audience response system. One question I asked was, "What kind of mentorship programs would you like to see the APA undertake for you?" Choices included mentorship programs in research, quality improvement and QI evaluation, leadership, career development and teaching methods. What was so exciting about the tallied responses was that the vote was a resounding "all of the above"! I will be taking this back to the APA Board and you will be hearing

more about mentorship programs in some of these areas. I should also add that I attended the Pediatric Research in Inpatient Settings (PRIS) meeting which preceded the PHM meeting and heard about the wonderful success of that research network from their talented executive board. See [the PRIS](#) page on the APA website to find out more.

PAS Program Committee Summer Meeting:

I attended the PAS Program Committee Meeting in mid-July, along with Dave Jaffe, Steve Selbst, Judy Shaw, Glenn Flores, and Marge Degnon. In short, at this meeting, representatives of all the societies involved get together to review the statistics and evaluations from the last meeting, plan for workshops and for the abstract review process for the coming meeting, and choose from among the 200+ invited science submissions (State of the Art Plenary sessions, Topic Symposia, Mini-Courses, Hot Topics). The APA "team" came into the meeting having ranked the presentations we thought were the strongest and of most interest to our members. While we only get to choose 4 presentations directly, through collaborations with other societies, 8 of our top 10 choices were chosen, with an additional 5 chosen from our list. Overall, 6/13 State of the Art Plenary sessions for PAS 2012 were presentations we strongly supported. I want to make a special mention of one State of the Art Plenary which will be presented in PAS 2012: "The Science of Equity in Children's Health: Honoring the Scientific Legacy of Barbara Starfield". Look for this exciting session at next year's PAS meeting.

Federation of Pediatric Organizations (FOPO)

FOPO, as its name implies, brings together many pediatric organizations to synergize their efforts in the pursuit of optimal health care for children and to best position the profession of pediatrics for success. Members, in addition to the APA, are the AAP, APS, and SPR (our PAS partners) as well as the ABP, AMSPDC, and APPD. Representatives of these organizations (usually the Presidents and Secretaries) came together for a two-day strategic planning session in mid-July. Steve Selbst and I represented the APA. Ted Sectish is the Executive Director. We all agreed upon the following goals for FOPO (although they haven't been finalized yet):

- Respond effectively and expeditiously to critical priorities impacting the profession
- Envision the future of pediatrics and align activity to that vision
- Strengthen the Federation by building strong society relations and connectivity
- Position the profession for effective leadership

Action items related to these goals may include:

- Develop a prioritized list of agreed upon critical issues with implementation plans for each.
- Explore the feasibility of planning/convening a series of scenario planning summits regarding the future of pediatrics
- Improve outreach and connectivity to key pediatrics-friendly leaders already in place, such as those in CMS and the FDA.
- Improve communication and connectivity by developing and executing a formal communication plan.
- Continue the excellent leadership activities that organizations have been supporting, such as the APA Leadership meetings in 2007, 2008, 2009, 2010, and 2012.

I believe this is the beginning of a revitalized FOPO and I look forward to being part of this process. I will keep you all "in the loop" as these changes and activities take place.

New ACGME Requirements for GME Training in Pediatrics, effective July 2013, time-sensitive response!

The ACGME has released proposed program requirements for graduate medical education in pediatrics that will become effective July 2013 and is asking for comment that is due at the end of August 2011. By now, you may have already received a listserv message to answer a few questions on Survey Monkey about these changes. Barry Solomon and I may also put these questions on Facebook and see if we can generate a conversation about these changes there as well. I hope you will take the few minutes it will require to respond. We would like to represent your concerns about these proposed changes

Some of the changes that are proposed are:

- **Inpatient rotations:**
 - Will be limited to 16 units (a month or a 4 week block). Previously there was no limit, except that 40% of clinical care was required to be ambulatory (which included EM, continuity, and outpatient components of subspecialty rotations). However, subspecialty rotations may still include significant inpatient components, as may the proposed individualized curriculum.
 - There are a minimum of 2 units (not 3-4) of NICU, although no maximum limits are specified. There is a minimum of 2 units of PICU.
 - There is a requirement for 5 units of inpatient pediatrics (non-critical care) and 1 unit of full term nursery (unchanged). With no maximum limit on intensive care rotations, programs could choose to include 10 units of critical care (NICU & PICU) in their program.
- **Continuity Clinic:**
 - There are still 36 sessions required per year, but may be taken in only 26 weeks (half of the year).
 - The third year may be in a different site, or in a longitudinal subspecialty clinic.
- **Procedures:**
 - No longer required to be trained in endotracheal intubation, placement of intravenous lines, arterial puncture and umbilical artery catheterization.
 - Instead of "exposure to following procedures or skills" for additional procedures (such as I&D, chest tube placement, circumcision), the wording is now "understanding the indications, contraindications and complications for the following procedures".
- **Individualized curriculum:** 6 units of an individualized curriculum determined by the learning needs and career plans of the resident under the guidance a faculty mentor.
- **Subspecialty rotations:** There is no stipulation that the "the inpatient/outpatient mix should reflect the standard of practice for the subspecialty".
- **General Pediatrics:** No requirement for 40% outpatient care and no specific mention of general pediatrics in the inpatient portion of the document.
- **Emergency Medicine:** 3 units in pediatric emergency medicine and possibility of one additional unit in acute care. Previously, the requirement was 4 units of EM and acute care, with at least 2 units of EM.

So, what do you think about these changes? Which are positive and which raise concerns? Please answer the Survey Monkey survey and comment on Facebook.

Enjoy the rest of the summer!

Benard Dreyer
President
Academic Pediatric Association
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President Elect's Message

Bed Sharing and SIDS

The last Grand Rounds I attended was given by James Kemp. Dr. Kemp reviewed his work on the physiology and epidemiology of SIDS, particularly with regard to sleeping prone on soft bedding. While SIDS is multifactorial, there is impressive evidence that suffocation by rebreathing and prone sleeping was (is) a significant contributing risk factor. Rates of SIDS deaths decreased from 1.20 per 1000 to 0.56 per 1000 between 1994 and 2005, coinciding with significant increases in prone sleeping associated with the Back to Sleep campaign which began in 1994. (*Pediatrics* 2005;116:1245-1255) Other risk factors such as soft bedding, maternal smoking during pregnancy and bed sharing have been established. Of these, bed sharing has been controversial, yet Dr. Kemp emphasized in his rounds that it remains an important preventable risk factor for infant death.



Academic Pediatrics recently published an article by Fu et al (*Academic Pediatrics* 2010;10:376-382) which examined bed sharing among black infants and other known risk factors. The authors performed a secondary data analysis from the Chicago Infant Mortality Study, during which 260 infants died from SIDS. The authors found that nearly half of the study population was bed sharing at the last sleep. A majority (57.9%) of infants who died from SIDS were bed sharing as compared to 37% of control infants who did not die of SIDS. The authors found that bed sharing was associated with two times greater risk of SIDS compared with not bed sharing. The risk of SIDS with bed sharing was increased with other situations known to put the infants at risk, such as pillow use, soft sleep surface, nonuse of a pacifier, maternal smoking and younger infant age; however, bed sharing was still associated with increased SIDS rate even when the infant was not using a pillow or soft bed surface. The authors of this research ended their article by suggesting that it will be important in reducing disparities in SIDS rates, to find culturally sensitive and appropriate ways to provide information and education aimed at reducing bed sharing. The APA and its journal consistently support and publish research that has and will have a profound impact on child health. I am proud of my nearly three decade association with the APA. For those looking for reasons to affiliate as members, what could be more important than this?

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Past President's Message

My Path Towards Research

I didn't know if I would like conducting clinical research. After my first year of college, I had switched my major from architecture to biology within a premedical track. I was advised to have some type of research exposure so without much guidance I became involved with slime mold research. Yes, you heard correctly, slime mold research. I disliked it intensely. While I am usually enthusiastic about most experiences I pursue, I found I dragged myself to the lab every time I had to conduct experiments. I didn't relate with slime molds, nor did I see the purpose of the work.



Then I worked in Zorzor, Liberia for 3 months during my last year of medical school. I met an infectious disease specialist, Dr. John Frame, who invited me to work with him on research on Lassa Fever. While I had little to do with the experimental design, my responsibility was to examine patients and obtain serum samples to test for Lassa Fever. I found the translation of research that was relevant to patients and their care truly fascinating, and I was rewarded by being a co-author on the manuscript. (Monson M, Cole A, Frame J, Serwint JR, Alexander J, Jahrling P. Pediatric Lassa Fever: A review of 33 Liberian cases. [Am J Trop Med Hyg.](#) 1987;36(2):408-415.) This is a fun manuscript to have on my curriculum vitae and infectious disease colleagues continue to relate to my involvement in this area.

After completing my pediatric residency I applied for a Robert Wood Johnson General Academic Pediatric Fellowship. I remember my interview at the fellowship program where I trained. During a moment of insecurity, I asked one of the fellowship directors whether he thought I would be good at research, (probably not the smartest question to pose during an interview where I should have exhibited more confidence.) Yet, I still remember the reply. No guarantee, but he thought I was inquisitive and curious so thought it might be a good fit. I am so grateful I was given the chance because I ended up loving being involved with research. While crafting that very first research question that was focused and clinically relevant was a challenge, since then I have had more research questions than time to answer them. I believe the best research questions come from clinical encounters so advocate that our clinical work best informs our research and leads to the

cutting edge questions that are pivotal to excellent patient care. I was always taught to use everyday experiences as the basis for scholarship so the outpatient and inpatient clinical units became my clinical laboratories. This advice has always served me well as it enhances both efficiency and clinical relevance of the scholarship.

While I find clinical care and health care provider education provides me with much gratification, research has served me well for more delayed gratification. I love the pathway of determining the relevant question, designing the study, collecting data and then the rewards of data analysis and dissemination. This love of research then led to the desire to be involved with multi-site studies and collaborating with others across the country. In 1995 a group from the Continuity SIG Task Force facilitated a workshop at the PAS meeting on doing research in continuity settings. We were amazed at the large number of attendees and also the diversity of research projects ranging from health services research, clinical research, and health care issues of underserved patients to medical education. Then in 1999 I had developed a survey with my Hopkins colleagues that addressed resident's opinions about their continuity experience. While I had a great response rate from my institution, I realized that a sample size of 78 did not lead to very compelling results nor conclusions. I went to the Continuity SIG at the PAS meeting with the questionnaire and IRB template in hand, hoping I could encourage at least 3 or 4 additional programs to participate. Much to my surprise 42 programs expressed an interest and 36 programs completed data collection. This resulted in completed survey responses from over 1100 pediatric residents, an excellent example of the power of collaboration. This initial project jump started the formation of the Continuity Research Network, CORNET.

I have found the rewards from research to be manifold. The vigor of design, collection of data, the excitement of analyzing data, disseminating the results and seeing the benefit to patients brings much gratification. Also serving on the continuum of mentoring, being both mentored and serving as a mentor brings with it additional rewards. And within collaborative research, there is the excitement of peer mentoring and the value of the wisdom of the group, where the research product is much enhanced by many smart minds thinking and working together.

Within the APA there are many opportunities to learn about and be involved with research, whether clinical, health services or educational research. Both the PAS and regional APA meetings provide opportunities for workshops to enhance your skills and to present study findings, network and identify mentors. The Young Investigator Awards help with funding and linking awardees with both institutional and national mentorship, while the Educational Scholars Program provides a longitudinal experience for attaining more skills and mentorship within educational research. The APA Fellowship Accreditation Program is helping to standardize and enhance the skills and education to fellows in training. And our research networks of BORN, CORNET and PRIS provide opportunities to participate and learn, through a peer mentoring and collaborative model.

So, I hope you will consider getting involved with research. Try it, you may find it enriches your professional life and career. I feel so fortunate that research has been an integral part of my career.

Janet Serwint
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APA New Members

Welcome to all of the new APA Members!

Paul Aronson	Beth Emrick	Robert McMillen
Dennis Basila	Eron Yael Friedlaender	Leora Mogilner
Suzette Brown	Sarah Frioux	Maya Moody
James M. Callahan	Linda Fu	Anna Morad
Meredith Carter	Melissa Hamp	Kimberly Mulson
Jonathan Chiles	Melissa Held	Savithri Nageswaran
Jeremiah Cleveland	Sophia Jan	Maheen Quadri-Sheriff
Betty Del Rio Rodriguez	Sita Kedia	Carl Seashore
Rebecca Dudovitz	Shareen Kelly	Lana Soylu
Kimberly Edwards	Gary Kummet	Daniel Walmsley
Mary Ehlenbach	Tara Lang	Jennifer Wolford
Najwa El Dahdah	Julie Leis	Katherine Yun
Charles Eldridge	Claire Majisu	

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Upcoming Conferences

Pediatric Educational Excellence Across the Continuum (PEEAC) 2011

[PEEAC 2011](#)

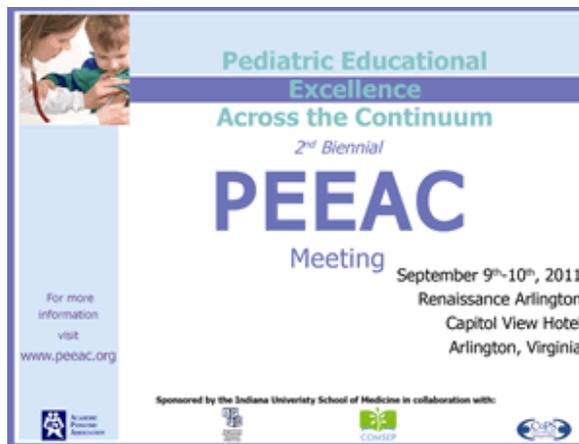
September 9-10

Arlington, VA

[Registration is Open!](#)

www.peeac.org

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The poster for the Pediatric Educational Excellence Across the Continuum (PEEAC) 2nd Biennial Meeting. It features a photograph of a doctor examining a child. The text includes: "Pediatric Educational Excellence Across the Continuum 2nd Biennial PEEAC Meeting September 9th-10th, 2011 Renaissance Arlington Capitol View Hotel Arlington, Virginia". It also mentions sponsorship by the Indiana University School of Medicine and other organizations.

Pediatric Academic Societies (PAS) 2012

[PAS Annual Meeting 2012](#)

April 28 - May 1

The Hynes Convention Center

Boston, Massachusetts

Abstract Submission Begins

September 1, 2011



The poster for the Pediatric Academic Societies (PAS) Annual Meeting 2012. It features the text "BOSTON PAS 2012" with a stylized orange figure. Below it is a photograph of the Boston skyline. The text at the bottom reads: "PEDIATRIC ACADEMIC SOCIETIES ANNUAL MEETING APRIL 28 - MAY 1".

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APA Leadership Meeting 2012

[Leadership Meeting 2012](#)

July 18-19
Cincinnati Marriott
at RiverCenter



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Pediatric Hospital Medicine (PHM) 2012

[PHM Meeting 2012](#)

July 19-22
Cincinnati Marriott
at RiverCenter



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Committees

Education

Educational research and scholarly "works in progress" will be presented at the 2nd Biennial Educational Excellence Across the Continuum (PEEAC) conference September 9-10, 2011 at the Renaissance Arlington Capital View Hotel. This year's conference will feature a new session, "Advancing Education in Pediatrics: Innovative Strategies." In this interactive poster session, participants will present original research, share teaching tools, and describe novel educational interventions. Authors will communicate new teaching strategies and discuss innovative projects for input and questions from other attendees and faculty. Feedback will focus on helping the authors to advance their projects and programs. Plan to attend. And come ready to learn and share your own expertise and experience in conversations about enhancing education for pediatric learners.

Interested in turning an innovative project into scholarship? Apply today for the Educational Scholars Program. All candidates must submit a project proposal that describes a feasible intervention that will have an impact on education and will lead to the creation of a product that is shared in a peer-reviewed, public forum. Participants take part in learning activities at the annual Pediatric Academic Societies' meeting and between meetings, on a virtual learning network. Scholars select mentors with specific expertise to assist in the completion of their project. Applications for the Educational Scholars Program are due October 3, 2011.

Maryellen Gusic
Education Committee Chair
mgusic@iupui.edu

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Health Care Delivery

Health Care Delivery by Lottery

Recently the first results of the 2008 Oregon health insurance lottery hit the airwaves. The entire report published by the National Bureau of Economic Research (NBER)¹ can be accessed online either for free or for \$5 depending on whether you are affiliated with an NBER subscriber. For those who don't have access or the time or inclination for the reading of the 58 pages report - here's the synopsis.

In 2008, Oregon opened a waiting list for a limited number of spots in its Medicaid program for low-income adults. The state drew names by lottery from the 90,000 people who signed up. The winners (those whose names were drawn in the lottery) and losers (those who signed up but didn't have their names drawn) form the treatment (winners) and control (losers) groups for the current randomized control designed study. The results available now are drawn from comparisons of outcomes of the treatment and control group after one year of the program. So far, the research has found that:

- The likelihood of using outpatient care increased by 35%, using prescription drugs by 15% and having a regular office or clinic visit for primary health care by 70% for those with Medicaid
- The probability of having an unpaid medical bill sent to a collection agency decreased by 25% for those on Medicaid
- The probability of people reporting themselves in good to excellent health increased by 25% among those on Medicaid
- The increased use of health care services resulted in an estimated 25% increase in annual health care expenditures

This is an ongoing study and the impact of health insurance will become more apparent with time. While the study didn't involve children, the findings of better self-reported health, increases in compliance with preventative care and declines in out of pocket medical expenses and debt in the treatment group speak to the importance of health care insurance for children. It would be grand if the results of this experiment would prevent the need for replication of treatment VS control group insurance studies in children.

The Health Care Delivery Committee welcomes your ideas for HCD research or comments on current research and we'll use them for future newsletters.

In other news from the HCD Committee, watch for the new streamlined guidelines for the Health Care Delivery Award. We've simplified the application process to encourage *you* to apply for the award for that worthy program you've helped to build and evaluate. It's a great way of sharing and celebrating your success at the same time. The application deadline is November 11, 2011.

¹Finkelstein A, Taubman S, Wright B, Bernstein M et al. The Oregon health insurance experiment: evidence from the first year. National Bureau of Economic Research. Working Paper 17190.

<http://www.nber.org/papers/w17190>

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Public Policy and Advocacy

The APA Public Policy and Advocacy Committee (PPAC) has had a very active summer. The federal budget for child health-related services has been under enormous pressure as the government begins its unenviable task of simultaneously unwinding its exploding deficit and preparing to implement health care reform legislation. The result thus far has been unsettling, to say the least, with major threats to child health programs emerging almost across the board. As of this writing (August 1, 2011), finalization of the debt ceiling legislation is taking place, representing a culmination of intense negotiations.

Throughout this process, the APA has been involved. Through its position as one of the four core members of the Public Policy Council, a consortium of major pediatric organizations (AMSPDC, APA, APS, and SPR) with support from the AAP, the APA has been at the forefront of national child health policy issues. This summer alone, the APA has reviewed and signed 8 major letters to the House, Senate, and HHS, and sent out three urgent action alerts to the entire APA membership asking members to call or email their legislators. The planned elimination of children's hospital graduate medical education funding was a major battleground this summer, one that may be turning in the right direction.

Within PPAC, we are undertaking some changes to improve our communication with APA members. We are, for instance, building a website link so that members can view recent policy letters that have been delivered to legislators. We are also exploring other ways to reach members with action alerts and other time-sensitive policy developments. Finally, we are working with the APA Board to refine rules and procedures for the creation of policy statements that will allow and encourage more robust development of APA policy statements and internal policies by SIGs and other groups. Danielle Laraque and Ruth Etzel, for instance, recently authored (with PPAC) an APA Statement of Principles on Industry Relationships that will help guide the APA Board in its future dealings with industry.

PPAC is only as strong as its membership, and we've been lucky to have an incredibly committed group of volunteers across the country. We encourage any interested APA members to join. Please contact Paul Chung, PPAC Chair, (PaulChung@mednet.ucla.edu) to be added onto the email list.

Paul Chung
Public Policy and Advocacy Committee Chair
PaulChung@mednet.ucla.edu

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Research

Membership: Executive Committee of the APA Research Committee

There are now *31 members* of the Executive Committee of the Research Committee: Glenn Flores, (Chair), William Barbaresi (SDBP liaison), Debra Bogen, Iris Borowsky, Dimitri Christakis, Eve Colson (COMSEP

liaison), Bill Cooper, Nui Dhepyasuwan, Benard Dreyer (APA President and Immediate Past Chair), Ruth Etzel, Adiaha Franklin, Gary Freed, Jim Guevera, Donna Halloran, Janice Hanson, Larry Kleinman, Chris Landrigan, Iris Mabry (AHRQ liaison), Cynthia Minkovitz, Shirley Russ, Janet Serwint, Samir Shah, Laura Shone, Tamara Simon, Adam Spanier, Raj Srivastava (PRIS liaison), Christopher Stille, Peter Szilagyi, Megan Tschudy, Karen Wilson, and Whitney Witt. The Executive Committee continues to hold monthly conference calls and has subcommittees that work on individual activities throughout the year.

2011 APA Research Awards for Best Abstracts by Students, Residents, and Fellows

The Academic Pediatric Association (APA) annually honors students, residents, and fellows engaged in pediatric research. These awards are designed to recognize research excellence by students, residents, and fellows in the fields of general pediatrics (including public health, epidemiology, health policy, and underserved populations), health services research, education, adolescent medicine, child abuse, developmental/behavioral pediatrics, emergency medicine, and hospitalist medicine. The goal is to encourage pediatric trainees to pursue careers in academic general pediatrics. Awardees are selected based on the quality of their submitted PAS abstract. Up to five individuals in each category annually receive an award and plaques for the honoree and honoree's mentor.

There was an outstanding field of nominees in 2011, the inaugural year of these awards. A total of 14 awards were presented at the 2011 PAS meeting in Denver, including four to students, five to residents, and five to fellows, along with citations of their mentors. All awardees delivered platform presentations of their award-winning work at the 2011 PAS Meeting.

The announcement will soon be released for the 2012 APA Research Awards for Best Abstracts by Students, Residents, and Fellows. Please start encouraging your trainees now to apply for these prestigious awards, and remember to click on the box for these awards when having trainees submit PAS abstracts electronically. For more information, go to:

http://www.academicpeds.org/research/research_APA_TraineeResearch_award.cfm

APA Research Award

The 2011 recipient of the APA Research Award was Allison Kempe, MD, MPH, from the University of Colorado. The award was presented during the APA Membership Meeting on Monday, May 2, 2011. The call for nominations for the 2012 award will soon be released. For more information, go to:

http://www.academicpeds.org/research/research_APA_research_award.cfm

Young Investigator Award (YIA) 2011 Cycle

The total number of applications received for the 2011 cycle of the YIA, at 97, was second only to the number of applications received in 2010. The numbers of applications received by each of the four programs were as follows:

- APA: 53 (-1 vs. 2010)
- AHRQ: 26 (-7 vs. 2010)
- Commonwealth Fund: 12 (+1 vs. 2010)
- Bright Futures: 6 (-2 vs. 2010)

Because of the ongoing robust response, a substantial pool of reviewers (N=42) reviewed the first-round proposals, including 27 reviewers for the APA/AHRQ proposals and 15 for the Commonwealth/Bright Futures proposals.

The 16 recipients of the 2011 YIAs and their mentors and national facilitators were announced in the February APA Newsletter; this information, along with a description of the YIAs, is available at:

http://www.academicpeds.org/research/research_young_investegator_awards.cfm

The announcement for the 2012 YIA cycle will be released later this summer.

New Reach-Out-and-Read YIAs

Benard Dreyer, President of the APA, spearheaded the establishment of the Reach-Out-and-Read (ROR) YIA, in collaboration with the ROR National Board of Directors. This new YIA award is devoted to early literacy in children. The selection committee for the 2011 award was chaired by Alan Mendelsohn, and consisted of Jay Berkelhamer, Jean Ciborowski-Fahey, Benard Dreyer, Tom DeWitt, Perri Klass, Robert Needlman, and Heather Paradis. The ROR YIA recipient for 2011 was:

Meghan Treitz, MD

University of Colorado

Promoting Early Childhood Literacy with Low Income Families in a Primary Care Pediatric Clinic Using a Video Tutorial to Teach Dialogic Reading

Mentor: Lindsey Lane

The announcement for the 2012 cycle of the Reach-Out-and-Read YIA will be released later this summer, as part of the general YIA call for proposals. For additional information, go to:

http://www.academicped.org/research/research_YIA_ROR.cfm

APA Resident Investigator Award (RIA) Program

The APA Board of Directors and APA Research Committee recently announced the 2012 award cycle of the Academic Pediatric Association Resident Investigator Awards (RIAs) Program. RIAs provide awards of up to \$5,000 for research by residents related to child health promotion, health services research, teaching, or patient care. Projects must specifically address one of the following areas in general pediatrics: health services research, medical or house-staff education, adolescent medicine, public health, epidemiology, emergency medicine, child maltreatment, hospitalist medicine, developmental/behavioral pediatrics, or other pediatric clinical research domains in general pediatrics. Projects must be consistent with the goals of the APA; preference is given to projects that have the potential to lead to further studies.

Applicants may submit more than one proposal with different research questions. No more than one award per Principal Investigator (PI), however, will be funded in a given year. The same proposal may not be submitted twice in a given award cycle. Applicants who have received a prior RIA are not eligible to receive a second RIA.

The principal investigator of any proposal submitted must be 1) a resident in an ACGME-approved residency program in the US or Canada; and 2) a current member of the APA, or have submitted an application for membership at the time of submission of the RIA application.

It is anticipated that the deadline for initial proposals will be in October 2011. A review panel, convened by the Chair of the APA Research Committee, will review submitted initial proposals, and select PIs whom will be invited to submit full proposals. It is anticipated that PIs will be notified by November 2011 regarding whether or not they have been invited to submit a full proposal. The tentative deadline for full proposal submission will be in December 2011. A second "study section," convened by the APA Research Committee Chair, will review and score the full proposals, and prepare a 1 - 2 page summary review that will be sent to applicants. Funding decisions will be based on the results of the study section review. It is anticipated that full-proposal applicants will be notified of funding decisions in January 2012.

The funds available for this program will be determined annually by the Board of Directors. The number of awards will depend on the funds available and the size of the award requests of the selected projects.

APA-COMSEP Joint Study on Qualitative Research Abstracts Submitted to PAS Meeting

Members of both the APA Research Committee and the Council on Medical Student Education in Pediatrics (COMSEP) have collaborated on two analyses of qualitative research abstracts submitted to the Pediatric Academic Societies Meeting in 2010. The study aims are to: 1) examine whether or not these abstracts are significantly less likely than all other abstracts to be accepted overall and to be accepted as platform or poster presentations; and 2) determine whether abstract scores and presentation dispositions significantly

differ between a group of qualitative-research experts and the actual PAS reviewers for qualitative-research abstracts submitted to the 2010 PAS Meeting. The findings were presented as two posters at the 2011 PAS Meeting. The abstracts are included as attachments at the end of this report.

2011 PAS Workshops with Involvement by APA Research Committee

Two PAS workshops were presented at the 2011 PAS meeting which included major involvement by the APA Research Committee. The first was entitled, "Grant Writing for Young Investigators: Designing, Funding, and Implementing One-Year Research Projects and Having Fun Doing It!" It included the participation of several past and current YIA recipients. The second was entitled, "Reviewing Abstracts for National and Regional Meetings: Yes You Can!" The abstracts and session details for both workshops are provided at the end of this report.

Glenn Flores
Research Committee Chair
Glenn.Flores@UTSouthwestern.edu

[\[1448.482\] Qualitative Abstracts Submitted to the PAS Meeting: Are They Less Likely To Be Accepted for Presentation?](#)

[\[1448.495\] Does Reviewer Expertise Matter? Ratings of Qualitative Research Abstracts Submitted to the 2010 PAS Meeting](#)

[2210 Grant Writing for Young Investigators: Designing, Funding, and Implementing One-Year Research Projects and Having Fun Doing It! PAS Workshop~Room 504](#)

[3211 Reviewing Abstracts for National and Regional Meetings: Yes You Can! PAS Workshop~Room 407](#)

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Core Activities

CORNET



Hope you are all having a great summer. This newsletter is to update you concerning current and future studies. These studies were developed from the enthusiasm and energetic participation from numerous CORNET investigators.

Adolescent Immunizations in Medical Homes Initiative (AIM HI)

Peter Szilagyi, MD, MPH is the principal investigator of this study funded by the Centers for Disease Control.

This is a 3 phase study that includes 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. We are currently in the final phase which includes measuring the effectiveness of selected strategies for adolescent immunizations. ***Phase I and II are complete. Phase III is underway as sites work on obtaining IRB approval.***

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, MD, MSPH. Phase 1 is complete and the second phase will compare patient and resident educational outcomes in clinical sites with integrated mental health programs to those sites that have a more standard approach to mental health care. ***Grant submission will be made fall 2011 for phase II.***

A proposal on Obesity as a QI project is currently being spearheaded by Bill Stratbucker MD, for a fall 2011 submission to MCHB for grant funding. This proposal entails testing the implementation of a resident curriculum in addition to gauging resident attitudes and knowledge on the subject of childhood obesity. ***Stay tuned for more information.***

Another study in development is in collaboration with the AAP and APPD to develop and evaluate a medical home curriculum for pediatric residents and our patients. More details will be available in the next few months.

These studies barely scratch the surface of the innumerable potential projects arising from our continuity sites. Much more needs to be done to address our research missions of health care of low income children, health disparities and medical education. Our longitudinal involvement with residents and patients alike offers many unique opportunities to mold future health care initiatives. Moreover we hold the keys to developing successful strategies to study and diminish health care disparities in the patient population we serve. With CORNET recognized as a significant programmatic activity of the APA, CORNET has evolved into a thriving and creative research network. This has not occurred by chance, but rather as the result of the continued, unflinching support of each CORNET site and its investigators and residents. For this, we thank you.

Have an idea for a project?

Dust off the ideas you have been contemplating for research projects that address one of CORNET's goals focusing on health care issues of minority and underserved children, pediatric health care disparities and/or resident education in the continuity clinical settings. Don't let these jewels of projects remain in the dark. We encourage you to submit your ideas by contacting us at CORNET@academicpeds.org.

Nui Dhepyasuwan
Research Associate, Network Coordinator
nui@academicpeds.org

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Educational Scholars Program

THE APA EDUCATIONAL SCHOLARS PROGRAM:
New Scholar Applications Received Until October 3

To download a recruitment flyer, [click here](#).

The Educational Scholars Program (ESP) is recruiting a new cohort of Scholars, who will begin in May 2012.

Previous scholars have made the following comments about the impact of program participation on their careers:

"The Educational Scholars Program has been incredibly valuable to me. I have participated in several faculty development activities over the last 10 years and the ESP stands out as a highlight."

"The ESP faculty and program leaders are outstanding educators. They are committed to providing a top notch educational and mentoring experience for faculty who are passionate about educational scholarship. I've made many strong professional connections with other scholars in the program which has now developed into an important peer mentoring network for all of us."

"I believe the ESP was instrumental in providing me the tools to showcase my educational work and contributed significantly to my academic promotion last year."

ESP curriculum includes 3 full-day teaching sessions, which scholars attend over 3 years at the PAS meetings, and educational modules to be completed between PAS meetings. Each scholar develops an educator portfolio and receives expert feedback on it. Finally, scholars must plan and conduct a mentored, scholarly project in education. To receive a Certificate of Excellence in Educational Scholarship, each must provide evidence of a successfully peer reviewed presentation or publication related to the project. For more information on the ESP curriculum and other program activities, go to http://www.academicpeds.org/education/education_scholars_program.cfm.

The ESP application website opened on July 1, 2011, and the deadline for online submissions is October 3. Scholars complete an application, including a 2-page project proposal, and undergo a rigorous selection process. Applicants must submit letters of support from their mentor and another faculty member who knows their work well. They must also provide a statement 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). All scholars are expected to be or become members of the Academic Pediatric Association by the time of enrollment in the ESP. You can access the application website at: http://www.ambpeds.org/certificationProgram/workshops/main_application_menu.cfm?admin=true

For more information, contact Connie Mackay: connie@academicpeds.org.

Connie Baldwin
Educational Scholars Program Chair
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Liaisons

Primary Care Organizations Consortium (PCOC)

Primary Care Organizations Consortium (PCOC) Meeting April 15, 2011
AAMC Headquarters
2450 N Street, NW
Washington, DC 20037

[April 15, 2011 Meeting Minutes](#)

Jack Pascoe
PCOC Liaison
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Regions

Region V

Hope everyone in Region V is staying cool in this hot summer.

We had a great Regional Teleconference on June 22nd. We said goodbye to our outgoing chair Bill Stratbucker, who spoke about issues surrounding pediatric obesity. If you would like to view the recording of June's Regional Teleconference follow [this link](#). The Regional Teleconferences are now being hosted on a new website which should make things easier for you, the member. The next Regional Teleconference will be sometime in September. Look for more details in your email, including an electronic invitation with a link directly to the teleconference in it.

Even though it is the middle of summer, the Regional Meeting in 2012 is fast approaching. Look for more details to come in the next newsletter as we start to firm up dates, speakers and locations. We are planning to have it in Indianapolis in the middle of spring. If you have suggestions about topics, speakers or dates please feel free to email either Allison or Mike.

The other event that is fast approaching is the Trainee Abstract Competition. For those of you that are working with and mentoring trainees (including fellows, residents and medical students) make sure you keep them in mind. More information will be available in the next newsletter, including how to apply.

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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Michael McKenna
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Region VI

Accomplishments and Research Endeavors in Region 6

We find ourselves in those dog days of summer. As the record heat wave is attempting to drain us of any energy, now would be a good time to be motivated by what our members have accomplished over the past

year. We have asked for published works or projects as well as announcements of promotions. It is our hope that our colleagues share their accomplishments so that we may view them as role models, inspiration and a resource as we are working on projects or as we are preparing to apply for promotion. We envision the February virtual meeting as a venue for sharing research conducted by fellows and medical students, as they compete for region 2012 Region Trainee Travel Awards to the APA meeting in Boston.

Dr. Jane Knapp has asked that we include an announcement that the Health Care Delivery Committee is revising the application process for the Health care Delivery Award. The application will be more streamlined and less intimidating. We urge Region VI members to submit an application for a health care delivery program that they are involved in. The new application will be on the APA website soon. The deadline for submissions is going to be November 11th at 4:00 pm CST.

Finally, for those interested in other resources and information on research within the APA, think about subscribing to the [Pediatric Clinical Research Network SIG listserv!](#)

Recent Promotions

Dawn Ebach, MD
Clinical Associate Professor
University of Iowa
Department of Pediatrics
Pediatric Gastroenterology

Heidi Sallee, MD
Associate Professor and Associate Chair for Education
Saint Louis University
Department of Pediatrics

Nasreen Talib, MD
Professor
University of Missouri, Kansas City
Department of Pediatrics
Children's Mercy Hospitals and Clinics

Lorraine Brewer, DO
Associate Professor
University of Missouri, Kansas City
Department of Pediatrics
Children's Mercy Hospitals and Clinics

Publications & In Press

Cox, Elizabeth D., Rebecca L. Kosciak, Curt A. Olson, Ann T. Behrmann, Gwen C. McIntosh, Michael D. Evans, and Patricia K. Kokotailo. Care of the Underserved: Faculty Development Needs Assessment. *Journal of the National Medical Association*, 2010; 102(8): 713-719.

Walz, Stacy E., Amy M. Kind, Maureen A. Smith, Justin Sattin, and Elizabeth D. Cox. Pending Labs and the Hospital Discharge Summary. *Journal of General Internal Medicine*, 2011; 26(4):393-8.

Moreno, Megan A., Lauren A. Jelenchick, Henry N. Young, Elizabeth D. Cox, and Dimitri A. Christakis. Problematic Internet Use Among US Youth. *Archives of Pediatrics and Adolescent Medicine*, 2011; (in press).

Young, Henry N, Jeong Sun Hwang, Thomas J. Dilworth, David Mott, Elizabeth D. Cox, and Megan A.

Moreno. Development and Evaluation of a Scale to Measure Community Pharmacists' Self-Efficacy Beliefs about Communicating with Spanish-Speaking Patients. *Research in Social & Administrative Pharmacy*, 2011; (in press).

Cox, Elizabeth D., Jayna B. Schumacher, Henry N. Young, Megan A. Moreno, Michael D. Evans, and Ted D. Sigrest. Medical Student Experiences with Bedside Rounds. *Academic Pediatrics*, 2011; (in press).

Moreno, Megan A., Lauren A. Jelenchick, Katie G. Egan, Elizabeth D. Cox, Henry N. Young, Kerry E. Gannon, and Tara Becker. "Feeling Bad on Facebook: Depression Disclosures by College Students on a Social Networking Site." *Depression and Anxiety*, 2011; (in press).

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Swedlund, Matthew P., Jayna B. Schumacher, and Elizabeth D. Cox. Effect of Physician-Family Relationships and Visit Interactions on Satisfaction with Pediatric Chronic Disease Care. *Health Communication*, 2011; (in press).

Miller M, Dowd MD, Freisen C. A randomized trial of enema vs. polyethylene glycol 3350 for fecal disimpaction in children presenting to an emergency department. *Pediatric Emergency Care* (In press).

Peter G. Szilagyi, MD, MPH; Sharon G. Humiston, MD, MPH; Sarah Gallivan, MSW, MPH; Christina Albertin, MPH; Martha Sandler, MSW; Aaron Blumkin, MS. Effectiveness of a Citywide Patient Immunization Navigator Program on Improving Adolescent Immunizations and Preventive Care Visit Rates. *Arch Pediatr Adolesc Med*. 2011;165(6):547-553.

Levas MN, Cowden JD, Dowd MD., Effects of the Limited English Proficiency of Parents on Hospital Length of Stay and Home Health Care Referral for Their Home Health Care-Eligible Children With Infections. *Arch Pediatr Adolesc Med*. 2011 May 2. [Epub ahead of print]

Humiston SG, Bennett NM, Long C, Eberly S, Arvelo L, Stankaitis J, Szilagyi P. Increasing inner-city adult influenza vaccination rates: A randomized controlled trial. *Public Health Reports* (In press).

Giovanni JE, Dowd MD, Kennedy C, Michael JG. Interexaminer agreement in physical examination for children with suspected soft tissue abscesses. *Pediatr Emerg Care*. 2011 Jun;27(6):475-8.

Dayan PS, Lillis K, Bennett J, Connors G, Bailey P, Callahan J, Akmen C, Feldstein N, Hauser WA, Kuppermann N, and the Pediatric Emergency Department Northeast Team of the Pediatric Emergency Care Applied Research Network. Interobserver Agreement in the Assessment of Clinical Findings in Children with First Unprovoked Seizures. *Pediatrics*. 2011 May;127(5):e1266-71. Epub 2011 Apr 11.

Smith PJ, Humiston SG, Marcuse E, Zhao, Dorell CG, Howes C, Hibbs B. Parental delay or refusal of vaccine doses, childhood vaccination coverage at 24 months of age, and the Health Belief Model. *Public Health Reports*. 2011;126(Supplement 2):135-146. (In press)

Miller MK, Plantz DM, Denise Dowd M, Mollen CJ, Reed J, Vaughn L, Gold MA. Pediatric emergency health care providers' knowledge, attitudes, and experiences regarding emergency contraception. *Acad Emerg Med*. 2011 Jun;18(6):605-12. doi: 10.1111/j.1553-2712.2011.01079.x.

Erickson MJ, Gittelman MA, Dowd D. Risk factors for dating violence among adolescent females presenting to the pediatric emergency. *Journal of Trauma and Critical Care. J Trauma*. 2010 Oct;69(4 Suppl):S227-32.

Dowd, Kennedy, Riker. Validation and Refinement of the DIVA Score: a Clinical Prediction Rule for Identifying Children with Difficult Intravenous Access. *Academic Emergency Medicine (In press)*

Connors GP, Hartman T, Fowler MA, Schroeder LL, Tryon TW. Was the pediatric emergency department or pediatric urgent care center setting more affected by the fall, 2009 H1N1 influenza outbreak? *Clin Pediatr (Phila)*. 2011 May 10. [Epub ahead of print]

Region Co-Chairs:

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Region VII

Hello Everyone!

Mark your calendars for the 2012 Southern Regional Meetings (SRM) to be held February 9-11th, 2012 in New Orleans, LA. This is our annual meeting for APA regions VII and VIII and also includes other organizations such as the Southern Society of Pediatric Research, the Southern Society of General Internal Medicine, the American Federation of Medical Research, and the Southern Society of Clinical Investigation. This meeting provides an excellent opportunity for medical students, residents and faculty to present their work at a regional meeting and also the chance to enjoy the fun of New Orleans! There are several ways you can share your expertise and research with others at the SRM:

1. APA Workshop

Each year at the SRM, the APA conducts a workshop on Friday morning of the meeting. The workshop has typically been about 3 hours in duration and includes a general overview of a topic of interest, a small group break-out session, and a final summary of take-home points at the conclusion.

If you would like to submit a proposal for a workshop, please use the following format:

- Target Audience
- Objectives
- Leader(s)
- Agenda
- Brief Description (<500 words)

For your workshop proposal to be considered, please submit it by 7 PM EDT on Thursday, September 15, 2011 to Annamaria.church@erlanger.org. You will be notified when your proposal has been received, so if you do not receive an acknowledgement, please call 423-778-2398.

2. Original Research

Original research is presented in platform and poster sessions during the SRM. The call for original research abstracts will be announced late summer. Abstract submission will take place on line as in previous years and will have a deadline of October 14, 2011.

Please plan to come and participate in this very informative and fun meeting.

Please also welcome our new APA Region VII Members!

Kimberly Edwards, MD
Austin, TX

Betty Del Rio Rodriguez, MD
Houston, TX

Kimberly Mulson, MD
Dallas, TX

We hope everyone is enjoying the summer. Stay cool!

Region Co-Chairs:
Shelly Baldwin
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Nancy Kelly
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Melissa Nass
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Region VIII

Greetings Region VIII members, I hope you are all staying cool during this hotter than ever summer. It's a hectic time of year with vacations, school physicals and orienting the new residents; but now it's time to slow down, cool off and get organized. Remember all those great ideas you had last spring following the national meeting? Have you started working on any of them? Take some time in the next several weeks to reassess your goals. Remember new residents need new research projects. Academic general pediatric researchers bring a unique perspective to clinical research. We understand clinical disease, we confront research questions every day in practice, we make bridges between research and education and we are able to bring research back into practice and the community. It's much easier to do things as part of a group. You can be part of a national research network such as CORNET, PROS or BORN or form a smaller collaboration. Think about contacting your regional APA members at other institutions to collaborate on research projects.

[Abstract deadline for the regional meeting in New Orleans in February is October 14th.](#)

[Abstract deadline for the National APA meeting in Boston next April is November 17th.](#)

The APA Region VII and VIII (Southern Regional Meeting) workshop proposal deadline is fast approaching. The workshops are usually held on the Friday morning of the meeting and last 2-3 hours. Details on how to submit a proposal will be sent to region members the first week of August by e-mail.

[Workshop proposal deadline for the regional meeting in February is September 15th.](#)

I would also like to remind everyone about the [Health Care Delivery Award](#). The purpose of the award is to recognize an innovative and effective health care delivery program that incorporates teaching. The application is simple and short. It consists of a cover sheet with a 200 word program summary, a letter of

support from the chairman and a six page or less description of the program. The description should include the program's innovative aspects, its scope, the extent of trainee involvement, data on outcomes and potential for sustainability and dissemination. I know there are a lot of great programs out there in our region that fit this description. Start your application today.

[Health Care Delivery Award application deadline is November 11, 2011.](#)

Last but not least the Pediatric Continuity Director's Manual, 2nd edition is complete and will be up on the website soon. It is a wonderful resource I know you will find very useful. I hope you all have a cool and productive fall.

Region Co-Chairs:

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Region IX and X

At the Pediatric Academic Societies Meeting in Denver in May, Jamal Harris, MD and Aaron Wightman, MD were presented with the Paul C. Young Trainee Research Award, for excellence in research during training. They both gave the oral presentation that they gave at the Region IX and X Meeting in Monterey, California in January. Dr. Harris presented his work on malaria in Uganda and Dr. Wightman his research on immunizations in Washington.



Aaron Wightman, Paul Young, Jamal Harris

We are also proud of winners of APA awards from Regions IX and X:

- George Armstrong Lecture - Carol D. Berkowitz, MD, Harbor/UCLA Medical Center
- Health Care Delivery Award - Susan Fisher-Owens, MD, University of California San Francisco

- Research Award - Allison Kempe, MD, Children's Hospital Denver
- Teaching Award - Anda Kuo, MD, University of California San Francisco

Our next regional meeting will be in Monterey, California on January 28th and 29th, 2012.

We are pleased that Dean Sidelinger, MD, MPH will be our new Region IX Co-Chair. Many thanks to Liz Miller, MD for her years of service to the regions.

Region IX Co-Chairs:

Wendy Hobson-Rohrer

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Christine Johnson

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Region X Co-Chairs:

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Elizabeth Miller

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Special Interest Groups

E-Learning in Medical Education

Calls for Journal Submissions and Conference Papers

If you're looking for opportunities to submit your work to journals and conferences, www.researchraven.com might be your new best friend. This regularly-updated, broad-reaching website lists national and international venues through which to share your research. The right-hand side of the page offers a menu of dozens of categories, one of which includes e-Learning. Current calls in or related to e-Learning include:

Name of Conference	Date	Venue	Website
2nd International Association of Science and Technology for Development (IASTED) International Conference on Assistive Technologies	February 15 - 17, 2012	Innsbruck, Austria	www.iasted.org/conferences/submit-766.html
9th International Conference on Disability, Virtual Reality and Associated Technologies (ICDVRAT 2012)	September 10-12, 2012	Laval, France	http://www.icdvrat.reading.ac.uk/
Tenth Annual Conference of the International Society for Disease Surveillance	December 7-8 2011	Atlanta, Georgia	http://www.syndromic.org/abstract-submission/2011

Name of Publication	Topic	Website
<i>Assistive Technology Outcomes and Benefits</i>	Assistive Technology and Higher Education	http://www.atia.org/i4a/pages/index.cfm?pageid=4001
<i>Science Studies</i>	Exploring Agencies, Technologies and Discourses in New Healthcare Practices	http://www.sciencestudies.fi/node/2070
<i>Journal of Biomedical Informatics</i>	Translating Standards into Practice: Experiences and Lessons Learned in Biomedicine and Health Care	http://www.elsevier.com/wps/find/journaldescription.cws_home/622857/description

Twelve Web2.0 Medical Search Engines

How does one search for medical and health information, outside of the usual sources? This question is buzzed often from many non-professional users who are seeking simple medical information. There are many health and medical search engines, those provide quality and directed search results. Below are a handful that may be of use in our field.

1. HealthFind: <http://www.healthfind.com/HealthFind> is using Google Custom search to look up in selection of medical and health sites.
2. PogoFrog: <http://www.pogofrog.com/> A medical research engine for physicians, using Google custom search.
3. SearchMedica: <http://www.searchmedica.com/> It is a series of free medical search engines built by doctors for doctors and other medical professionals. This search engine searches in selected recommended medical sites or the entire web. The user can refine his search by category for more specific information, also he can narrow or broader the search.
4. Hakia.com: <http://health.hakia.com/> It provides more personalization for search results. <http://www.goomedic.com/hakia-search-war-quality-over-popularity-featuring-diseases-gallery.html>
5. MedWorm: <http://www.medworm.com/> Medical Search engine, which filter the search results by date, relevance, and a specialty filter. Every search query has RSS feed to keep watching the results update, MedWorm look-up in medical news, journals, organization, blogs and medical podcasts.
6. Healthbase: <http://healthbase.netbase.com/> Netbase.com is a providing their medicine 2.0 search engine with showing up their capability of intelligent search in medical and health field, their health search engine search in diseases complications, medical conditions treatment. The search results return with categorized list of results as drugs and medications for the disease along with treatments for specific conditions of it. It also shows the content sources at the results page's sidebar. Listing the related searches is a handy feature as well, especially in expanding the search results to show more related contents.
7. Modernmedicine.com: <http://www.modernmedicine.com/> A Medical and Health community portal, which is rich with medical articles and organized medical topics. ModernMedicine.com search also look-up recommended medical sites.
8. MedStory: <http://www.medstory.com/> Smart medical search engine, aimed to save time when looking for certain medical topics by giving the users a chance to explore related topics to get focused results.
9. GuidedMed: <http://www.guidedmed.com/en/> Simple personalized search engine for health information (Diseases, Symptoms, Surgeries, Problems, and Clinical States). It has a simple search home interface, but it masks great features and tools as search related medical products at Amazon.com for an example. Specifying the search term is wise idea for more information check the demo. <http://www.youtube.com/watch?v=jj4VBrklvt8>

10. Healvia.com: <http://Healvia.com/> A medical portal, communities and guides with extending medical capabilities to retrieve results from the site, medical journals, clinical trials, and from the web.
11. GoPubMed.org: <http://www.gopubmed.org/web/gopubmed/> A Web2.0 search engine that searches PubMed.com, and returns the result based on classification of Gene Ontology and Medical Subject Headings.
12. Healthline.com <http://www.healthline.com/>

Honorable mention:

OmniMedical Search <http://www.omnimedicalsearch.com/>

Searches medical news, images, and forums.

Source: <http://www.goomedic.com/12-web2-0-medical-search-engines.html>

SIG Co-Chairs:

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Heidi Saliba

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Ethics

Dear Ethics SIG members,

We had an exciting and very informative session on April 30th at APA in Denver. It was attended by a large audience and received very nice comments.

The first part of the session focused on pediatric palliative care. Dr. Joel Frader discussed ethical challenges in pediatric palliative care. Dr. Rebecca Moran's talk focused on palliative care in the NICU. Her thought provoking video on a parent with a child with trisomy 18 raised a lively debate. Dr. Chris Feudtner presented the research in pediatric palliative care: goals, models and future prospects. These were great moments for all of us to learn about empirical research opportunities in palliative care.

The second part of the session was on international research ethics. Dr. Maureen Kelley discussed ethical dilemmas in global research. She presented ethical dilemmas researchers face while doing research in developing countries; where does the responsibility of the researcher end while facing the needs of the community while doing his/her research? Her stories raised thought provoking questions among the audience.

This month's theme for the newsletter is research. It is a necessity to do empirical research in ethics for many reasons; needs assessment for and evaluation of any initiative involving application of ethical theory in the context of clinical work, research and teaching. We would like to hear about your experiences, and challenges you face while doing research in ethics. We would also like to hear how you overcame these issues and your success stories. We will plan to publish these in the next newsletter.

Our co-chair Diane Plantz is stepping down due to other academic responsibilities. We welcome any of our members to volunteer for this position.

We will keep in touch via our newsletter and we will continue to be a platform sharing our views and

concerns about the impacts of ethics in our clinical work, research and teaching.

SIG Co-Chairs

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Diane Plantz

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Fellowship Training

The Fellowship Training SIG met in Denver at PAS on Monday May 2, 2011. The agenda included two presentations on mentoring as well as presentations and discussions on fellowship funding and fellowship accreditation.

The first presentation on mentoring was from the Johns Hopkins program

(<http://www.hopkinschildrens.org/general-pediatrics-fellowships.aspx>) and was led by Tyler Smith a General Pediatrics Fellow and included Megan Bair-Merritt (Tyler's mentor), Colleen Hughes-Driscoll (Neonatology Fellow), and Pamela Donohue (Colleen's mentor). This presentation addressed promoting positive mentee/mentor relationships.

Jon Finkelstein from Harvard University (http://www.childrenshospital.org/cfapps/research/data_admin/Site2231/mainpageS2231P13.html) gave the second presentation on mentoring. This presentation considered using mentoring teams rather than individual mentors.

Tina Cheng from the Johns Hopkins University program (<http://www.hopkinschildrens.org/general-pediatrics-fellowships.aspx>) and former APA President presented on funding academic general pediatric fellowships. There was discussion of the Health Resources Services Administration (HRSA) Bureau of Health Professions (<http://bhpr.hrsa.gov/index.html>) Title VII funding. The Affordable Care Act has reauthorized the health professions training programs, including the faculty development program that many fellowships use as core funding. This act also added research as one of the activities of this program strengthening the rationale for using this program to train pediatric academicians. The other programs used specifically for training in research are the Agency for Healthcare Research and Quality (AHRQ) (<http://www.ahrq.gov/fund/training/trainix.htm>) and the HRSA Ruth L. Kirschstein National Research Service Awards (NRSA). The NRSA awards from AHRQ and HRSA do not have application cycles each year. HRSA will have a cycle this year and AHRQ in two years.

Lou Bell from the Children's Hospital of Philadelphia (<http://www.chop.edu/service/general-pediatrics/education-fellowship/>) and the Chair of the APA's Academic General Pediatrics Fellowship Accreditation Committee (http://www.ambpeds.org/education/education_accreditation_AGP.cfm) presented the program and answered questions. Applications for accreditation were due on July 1 but interested programs should contact Lou (bell@email.chop.edu) as this deadline is not strictly enforced. The currently accredited programs are:

- The Baylor College of Medicine's Academic General Pediatric Fellowship Training Program <http://www.bcm.edu/pediatrics/academics/index.cfm?pmid=12928>
- The Children's National Medical Center's Pediatric Hospital Medicine Fellowship <http://www.childrensnational.org/ForDoctors/gme/fellowship/hospitalist/hospitalist.aspx>
- The Cleveland Clinic Pediatric Hospitalist Fellowship Program

<http://my.clevelandclinic.org/childrens-hospital/medical-professionals/education/fellowships/default.aspx>

- The Johns Hopkins University Primary Care Research Fellowship Program
<http://www.hopkinschildrens.org/general-pediatrics-fellowships.aspx>
- The State University of New York at Stony Brook's Academic General Pediatrics Fellowship Program
http://www.stonybrookmedicalcenter.org/pediatrics/agp_fellow
- New York University's Academic General Pediatric Fellowship Program
<http://pediatrics.med.nyu.edu/genpeds/clinical-education/fellowship-program>
- UC Davis Primary Care Outcomes Research Fellowship
<http://www.ucdmc.ucdavis.edu/chpr/fellowship/>
- University of Rochester's Academic General Pediatric Fellowship program
http://www.urmc.rochester.edu/pediatrics/training/fellowship/programs/general_pediatrics/index.cfm
- The University of Pittsburgh Primary Care Physician Faculty Development Fellowship Program
<http://www.chp.edu/CHP/General+Academic+Pediatrics>

He also noted that the University of Oklahoma Health Sciences Center Academic Generalist Training Program (<http://www.oumedicine.com/body.cfm?id=5649>) had been approved for accreditation at the committee meeting at PAS.

For further information on the APA Fellowship Training SIG please contact Paul Darden (paul-darden@ouhsc.edu) or Iris Borowsky (borow004@umn.edu).

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Hospital Medicine

PHM 2011 Kansas City: Keeping the Focus on Children in the Healthcare Reform Storm

Nearly 450 attendees and faculty spent three days in Kansas City July 28-31 at the annual PHM meeting. Director of AHRQ, Dr. Carolyn Clancy's keynote address described recent legislation and the potential impact on improving the quality of healthcare delivery for children. At the closing plenary, Drs. Patrick Casey and Robert Lyle, co-directors of the Medical Home Program at the Arkansas Children's Hospital challenged the PHM community to lead change through their example of improving the care and decreasing the cost--primarily through decreased admissions and length-of-stay--of Medically Complex Children. The tri-sponsored annual meeting continues to grow in attendance and engagement; this year the number of submitted workshops doubled and the number of submitted abstracts increased almost five-fold. Other highlights included the opening audience-response session, the enhanced networking opportunities, and the Top 10 articles in the PHM luncheon. The PHM meeting continues to be an important opportunity for pediatric hospitalists of all types and interests to come together and push the field forward.

Education

In Kansas City, Jennifer Maniscalco, of the Education Taskforce of the PHM Roundtable, discussed the nighttime pediatric residency curriculum study. Lead by Becky Blankenburg, this group has now obtained IRB approval at nearly 60 sites nationwide, and the study is now active in many sites across the country.

Quality

In Kansas City, Mark Shen updated our community about the activities of the VIP Network, including the

great news that the VIP Network has completed agreements to merge with the QuINN network. The VIP Bronchiolitis Benchmarking project continues, and Mark reported on the achievements of the multicenter pilot projects to reduce patient ID-band errors and to improve discharge communication with primary care providers.

Research

At PHM, Raj Srivastava reviewed the achievements of the PRIS network in launching two large, multicenter federally funded research projects: PHIS+ and I-PASS. I-PASS is studying an intervention to improve resident patient hand-offs, and PHIS+ links the PHIS database to the electronic medical records of 6 sites in order to answer 4 clinical comparative effectiveness questions. Ron Keren presented preliminary results of the CHCA-funded prioritization project that has analyzed the clinical diagnoses among CHCA hospitals that appear most ripe for comparative effectiveness research and clinical standardization. Importantly, this analysis will be repeated using a database that included a representative sample of community hospitals. In addition, Benard Dreyer, APA President, discussed his planned project of APA Research Scholars for which he hopes to target hospitalists. During his presidential comments in Kansas City, he solicited interest and many indicated they were interested both as mentees and mentors. This program will be modeled after the highly successful Educational Scholars program.

JCPHM

In Kansas City, Erin Stucky presented the concept of the Joint Council of Pediatric Hospital Medicine (JCPHM) that has been developed by past and present pediatric hospitalist leaders within the APA, AAP, and SHM. This body's charge would be to coordinate both information flow and policy recommendations about our field among the three organizations. The council would be comprised of two representatives from the three societies as well as dedicated representatives from other key constituencies including community hospitalists, trainees, and the PRIS and VIP networks. Developers of the JCPHM concept have obtained support for the concept from the boards of the three societies.

STP

Another working group, the STP (Strategic Planning) Committee, co-chaired by Chris Maloney and Suzanne Swanson-Mendez, recently completed initial work on developing more information about the possible options for future certification of pediatric hospital medicine as an official subspecialty. A formal and detailed report of the STP Committee's work is pending and will be disseminated via listservs and newsletters this fall. A robust discussion of the process and initial results took place in Kansas City, making clear the need to widely disseminate this information and for practicing pediatric hospitalists to participate in the process. The ABP requires a process of practitioner engagement and consensus-building.

What you can do for the SIG and PHM community?

Please send ideas for program content for both the SIG Meeting at PAS in Boston and for PHM 2012 to SIG Co-chairs. They will be happy to help frame potential submissions and welcome any input and innovations.

These are exciting, albeit uncertain times for pediatric hospital medicine. As the path toward potential subspecialty certification becomes clearer broad engagement and advocacy across our community will be key.

Deadlines

PAS Workshops: August 12, 2011

PAS Abstracts: November 17, 2011

PHM Content Submissions: Late October, exact date TBD

PHM Abstracts: Late January, exact date TBD

Announcements

Health Care Delivery Award

Have you initiated an innovative program? Be on alert for announcements for the Health Care Delivery

Award. The purpose of this award is to recognize an innovative and effective program that provides health care in the context of a teaching setting. Hospitalists are all about innovations and effectiveness of their program and the program must involve residents or students. The deadline for applications is November 11, 2011. The Health Care Delivery Committee is finalizing some updates to the application process, so be on alert for new postings on the website. Don't wait for the updates, start planning your application now!

Leadership Pre-Course and PHM 2012

PHM 2012 will be in Cincinnati, OH, July 19-22, 2012 at the Cincinnati Riverfront Marriot. Save the Date!

The APA will sponsor a Leadership Pre-Course, July 18-19, prior to PHM 2012 in Cincinnati. Stay tuned for more registration information and program details.

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Newborn Nursery

The Birth of the BORN Network

The Better Outcomes through Research for Newborns (BORN) Network was established in 2010 by a group of nursery clinicians and researchers who are active in the Newborn SIG. BORN's mission is to improve the health of newborns and their families by establishing an evidence base for optimal outcomes. The BORN Network is a national collaborative whose purpose is to evaluate care in the birth setting and in the transition to home.¹ The BORN network became an official sponsored activity of the APA in early 2011.

Most children are cared for in routine newborn nurseries rather than neonatal intensive care nurseries. In 2009, the last year for which statistics are available, term infants included 77.82% of births in the United States and late preterm births include another 8.66%.² The potential of this large population of patients available across multiple sites has the network buzzing with excitement! The first proposals will be available for enrollment soon.

If you are a nursery provider, please consider joining BORN. For more information about BORN please check out BORN on the APA website. Together we can improve care for our youngest patients and their families.

¹BORN Network mission statement http://www.academicpeds.org/research/research_BORN.cfm

²Hamilton BE, Martin JA, and Ventura SJ, "Births: Preliminary Data for 2009" National Center for Health Statistics. Vital Health Stat Series No. 3 (59). Dec. 21, 2010.

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Announcements

Academic Pediatrics 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 research methodology, health care delivery, public policy, and education & professional development. The new section creates a unique home for this form of scientific investigation with regard to topics that make up the four pillars of our association's journal. 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 M Jacobson, Mayo Clinic, ph: 507-538-1642, fax: 507-284-9744, and email: jacobson.robert@mayo.edu.

Submitted by
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Practitioners Sought for Study on Adolescent Tobacco, Media Use

American Academy of Pediatrics, Department of Research

Tobacco and media use are two of the most critical topics facing today's adolescents-and their pediatric practitioners. A multiyear, large-scale study from Pediatric Research in Office Settings (PROS), the national practice-based research network of the American Academy of Pediatrics (AAP), and the AAP Julius B. Richmond Center of Excellence, has been funded to examine innovative strategies for addressing these issues.

Effectively addressing adolescent tobacco use is one clear need. More than 3 million US adolescents smoke cigarettes, with more than 2,000 starting each day. The health implications for those who continue to smoke are staggering. Every year, more than 400,000 Americans die from illnesses directly related to cigarette use-more than from AIDS, car crashes, murder, and suicide combined.

Most adolescent smokers know they are addicted; 85% have thought about quitting, and 55%-65% have tried to quit, most unsuccessfully. At the same time, there is strong evidence that adult smokers can quit. Brief counseling interventions are effective for adult smoking cessation and according to pilot work from the PROS network, appear promising for adolescents, especially as delivered through a pediatrician. A large-scale study, however, has yet to be done.

It is much the same picture for adolescents' media use. Countless studies have linked media use to obesity,

substance use and violence. The burgeoning area of social media has further complicated the situation, offering ready portals not only to peer communication but also to unwanted consequences such as easy access to violence, pornography, online drug purchase and cyber bullying. These phenomena are evolving rapidly, and interventions are needed to provide appropriate guidance to adolescents.

"It's important to understand and address current trends and issues affecting the health of our patient population," said Jonathan D. Klein, MD, MPH, Director of the Julius B. Richmond Center of Excellence, AAP Associate Executive Director and the study's principal investigator. "This study provides the tools and training necessary to incorporate this knowledge into general practice, thus protecting the health of adolescents."

To accomplish the study, PROS is seeking community-based pediatric practices (excluding resident clinics) that see high numbers of adolescents, and particularly, practices for which smoking is a problem area. "We anticipate being able to provide comprehensive technical study support to busy practitioners who wish to contribute to this important research," said PROS Director Richard C. "Mort" Wasserman, MD. "What we need are practices committed to contributing to the study of these issues."

PROS seeks practitioners interested in participating in this landmark research as well as its many other studies on compelling issues in pediatric primary care. Practitioners interested in the Adolescent Health in Pediatric Practice study can email AHIPP@aap.org. For more information about PROS, visit www.aap.org/pros.

This study is supported by funding from the National Cancer Institute, the Health Resources and Services Administration Maternal and Child Health Bureau, and by the Julius B. Richmond Center of Excellence.

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