



[View and Save this Newsletter as a PDF](#)

In This Issue

[Communications
Director's Message](#)

[President's Message](#)

[President Elect's
Message](#)

[APA New Members](#)

Upcoming Conferences

[Regional Meetings](#)

[APA Quality Improvement
\(QI\) 2013](#)

[Pediatric Academic
Societies \(PAS\) 2013](#)

[Pediatric Hospital
Medicine \(PHM\) 2013](#)

[Pediatric Educational
Excellence Across the
Continuum \(PEEAC\)
2013](#)

Core Activities

[BORN](#)

[CORNET](#)



ACADEMIC PEDIATRIC ASSOCIATION

APA Focus

The Official Newsletter of the Academic Pediatric Association

Volume 50, Issue 1

February 2013

PAS 2013 DC PEDIATRIC ACADEMIC SOCIETIES Annual Meeting, May 4 - May 7



Communications Director's Message

Happy 2013! For those of you involved with residency recruitment, the season has finally come to an end! Applicants and programs are in the midst of finalizing their rank lists and Match Day is just around the corner. We've made it over the hump and our interns are finally seeing the light at the end of the tunnel.

As many of you know, this past year we have been soliciting input from APA members to help us enhance communication. Thanks to many of you, we are moving forward! Earlier this year, APA SIG and Region Chairs participated in a web-based survey to better understand their current information technology use and anticipated needs for the future. Most of our SIGS and Regions use email listserves to share information with their members. Since email does not provide a forum for meaningful collaboration, SIG and Region Chairs were very excited about the possibility of using a web-based platform. Most survey respondents are looking for a place to share materials (ex. documents, slides, web links), collaborate on SIG and region-specific projects and have a forum for asynchronous discussions. A few of our SIGs are already using a wiki for this purpose and they may continue to use these tools. I am happy to announce that our APA staff has developed our very own APA wiki! This



[PRIS](#)

Liaisons

[Primary Care
Organizations Consortium
\(PCOC\)](#)

Regions

[Region I](#)

[Region IV](#)

[Region V](#)

[Region VI](#)

Special Interest Groups

[Continuity](#)

[E-Learning in
Medical Education](#)

[Ethics](#)

[Evidence-Based
Pediatrics](#)

[Faculty Development](#)

[Family Centered Care](#)

[Hospital Medicine](#)

[Medical Student
Education](#)

[Newborn Nursery](#)

[Qualitative Research](#)

Announcements

new APA wiki will be housed on the APA website. Members will log in using their APA usernames and passwords. Before rolling this out to all SIGs, Regions and other APA groups, five SIG chairs have agreed to pilot the new wiki over the next few months. A big thanks goes out to the following SIG chairs: John Olsson (Continuity), Shonna Yin (Health Literacy), Tamara Simon and Marta King (Hospital Medicine), Bob Jacobson (Evidence-Based Pediatrics) and Melissa Cellini (Academic Fellows). If you are a member of these SIGs you will hear very soon about how to access the wiki! After the pilot phase we will make modifications and roll out the APA wiki to all APA members! Stay tuned!

Barry Solomon
Communications Director
Academic Pediatric Association
bsolomon@jhmi.edu

[Back to Top](#)

President's Message

How Can I Keep From Singing?

A song I learned with my chorus is entitled "How Can I Keep From Singing?" Although attributed by many as a Quaker hymn, it was actually written by a Baptist Minister, Robert Wadsworth Lowry. An important additional verse was adopted by Pete Seeger in the 1950s, and the song became an anthem for social action as well. Here is an excerpt:

Thro' all the tumult and the strife
I hear the music ringing;
It finds an echo in my soul—
How can I keep from singing?



In my August 2012 newsletter column, which I wrote shortly after the mass shooting in Aurora, Colorado, I discussed firearm violence in the United States. I dedicated that column to Veronica Moser Sullivan, a 6-year-old girl who was the youngest victim of murder in that movie theater. I had not planned on writing another column about gun violence, but how can I keep from "singing" about the mass murder of 20 first grade children and 6 of their teachers in Newtown, Connecticut on December 14, 2012? Barack Obama has called that day the worst day of his Presidency. On the Presidential Inauguration Day, the memories of these children were honored in Robert Blanco's inaugural poem "One Today":

All of us as vital as the one light we move through,
the same light on blackboards with lessons for the day:
equations to solve, history to question, or atoms imagined,
the "I have a dream" we keep dreaming,
or the impossible vocabulary of sorrow that won't explain
the empty desks of twenty children marked absent
today, and forever.

In response to the Newtown mass shooting, the 62nd in the United States since the shooting of Gabrielle Giffords in Tucson 2 years ago, I and the Presidents of the other Federation of Pediatric Organizations (FOPO), and others who wished to join, sent a letter to Vice President Biden calling for a renewed ban on assault style weapons and large ammunition magazines, increased support for mental health services to children and youth, reduction in the exposure of children to violence in the media, and ending the restrictions on research about firearm violence in the United States. I was extremely pleased when President Obama announced the executive actions and recommendations based on the rapid work of the Biden initiative.

[2013 Resident Investigator and Young Investigator Awardees](#)

[APA Speed Mentoring/Networking Event](#)

[Global Health Task Force Chair's Message](#)

[Maternal Child Health Federal Update](#)

[National Environmental Education Foundation \(NEEF\) Children and Nature Initiative Expands to New Orleans](#)

[Quality Improvement - Call For Abstracts](#)

[Research in Academic Pediatrics Initiative on Diversity \(RAPID\)](#)

Reviews

[Environmental Health Review](#)



[View and Save this Newsletter as a PDF](#)

These actions and recommendations addressed all of the issues we raised in our letter to the Vice President. I am under no illusion that the legislative actions President Obama proposed will be easy to accomplish. Our PPC representatives tell us that now is the time to make sure that our voices as pediatricians are heard. Writing op-ed pieces for our local newspapers is one good way to do this. As specific pieces of legislation are proposed, we will be asked to let our legislators know of our support for sensible gun control. Meanwhile, it seems that at least for now, as a result of the terrible mass shooting of children in Newtown, Connecticut and the President's subsequent executive actions, we can once again have conversations about firearm injuries in the United States, and that research will again be possible to reveal the truth about the relationships between unlimited access to guns, media depictions of violence, and inadequate mental health services in making the United States the leading industrialized nation in gun related deaths.

Of course, as terrible as the mass shootings have been, they do not tell the whole story of gun injury in the United States. The vast majority of gun injuries happen one at a time on the streets of our cities and in our homes. These are the children I see at work every week. Since I wrote last, I can add the sad story of Dimitri, a 12-year old-boy who was shot and killed by a friend with his grandfather's gun which they found loaded and unlocked under the pillow. In our Emergency Department, we see an average of 70 children shot by guns every year. We estimate that 35% of them are younger than 14 years. Based on 2010 data, it is estimated that 7 children age 1 - 19 years die of gun fire daily. This means that since the Newtown shooting, by the time this column appears, 420 American children will have died in this manner, or the equivalent of 21 Newtown shootings. Compare this to other developed countries. The following are gun deaths for 2008: Germany - 381, France - 255, Canada - 165, UK - 68, Australia - 65 and Japan - 39. And these are both children and adults. It has been estimated that soon, for the first time, more Americans will die by gunfire than in automobile crashes. More children age 0-14 die of gunfire than of cardiovascular disease, infections or cancer. It seems to me that this is a public health crisis, and a particularly American epidemic.

As pediatricians and members of the APA, I believe we should embrace the mission of the APA to "improve the health and well being of all children....and to advocate for an equitable child health agenda." I have recently been listening to a symposium on gun violence that was conducted at Johns Hopkins Bloomberg School of Medicine. The President of Johns Hopkins University expressed optimism, even in the face of a troublesome past, that we can make the environment safer for our children. There is something wrong with our environment if American citizens are afraid to walk our streets at night (or in some places by day), he said. His optimism came from two sources. First, the example that other countries in the world have set by developing regulatory policies that have vastly reduced gun injuries, and second, by strong public health efforts in the United States that have improved our own environment within his (and my) lifetime. Here he cited smoking and seatbelt regulation. Since his remarks, I would add a third source of optimism: the bully pulpit of the President of the United States.

Here is a summary of the President's proposed Congressional actions.

- Requiring criminal background checks for all gun sales, including those by private sellers that currently are exempt.
- Reinstating and strengthening the ban on assault weapons that was in place from 1994 to 2004.
- Limiting ammunition magazines to 10 rounds.
- Banning the possession of armor-piercing bullets by anyone other than members of the military and law enforcement.
- Increasing criminal penalties for "straw purchasers," people who pass the required background check to buy a gun on behalf of someone else.
- Acting on a \$4 billion administration proposal to help keep 15,000 police officers on the street.
- Confirming President Obama's nominee for Director of the Bureau of Alcohol, Tobacco, Firearms and Explosives.
- Eliminating a restriction that requires the Bureau of Alcohol, Tobacco, Firearms and Explosives to allow the importation of weapons that are more than 50 years old.
- Financing programs to train more police officers, first responders and school officials on how to respond to active armed attacks.
- Provide additional \$20 million to help expand a system that tracks violent deaths across the nation from

18 states to 50 states.

- Providing \$30 million in grants to states to help schools develop emergency response plans.
- Providing financing to expand mental health programs for young people.

Just today, as I am finishing this column, Gabrielle Giffords testified before a Senate Judiciary Committee Hearing on gun violence. She only spoke about 80 words, but I found them to be some of the most moving words I have seen and heard. I encourage you to view this short testimony for inspiration. She said, "Speaking is difficult, but I need to say something important. Violence is a big problem. Too many children are dying. Too many children. We must do something. It will be hard, but the time is now. You must act. Be bold, be courageous. Americans are counting on you."

The road will be long and improvements will be incremental. But I believe we can and we must do this for our children. I intend to be full-throated in my support of the President's proposals. How can I keep from singing?

David Jaffe
President
Academic Pediatric Association
jaffe@kids.wustl.edu

[Back to Top](#)

President-Elect's Message

Children and the Second Obama Administration

I was on a phone meeting in December (I seem to be on a lot of those lately) when my inbox showed the first alert regarding the shooting at Newtown, CT . The tagline was something like "At least 20 dead in shooting at elementary school". Like most of America, I was stunned into inaction. I interrupted the call, trying to make sense of it all. It hurt so much at so many levels: I could not think of any way to make this right.



Like many of you, I worked within our professional framework to respond. I was pleased with the AAP's rapid response. I worked with our Board to get the APA response out there. I engaged in the processes of the Public Policy and Advocacy Committee, working with colleagues from other organizations to assure that the pediatric community spoke with one voice on this. We really weren't sure where this was going to take us, nor were we sure exactly where it should take us. We all just knew that, as pediatricians, we could not let this stand. But until the President spoke at the memorial service in Newtown, I wasn't sure that we would be effective. It's been a while, now, but I want to be sure that we all remember what he said.

"This is our first task - caring for our children. It's our first job. If we don't get that right, we don't get anything right. That's how, as a society, we will be judged. And by that measure, can we truly say, as a nation, that we are meeting our obligations? Can we honestly say that we're doing enough to keep our children - all of them - safe from harm? Can we claim, as a nation, that we're all together there, letting them know that they are loved, and teaching them to love in return? Can we say that we're truly doing enough to give all the children of this country the chance they deserve to live out their lives in happiness and with purpose? I've been reflecting on this the last few days, and if we're honest with ourselves, the answer is no. We're not doing enough. And we will have to change."

As pediatricians, as pediatric educators, as child health researchers and as advocates for child health, the President was talking to us. Newtown was a tragedy, but it was also a symptom of a deeper problem in our relationship as a nation with our children. In this speech and in the inaugural address, we have been given

signals that, in the second term of the Obama presidency, we will have the opportunity to fix that. We need to take him at his word. There is much work to be done.

Let's do it. See you in Washington at the PAS.

David Keller
President Elect
Academic Pediatric Association
david.keller@umassmed.edu

[Back to Top](#)

APA New Members

Welcome to all of the new APA Members!

Jennifer Andrews	Vivian Nanagas
Cecily Betz	Tamasyn Nelson
Farah Brink	Robert Nutt
Eric Coon	Paul Manicone
Tori DeMartini	Katie McPeak
Stacey Fox	Jenny Radesky
Shirley Johnson	Melissa Schutt
Sean O'Leary	Neil Andrew Tracy

[Back to Top](#)

Upcoming Conferences

Regional Meetings

[Regional Meetings](#)

Region I

March 22, 2013, 8:30 - 3:30pm

Lord Jeffrey Inn, Amhurst, MA

Region II and III

March 8, 2013,

Weill Cornell Medical College

New York City

[Meeting Registration](#)

Region IV

February 23 - 24, 2013

Charlottesville, VA

[Meeting Registration](#)

Region V

March 22nd - March 23rd, 2013

Columbus, OH

[Meeting Registration](#)

Region VII and VIII

February 21 - 23, 2013

New Orleans, LA

[Click here for more information](#)

[Meeting Registration](#)

APA Quality Improvement 2013



**3rd Annual Advancing Quality Improvement Science for
Children's Health Research**

**APA Conference for Pediatric Quality Improvement
Methods, Research and Evaluation**

May 3, 2013

[APA Quality Improvement 2013](#)

May 3, 2013

Grand Hyatt

Washington, D.C.

[Call For Abstracts](#)

[Abstract Submission Form](#)

[Back to Top](#)

Pediatric Academic Societies 2013



[Pediatric Academic Societies 2013](#)

May 4-7, 2013

Washington, D.C.

[Back to Top](#)

Pediatric Hospital Medicine (PHM) 2013



[Pediatric Hospital Medicine 2013](#)

August 1- 4, 2013

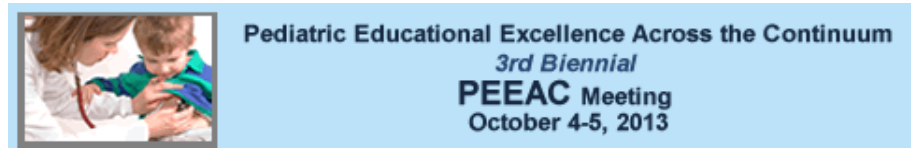
New Orleans Marriott

New Orleans, LA

[Call For Abstracts](#)

[Back to Top](#)

Pediatric Educational Excellence Across the Continuum (PEEAC) 2013



[PEEAC 2013](#)

October 4- 5, 2013

Renaissance Arlington Capital View Hotel

Arlington, VA

[Back to Top](#)

Core Activities

BORN



[Update on BORN at PAS 2013](#)

The BORN network plans on having a member meeting at PAS. Please keep an eye out for your email invitation...coming soon!

[Delphi Study Update - Neera Goyal](#)

Updates on our Survey of BORN Participants: A Consensus-based Approach to Developing a Research Agenda

Thank you to everyone who participated in the survey study to determine research priorities of BORN members. This was a 2-phased survey using a modified Delphi approach. In the 1st phase, we solicited up to 5 clinical questions deemed important and under-researched by BORN members. These responses were then combined to generate questions representing the 20 most prevalent themes. In the 2nd phase survey, we asked BORN members to rank these 20 questions in importance on a scale of 1-5.

To our knowledge, this is the first study to establish research priorities within a national network of normal newborn providers. Results are currently being prepared for submission for publication in the peer-reviewed literature. Our intention is for these results to inform and promote research that is of high impact and utility for clinicians who work with newborns. For questions about the study, please contact the primary investigator, Dr. Beth Simpson, easimpson@cmh.edu, or BORN co-director Dr. Jim Taylor, uncjat@u.washington.edu.

[TcB Study Update - Jim Taylor](#)

Update on TcB study-Data collection for the study is going really well. As of January 2013, we had received data on almost 6,700 TcB measurements on about 4,300 infants. Data has been collected at 26 different BORN sites. This is really a good accomplishment for the network. We initially set a goal of 5,000 TcB measurements, so we're doing better than planned. Many of the TcB sites have completed data collection, some are still collecting or entering data and we have a few sites that are in the process of getting IRB approval to participate. Thanks to all of you who have been working hard on this!

For any questions regarding this project, please contact Dr. Jim Taylor, uncjat@u.washington.edu or Nui Dhepyasuwan, nui@academicpeds.org

[Executive Committee News - Jocelyn Schiller](#)

Approval of changes to the Rules of Governance

The Executive Committee reviewed the Rules of Governance. Recognizing the amount of work the Executive and Research Committees have invested in the Network and the need for continuity in leadership, the following changes were approved by the BORN membership:

1. The Managing Directors will no longer be voting members of the Executive Committee. They will be appointed by the Executive Committee for 3 year terms, but there will no longer be term limits.
2. The Executive Committee will be expanded to a total of 5 members (2 additional members).

3. The Research Committee will be expanded to a total of 7 members (2 additional members).
4. The Executive and Research Committee terms will be extended from 2 years to 4 years, with a 2 term limit.

The BORN membership also approved changes to the BORN Publication and Authorship guidelines within the Rules of Governance. The changes clarify who owns the data from BORN research projects, criteria for authorship, expectations of the writing team and acknowledgement of research contributors who are not authors.

Wanted: You!

A call for nominations (including self-nominations) for the additional positions on the Executive and Research Committees will be coming soon. Keep an eye on your email!

Submitted by
The BORN Network

[Back to Top](#)

CORNET



Happy 2013! We are looking forward to working with all of you in this upcoming year! Your membership is important to us and your involvement in CORNET has been instrumental.

Ongoing projects:

[Resident Health Information Technology \(RHIT\) Survey](#) will inform current healthcare practices of resident attitudes, use and experience with health information technology. This project was funded through the Maternal and Child Health Bureau. We have concluded the study and we reached a [78.6% response rate!](#) We are currently preparing the data for feedback reports and dissemination and submitted an abstract to the PAS meeting. *Stay tuned!*

Thank you to the following sites that participated:

Albert Einstein College of Medicine - Children's Hospital at Montfiore - *Heather O'Donnell*
Boston Children's - Boston Combined Residency Program - *Ron Samuels*
Children's Memorial Hospital - Northwestern University - *Sandy Sanguino*
Duke University Medical Center - *Melissa Deimling*
Eastern Virginia Medical Center - Children's Hospital of the Kings - *John Harrington*
Helen Devos Children's Hospital - *William Stratbucker*
Johns Hopkins University - School of Medicine - *Janet Serwint*
Kansas University School of Medicine - Wichita - *Natalie Sollo*
Levine Children's Hospital - *Daniel Neuspiel*
Nationwide Children's Hospital - *Melissa Meyer*
New York Medical College - Westchester Medical Center - *Terry Hetzler*
North Carolina Children's Hospital - University of North Carolina - *Ricky Bloomfield*
University of Maryland - *Susan Feigelman*

University of Michigan - *Heather Burrows*
University of Missouri HealthCare - *Ana Rajagopalan*
University of Oklahoma - College of Medicine - *Eden Hemming*
University of Oklahoma - *Marny Dunlap*
University of Rochester - *Lynn Garfunkel*
University of South Florida - *Sharon Dabrow/Christy Palaez*
University of Texas - Houston - *Michelle Barratt*
Wilmington Hospital Health Center - *Shirley Klein*

Adolescent Immunizations within a Medical Home (AIMHI) This study is a quality improvement project to enhance adolescent immunization rates and is a collaboration between the Greater Rochester Practice Based Research Network and CORNET with Peter Szilagyi as the Principal Investigator. The 12 CORNET participating sites have served as either an intervention group that implemented best practices to enhanced adolescent immunizations within medical homes or a control group. We are currently completing the study and performing the post intervention chart audits.

Thanks to all our participants:

Baylor College of Medicine, Texas Children's Hospital -- *Jan Drutz*
Boston Children's/Combined Residency Program -- *Ron Samuels*
Children's Memorial Hospital / Northwestern University -- *Sandy Sanguino and Bob Tanz*
Nationwide Children's Hospital -- *Judy Groner and Melissa Meyer*
St. Louis University School of Medicine -- *Susan Heaney*
University of Arkansas Medical Sciences -- *Shelly Baldwin*
University of Florida -- *Marilyn Dumont-Driscoll*
University of Iowa Hospital -- *Anita Moonjely*
University of Michigan -- *Heather Burrows*
University of Texas - Houston -- *Michelle Barratt*
University of Washington Medical Center -- *Jeff Wright*
Wilmington Hospital Health Center -- *Shirley Klein and Renee Kottenhahn*

For those who are participating, please review your emails for the last few steps on this project!

Peter Szilagyi from the University of Rochester and Sharon Humiston from Children's Mercy Hospitals and Clinics were awarded, in collaboration with CORNET, the National Partnerships for Adolescent Immunization (NPAI) Grant. This project focuses on: 1) enhancing adolescent immunization delivery through the implementation of QI activities in primary care practices and pediatric resident training programs, 2) the dissemination of best practice tools for improving adolescent immunization delivery and 3) the adoption of best practices, especially for vulnerable, low-income populations, through their medical home. CORNET is gearing up to recruit for the Quality Improvement part of this project. *Stay tuned for recruitment!* As part of this grant the team submitted a PAS workshop called "Teaching Pediatric Residents Quality Improvement Using Adolescent Immunization Delivery as the Focus". This workshop will be led by Sharon Humiston on Tuesday, May 7, 2013, 8:30-11:30am. We encourage CORNET members to participate. It will be an opportunity to discuss what your residents are currently doing as QI projects and we will have recruitment opportunities for the NPAI grant.

We will be planning for the spring PAS meetings. Look for announcements about the CORNET membership meeting open to all members. *We are hoping to have a good discussion about CORNET plans and seek feedback from the membership.*

Marilyn Dumont-Driscoll
CORNET, Chair of Membership
dumonmd@peds.ufl.edu



PRIS Network Update

Membership Update

The PRIS Network continues to grow! We have approximately 700 members representing 88 sites across the U.S. and Canada. The updated Membership Survey has been sent to all center leads. Visit our website at www.prisnetwork.org to access the link.

PCORI Grant Awarded

Congratulations to Dr. Ron Keren for being awarded funding for the study, *Comparative Effectiveness of Intravenous v. Oral Antibiotic Therapy for Serious Bacterial Infections*, by the Patient-Centered Outcomes Research Institute. Dr. Keren is a PRIS Executive Council Member and Professor of Pediatrics and Epidemiology at Children's Hospital of Philadelphia (CHOP). In addition to CHOP, three PRIS member hospitals will participate in the study.

Upcoming Events

Pediatric Academic Societies 2013

May 4-7 in Washington, D.C.

PHIS+ (Pediatric Health Information Systems "plus"): Augmenting PHIS with Clinical Data

This project is linking clinical data from six hospitals to a common administrative database to conduct comparative effectiveness research (CER) studies.

Since the summer, the PHIS+ hospitals have been working closely with the Children's Hospital Association (CHA) to conduct data validation. Thus far, several lab data elements have been validated at each site. We identified a few issues during the validation process, which resulted in delays as we established appropriate solutions and resubmitted data. One of the issues we found was a time discrepancy around daylight savings time. The data submitted to PHIS+ was not matching the data in the hospital's EHR. After analyzing the situation, the IT staff confirmed the data sent to PHIS+ was accurate, and the issue was actually with the EHR data. Another problem we found was a hospital had omitted several records as they were only sending those records with a billing number that matched to PHIS. This process systematically eliminated data from certain centers that billed separately for tests (e.g., outpatient labs and those ordered in a cancer center). The issues we have identified are being reconciled; lab data validation is currently ongoing.

Radiology data validation is in progress. We anticipate the validation will take several weeks, as the data are different from the lab data, thereby requiring more time to validate. Researchers from the pneumonia and appendicitis projects are annotating a small sample of radiology data to confirm consensus among annotators prior to moving forward with a larger sample. After consensus meetings, both research teams will annotate larger samples of data that will be used to train the NLP algorithm.

CHA will begin to process the microbiology data once they turn over the radiology data to the sites' research assistants. A timeline for processing and validating microbiology data will be prepared and distributed in the coming weeks.

The CER project teams are working on portions of their projects that can be started before the clinical data are available. We have adjusted project timelines based on the validation delay we experienced, however we do not anticipate this delay to pose a serious issue as substantial pre-work is being done on the projects in the meantime.

Over the last two years, two papers have been presented and one invited talk was given to show the project's progress.

Prioritization Project + Hospital-Specific Reports

This project uses administrative data from PHIS and the Premier Perspectives database to identify hospital conditions that are prevalent, cumulatively expensive, and highly variable in terms of resource utilization.

During the 4th quarter of 2012, the project team continued to 'drill-down' to find explanations for variation in selected high priority conditions.

The DKA (Diabetic Ketoacidosis) team, led by Joel Tieder, MD, MPH, is currently working through some data issues and hopes to submit a manuscript for publication before the end of 2012. The manuscript will discuss the team's finding of lower odds of readmission within hospitals at the patient level for patients with longer inpatient stays and the opportunity this presents for improving long-term value of care.

Work also progressed significantly on the tonsillectomy drilldown, which is led by Sanjay Mahant, MD, MSc. The two major questions to be explored in this drill-down are: 1) the relationship between perioperative care processes and revisits in the first 30 days, and 2) the relationship between perioperative costs and revisits in the first 30 days. They have begun drafting papers on both questions. The first manuscript covering the evaluation of perioperative use of dexamethasone and antibiotics related to revisits to the hospital is nearing readiness for submission.

Work continued on the appendectomy drilldown. The cohort was updated to include only admissions from 2007-2011, since earlier years were found to have some missing data, and in order to make the cohort more current. Tables were created for hospital characteristics and encounter characteristics, and CTC groupers relevant to appendectomy were developed. The Cost Master Index was updated based on the new low severity cohort, and cost was summarized by hospital, CTC bucket and grouper. A preliminary finding is that there is a two-fold variation from lowest to highest cost hospital. The data analysis group is currently working through data quality issues, such as fractional units, outlier and '0' units, and outlier charges, and proposed resolutions to these issues.

Karen Wilson, MD, MPH is leading the fourth and final drilldown for pneumonia which was chosen in August. Dr. Wilson has spent significant time developing the study framework and organizing the study team. The full team including data analysts and statisticians began meeting in early October and is currently working on defining the study cohort and looking at preliminary data.

Additionally, a manuscript describing the results of the prioritization project methodology was published in October in *Archives of Pediatrics and Adolescent Medicine* at:

<http://archpedi.jamanetwork.com/article.aspx?articleid=1363507>

I-PASS: Accelerating Safer Signouts

This study is examining the effectiveness of a "resident handoff bundle" in accelerating adoption of safer communication practices in pediatric hospitals, and is endorsed by the Initiative for Innovation in Pediatric Education. It was developed within the Pediatric Research in Inpatient Settings network.

The I-PASS study is progressing as planned across all sites. Post-intervention data collection has been completed at the first wave sites - Lucille Packard Children's Hospital (Palo Alto, CA) and UCSF Benioff Children's Hospital (San Francisco, CA). The next wave of sites - Cincinnati Children's Hospital Medical Center (Cincinnati, OH), St. Louis Children's Hospital (St. Louis, MO), and Primary Children's Medical Center (Salt Lake City, UT) - are in the midst of wrapping up post-intervention data collection. Wave 3 sites - St. Christopher's Hospital for Children (Philadelphia, PA), the National Capital Consortium (Washington, DC), Doernbecher Children's Hospital (Portland, OR), and The Hospital for Sick Children (Toronto, ON) - began post-intervention data collection in mid-November.

The Coordinating Center (CC) at Boston Children's Hospital (Boston, MA) has conducted trainings for new research assistants and research nurses at Wave 3 sites. Study work groups continue to teleconference regularly to support data collection and the transfer of collated data to the Data Coordinating Center (DCC), Brigham and Women's Hospital (Boston, MA). The CC and the DCC have been working very closely throughout the past quarter to organize and initiate the analysis of preliminary data.

In addition to efforts to educate others about the I-PASS Handoff Bundle and to disseminate curricular materials via the study website: <http://www.ipasshandoffstudy.com>, the I-PASS team continues to present at major conferences and is in the process of preparing several manuscripts for publication. In November 2012, the I-PASS Study Team presented a poster at the Association of American Medical Colleges (AAMC) Annual Meeting and received an honorable mention for the AAMC Readiness for Reform Innovation Award.

In the coming year, the group is slated to present a mini-course at the Accreditation Council for Graduate Medical Education Annual Educational Conference in March 2013, a workshop at the Association of Pediatric Program Directors and Council on Medical Student Education in Pediatrics Combined Annual Meeting in April 2013, two workshops and a State-of-the-Art Plenary presentation at the Pediatric Academic Societies Meeting in May 2013, and a workshop at the Society of Hospital Medicine Meeting in May 2013. Additionally, several members of the I-PASS study team are developing ancillary studies to broaden the application and scope of the I-PASS curriculum.

PRIS Network Point Prevalence Study

This study is designed to allow for the efficient collection of data from a large number of hospitals over a specified time period (typically one day); this data can be analyzed to determine both the current prevalence of a particular activity, characteristics associated with it, and, if done repeatedly, tracking the change in point-prevalence over time.

The Point Prevalence Study is lead by Principal Investigator Karen Wilson, MD, MPH, PRIS Executive Council Member and Section Head of Pediatric Hospital Medicine at Children's Hospital Colorado. In October, Dr. Wilson conducted informational webinars open to any PRIS sites interested in learning more about participating in the pilot study, which focused on assessing study feasibility. The pilot study was carried out in early November, resulting in data from 43 sites, including academic and community PRIS-member facilities from across the United States and Canada. Given the success of the pilot, the data collected will be used to inform an R21 grant submission in 2013. All PRIS site leads and pilot study participants have been asked to respond to a short survey evaluating the pilot study process, and indicating clinical priorities that could be meaningfully addressed with the Point Prevalence method.

Participation is open to any PRIS-member site. Any sites interested in participating in the study should contact PRIS Network Manager, Jaime.Blank@hsc.utah.edu, as soon as possible.

Leah Willis
Project Manager
Leah.Willis@hsc.utah.edu

[Back to Top](#)

Liaisons

Primary Care Organizations Consortium (PCOC)

Primary Care Organizations Consortium (PCOC)
American Association of Colleges of Osteopathic Medicine
5550 Friendship Boulevard, Suite 310
Chevy Chase, MD 20815
September 7, 2012

[September 7, 2012 Meeting Minutes](#)

Niraj Sharma, MD, MPH
PCOC Secretariat

Jack Pascoe
PCOC Liaison
pascoe@macc.wisc.edu

[Back to Top](#)

Regions

Region I

We are pleased to officially announce details about the Academic Pediatric Association (APA) Region 1 2013 Meeting:

Academic Pediatrics
Moving beyond the treatment and prevention of disease in children and to the enhancement of children's optimal healthy development

WHEN: Friday, March 22, 2013, 8:30am - 3:30pm

WHERE: Lord Jeffrey Inn, Amhurst, MA

KEYNOTE SPEAKER:

Paul Dworkin, M.D.

Executive Vice President for Community Child Health

Connecticut Children's Medical Center

Professor of Pediatrics

University of Connecticut School of Medicine

The agenda will also include ABSTRACT PRESENTATION sessions for Trainees and Faculty, WORKSHOPS, FRIENDLY DISCUSSION and FOOD! (Details to follow)

Registration for the meeting is due Monday, February 25th, 2013.

- Registration information is available [here](#).

We welcome your abstract submission! Faculty, residents and medical students are encouraged to submit.

- Abstracts should be one page in length (12 pt Arial font) with one figure/table as an attachment and should include:
Title, Author(s) names/affiliations, Background, Purpose, Methods, Results, Conclusion.
- Submit to Alison Holmes at alison.v.holmes@hitchcock.org by February 11, 2013 by 5pm*

Region Co-Chairs:

Melissa Held

mheld@ccmckids.org

Alison Holmes

alison.v.holmes@hitchcock.org

Marcia VanVleet

mvanvleet@WIHRI.org

[Back to Top](#)

Region IV

Region IV is ready for their annual meeting. This is always one of the core regional activities and a time for people from the region to gather. Everyone in the region, and from around the country, are invited.

This year's meeting is February 23rd and 24th at the OMNI Hotel in Charlottesville, VA.

<https://www.degnon.org/secure/apa/region4meeting/>

Hotel reservations can be made by calling 1-800-THE-OMNI (800-843-6664)

As we've announced previously, this will be a meeting that's built on the energy of the terrific people and programs in this region. Some of the specific things happening at this meeting include:

- Terrific original science abstract presentations from around the region
- Ken Roberts will be the Keynote Speaker and will be discussing Guideline Development
- Bob Hall will be giving us a policy and legislative update from the Washington AAP Office
- Meet the Professors breakfast where you can meet with senior faculty from around the region in small groups
- Workshop/Meeting time focused on APA Special Interest Group topics
- Time for people to work in small groups to start planning and preparing an application for the new collaboration grant that we have available
- Lots of networking around the region

We hope to see you all there.

Martha Hellems, Colleen Kraft, Carl Seashore, Christy Schuler, Linda Fu and Mike Steiner

Region Co-Chairs:

Linda Fu

lfu@cnmc.org

Mike Steiner

msteiner@med.unc.edu

[Back to Top](#)

Region V

The 2013 APA Region V Regional Meeting will be in Columbus, OH on Friday, March 22nd starting at 12 noon and concluding on Saturday, March 23rd at 1pm. Thank you to Nationwide Children's Hospital for hosting our meeting. Featured, will be the winners of our Trainee Abstract Competition, in addition to workshops and educational sessions. Registration will be forthcoming.

We had several submissions to our annual Trainee Abstract Competition. Thank you for the work you do mentoring medical students, residents, and fellows. Our spring meeting will feature oral presentations and poster presentations from our winners.

We are looking forward to honoring our Trainee Abstract Competition award winners and seeing you all in Columbus in March!

Region Co-Chairs:

Allison Brindle

brindla@ccf.org

Merrilee Cox

CoxM1@childrensdayton.org

[Back to Top](#)

Region VI

The Region VI Virtual Meeting is set for Friday, March 8th from 1-3 PM. A presentation by one of the APA's national leaders will update the membership about national programs and activities. We will have an educational presentation and will showcase trainees' work offering them a format to present their work and receive feedback. Travel award(s) will be given to the best presentation(s). Reviewers for the presentations are needed so please email Donna D'Alessandro, co-chair, (donna-dalessandro@uiowa.edu) if you are willing to review. Login information for the meeting will be available on the website and sent to members when it is available.

Region VI's fall meeting is scheduled for Kansas City on Friday September 20, 2013. The Clinical Advances in Pediatrics Symposium sponsored by Kansas City Mercy Hospital will run from September 17 to 20 at noon. We will meet on Friday afternoon starting with a box lunch networking and business meeting (perhaps with famous barbeque). We will be fortunate that one of the Daves will speak (President Elect David Keller or President David Jaffe) along with workshops and presentations. Kansas City has excellent museums (a new aquarium, National WW1 museum, world-class art museum), events and festivals (the art festival is this weekend), and restaurants and unique shops. There's even a new Lego Discovery Store, and children's museum for the younger crowd. Look at VisitKC.com for more information. Think about sharing the fun by bringing a colleague or trainee to the meeting too.

Region Co-Chairs:

Donna D'Alessandro

donna-dalessandro@uiowa.edu

Bernie Eskridge

eskridgeb@health.missouri.edu

Sharon Wilkerson

swilkerson@cmh.edu

[Back to Top](#)

Special Interest Groups

Continuity

The Continuity SIG Steering Committee (previously referred to as the Task Force) met October 12-14, 2012 at New Smyrna Beach, Florida. As part of that meeting we took time to reflect on our leadership team and the future of our SIG. It is my pleasure to share that Ada Fenick from Yale has agreed to share the leadership of the SIG as Co-Chair. Please join me in congratulating Ada for this added responsibility. Ada has been an active member of the SIG for many years and has been a significant contributor to our SIG activities/meetings.

We also celebrate the addition of two new members of our SIG Steering Committee while at the same time have had two Steering Committee members move to emeritus status. Please welcome Terry Hetzler from New York Medical College and Teresa Duryea from Baylor to our leadership team. Both have been active over a long time and will provide a fresh perspective for us. At the same time, we will miss having Jan Drutz from Baylor, the founding father of our SIG, and Diane Kittredge, now retired from Dartmouth, as members of our leadership. Please note that we have insisted that they remain emeritus members of the SIG!

We have asked for workshop topics at the SIG in the past and want to do so this year before PAS so that we can propose a workshop and enlist participants at our SIG meeting. Please take some time and send me a workshop topic you would want to attend at PAS. We will propose workshop topics based on your feedback and will leave with a group ready to work on and submit a workshop proposal in time for the August deadline. This is also a great opportunity to get involved with an activity that will give you some academic credit, while benefiting all of our members in gaining valuable skills.

As a reminder, you can mark your calendars for our Continuity SIG meeting in Washington, D.C. We will be meeting on Saturday, May 4, 2013 from 8:30-11:30, location to be determined. In the meantime, please feel free to contact either me, John Olsson at olssonj@ecu.edu or Ada Fenick at ada.fenick@yale.edu if you have questions, suggestions, or concerns. Best wishes!!

SIG Co-Chairs:

Ada Fenick

ada.fenick@yale.edu

John Mark Olsson

OLSSONJ@ecu.edu

[Back to Top](#)



Upcoming Webinar Will Discuss Online Professional Learning Communities

Dr. Kris Frady

Associate Director

Clemson University Center for Workforce Development

When: Monday, February 18 at 1:00 - 2:00 pm (EST)

RSVP: Please RSVP at the following link: <http://www.surveymonkey.com/s/9PYL5YW>

(Note: The meeting link will be emailed to all participants who RSVPed)

As information technologies continue to mature it is important to consider whether we, as a profession, are embracing the most efficacious methods to facilitate our own professional development. Online learning communities are public or private web-base destinations that address the learning needs of their members through facilitated peer to peer exchanges. Using the affordances of social networking and computer-mediated communication, individuals with a common goal work in collaboration towards attainment. While few, if any, viable online learning communities exist in the clinical health sciences, here are several non-medical examples of vibrant online learning communities:

www.busuu.com: A free online community for individuals who wish to learn or improve on foreign language skills (currently supporting 12 different languages).

www.codeacademcy.com: A gamification site that enables participants to learn how to program in several different languages.

www.tappedin.com: An international community for k-12 teachers to share, collaborate and support each other.

Dr. Frady, will be discussing her research on online professional learning communities. She will introduce the emerging concept and describe practices associated with successful learning communities.

Agenda for 2013 e-Learning SIG in Medical Education

Date: Sunday, May 5, 2013 Time: 12pm-3pm

Location: Walter E. Washington Convention Center (Room TBD)

Time	2012 e-Learning SIG Agenda Items
12:00-12:20 pm	Welcome, introduction, and overview of e-Learning SIG Activities (<i>Presenters:</i> Kadriye O. Lewis; Erik Black; Michal Cidon)
12:20-12:40 pm	Title: Online Schools and Children With Special Health and Educational Needs: Comparison With Performance in Traditional Schools (<i>Presenters:</i> Erik Black; Lindsay Thompson) Description: As K-12 virtual schooling continues to become more prevalent, it

	<p>is incumbent upon healthcare professionals, parents and children to better understand its impact on students that fall outside of the norm. Students with health care needs are one population that is particularly underrepresented in the literature. In an effort to rectify this, researchers conducted two separate studies which employed a valid and reliable screening instrument to identify and describe children with special health care needs who were enrolled in state-led K-12 virtual schools in four southeastern US states. This presentation describes the results of these surveys and discusses the implications of these results for health care professionals, parents and children.</p>
12:40-1:05 pm	<p>Title: E-Learning with Moodle (<i>Presenter: Grant P. Christman</i>)</p> <p>Description: Moodle is an open source Virtual Learning Environment that is fast becoming one of the most popular software platforms for e-Learning education. Though frequently used by major universities to host formal online courses, Moodle is equally well-adapted for use in more intimate, face-to-face learning environments such as those encountered in the hospital-based education of pediatric residents and medical students. In this presentation, we will discuss how to set up a Moodle website, how to develop a learning module with Moodle, and how to turn a Moodle site into a collaborative academic community for faculty, residents, and medical students.</p>
1:05-1:30 pm	<p>Title: 7+2 Easy Steps to Better PowerPoint Presentations: Turning Educational Theory into Practice (<i>Presenter: Bernhard L. Wiedermann</i>)</p> <p>Description: Although many education research studies have shown poor learning outcomes when speakers recite verbatim from bullet-point slides, this practice continues to be common in medical education. Barriers to change are significant, particularly when clinical commitments leave little time to re-invent faculty members' approach to PowerPoint use. Rather than suggesting a wholesale (and time-consuming) reboot of everything PowerPoint, this presentation will focus on a few key changes that faculty, fellows, and residents can implement gradually without an inordinate time commitment. Focus points include a brief discussion of cognitive load theory, followed by quick ideas for modifying slide titles, legibility, and pictures, as well as novel approaches to speakers' notes and handouts.</p>
1:30 - 1:40 pm	Break (10 minutes)
1:40 - 2:50 pm	<p>e-Learning SIG Sponsored Workshop</p> <p>Title: Implementing On-Line Curricula: Why Or Why Not And How To Get Started (<i>Presenters: Dale A. Coddington; Nazreen Jamal, Todd P Chang, David Mathison, Terry Kind; Dewesh Agrawal, Mohsen Saidinejad, Pavan Zaveri</i>)</p> <p>Description: Online and mobile devices have augmented and changed the methods by which we teach and assess trainees in pediatrics. As medical educators, we need to decide when to use e-learning, how to do it well, and how to evaluate its effectiveness. This will provide a primer on electronic modalities including blogs and wikis, webinars, podcasting and mobile, audio, and video applications. The focus of this workshop will be on exploring specific on-line teaching strategies and how they can be incorporated into a curriculum. In facilitated small groups, participants will apply principles of curriculum design to develop a plan for incorporating an on-line teaching strategy at their institution. Workshop participants will leave with a checklist for on-line curriculum development, learning resources about e-learning, and an action plan.</p>
2:50-3:00 pm	Wrap-Up and Closing

Other e-Learning Related Presentations from the e-Learning SIG Members

Workshop on Saturday, May 4, 2013 at 8:30-11:30am: Kadriye O. Lewis and her collaborators (John D. Mahan; Teri L. Turner; Larry Hurtubise) will be presenting the workshop titled, "Leveraging E-Learning 2.0: Encourage Your Trainees to develop Life Long Learning Skills" (Session and room number will

be announced in the next newsletter). This workshop will provide a guided tour of key concepts and tools that will take medical educators to the next level and provide insights into the variety of e-learning contexts. The workshop will present a variety of practical applications such as interactive web based learning sites (virtual simulations, mashups, and self-paced modules) and collaborative social learning sites such as Twitter, wikis, blogs/microblogs, and voice threads.

Workshop on Tuesday, May 7, 2013 at 8:30-11:30am: Kadriye O. Lewis and Michal Cidon, will be presenting the workshop titled "The ABCs of Wikis: Building Your Own Wiki for Medical Learners, Resident Education, and Collaborative Projects" (Session and room number will be announced in the next newsletter). This workshop will teach how to use and build a Wiki, customize administrative settings, make text entries, set up a learning activity, import photos, video, gadgets or widgets, and link to Internet resources as well as to invite collaborators and medical learners to visit their Wiki on PBWorks.

2013 AAEEBL-EPAC Webinar Series: The Enabling Deep Learning with ePortfolios series focuses on how ePortfolios are being utilized to support authentic, experiential and evidence based pedagogies. All webinars are free to access but require registration through the [AAEEBL homepage](#) or from the [webinar landing page](#).

- February 27 -- [Bedford/St.Martin's](#)
- March 13 -- [NobleHour](#)
- March 27 -- [LiveText](#)
- April 10 -- [ConnectEDU \(formerly Epsilon\)](#)
- April 24 -- [eLumen Collaborative](#)
- May 1 -- [PebblePad](#)
- May 8 -- [Foliotek](#)

New Publications of note on social media in contemporary medical and health sciences education

Steinfeld, C., Ellison, N. B., Lampe, C., & Vitak, J. (2012). 7 Online Social Network Sites and the Concept of Social Capital. *Frontiers in New Media Research*, 15, 115.

Wang, A. T., Sandhu, N. P., Wittich, C. M., Mandrekar, J. N., & Beckman, T. J. (2012). Using Social Media to Improve Continuing Medical Education: A Survey of Course Participants. In *Mayo Clinic Proceedings*. Elsevier.

Atlas, M. C. (2012). Miss Manners for social networking: a new role for medical librarians. *Journal of the Medical Library Association: JMLA*, 100(4), 239.

DeCamp, M. (2012). Physicians, Social Media, and Conflict of Interest. *Journal of General Internal Medicine*, 1-5.

Englund, H., Chappy, S., Jambunathan, J., & Gohdes, E. (2012). Ethical Reasoning and Online Social Media. *Nurse Educator*, 37(6), 242-247.

Call for Presentations about e-Learning:

AAEEBL 2013 Annual ePortfolio Conference

Deadline: February 18, 2013

<https://www.surveymonkey.com/s/AAEEBL2013AnnualConferenceProposal>

Medicine2.0' 13 (London, UK)

Deadline: March 7, 2013

<http://www.medicine20congress.com/ocs/index.php/med/med2013/schedConf/cfp>

SIG Co-Chairs:

Erik Black

ewblack@ufl.edu

Michal Cidon
mjcidon@stanford.edu

Kadriye Lewis
Kadriye.Lewis@cchmc.org

[Back to Top](#)

Ethics

Dear Ethics SIG members,

We are excited for our meeting in Washington! We will be tackling ethical issues in adolescents, in medicine and research.

Our meeting is scheduled for May 5, 2013, 8-11 am. Room number has not been announced yet.

Here are our speakers and the title of their lectures:

Adolescent parents in the NICU-ethical challenges

Zeynep Salih, Assistant Professor of Pediatrics, Indiana University Riley Hospital for Children, Indianapolis, IN

"Really, this is an emergency?"

Diane Plantz, Assistant Professor of Pediatrics, University of Missouri Kansas City-School of Medicine Children's Mercy Hospitals and Clinics Kansas City, MO

Wise beyond their years?

Jennifer Linebarger, Assistant Professor Pediatrics, University of Missouri Kansas City-School of Medicine, Children's Mercy Hospitals and Clinics, Kansas City, MO

Including Adolescents in Clinical Research: Ethical Challenges and Reality

Yoram Unguru, Division of Pediatric Hematology/Oncology The Herman and Walter Samuelson Children's Hospital at Sinai and Berman Institute of Bioethics Johns Hopkins University, Baltimore, MD

Looking forward to seeing you in Washington!

Warmest wishes,

SIG Co-Chairs:
Diane Plantz
dmplantz@cmh.edu

Zeynep Salih
znsalih@hotmail.com

[Back to Top](#)

Evidence-Based Pediatrics

Start your PAS meeting experience in Washington, DC first thing Saturday morning by joining us for our EBP SIG meeting. Save the date and time. The EBP SIG will hold its annual meeting at PAS on Saturday, May 4,

2013 from 8:30am - 11:30am. The location will be announced shortly.

The SIG will host a series of interactive presentations from invited speakers on topics concerning the teaching of evidence-based medicine to medical students, pediatric residents, and other trainees. Five presentations will cover the following topics: 1) Preliminary Findings from a New EBM Curriculum for Pediatric Residents using CAT Presentations, 2) How I Teach ROC Curves, 3) Common Errors that Teachers of EBM Make, 4) Using Small Group Learning to Teach EBM to Trainees, and 5) A Report from the SIG's Project to Develop Standardized Questions and Answers for Testing EBM Proficiency. A brief business meeting will follow the presentations. All are welcome to join us.

SIG Co-Chairs:

Robert M Jacobson

jacobson.robert@mayo.edu

Hans B Kersten

hkersten@drexelmed.edu

[Back to Top](#)

Faculty Development

This year's Faculty Development Special Interest Group will feature two distinguished speakers who will address the topic of the pediatric milestones. If you are a beginning, midcareer or experienced faculty developer, you will need to have a working knowledge of what these new milestone requirements will mean to your faculty as they assess resident performance in the future. We will offer ideas about how to communicate these complex milestones and sub competencies to your faculty. This will enable you to clearly explain this new assessment system to your core teaching faculty. Please join us to hear Dr. Franklin Trimm, Program Director at the University of South Alabama, School of Medicine who will speak on "Getting Faculty To Recognize The Milestones They Are Already Teaching and Evaluating" and Dr. Ellie Hamburger, Associate Professor of Pediatrics, George Washington University who will speak on "Milestones and Convincing Your Faculty They Are A Good Thing". We will follow this with a panel discussion on methods to engage/teach faculty. We hope you will join us!

SIG Co-Chairs:

Mimi Bar-on

Mbar-on@medicine.nevada.edu

Joe Lopreiato

Joe.Lopreiato@simcen.usuhs.edu

[Back to Top](#)

Family Centered Care

The Family Centered-Care (FCC) Special Interest Group is looking forward to meeting with you at our upcoming SIG meeting during the PAS Meeting in Washington, DC in May 2013! The theme "Optimizing the Family Involvement in Patient and Family Centered Care" will feature a special guest, Beverly H. Johnson, President and CEO of the Institute for Patient and Family-Centered Care. We also are planning a poster presentation and a helpful panel discussion. If you are interested in presenting a past poster, please email us directly. In addition, we are currently forming a question list for our panel discussants and welcome your questions. Please email us your questions and/or poster presentation for consideration to: Snezana Nena

Osorio snm2001@med.cornell.edu, Mike Weisgerber mweisger@mcw.edu or Heather Toth htoth@mcw.edu. We look forward to our upcoming meeting and view this forum as a way to exchange experiences and ideas to establish a network that enables further research in FCC!

Snezana Nena Osorio
snm2001@med.cornell.edu

Heather Toth
htoth@mcw.edu

Mike Weisgerber
mweisger@mcw.edu

[Back to Top](#)

Hospital Medicine

Pediatric Hospital Medicine (PHM) 2013, New Orleans

The annual PHM meeting is scheduled from August 1-4, 2013. This year is very special as we celebrate our 10th anniversary! Make plans now for the premier gathering of your colleagues from across the spectrum of our field.

Highlights from the Planning Committee include a new community hospitalist track and early career track. Once again there were many excellent workshop/short topic submissions from our vibrant community.

The call for research abstracts is open (<https://www.degnon.org/secure/apa/PHM/>). Please pay attention to guidelines for the different types of abstracts the committee will consider. The due date for these is March 1, 2013 with estimated notification of acceptances by late April. The call for clinical conundrums is available at the following link <http://pediatrictm2013.abstractcentral.com/>. Last year there were over 150 submitted, many from first-time submitters, so this year the Committee is planning to feature them more prominently in the meeting. Look for information on APA and AAP PHM listserves in the next month.

Research and Education Scholars

Pediatric Hospitalists figure prominently among the recently announced 2013 APA Research Scholars. 8 out of 13 Research Scholars are Pediatric Hospitalists. This is a tremendous sign for our future to figure so prominently in this inaugural class of Research Scholars. Please congratulate our new pediatric hospitalist APA Research Scholars:

Rebecca E. Rosenberg	NYU School of Medicine
Eric A. Biondi	University of Rochester School of Medicine
Jeffrey D. Colvin	Children's Mercy Hospitals, Kansas City
Gabrielle Z. Hester	University of Utah School of Medicine
Keely E. Dwyer-Matzy	University of Rochester School of Medicine
JoAnna K. Leyenaar	Tufts University School of Medicine
Christopher J. Russell	UCS-CHLA Keck Medical School
Lauren Destino	Stanford University School of Medicine

Joint Council of Pediatric Hospitalists Medicine (JCPHM)

The JCPHM has two new, at large, members, Dr. Mary Ottolini and Dr. Jack Percelay, who is filling the at-large spot reserved for a community hospitalist. After the PHM 2012 summer meeting in Cincinnati, the American Board of Pediatrics (ABP) encouraged the JCPHM to help organize a meeting with the ABP and a

broad group of leaders across the PHM community as well as representatives from the ACGME and other pediatric disciplines to discuss the process for submitting a formal petition to establish subspecialty status. Most interestingly, based on the conversation this past summer at the PHM meeting, the ABP has suggested some interest in exploring potential alternatives to the traditional 3-year fellowship. Several members from the STP Committee representing a multitude of viewpoints will be in attendance as well. This meeting will take place in early April. APA Hospital Medicine representatives at this gathering will be Dr. Vineeta Mittal and Dr. Jeff Simmons (2 of the 3 SIG Co-Chairs).

Pediatric Academic Societies (PAS) meeting in Washington DC, 2013

Our SIG meeting is scheduled on May 6th from 8.30-11.30 am. To receive up-to-date information about SIG meetings join our SIG roster by emailing Jennifer Padilla (Jennifer@academicpeds.org). Please remember that you have to be a member of the APA to join our SIG roster.

The SIG meeting will include reports and break-out groups from the Roundtable Groups, including Education, QI/VIP, PRIS, Workforce/Healthcare Delivery, and the JCPHM with an update on the aforementioned April meeting with the ABP. The meeting will also feature brief bios from candidates for the open SIG Co-Chair position. Look for more information on this in the April newsletter and on the APA and AAP Listserves coming between now and PAS.

The featured portion of the SIG meeting will be a panel discussion with fellowship directors, ACGME representatives, American Board representatives, and professional society representatives to learn more about both what our current fellowships are offering and how the various regulatory groups expect our fellowships may evolve.

The SIG will be sponsoring an evening bus tour of the sights of DC followed by a casual gathering for light food and drinks on Monday, May 6, from 7-10pm. The price range will be between \$33 and \$42 depending on how many folks sign up. We anticipate a March 15 sign-up deadline for this, with payment due by March 31. Please email Jimmy Beck (thanks Jimmy for all your help) JiBeck@childrensnational.org if you are interested in signing up for the event.

We are also organizing a tour of Children's National Medical Center, led by Karen Smith. This tour will take place on Friday, May 3, from 1-4pm. The planned shuttle bus can accommodate up to 35 people. The shuttle will leave the PAS convention center at 1pm, arrive at CNMC at 1:30pm, have a brief reception/refreshments and then tour the facility for 90 minutes, have an opportunity to talk with CNMC staff, and then be back to the convention center by 4pm. Please email Brandy.morris@cchmc.org if you are interested in participating in this tour.

In addition to our full SIG meeting agenda, PAS should again include multiple PHM research abstract platform sessions, PHM-themed workshops, the second annual AAP-sponsored PHM Club, and back by popular demand, the APA sponsored speed mentoring sessions. We hope to see you all there!

APA SIG Co-Chair Election

We are currently accepting nominations for the position of Co-Chair of the APA Hospital Medicine SIG. The APA Hospital Medicine SIG has three co-chairs. Each co-chair serves for three years. Core duties included planning the annual SIG session at PAS and representing the APA on the JCPHM and PHM planning committee.

Our first election for a Hospital Medicine SIG co-chair was held in May 2012. One Co-Chair position will be up for election each year. Elected Co-Chairs will be limited to two consecutive three-year terms. This mechanism is intended to provide true representation, while allowing for both continuity and the infusion of new ideas. Hospitalists will be eligible to vote if they are active members of the APA and self-identified members of the Hospital Medicine SIG. If you are a member of the APA, please be sure you are signed up for the Hospital Medicine SIG. Send Jennifer Padilla (Jennifer@academicpeds.org) an email to be sure you are on the SIG roster. We will be using the SIG roster to send out information about the election and our

ballot next spring. Be sure you are included!

Candidates themselves must also be members of the APA in good standing and have self-identified themselves as members of the Hospital Medicine SIG. Prospective candidates should include the following in their submission:

- 1) A 150 word biography,
- 2) A position statement including the candidate's credentials and their ideas on how they plan to promote the mission of the APA within the hospitalist community (250 words or less).

Candidates attending the PAS SIG meeting will be given the opportunity to speak to the assembly for a few minutes each.

Submissions (and questions) should be forwarded to Tamara Simon via email at Tamara.Simon@seattlechildrens.org by Friday, April 5, 2013.

Important dates to remember

- Quality and Safety Educators Academy sponsored by the Society of Hospital Medicine, March 7-9, Tempe, AZ
- Pediatric Academic Societies meeting 2013, May 4-7, Washington DC
- Hospital Medicine 2013 sponsored by the Society of Hospital Medicine, May 16-19, in National Harbor, MD
- Pediatric Hospital Medicine 2013, August 1-4, New Orleans, LA

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

SIG Co-Chairs:

Vineeta Mittal

Vineeta.Mittal@childrens.com

Jeff Simmons

jeffrey.simmons@cchmc.org

Tamara Simon

Tamara.Simon@seattlechildrens.org

[Back to Top](#)

Medical Student Education

Happy New Year! The Medical Student Education SIG is a home to all with a passion for teaching and for learning new educational techniques.

For this year's session at PAS 2013, the Teaching in Community Settings and Medical Student Education SIGs plan to join forces to present a unique program geared toward teachers of medical students across settings. The first part of the program will focus on techniques to enhance teaching during time-limited clinical settings (such as community/outpatient preceptorships and inpatient rounds). Reflection as a means to enhance and enrich teaching in the domains of clinical reasoning, professional development/empathy, and evidence-based practice will be emphasized.

The second part of the program will highlight best practices and challenges of community medical student education from the perspectives of community teachers and clerkship directors at academic centers. An interactive panel discussion featuring SIG chairs, clerkship directors, and recent graduates will engage

audience members to work through community teaching challenges faced by educators of all levels.

We look forward to an interactive session that we expect will meet the needs of all who attend...see you there!

SIG Co-Chairs:

Lavjay Butani

Lavjay.butani@ucdmc.ucdavis.edu

Michele Long

Michele.long@ucsf.edu

[Back to Top](#)

Newborn Nursery

Come join your colleagues and friends in the Newborn Nursery SIG at PAS on Saturday, May 4th, at 2:45 pm. We look forward to an informative session with stimulating discussion following our keynote address by Dr. Deborah Bogen regarding Neonatal Abstinence Syndrome.

Are you looking for a way to be involved with the APA on a National Level? We are soliciting volunteers or nominations to become a Co-Chair for the SIG. The term would start in May at the end of the PAS meeting. Please consider volunteering and e-mail the current co-chairs for more information about the position.

SIG Co-Chairs:

Elizabeth Simpson

easimpson@cmh.edu

Terry Wall

twall@peds.uab.edu

[Back to Top](#)

Qualitative Research

The Qualitative Research SIG has been active and gearing up for the PAS meeting.

We have developed a WIKI that we encourage you to visit at:

<http://apaqualitativeresearchsig.pbworks.com/w/request-access>

It is easy! Go to the website and select "Request Access"; Jan Hanson (SIG co-chair) will give you access. Several people used the WIKI as a way to get feedback on PAS abstract submissions and we have also started a "resources" area. Thanks to Terry Kind for her technical tips!

We are beginning to put together our agenda for PAS 2013. We have reviewed the suggestions offered at last year's meeting. If you have any specific requests for content of the meeting please let us know by mid-March. We are considering topics such as: Advance QR- coding and the use of software. We think this topic will complement the qualitative workshop being held earlier in the meeting.

Please do plan to attend our SIG meeting at PAS 2013 in Washington DC - Monday, May 6, 8:30-11:30am.

SIG Co-Chairs:

Dorene Balmer

db2595@columbia.edu

Eve Colson

eve.colson@yale.edu

Jan Hanson

janice.hanson@childrenscolorado.org

[Back to Top](#)

Announcements

2013 Resident Investigator and Young Investigator Awardees

APA Young Investigator Award

Lilliam Ambroggio, PhD, MPH

Cincinnati Children's Hospital Medical Center

Mentor: Samir S. Shah, MD, MSCE (Cincinnati Children's Hospital Medical Center)

Elizabeth Barnert, MD, MS

Robert Wood Johnson Clinical Scholars Program/ University of California, Los Angeles

Mentor: Paul J. Chung, MD, MS (University of California, Los Angeles)

Patrick Brady, MD, MSc

Cincinnati Children's Hospital Medical Center

Mentor: Samir S. Shah, MD, MSCE (Cincinnati Children's Hospital Medical Center)

Melissa Gilkey, PhD, MPH

University of North Carolina

Mentor: Noel T. Brewer, PhD (University of North Carolina)

APA/Bright Futures Young Investigator Award

Victoria Chen, MD

New York University School of Medicine

Mentor: Alan Mendelsohn, MD (New York University School of Medicine)

William Heerman, MD

Vanderbilt University

Mentor: Shari Barkin, MD (Vanderbilt University)

Suzanna Martinez, PhD

University of California, San Francisco

Mentor: Michael Cabana, MD, PhD (University of California, San Francisco)

Anne Palaia, PhD, MPH

Johns Hopkins School of Medicine
Mentor: Anne Duggan, ScD (Johns Hopkins School of Medicine)

Alison Riese, MD
Rhode Island Hospital
Mentor: Megan Ranney, MD, MPH (Brown University)

Christina Sakai, MD
Tufts Medical Center
Mentor: Roula Choueiri, MD (Tufts Medical Center)

APA/ CDC Adolescent Reproductive, Perinatal, & Newborn Health Young Investigator Award

Michele Decker, PhD, MPH
Johns Hopkins Bloomberg School of Public Health
Mentor: Nan M. Astone, PhD (Johns Hopkins Bloomberg School of Public Health)

Emily Gregory, MD
Johns Hopkins Bloomberg School of Public Health
Mentor: Arlene Butz, ScD, RN, MSN, CPNP (Johns Hopkins Bloomberg School of Public Health)

Reena Oza-Frank PhD, RD
Research Institute at Nationwide Children's Hospital
Mentor: Mark A. Klebanoff, MD, MPH (Research Institute at Nationwide Children's Hospital)

APA Resident Investigator Award

Jessica Cataldi, MD
University of Colorado School of Medicine
Mentor: Edwin J. Asturias, MD (University of Colorado School of Medicine)

Matthew Zackoff, MD
Cincinnati Children's Hospital Medical Center
Mentor: Melissa Klein, MD, MEd (Cincinnati Children's Hospital Medical Center)

APA/ Reach Out and Read Young Investigator Award

Adriana Weisleder, PhD
New York University School of Medicine
Mentor: Alan Mendelsohn, MD (New York University School of Medicine)

[Back to Top](#)

APA Speed Mentoring/Networking Event

Dear APA Members,

Back by popular demand, the second APA Speed Mentoring/Networking event will take place on Saturday, May 4, 2013 from 12:00-2:00 pm. This APA sponsored dyadic speed mentoring session will be available to 60 mentees and 60 mentors.

We are currently recruiting mentees, while a subsequent list serve notice will recruit mentors.

Eligibility criteria for mentees includes: APA members who are in fellowship or within their first 10 years of an academic faculty position.

As a mentee, you will be asked to provide your CV and a biosketch and will be sent a biosketch of your mentors for review. You are also asked to rank choices 1-3 from the following list of mentorship tracks (see below). Then each mentee will be matched to a track and have the opportunity to meet for 10 minutes each in a dyadic discussion with 6 different APA mentors. Following the speed mentoring activity which will last for 75 minutes, the entire small group (the 6 mentors and 6 mentees) will meet for 40 minutes over lunch. The purpose of this discussion will be for mentees to get to know each other and determine if there is an interest in developing a peer mentoring relationship within the group. Please understand that due to the limited number of available spots and the high demand of participants we had last year, by requesting to participate you are making a commitment to attend.

Please complete this form and email to Allison Hartle at allison@academicpeds.org:

Your Name _____

Please rank order your mentorship track choices 1-3 (1 being highest ranked) from the following choices:

- Advocacy
- Balancing research and clinical duties
- Career development
- Clinical Research
- Community based research
- Educational scholarship/Teaching Skills Development
- Health Services Research
- Leadership skills
- Public Health
- Qualitative Research
- Quality Improvement scholarship
- Work-Life Balance

We will do our best to place you in the track that you indicate as your highest choice. Please submit this ranking by email to Allison Hartle at allison@academicpeds.org by February 20, 2013.

Thanks,
The APA Mentorship Task Force

Event Leadership

Allison Ballantine
Melissa Cellini
Jennifer Christner
Donna D'Alessandro
Benard Dreyer
Glenn Flores
Maryellen Gusic
Dave Jaffe
Kathe Nelson
Elaine Schulte
Janet Serwint
Tyler Smith
Nancy Spector
Paul Young

[Back to Top](#)

Global Health Task Force Chair's Message

Please join us on Sunday, May 5, 2013 from 9 am - noon for a working session to develop Faculty Competencies in Global Child Health. We will have a keynote presentation from Dr Alvin Zipursky followed by small group sessions to formulate lists of competencies in research, clinical care, teaching and administration. All are welcome.

Meeting Agenda

- 9:00 - 9:10 Introduction: Why do we need global health competencies?
- 9:10 - 9:45 Keynote: Alvin Zipursky, MD, Chair and Scientific Director of the Programme for Global Paediatric Research and Officer of the Order of Canada
- 9:45-11:00 Small groups each formulate 12 global health competencies:
- a. Competencies in global health research
 - b. Competencies in clinical care
 - c. Competencies in teaching
 - d. Competencies in administration
- 11:00-11:45 Each small group reports 12 key competencies back to the larger group.
- 11:45-noon Plan for finalizing global health competencies.

Ruth A. Etzel
Global Health Task Force Chair
Academic Pediatric Association
retzel@earthlink.net

[Back to Top](#)

Maternal Child Health Federal Update

Health Resources and Services Administration (HRSA) is the home to the Maternal Child Health Bureau under the leadership of Dr. Michael Lu. The mission of the Maternal and Child Health Bureau (MCHB) is to provide leadership, in partnership with key stakeholders, to improve the physical and mental health, safety and well-being of the maternal and child health (MCH) population which includes all of the nation's women, infants, children, adolescents, and their families, including fathers and children with special health care needs. MCHB oversees many programs that focus on state and local systems, research, workforce training and best practices in the field of maternal and child health. This article is focusing on a new and innovative initiative in the Bureau to reduce infant mortality. This will be the first of many articles to share the activities in the Bureau.

Collaborative Improvement & Innovation Network to Reduce Infant Mortality

The Collaborative Improvement & Innovation Network (CoIIN) to Reduce Infant Mortality is a new public-private partnership developed by MCHB to reduce infant mortality and improve birth outcomes in 13 southern States. These states include Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee and Texas. *These States comprise U.S. Department of Health and Human Services regions four and six.* Participants learn from one another and national experts, share best practices and lessons learned, and track progress toward shared benchmarks.

The CoIIN builds on the success of multiple public and private investments to improve birth outcomes, including the 2012 Infant Mortality Summit, where five priorities to reduce infant mortality and improve birth outcomes were selected:

1. Reduce elective delivery at less than 39 weeks of pregnancy;
2. Expand access to interconception care (between pregnancies) through Medicaid;
3. Promote smoking cessation among pregnant women;
4. Promote infant safe sleep practices; and
5. Improve perinatal regionalization (a geographically-targeted approach to assure risk-appropriate care for mothers and infants).

Teams have formed around each of the five priority areas. These strategy teams are comprised of more than 200 volunteer representatives from all participating southern states as well as content, data and methods experts from around the country and both public and private stakeholders. Since the July 2012 launch, each of the five strategy teams has established quality improvement aims, identified state-level opportunities to achieve those aims, and are now finalizing measures to track progress towards each aim over the next 12 months.

Working across state lines, each of the five teams has identified a wide range of strategies for achieving their aims - ranging from promoting changes in financing systems and benefit policies to securing community engagement to enhancing health care provider knowledge and practices. As champions and practitioners of evidence-based medicine, providers have informed the development of these strategies and will play a central role in their implementation and the realization of CoIIN aims. Over the next year, MCHB plans on transforming this regional effort to a national initiative to combat infant mortality.

Practitioners who wish to be involved in the 13 southern states now engaged in the CoIIN should contact their State Title V MCH program, particularly the staff working on infant mortality reduction, to find out more about their state's infant mortality plan.

To learn more, go to <http://mchb.hrsa.gov/infantmortality/coin/index.html>

Submitted by
Elizabeth A. Edgerton
EEEdgerton@hrsa.gov

[Back to Top](#)

National Environmental Education Foundation (NEEF) Children and Nature Initiative Expands to New Orleans

New Orleans is the most recent location participating in the National Environmental Education Foundation's rapidly expanding national initiative to improve the health and well-being of children. NEEF's *Children and Nature Initiative: Rx for Outdoor Activity* addresses two important issues - preventing serious health conditions like obesity and diabetes and connecting children to nature. A growing body of [research](#) indicates that unstructured outdoor activities in nature may improve children's health by increasing physical activity, reducing stress and serving as a support mechanism for attention disorders.

On January 26, 2013, NEEF held a train-the-trainer workshop to educate New Orleans area pediatricians and other healthcare providers on prescribing nature and connecting kids with programs at local nature sites, in partnership with the National Park Service and other local outdoor organizations. The faculty for the workshop included two APA members, James Roberts, MD, MPH from the Medical University of South Carolina and Joel Forman, MD from Mount Sinai School of Medicine. NEEF's project in New Orleans is funded by a grant from the W.K. Kellogg Foundation.

Newly trained pediatric healthcare providers in the New Orleans area join NEEF's national network of nature champions and will train other clinicians in their own communities to prescribe nature using the initiative's [Rx](#)

[for Outdoor Activity](#). To date, NEEF's nature champions have trained more than 1,000 healthcare providers in more than 20 locations, from Washington, D.C. to Anchorage, Alaska.

The initiative's tools and resources are grounded in medical science. They include prescription pads, patient brochures, pediatric environmental history forms, and the Children & Nature Infographic, all available in English and Spanish, as well as a training presentation, peer-reviewed publications and a fact sheet highlighting key scientific studies. All of these materials are available [online](#).

For more information please contact Leyla Erk McCurdy, Senior Director, Health & Environment, National Environmental Education Foundation, lmccurdy@neefusa.org.

Submitted by
Leyla Erk McCurdy
lmccurdy@neefusa.org

[Back to Top](#)

Quality Improvement - Call For Abstracts

CALL FOR ABSTRACTS for POSTER SESSION at
3rd Annual Advancing Quality Improvement Science for Children's Health Care Research Conference
Washington, DC
May 3, 2013
[Abstract Submission Form](#)

Submission Deadline: Thursday, February 28, 2013 at 5:00pm EST

The APA is soliciting posters for the 3rd Annual Advancing Quality Improvement Science for Children's Health Care Research Conference. This conference will focus on methodological and technical issues of major importance in the field of pediatric health care QI research. Speakers and participants will focus on barriers and facilitators to the development, extension, and use of state-of-the-art methodologies and research methods for health care QI research.

The poster session is a NEW addition to the conference this year. Poster abstracts should pertain to QI research. General clinical research and descriptions of QI implementation without rigorous analytical methods are not eligible for selection. QI research includes projects designed to improve performance AND for which there is a research design, attention to methodological considerations to promote internal and (preferably) external validity, and an attempt to produce generalizable knowledge with insights that extend beyond the walls of the institutions involved. For example, QI intervention research might employ statistical process control, cluster randomized controlled trials, interrupted time series, regression discontinuity, pre-post studies with a strong comparison group, or other similar strong quasi-experimental or experimental designs. Strong non-intervention QI research will also be considered; for example, development and testing of methods for assessing QI, including cost-effectiveness analysis in QI, validity testing for measures of quality improvement (e.g., patient safety outcome measures, development and testing of measures of context).

In order to facilitate this process we will use a review process for selection of scientific abstracts for the conference.

Submissions will be reviewed in the following categories:

- Ambulatory Practice-based improvement Research
- Evaluation Research on QI Educational Interventions

Hospital-based QI Research

- Improvement Science Research Methods
- Patient Safety Improvement Research
- Policy level QI research (e.g., rigorous evaluations of the effects of pay-for-performance or non-payment for hospital readmissions; rigorous evaluations of the effects of public reporting)

High scoring abstracts in any category will be selected for a poster session during the conference.

- Deadline for abstract submissions: February 28, 2013 at 5:00pm EST.
- Submissions are limited to 2400 characters or less. This is inclusive of the Purpose/Objectives, Design/Methods, Results, and Conclusions/Discussion. SUBMISSIONS OVER THE 2400 CHARACTER LIMIT WILL NOT BE REVIEWED.
- The 2400 character limit does NOT include abstract title, or authors' names, credentials, and affiliations.
- Abstracts can be presented at other meetings, but not accepted for publication at the time of submission.
- We will notify the Main Author of the status of the abstract via email by April 1, 2013.
- You will need to submit the abstract by completing the attached form and emailing it to Allison Hartle, allison@academicpeds.org. You will not be allowed to go back and make changes once you have submitted the form.

If you have questions, please contact Allison Hartle at (703) 556-9222, allison@academicpeds.org.

Thank you for your interest,

Rita Mangione-Smith
Denise Dougherty
Jonathan Finkelstein
Lawrence Charles Kleinman
David Link
Judy Shaw
2013 QI Conference Committee

[Back to Top](#)

Research in Academic Pediatrics Initiative on Diversity (RAPID)

INAUGURAL CLASS OF RECIPIENTS SELECTED FOR APA RESEARCH IN ACADEMIC PEDIATRICS INITIATIVE ON DIVERSITY (RAPID), SPONSORED BY NIDDK

The APA is delighted to announce that the inaugural class of recipients has been selected for the APA Research in Academic Pediatrics Initiative on Diversity (RAPID), sponsored by the National Institutes of Diabetes and Digestive and Kidney Diseases (NIDDK).

RAPID's goal is to recruit, retain, and provide career development and advancement for diverse junior faculty in general academic pediatrics pursuing careers in NIDDK mission areas. RAPID targets applicants who are underrepresented minorities, disabled, or from a socially, culturally, economically, or educationally disadvantaged background. The program, which includes both a research project and career development activities, consists of: 1) research grants of up to \$15,000 for projects in NIDDK mission areas (pediatric obesity, nutrition, and/or sickle cell disease); 2) pairing of the RAPID scholar with a national mentor who is an accomplished senior investigator and seasoned mentor; 3) in-person mentoring and networking at an annual breakfast at the Pediatric Academic Societies meeting; 4) an educational symposium on career development and academic success, including mentoring and networking with leading researchers; and 5) RAPID Scholar telephone conference calls every two months, to provide peer support, peer mentoring, networking, a venue for presenting research in progress, and opportunities for potential research collaborations. Additional information on RAPID is available at:

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

The 2013 RAPID Scholars are:



Patty Castillo, MD
Assistant Professor of Pediatrics
Children's Hospital Los Angeles & USC Keck School of Medicine
Project title: "Family-Centered Obesity Prevention Program for Underserved Latinos"
Mentor: Larry Yin, MD, MSPH
Department Chair: D. Brent Polk, MD



Diana Naranjo, PhD
Assistant Adjunct Professor of Pediatrics, UCSF
Project title: "Ethnically Diverse Patients with Diabetes: Transitions from Pediatric to Adult Care"
Mentor: Stephen Gitelman, MD
Department Chair: Donna M. Ferriero, MD



Adebowale Odulana, MD, MPH
Primary Care Research Fellow and Clinical Instructor in Pediatrics, UNC
Project title: "Assessing the Perspectives of African-American Adolescents about Obesity Prevention in Eastern North Carolina"
Mentor: Eliana Perrin, MD, MPH
Chair: A. Wesley Burks, MD

The 2013 RAPID Scholars were chosen by the RAPID National Advisory Committee (NAC), six highly accomplished and nationally renowned researchers and mentors, along with the RAPID Director and Co-Director. The RAPID NAC members are:

Benjamin Caballero, MD, PhD
Professor of International Health and Population, Family, and Reproductive Health
Johns Hopkins Bloomberg School of Public Health

Michael DeBaun, MD, MPH
Professor of Pediatrics and Medicine
J.C. Peterson Chair in Pediatric Pulmonology
Director, Vanderbilt-Meharry Center for Excellence in Sickle Cell Disease
Vanderbilt University School of Medicine

Elena Fuentes-Afflick, MD, MPH
Professor and Vice Chair of Pediatrics
Professor of Epidemiology and Biostatistics
University of California, San Francisco (UCSF)
Chief of Pediatrics, San Francisco General Hospital

Rafael Perez-Escamilla, PhD
Professor of Epidemiology (Chronic Diseases)
Director, Office of Community Health
Yale University School of Public Health

Elsie Taveras, MD, MPH
Associate Professor of Population Medicine
Co-Director, Obesity Prevention Program
Harvard Pilgrim Health Care Institute and Harvard Medical School

Assistant Professor of Pediatrics, Department of Pediatrics, Children's Hospital Boston

Jason Wang, MD, PhD
Associate Professor of Pediatrics
Center for Policy, Outcomes and Prevention
Division of General Pediatrics
Stanford University School of Medicine

Congratulations to the inaugural class of APA RAPID Scholars.

Submitted by

Glenn Flores
APA RAPID Director

Fernando Mendoza
APA RAPID Co-Director

[Back to Top](#)

Reviews

Environmental Health Review

Children's Environmental Health Article Summary

by Mera Goodman MD submitted with Perry Sheffield, MD, MPH, Icahn School of Medicine at Mount Sinai, New York, NY

Review of: Ellwood P, Innes Asher M, García-Marcos L, Williams H, Keil U, Robertson C, Nagel G, and the ISAAC Phase III Study Group. Do fast foods cause asthma, rhinoconjunctivitis, and eczema? Global findings from the international study of asthma and allergies in childhood (ISAAC) phase three. *Thorax* (of *BMJ*), published online first on January 14, 2013.

Of the studies attempting to link dietary intake to increasing trends in asthma, rhinoconjunctivitis and eczema, one of the largest multicenter trials, or the ISAAC (International Study of Asthma and Allergies in Childhood) study, has recently released results from its multipart, global study examining possible associations. Part I of the study claimed to demonstrate strong association between increased caloric intake from rice, cereal, nuts and increased prevalence in all three symptoms of asthma, rhinoconjunctivitis, and eczema and potential protective effects of increased fruit consumption. Phase II of the study examined objective testing of atopy and claimed to show an association between frequent consumption of fruit, vegetables and fish with lower lifetime incidence of asthma; this was opposed to increased burger consumption which conversely had a higher association with asthma. Multiple similar studies were cited in both the recent phase III release as well as the phase I and phase II publications that are portrayed to support the hypothesis and findings. Whereas not to comment on the limitations of the approach, data analysis, and findings of the above studies, we will instead review the newest online publication: that of Phase III.

Phase III study looks at the dietary behaviors and symptoms of atopy of two age groups (13-14 year old

"adolescents" and 6-7 year old "children") over the preceding year to again look at any dietary association with increased asthma, rhinoconjunctivitis, and eczema. A combination of standardized core questionnaire and optional environmental questionnaire looking at both dietary choices and scoring of symptoms were distributed to patients or parents in these age groups; in addition to showing a brief atopy video detailing symptoms for the purposes of gradating symptoms. The final analysis included over 350,000 adolescents and 220,000 children, across 122 centers in 54 countries and 75 centers in 32 countries, respectively. Prevalence and severity odds ratios were calculated, adjustments were made for possible confounders of gender, school design effects, region, per capita gross national income, and covariates (exercise, television watching, maternal smoking, maternal education, BMI) were examined. There are numerous tables of findings itemized by region, dietary item and symptom throughout the article; however, the general summary of the findings is as follows:

- For adolescents: fruit, milk and vegetable consumed at least once per week were mildly protective for current wheeze, severe asthma, current/severe rhinoconjunctivitis, and severe eczema. Seafood, butter, "fast food", margarine and pasta consumed > 3 times per week showed strongest association with severe symptoms across all categories.
- For children: eggs, fruit, meat, vegetables, and milk consumed more than three times per week were generally mildly protective across current and severe symptoms in all three symptom categories, whereas "fast food" consumed > 3 times per week was associated with increased current and severe symptoms across all three symptom categories.
- Of note, the study was attempting to take a closer look at "fast food" but uses a variety of proxies for fast food given cultural differences from a multicenter approach, which may include a proxy of "red meat" or "hamburger". Further, associations with dietary intake were generally a predictor of disease severity not disease incidence. Odds ratios of statistical significance mostly indicated only a mild change in disease severity of 10% increase or decrease in incidence.

In conclusion, the ISAAC phase III study demonstrates only a mild change in disease severity as associated with dietary choices. Mechanisms for worsened disease severity may include increased intake of saturated fats, trans fatty acids, sodium, carbohydrates preservatives, and sugar or may reflect a general lifestyle and wellness influence (the latter not addressed in the article); whereas protective effects may be attributed to increased antioxidants and low inflammatory food consumption. Though the size and geographical breadth is a strong positive for the study, which allows for multiple sub-analyses and normalization by possible confounders given the large data set; the size may also be a limitation as we better understand local practices for food processing, complex reporting biases and genetic polymorphisms within subpopulations. Further, like most studies of this nature, there is the difficult question of causality that is left unanswered.

Submitted by
Perry Sheffield
perry.sheffield@mssm.edu

[Back to Top](#)