Pediatric Hospital Medicine
July 23 - 26, 2009
Tampa Marriott Waterside
Tampa, Florida
PRELIMINARY PROGRAM

American Academy of Pediatrics
Society of Hospital Medicine

ACADEMIC PEDIATRIC ASSOCIATION

www.academicpeds.org
Purpose
Pediatric Hospital Medicine 2009 is the largest meeting of pediatric hospitalists of the year. This meeting marks the 4th annual meeting sponsored by the Academic Pediatric Association, the Society of Hospital Medicine and the American Academy of Pediatrics, Section on Hospital Medicine. Each year attendance and excitement about this meeting have grown.

Sponsoring Organizations

Academic Pediatric Association (APA)
The Academic Pediatric Association is a national organization dedicated to improving the health of children and adolescents through leadership in education of child health professionals, research and dissemination of knowledge, patient care and advocacy in partnership with children, families and communities.

For additional information on APA, please visit www.academicpeds.org.

American Academy of Pediatrics (AAP)
The American Academy of Pediatrics (AAP) and its member pediatricians dedicate their efforts and resources to the health, safety and well-being of infants, children, adolescents and young adults. The AAP has approximately 60,000 members in the United States, Canada, Mexico, and many other countries. Members include pediatricians, pediatric medical subspecialists and pediatric surgical specialists. More than 34,000 members are board-certified and called Fellows of the American Academy of Pediatrics (FAAP).

For additional information on the AAP, please visit http://www.aap.org/visit/facts.htm

Membership in the AAP Section on Hospital Medicine (SOHM) is open to pediatric hospitalists, general pediatricians, academicians, primary care pediatricians, subspecialists, residents, and physician assistants with an active interest and involvement in general inpatient pediatrics. The Section focuses on systems, logistics, and organization of general inpatient pediatric care in addition to relevant clinical issues. Areas of focus of the SOHM include education, policy membership, communication, and research.

For additional information on the Section, please visit www.aaphospmed.org

Society of Hospital Medicine (SHM)
The Society of Hospital Medicine is one of the leading medical societies representing hospitalists, physicians who care specifically for hospitalized patients, and the only focused solely on hospital medicine. Studies prove hospitalists decrease patient lengths of stay and hospital costs, while increasing patient satisfaction. Currently, hospital medicine is the fastest-growing medical specialty in the U.S.

For more information, visit www.hospitalmedicine.org.
**Needs Statement**
The program committee is made up of representatives from the three sponsoring organizations – the APA, the AAP, and the SHM. Content of this meeting was selected based on the evaluations from previous conferences and needs assessments for those conferences. Certain topics were also selected by the expert program committee that is deemed to be important to the field of hospital medicine. Time in the conference is set aside for presentation of new research and evidence-based review of current hot topics.

**Program Committee**
The Pediatric Hospital Medicine 2009 (PHM 09) Program Committee consists of the following members:
- Dan Rauch, MD Chair
- Doug Carlson, MD
- Jennifer Daru, MD
- Mathew Garber, MD
- Mary Ottolini, MD, MPH
- Jeff Sperring, MD
- Erin Stucky, MD

**Goal of the Activity**
The goal of the Pediatric Hospital Medicine 2009 is to increase/enhance the participants’ knowledge and competence in the areas of clinical medicine, practice management, education, and research specifically as they relate to pediatric hospital medicine. The knowledge acquired will help individual hospitalists improve their practice and will also promote the necessary skills required to move the field of hospital medicine forward.

**Who should attend**
Pediatricians who focus on the medical care of hospitalized pediatric patients including department chairs, program directors, directors of general pediatric divisions, general pediatric residents, nurse practitioners and physician assistants.
Conference Learning Objectives

To address in a manner sufficient to enable participants to better understand the following areas identified through needs assessment:

- Clinical issues involving pediatric inpatients including sedation, care of the medically complex child, and current hot topics as well as how to develop best practice guidelines.
- Practice management including coding and billing; job skills such as contract negotiating and consulting; and career skills such as academic advancement and preventing burnout.
- The role of the hospitalist in medical education including how to use and teach evidence based medicine, specific teaching techniques, and developing an inpatient curriculum.
- Basic concepts in clinical research, how to turn QI into research, and methodologies of educational research.

At the conclusion of this educational activity the participant should be better able to:

- Comprehend new information and skills in various areas of the clinical practice of pediatric hospital medicine.
- Apply knowledge gained and implement advances in the practice management, systems and logistics areas of pediatric hospital medicine.
- Understand new tools for teaching and practicing pediatric hospital medicine.
- Identify opportunities and mechanisms for hospitalists to conduct pediatric inpatient research.
- Advocate and influence the evolution of pediatric hospital medicine.

Content

The course will provide in-depth exposure to the areas of clinical practice, medical education, conducting research, and practice management from the beginning to advanced levels. Structured time for networking and meeting with leaders in the field are provided. Sessions will be devoted to presenting the latest research in hospital medicine.

Continuing Medical Education (CME)

The American Academy of Pediatrics is accredited by the ACCME to provide continuing medical education for physicians.

The AAP designates this educational activity for a maximum of 16.25 AMA PRA Category 1 Credits (TM). Physicians should only claim credit commensurate with the extent of their participation in the activity.

This activity is acceptable for a maximum of 16.25 AAP credits. These credits can be applied toward the AAP CME/PD Award available to Fellows and Candidate Members of the AAP.

The American Academy of Physician Assistants accepts AMA PRA Category 1 Credits (TM) from organizations accredited by the ACCME.

This program is approved for 16.25 NAPNAP contact hours of which 2.35 contain pharmacology (Rx) content per the National Association of Pediatric Nurse Practitioners Continuing Education Guidelines.
Allison Ballantine, MD  
Pediatric Hospitalist  
Section Chief of Education  
Children’s Hospital of Philadelphia  
Medical Director, Integrated Care Service  
Philadelphia, PA

Benjamin D. Bauer, MD  
Assistant Professor  
Indiana University School of Medicine  
Indianapolis, IN

Sharon Calaman, MD  
Pediatric Intensivist  
St. Christopher’s Hospital for Children  
Assistant Professor  
Drexel University College of Medicine  
Philadelphia, PA

Douglas Carlson, MD  
Chief of Pediatric Hospital Medicine  
St. Louis Children’s Hospital  
Washington University  
St. Louis, MO

Tina L. Cheng, MD, MPH  
Professor of Pediatrics  
Johns Hopkins School of Medicine  
Immediate Past President  
Academic Pediatric Association  
Baltimore, MD

Edward E Conway Jr., MD, MS  
Professor and Chairman of Pediatrics  
Chief of PCCM  
Beth Israel Medical Center  
New York, NY

Patrick Conway, MD  
Chief Medical Officer  
Department of Health and Human Services  
Office of the Secretary  
Philadelphia, PA

Jennifer Daru, MD  
Chief, Division of Pediatric Hospital Medicine  
California Pacific Medical Center  
San Francisco, CA

Mark Del Beccaro, MD  
Chief Medical Information Officer  
Professor and Vice Chair for Clinical Affairs  
Department of Pediatrics  
Pediatrician in Chief  
Seattle Children’s Hospital  
Seattle, WA

Scott A. Flanders, MD  
Associate Professor  
Associate Division Chief  
Division of General Internal Medicine  
University of Michigan  
Associate Director of Inpatient Programs  
Department of Internal Medicine  
Ann Arbor, MI

Jonathan Fliegel, MD  
Assistant Professor  
Pediatric Hospitalist Division Director  
University of Michigan  
Ypsilanti, MI

Matthew Garber, MD  
Director of pediatric hospitalists  
Children’s Hospital of Palmetto Health Richland  
Assistant Professor  
University of South Carolina School of Medicine  
Columbia, SC

Katherine Gargiulo, MD  
Pediatric Chief Resident  
St. Christopher’s Hospital for Children  
Philadelphia, PA

Jeff Gill, MD  
Pediatric Hospitalist  
President of Inpatient Specialists Medical Group, Inc.  
Brea, CA

Paul Hain, MD  
Associate Chief of Staff and Medical Director  
Monroe Carell Jr. Children’s Hospital  
Vanderbilt University  
Nashville, TN
Yong Han, MD  
Physician Advisor to Care Management  
Texas Children’s Hospital Inpatient Service  
Houston, TX

Timothy Hartzog, MD  
Pediatric Hospitalist  
Medical University of South Carolina  
Medical Director of Information Technology  
University Hospital System  
Charlotte, NC

Nakul Jerath, MD, MPH  
Medical Director of Pediatric Imaging  
Fairfax Radiological Consultants  
Chief of Pediatric Radiology  
Inova Fairfax Hospital for Children  
Virginia Commonwealth University School of Medicine  
Fairfax, VA

Riva Kamat, MD  
Pediatric Hospitalist  
Inova Fairfax Hospital  
Clinical Instructor  
Virginia Commonwealth University School of Medicine  
Fairfax, VA

Chris Landrigan, MD, MPH  
Research and Fellowship Director  
Children’s Hospital Boston Inpatient Pediatrics Service  
Boston, MA

Chris Maloney, MD, PhD  
Chief, Division of Pediatric Inpatient Medicine  
Associate Medical Director for Medical Services  
Primary Children’s Medical Center  
Salt Lake City, UT

Jennifer Maniscalco, MD  
Pediatric Hospitalist  
Children’s Hospital of Los Angeles  
Los Angeles, CA

Michelle M. Marks, DO  
Department of General Pediatrics  
The Cleveland Clinic  
Center Head of Pediatric Hospital Medicine  
Institute of Pediatrics at the Cleveland Clinic  
Cleveland, OH

Erich Maul, DO  
Assistant Professor  
Associate Program Director  
University of Kentucky, College of Medicine  
Lexington, KY

Matthew B. McDonald, MD  
Chief Pediatric Resident  
St. Christopher’s Hospital for Children  
Philadelphia, PA

Robert McGregor, MD  
Associate Chair for Clinical Affairs  
Department of Pediatrics  
Drexel University College of Medicine  
Pediatric Residency Director  
St. Christopher’s Hospital for Children  
Philadelphia, PA

Margaret T. McHugh, MD, MPH  
Associate Professor of Clinical Pediatrics  
New York University School of Medicine  
New York, NY

Stephen Muething, MD  
Associate Professor  
University of Cincinnati  
Cincinnati Children’s Hospital Medical Center  
Cincinnati, OH

Mary Ottolini, MD, MPH  
Professor of Pediatrics  
George Washington University  
Chair of Education  
Hospitalist Division Chief  
Children’s National Medical Center  
Washington, DC

Rita Pappas, MD  
Staff physician  
Center for Pediatric Hospital Medicine  
Department of General Pediatrics  
Cleveland Clinic  
Cleveland, OH
Jack Percelay, MD
Pediatric Hospitalist
Saint Barnabas Medical Center
New York, NY

John Anthony Pope, MD, MPH
General Pediatrics Department
Phoenix Children’s Hospital
Medical Director of Pediatric Inpatient and Hospitalist Services
Scottsdale Healthcare Hospital System
Scottsdale, AZ

Mary Ann Queen, MD
Assistant Chief
Section of Pediatric Hospital Medicine
Children’s Mercy Hospitals & Clinics
Assistant Professor of Pediatrics
University of Missouri
Kansas City School of Medicine
Kansas City, MO

Shawn Ralston, MD
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University of Texas Health Science Center
Director of Inpatient Research
Division of Inpatient Medicine
San Antonio, TX

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Director, Pediatric Hospitalist Program
New York University School of Medicine
New York, NY

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Division of Hospital Medicine Director
Monroe Carell, Jr Children’s Hospital
Vanderbilt University
Nashville, TN

Michele Saysana, MD
Assistant Professor of Pediatrics
Indiana University School of Medicine
Riley Hospital for Children
Indianapolis, IN

Julie V. Schaffer, MD
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Director of Pediatric Dermatology
New York University School of Medicine
New York, NY

Samir S. Shah, MD, MSCE
Assistant Professor of Pediatrics and Epidemiology
University of Pennsylvania School of Medicine and
Attending Physician in the Divisions of Infectious Diseases and General Pediatrics
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Philadelphia, PA

Ted D. Sigrest, MD
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University of Rochester
Rochester, NY

Jeffrey M. Simmons, MD
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Cincinnati Children’s Hospital Medical Center
Primary Children’s Medical Center
Cincinnati, OH

Tamara Simon, MD, MSPH
Assistant Professor
Division of Inpatient Medicine and Department of Pediatrics
University of Utah
Primary Children’s Medical Center
Salt Lake City, UT

Geeta R. Singhal, MD
Assistant Professor of Pediatrics
Baylor College of Medicine
Director of the Pediatric Hospitalist Program
Texas Children’s Hospital
Director
Baylor College of Medicine
Pediatric Hospital Medicine Fellowship Program
Co-Director of Faculty Development
Baylor College of Medicine
Section of Pediatric Emergency Medicine
Houston, TX
Laura Smals, MD  
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Drexel University College of Medicine  
St. Christopher’s Hospital for Children  
Philadelphia, PA

Nancy Spector, MD  
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Education and Faculty Development  
Associate Pediatric Residency Program Director  
St. Christopher’s for Children  
Philadelphia, PA

Jeff Sperring, MD  
Associate Chief Medical Officer  
Riley Hospital for Children  
Pediatric Hospitalist Program  
Indiana University School of Medicine  
Riley Hospital for Children  
Indianapolis, IN

Raj Srivastava, MD, MPH  
Assistant Professor  
University of Utah  
Pediatric Hospitalist  
Children’s Hospital in the Intermountain West  
Salt Lake City, UT

Erin Stucky, MD  
Pediatric Hospitalist  
Rady Children’s Hospital and Health Center SanDiego  
San Diego, CA

Glen Tamura, MD, PhD  
Head, Division of Hospital Medicine  
University of Washington  
Medical Director  
Inpatient Medical Unit  
Seattle Children’s Hospital  
Seattle, WA

David T. Tayloe, Jr., MD  
President  
American Academy of Pediatrics  
Goldsboro, SC

Ronald J Teufel II, MD, MSCR  
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Medical University of South Carolina  
Director, Pediatric Hospitalist Section  
Charlottesville, SC

E. Douglas Thompson Jr., MD, MMM  
Director, Division of Hospital Medicine  
St. Christopher’s Hospital for Children  
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Drexel University College of Medicine  
Philadelphia, PA

Joel S. Tieder, MD, MPH  
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Seattle Children’s Hospital  
University of Washington  
Seattle, WA

Jennifer DH Walthall, MD  
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Indiana University School of Medicine  
Indianapolis, IN

Stephen E. Whitney, MD, MBA  
Pediatric Hospitalist  
Texas Children’s Hospital  
Assistant Professor of Pediatrics  
Baylor College of Medicine  
Professor of the Practice of Healthcare Management  
Jones Graduate School of Management  
Rice University  
Houston, TX

Karen M. Wilson, MD, MPH  
Pediatric Hospitalist  
Academic General Pediatric  
University of Rochester Medical Center  
Rochester, NY
Thursday, July 23
4:00 pm
Registration Opens

6:00 - 7:00 pm
Keynote Address
Health Policy Perspectives Pat Conway
Introduction by Daniel Rauch

7:00 - 9:00 pm
Welcome Reception with Exhibits

Friday, July 24th
7:00 - 8:00 am
Breakfast with Exhibits

8:00 - 9:00 am
Welcome
APA President Tina Cheng
SHM President Scott Flanders
AAP President David Tayloe, Jr.

9:00 - 10:15 am
Concurrent Session A
Clinical
A1 Treatment of Childhood Pneumonia (and other common infections):
Transitioning from Intravenous to Oral Therapy
Samir Shah

A2 Skin Conditions in the Hospitalized Child
Julie Schaffer

Practice Management
A3 Billing and Coding for Pediatric Hospitalists “Show me the Money”
Yong S. Han, Steve Whitney

Quality and Safety
A4 Clinical Care Pathways: Improving Safety and Quality in Pediatric Hospital Medicine
Michelle Marks, Rita Pappas (Offered only once)

Academic
A5 Designing A Pediatric Hospital Medicine Elective: From Training to Reality
Ben Bauer, Michele Saysana, Jen Walthall (Offered only once)

10:15 - 10:45 am
Break- Visit Exhibits
Friday, July 24th
10:45am - 12:00 pm
Concurrent Session B

Clinical

B6 Imaging of Common Diagnostic Dilemmas: Where do you begin?
Nakul Jerath and Riva Kamat (Offered only once)

B7 Pediatric EKGs for Morons: The Simple, Fun Way to Make Sense of All Those Annoying Squiggly Lines
Erich Maul (Offered only once)

Practice Management

B8 Throughput
Paul D. Hain (Offered only once)

Quality and Safety

B9 Planning and Improving Pediatric Safety at a Community Hospital
John A Pope (Offered only once)

Academic

B10 Abstract Writing for Scientific Meetings
Chris Landrigan, Samir Shah, Tamara Simon, Ron Teufel, Joel Tieder and Karen Wilson (Offered only once)

12:00 - 1:30 pm
Topic Table Luncheon

1:30 - 2:45 pm
Concurrent Session C

Clinical

C1 Treatment of Childhood Pneumonia (and other common infections): Transitioning from Intravenous to Oral Therapy
Samir Shah

C2 Skin Conditions in the Hospitalized Child
Julie Schaffer

Practice Management

C3 Billing and Coding For Pediatric Hospitalists “Show me the Money”
Yong S. Han and Steve Whitney

Quality and Safety

C11 Hand-off Communication
Chris Maloney (Offered only once)

Academic

C12 Keeping up to Date in 2009: How Hospitalists Can Reinforce EBM Skills
Jon Fliegel (Offered only once)
Friday, July 24th
2:45 - 3:15 pm
Break – Visit Exhibits

3:15 - 4:30 pm
Concurrent Session D
   Clinical
   D13 The Diagnosis and Management of Entropy: Complex Care Made Simple
       Allison Ballantine (Offered only once)
   D14 Pediatric Neurologic Emergencies
       Edward E. Conway Jr. (Offered only once)

   Practice Management
   D15 Clinical Conundrums 3
       Jennifer Daru (Offered only once)

   Quality and Safety
   D16 Pediatric Health IT Issues
       Mark Del Beccaro and Timothy Hartzog (Offered only once)

   Academic
   D17 Clinical Reasoning: Teaching Strategies to Avoid Diagnostic Errors
       Mary Ottolini, Geeta Singhal

4:30 - 5:30 pm
Poster Presentations with Authors in Attendance
Exhibits open
**Saturday, July 25th**

7:00 - 8:00 am  
AAP Organizational Forum  
Breakfast and Exhibits

8:00 - 9:15am  
Concurrent Session E

**Clinical**  
E18 Clinical Conundrums 1  
Jennifer Maniscalco

E19 Accident, Neglect or Abuse- Pathways to an Answer  
*Margaret McHugh*

**Practice Management**  
E20 Advanced Business Practices for Pediatric Hospitalists  
*Jack Percelay and Jeff Gill*

**Quality and Safety**  
E21 How to Design, Implement, and Evaluate a Robust Program of Family-Centered Rounding  
*Ted Sigrest and Glen Tamura*

**Academic**  
E22 Research Studies and Quality Improvement Projects  
*Christopher Landrigan, Samir Shah, Tamara Simon, Raj Srivastava Joel Tieder, Ron Teufel and Karen Wilson,*

9:15 - 9:45 am  
Break - Visit Exhibits

9:45 - 10:45 am  
Research Platform Session  
**Topics To Be Determined**

10:45 - 11:45 am  
Plenary breakouts 1-3

11:45 am - 12:15 pm  
Break - Pick up lunch - Visit Exhibits

12:15 - 1:15 pm  
Lunch  
**Top 10 Articles in Pediatric Hospital Medicine**  
*Matthew Garber and Shawn Ralston*
Saturday, July 25th
1:15 - 2:30 pm
Concurrent Session F
Clinical
F18 Clinical Conundrums 1
Jennifer Maniscalco

F19 Accident, Neglect or Abuse- Pathways to an Answer
Margaret McHugh

Practice Management
F23 Maintaining a Pediatric Hospitalist Program
Paul D. Hain and Kris Rehm

Quality and Safety
F24 QI 101: Quality Improvement Initiatives in the Hospital Setting:
What do I need to know, and how do I do it?
Patrick Conway, Christopher Maloney, Stephen Muething, Mary Ottolini, Jeffrey Simmons and Erin Stucky

Academic
F17 Clinical Reasoning: Teaching Strategies to Avoid Diagnostic Errors
Mary Ottolini and Geeta Singhal

2:30 - 3:00 pm
Break - Visit Exhibits

3:00 - 4:15 pm
Concurrent Session G
Clinical
G21 How to Design, Implement, and Evaluate a Robust Program of Family-Centered Rounding
Ted Sigrest and Glen Tamura

G25 Clinical Conundrums 2
Jennifer Maniscalco

Practice Management
G26 Early Career Tips and Tools
Mary Ottolini, Daniel Rauch and Jeff Sperring

Quality and Safety
G27 QI 201: Quality Improvement in the Hospital Setting:
Advanced tools, infrastructure, and leadership
Patrick Conway, Christopher Maloney, Stephen Muething, Mary Ottolini, Jeffrey Simmons and Erin Stucky
Saturday, July 25th
3:00 - 4:15 pm
Concurrent Sessions Continued
Academic
G28 The Use of Simulation in Inpatient Pediatric Education
Sharon Calaman, Katherine Gargiulo, Matthew McDonald, Nancy Spector, Laura Smals, and E. Douglas Thompson, Jr. (Offered only once)

4:15 - 5:15 pm
APA Organizational Forum

5:15 - 6:15 pm
PHM Roundtable Meeting Follow-up: Discussing the Future of Hospital Medicine

Sunday, July 26th
7:00 - 8:00 am
Mentor Breakfasts

8:00 - 9:00 am
SHM Organizational Forum

9:00 - 10:15
Concurrent Session H
Clinical
H25 Clinical Conundrums 2
Jennifer Maniscalco

H29 Sedating the Pediatric Patient: Qualifications, Safety and Rules
Douglas Carlson (Offered only once)

Practice Management
H20 Advanced Business Practices for Pediatric Hospitalists
Jack Percelay and Jeff Gill

Quality and Safety
H24 QI 101: Quality Improvement Initiatives in the Hospital Setting: What do I need to know, and how do I do it? 
Patrick Conway, Christopher Maloney, Stephen Muething, Mary Ottolini, Jeffrey Simmons, and Erin Stucky

Academic
H30 Inpatient Teaching – Rounds and More
Daniel Rauch and Mary Queen (Offered only once)
**Sunday, July 26th**

10:15 - 11:30 am
Concurrent Session I

**Clinical**
I26 Early Career Tips and Tools  
*Mary Ottolini, Daniel Rauch and Jeff Sperring*

I31 The Newborn and the Hospitalist: Care Updates and Diagnostic Conundrums  
*Jennifer Daru (Offered only once)*

**Practice Management**
I23 Starting and Maintaining a Pediatric Hospitalist Program  
*Paul D. Hain and Kris Rehm*

**Quality and Safety**
I27 QI 201: Quality Improvement in the Hospital Setting: Advanced tools, infrastructure, and leadership  
*Patrick Conway, Christopher Maloney, Stephen Muething, Mary Ottolini, Jeffrey Simmons, and Erin Stucky*

**Academic**
I22 Research Studies and Quality Improvement Projects  
*Raj Srivastava, Christopher Landrigan, Samir Shah, Tamara Simon, Raj Srivastava, Karen Wilson, Joel Tieder and Ron Teufel*

11:30 am
Wrap-Up

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**Schedule at a Glance**

**Thursday, July 23rd**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
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<tbody>
<tr>
<td>4:00 pm</td>
<td>Registration Opens</td>
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<tr>
<td>6:00- 7:00 pm</td>
<td>Keynote Address</td>
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<tr>
<td></td>
<td>Healthy Policy Perspectives</td>
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<tr>
<td>7:00-9:00 pm</td>
<td>Welcome Reception with Exhibits</td>
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**Friday, July 24th**

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>7:00 - 8:00 am</td>
<td>Breakfast with Exhibits</td>
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<tr>
<td>8:00 - 9:00 am</td>
<td>Welcome AAP, APA and SHM President’s</td>
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</tbody>
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## Friday, July 24th

<table>
<thead>
<tr>
<th>TRACK</th>
<th>Clinical</th>
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<th>Practice Management</th>
<th>Quality and Safety</th>
<th>Academic</th>
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</thead>
<tbody>
<tr>
<td>9-10:15 am</td>
<td>Treatment of Childhood Pneumonia (and other common infections): Transitioning from Intravenous to Oral Therapy</td>
<td>Skin Conditions in the Hospitalized Child</td>
<td>Billing and Coding for Pediatric Hospitalists “Show me the Money”</td>
<td>Clinical Care Pathways: Improving Safety and Quality in Pediatric Hospital Medicine (offered only once)</td>
<td>Designing A Pediatric Hospital Medicine Elective: From Training to Reality (offered only once)</td>
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<td>10:45 am - 12:00 pm</td>
<td>Imaging of Common Diagnostic Dilemmas: Where do you begin? (offered only once)</td>
<td>Pediatric EKGs for Morons: The Simple, Fun Way to Make Sense of All Those Annoying Squiggly Lines (offered only once)</td>
<td>Throughput (offered only once)</td>
<td>Planning and Improving Pediatric Safety at a Community Hospital (offered only once)</td>
<td>Abstract Writing for Scientific Meetings (offered only once)</td>
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<td>12:00-1:30 pm</td>
<td>Topic Table Luncheon</td>
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<td>1:30-2:45 pm</td>
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<td>Keeping up to Date in 2009: How Hospitalists Can Reinforce EBM Skills (Offered only once)</td>
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<td>The Diagnosis and Management of Entropy: Complex Care Made Simple (offered only once)</td>
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<td>Clinical Conundrums 1, Accident, Neglect or Abuse Pathways to an Answer, Starting and Maintaining a Pediatric Hospitalist Program, Quality Improvement Initiatives in the Hospital Setting: what do I need to know, and how do I do it?</td>
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<td>Research Platform Session – Topic is To Be Announced</td>
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<td>Lunch/Top 10 Articles in Pediatric Hospital Medicine Matthew Garber</td>
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<td>Accident, Neglect or Abuse Pathways to an Answer, Clinical Conundrums 1, Starting and Maintaining a Pediatric Hospitalist Program, Quality Improvement Initiatives in the Hospital Setting: what do I need to know, and how do I do it?</td>
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<tr>
<td>3:00 - 4:15 pm</td>
<td>Clinical Conundrums 2, How to Design, Implement, and Evaluate a Robust Program of Family-Centered Rounding, Early Career Tips and Tools, Quality Improvement in the Hospital Setting: Advanced tools, infrastructure, and leadership, The Use of Simulation in Inpatient Pediatric Education (offered only once)</td>
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# Schedule at a Glance

## Sunday, July 26th

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<td>9:00 - 10:15 am</td>
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<td>Sedating the Pediatric Patient: Qualifications, Safety and Rules (offered only once)</td>
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<td>Clinical Conundrums 2</td>
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<td>Advanced Business Practices for Pediatric Hospitalists</td>
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<td>QI 101: Quality Improvement Initiatives in the Hospital Setting: what do I need to know, and how do I do it?</td>
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<td>Inpatient Teaching – Rounds and More (offered only once)</td>
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<td>10:15 - 11:30 am</td>
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<td>The Newborn and the Hospitalist: Care Updates and Diagnostic Conundrums (offered only once)</td>
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<td>Early Career Tips and Tools</td>
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<td>Research Studies and Quality Improvement Projects</td>
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<td>11:30 am</td>
<td>Wrap-up</td>
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Workshop Topics/Descriptions

Workshop topics will include four major areas of Pediatric Hospital Medicine:

- Clinical
- Practice Management
- Quality and Safety
- Academic

Clinical Track Workshop Sessions

**Accident, Neglect or Abuse - Pathways to an Answer**
*Margaret McHugh*

This session will review the various clinical presentations in which the diagnosis of child maltreatment may be considered in the inpatient setting. Definitions of the types of physical abuse and neglect will be discussed with particular emphasis on individual distinctions based on state child protection legislation. The basic concepts of (1) history (2) physical examination and (3) labs/radiographic studies will be utilized to suggest how evaluations should be done to determine if abuse and/or neglect may have occurred. The range of presentations will be reviewed, from the acute trauma resulting from child abuse as seen in the emergency room to an incidental disclosure of abuse by a child admitted for an unrelated medical problem. The use of hospital services, namely social work and child development staff, will be discussed, both in the evaluation of possible abuse cases and the interactions with the child protection system after a case is reported. Protocols and hospital procedures will be discussed.

**Clinical Conundrums 1 and 2**
*Jennifer Maniscalco*

Clinical conundrums are back! This is an interactive session designed to facilitate discussion regarding several challenging or intriguing clinical cases, representing a variety of disciplines. Come test your knowledge, contribute to the discussion, and learn from your colleagues! This session will focus primarily on clinical issues related to inpatient pediatric medicine.

**Clinical Conundrums 3**
*Jennifer Daru*

This session will highlight 2-3 case scenarios submitted and presented by attendees with a focus on difficult decisions encountered by pediatric hospitalists. Group participation will be encouraged to outline different solutions to ethical or other problems encountered by hospitalists as a clinical scenario is presented and resolved.

**The Diagnosis and Management of Entropy: Complex Care Made Simple**
*Allison Ballantine*

The care of children with complex medical needs is an inevitability for today’s hospitalist. In this session we will explore a systematic approach to these patients and defining their goals of care. This framework enhances the hospitalist’s ability to partner with families and other providers to provide efficient and effective care to this challenging population.
Imaging of Common Diagnostic Dilemmas: Where do you begin?
Nakul Jerath and Riva Kamat
The range of diagnostic dilemmas facing the pediatric hospitalist is increasingly broad, and the workup of each potential disease more complex. This workshop is designed to help the practicing hospitalist order the correct diagnostic test for their patient.

Learning Objectives:
To address in a manner sufficient to enable participants to better understand the following areas:
• Choosing through the arsenal of radiologist tests to best identify the diagnosis, limiting expense and decreasing length of hospital stay.
• Minimizing radiation exposure to a vulnerable patient population.
• Understanding exam ordering and patient procedure preparation.
• Reviewing clinical case scenarios to highlight the best radiologic test to obtain a diagnosis using evidence based medicine.

At the conclusion of this education activity, the participant should be better able to:
• Weigh pros and cons of varying imaging algorithms.
• Understand limitations of frequently used imaging modalities.
• Navigate off hours testing and varying imager comfort with pediatric patients.

The Newborn and the Hospitalist: Care Updates and Diagnostic Conundrums
Jennifer Daru
This session will review delivery room and newborn scenarios that will cover newer topics including; neonatal cooling, and diagnostic conundrums, such as a child with dropping Apgars despite resuscitation. Through these scenarios we will also review billing and coding tips/updates. The active participant will walk away with an updated neonatal approach and a way to bill for it as well.

Pediatric EKGs for Morons:
The Simple, Fun Way to Make Sense of All Those Annoying Squiggly Lines
Erich C. Maul
Basic interpretation of electrocardiograms (EKG’s) is an everyday occurrence in the adult inpatient unit. However the same cannot be said for inpatient pediatrics. While we all learned this skill in residency, unless practiced is maintained, the familiarity with the process degrades. Knowing EKG interpretation beyond simple pattern recognition is an essential skill for the pediatric hospitalist. It is a valuable tool in the diagnosis of congenital heart disease, hypertension, electrolyte disturbances, and conduction anomalies, just to name a few.

The objectives of the workshop are the following:
1. Review EKG physiology,
2. Emphasize age related changes in EKG’s,
3. Construct a reliable system for EKG review and interpretation.

At the conclusion of this session, the participant should comprehend the skills necessary for proper EKG evaluation and apply them to daily inpatient situations. Also, the learner should be able to make more effective and efficient cardiology referrals based on proper EKG interpretation.
**Pediatric Neurologic Emergencies**  
*Edward E. Conway Jr.*  
This session will address the most common pediatric neurologic emergencies which the hospitalist will encounter in their daily practice. The goal(s) of the session will be to increase the participant’s knowledge base and their level of comfort and confidence when challenged by children presenting with these clinical issues. The participants will learn to recognize and manage life-threatening neurologic emergencies. This session will be based on interactive case scenarios combined with didactic, evidence based summaries of the recognition and management of the neurologic process presented in the vignette. Cases will include those which highlight the following entities: cerebral edema in patients with DKA, intracranial hypertension, status epilepticus, nonaccidental head injury, altered mental status and coma and ventricular shunt malfunction.

**Sedating the Pediatric Patient: Qualifications, Safety and Rules**  
*Douglas Carlson*  
This session will highlight safe sedation practice, using recommendations of the American Academy of Pediatrics and the American Society of Anesthesiology. Safe systems of care will be highlighted. Training and credentialing of pediatric hospitalists to provide safe sedation will also be discussed.

**Skin Conditions in the Hospitalized Child**  
*Julie Schaffer*  
This session will provide a framework for the approach to cutaneous eruptions in pediatric inpatients. A case-based format will be utilized to illustrate the differential diagnosis, evaluation, and management of exanthematous, bullous, and purpuric skin conditions. Common and potentially severe dermatoses with infectious, drug-induced, and primary inflammatory etiologies will be discussed. Special considerations in immunocompromised patients, including hematopoietic stem cell transplant recipients, will also be addressed.

**Treatment of Childhood Pneumonia (and other common infections): Transitioning from Intravenous to Oral Therapy**  
*Samir Shah*  
**Learning Objectives:**  
1. Explain the rationale for sequential intravenous-oral therapy for common childhood infections  
2. Identify situations that merit transition from intravenous to oral therapy  
3. Describe characteristics and clinical usefulness of oral antibiotics used to treat common childhood infections  

Advances in drug development have increased the availability of antibiotics with good bioavailability. Furthermore, economic pressures in healthcare delivery have necessitated a focus on reducing costs and resource utilization while maintaining or improving the quality of care. For several diseases, there is frequently controversy and occasionally consensus regarding the cost-effectiveness and safety of switching from intravenous to oral therapy. Within the framework of common childhood infections, participants will be able to understand the rationale for sequential intravenous-oral therapy, identify situations that merit consideration of switching from intravenous to oral therapy, and describe the spectrum of activity and pharmacokinetics of antibiotics that are often used to transition children from intravenous to oral therapy.
Practice Management Workshop Sessions

Advanced Business Practices for Pediatric Hospitalists
Jack Percelay and Jeff Gill
Advanced business practices will be introduced from quantitative and qualitative viewpoints. Three different quantitative models for demonstrating return on investment of pediatric hospitalist programs will be presented: 1) hospitalists cumulative contribution to increased physician revenue and hospital revenue to the various components of “the system,” 2) impact on throughput through increased bed availability, and 3) time value of non-revenue generating activities such as administrative, quality, safety, educational etc. A basic review of marketing theory and practical applications for your Pediatric Hospitalist program will be presented: “Wants vs. Gets,” Differentiation, and basic market research methods. A discussion of a key underlying principle in negotiation will also be presented: Positions vs. Interests.

Billing and Coding for Pediatric Hospitalists “Show me the Money”
Yong S. Han and Steve Whitney
During this interactive session, basic concepts of coding and billing guidelines that are applicable for the practice of Pediatric Hospital Medicine will be reviewed. Some of the topics to be discussed will include information on how to choose the appropriate level of care, utilization of time in choosing the level of care, coding for procedures etc…. Additionally, some strategies to optimize the appropriate selection of codes will be provided. Ample time will be available for discussions.

Questions can be submitted prior to the session and these will be discussed as time permits. Send your questions to Marlbeth@academicpeds.org.

Early Career Tips and Tools
Daniel Rauch, Mary Ottolini and Jeff Sperring
This session is for young hospitalists looking to make a career out of Pediatric Hospital Medicine. The three presenters will discuss what to look for in a job and how to get ahead, academically and clinically. We will talk about the core competencies and how to utilize them as a self assessment. Attendees are encouraged to come with questions.
Starting and Maintaining a Pediatric Hospitalist Program

Paul D. Hain and Kris Rehm

This session will address the following areas of directing a Pediatric Hospitalist Program:

How to make the case that your hospital needs a Pediatric Hospitalist Program:
- Consideration of financials
- The Quality Case
- The Safety Case
- The Service Case
- The Education Case

Steps to take to actually start a program:
- Securing relationships with the hospital
- Recruiting physicians
- Determining workload
- Building a referral database
- Making the program indispensable

How to maintain and grow a program:
- Serving your referral base while demonstrating indispensability to the hospital
- Doing jobs nobody else does
- Expanding services
- Expanding referral base
- Academic promotion and satisfaction

Throughput

Paul D. Hain

This session will cover the throughput challenges facing pediatric hospitals today. Emphasis will be given to the following areas:

Why throughput is important:
- To Hospital CEOs
- To the bottom line
- To future construction plans
- To Hospitalists who are trying to get their patients beds quickly

Approaches to improving throughput:
- Theory of Constraints
- Queuing Theory
- Statistical Process Control/LEAN/Six Sigma

Real world example: Monroe Carell Jr. Children’s Hospital at Vanderbilt:
- Access Center development
- Hospitalist reductions in length of stay
- Innovative increases in short term capacity
- Planning for long term expansions
Quality and Safety Workshop Sessions

Clinical Care Pathways: Improving Safety and Quality in Pediatric Hospital Medicine
Michelle Marks and Rita Pappas

In this workshop, the participant will learn:
1. Key strategies in leading a multidisciplinary group and evidence based care path development
2. Successful implementations of care paths
3. Key steps to study the outcomes of care paths

Clinical care paths use active decision analysis to guide management with best evidence. Our Pediatric Hospitalists standardized care through pathways for asthma, bronchiolitis, nutritional insufficiency (NI), and diabetic ketoacidosis (DKA). These pathways view clinical practice as a process, incorporate evidence-based practice, and foster collaborative learning.

During the workshop, the participants will review the key strategies in leading a multidisciplinary group and developing evidence based carepaths. We will use our pathways as case studies to address opportunities and challenges encountered. The participants will learn stepwise approach to successful implementation of carepaths. We will use the data that we have collected to illustrate how to successfully obtain quality outcome measures.

Hand-off Communication
Chris Maloney

Participants attending this session will develop a skill set to:
1. Discuss the Joint Committee requirement regarding hand-off communication
2. Understand different methods of hand-off communication
3. Apply tools for effective hand-off communication
   a. Physician – Physician
   b. Physician – Nurse
   c. Nurse – Physician
   d. Nurse – Nurse
4. Teach others at your institution how to use effective hand-off communication to improve patient safety

The session will be an open discussion initially with a history of the problem with hand-off communication, solutions from pediatric hospitalists from around North America and current research. Participants will then break into small groups and describe strategies that have been both effective and ineffective at their respective institutions. Finally each small group will present the outcomes to develop a further understanding of the next steps for hand-off communication to identify areas necessary to influence patient safety.
How to Design, Implement, and Evaluate a Robust Program of Family-Centered Rounding  
*Ted Sigrest and Glen Tamura*

**Target Audience:**
1. Anyone who would like to start family-centered rounding at their institution and do it in a way that generates enthusiasm for the change
2. Anyone who has begun to round in a family-centered style, but has not been able to gain acceptance of their program because of a lack of proven benefit
3. Anyone who began FCR with great enthusiasm at the outset, but then found that the movement has clearly “run out of steam.”

**Learning Objectives:**
1. By sharing their experiences in starting FCR, attendees will be able to recognize and discuss best methods for starting (or re-starting) a program of family-centered care and rounding.
2. After a short discussion of the challenges and controversies involved in setting realistic goals and measuring desired outcomes in FCR, attendees will divide into workgroups to develop the basic outline of a program of FCR that includes their own specific goals and objectives.
3. Attendees will be able to differentiate and choose between setting up a FCR program involving formal research versus a program that is set up to allow practical evaluation and gradual improvement over time. Sample tools will be handed out and discussed.
4. Attendees will be given the opportunity to participate in collaborative efforts after the PHM 2009 meeting, with the goal being to develop standardized methods of conducting and evaluating family-centered rounding.

This workshop was developed as a result of surveys that were sent to AAP SOHM members in 2007 and 2008. Although 3/4 of the institutions had started some form of family-centered rounding, only a small fraction of those programs had done any kind of formal evaluation of their rounds. With no statement of goals and objectives, and no standardized way of measuring the success of their efforts to provide family-centered care, many hospitalists have been unable to defend the need for providing or expanding FCR. This workshop was designed to be a fun and interactive way to compare and build on each other’s experiences, and to begin the process of developing a model FCR program.

**Pediatric Health IT Issues**  
*Mark Del Beccaro and Timothy Hartzog*

In this session we will review the issues regarding implementation of an Electronic Medical Record (EMR) in the inpatient setting. Participants will be able to:
1. Describe the basic features necessary for an EMR especially with regard to pediatric requirements
2. Describe the cultural issues that need to be addressed for a successful implementation and use of an EMR by physicians
3. Understand the challenges and potential unintended consequences of CPOE implementation
4. Describe strategies for successful implementation and ongoing use of an EMR in the inpatient setting
Planning and Improving Pediatric Safety at a Community Hospital

John A Pope

Learning Objectives:
1. Understand how to create a culture of pediatric safety in community hospital
2. Learn how to identify safety stakeholders and assemble a safety team
3. Outline possible methods and forums for safety planning
4. List at least three potential pediatric safety projects to implement in your hospital

The workshop session will consist of a power point presentation on planning and improving patient safety at a community hospital and will provide a workbook for safety planning. The power point will provide an overview of hospital safety, challenges specific to the community hospital setting, creating a culture of patient safety, identifying safety stakeholders, approaches to bringing people together to discuss safety, methods for setting safety goals, and measuring success of projects. The work book will serve as a source book and provide a framework for attendees to plan safety programs and interventions for their hospital.

QI 101: Quality Improvement Initiatives in the Hospital Setting:
What do I need to know, and how do I do it?

Patrick Conway, Christopher Maloney, Mary Ottolini, Stephen Muething, Jeffrey Simmons, and Erin Stucky

Learning Objectives:
1. Learners will identify 2 key factors influencing the Quality Movement and explain their importance
2. Learners will define PDSA and FMEA and describe their use based on interactive tabletop work
3. Learners will acquire skills necessary to layout a quality project

Using and interpreting quality improvement (QI) methods and data is rapidly becoming an expectation of all physicians. Pediatricians working in hospital settings have great potential to lead initiatives to improve health care by studying inpatient disease management and care processes. Implementation of QI efforts, however, requires understanding of and experience in using QI tools. This session will offer didactics in: 1) Overview – Importance of QI in pediatrics; 2) QI Basics - tools, project layout, and use of IT; and 3) QI Metrics and Interventions – PDSA and FMEA. Participants will work in breakout groups using the tools learned, under faculty guidance. Groups will share their results, and together discuss opportunities and challenges to performing QI. The ability to improve the health of hospitalized children while promoting scholarship will be emphasized. Based on input from last year’s session, more time will be spent on tabletop work. Participants are encouraged to bring a process or idea relevant to his/her own setting for this interactive session.
QI 201: Quality Improvement in the Hospital Setting: Advanced tools, infrastructure, and leadership
Patrick Conway, Christopher Maloney, Mary Ottolini, Stephen Muething, Jeffrey Simmons and Erin Stucky

Learning Objectives:
1. Learners will define reliability and articulate how it can be used in assessing and creating safe health-care systems
2. Learners will apply advanced identify QI tools and data interpretation through tabletop work
3. Learners will identify and discuss the system components and leadership skills necessary for successful QI implementation

This session is geared toward those who have taken the 101 course or are familiar with basic QI tools and metrics. Participants will gain experience in use of advanced QI tools, reliability, data analysis and presentation of data. Participants are encouraged to bring examples from his/her own setting to which to apply these principles. Didactics will include the culture of safety, creation of infrastructure in different settings, and leadership skills needed to advance QI. Participants will work in breakout groups to apply these principles, with faculty guidance. Groups will share their results, and together discuss opportunities and challenges to advancing QI within a division and system. Based on input from last year’s quality workshop, this session was created for those who have engaged in more than 1 quality activity, have or are interested in leading quality projects, and/or hold or aspire to QI leadership positions.
Abstract Writing for Scientific Meetings
Samir S. Shah and Ronald J. Teufel II, Christopher P. Landrigan, Tamara Simon, Raj Srivastava, Joel Tieder, and Karen Wilson

Learning Objectives:
1. Recognize the differences between abstracts for manuscripts and for meetings
2. Understand key steps in writing a good abstract
3. Identify common problems in abstracts submitted for presentation at scientific meetings.

Description:
“I have made this letter longer than usual because I lack the time to make it shorter”
(Blaise Pascal, Provincial Letters, XVI, 1657)

Hospitalists, as part of an emerging subspecialty, may lack necessary skills, mentorship, or collaborative environment to support their research. Research is selected for presentation at scientific meetings on the basis of a written abstract. Writing a good abstract is a formidable undertaking and many researchers wonder how it is possible to condense months or years of work into a few hundred words. Nevertheless, creating a well-written abstract is a skill that can be learned. Mastering the skill will increase the probability that your research will be selected for presentation. The objective of this workshop is to acquaint the reader with practical strategies for producing abstracts that are informative, interesting, and concise.

The session will begin with a review of guidelines for abstract writing. Topics will include hints for improving your writing style and ways to avoid common pitfalls such as unclear primary message, poor organization, and excessive detail. Participants will then be divided into smaller groups to analyze both well-written and flawed abstracts to discover what reviewers and readers expect to see in a submitted abstract, and to reinforce strategies on how to avoid common pitfalls associated with abstract writing.

Clinical Reasoning: Teaching Strategies to Avoid Diagnostic Errors
Mary Ottolini and Geeta Singhal

Learning Objectives:
1. Describe the magnitude of medical errors caused by incorrect diagnosis
2. Describe common pitfalls in clinical reasoning leading to incorrect diagnoses.
3. Discuss how theories of cognition can be applied to improving clinical reasoning in pediatric hospitalist practice.
4. Discuss how diagnostic errors can be reduced by deliberate practice.
5. Describe strategies to teach and evaluate clinical reasoning.

This interactive workshop will introduce participants to the cognitive theory behind metacognition and practical applications to hospitalist daily practice. Through video clips and role play participants will have a chance to deliberately practice key concepts. Ideas regarding teaching strategies and practical evaluation methods will be shared.
Designing A Pediatric Hospital Medicine Elective: From Training to Reality
Jennifer Walthall, Michele Saysana and Ben Bauer
I. Introduction: “Why we need Hospital Medicine Electives”
Dr. Walthall will give an overview of the growth of hospital medicine as a specialty and the training experience of pediatrics residents entering the field. She will discuss the need for exposure to this paradigm versus the “inpatient ward month,” specific training that is overlooked in the general pediatrics residency program, and introduce a pediatric hospital medicine pathway that complements existing pediatric hospital medicine fellowships.
II. The Riley Experience
   a. Resident needs assessment survey results
   b. Development of the curriculum
      Dr. Walthall will give a brief overview of a suggested approach to managing curriculum development across the wide variety of pediatric hospital medicine practices.
   c. Outcomes
      Dr. Walthall will give an overview of the elective at Riley Hospital for Children and the outcomes of the residents who have taken the elective.
III. Overview of competencies
Drs. Bauer and Saysana will give a brief outline of clinical competencies as they relate to pediatric hospital medicine education.
IV. Large group brainstorming session (10 minutes) Facilitated by Dr. Walthall
   a. Barriers
   b. Strengths
V. Breakout small groups
   a. Two competencies assigned to each table
   b. Design a curriculum subset based on strengths/resources
   c. Complete curriculum form on implementation and evaluation
VI. Small groups present
VII. Wrap-up and hand out flash drive “Tool Kit”
Dr. Walthall will present the educational tool kit for elective curriculum development.

Inpatient Teaching – Rounds and More
Daniel Rauch and Mary Ann Queen
Most hospitalists are involved in teaching trainees. The most common venue for teaching is attending rounds. This venue offers the possibility to teach many different topics. Additionally, there are many other “teachable” moments during the course of the day and night. We will discuss different approaches to attending rounds and then how to utilize the bedside, direct observation, chart review, and more. We will also tie in to the ACGME competencies and touch on how to endear yourself to the clerkship/residency director.
Keeping up to Date in 2009: How Hospitalists Can Reinforce EBM Skills

Jonathan Fliegel

Keeping up to date in current medical literature is an on-going challenge for all of us. The tools and methods of Evidence-Based Medicine are one framework for practitioners to answer clinical questions. Most medical schools and residency programs have curricula that introduce and teach the key skills of the EBM process. Gaps remain in the reinforcement of EBM, applying it on a real-time basis and evaluating those who use it. In this workshop, we will briefly review several of the core concepts of EBM and share and discuss how to more successfully use opportunities (such as rounds, lectures, or journal clubs) to use, teach and evaluate EBM skills. Whether a novice or an expert, participants can expect to actively participate, leave with new ideas and gain additional resources about learning, teaching and evaluating EBM skills.

Research Studies and Quality Improvement Projects – What every hospitalist should know if they wish to publish their findings

Raj Srivastava, Christopher Landrigan, Samir Shah, Karen Wilson, Tamara Simon, Joe Tieder and Ron Teufel

Hospitalists, as part of an emerging subspecialty, may lack necessary skills, mentorship, or collaborative environment to support their research.

As the majority of hospitalists are young in their career, research is typically the last area, after clinical, education and even administration; they have found time to focus on. However, as hospitalists move along in their career, they are usually presented with an opportunity to participate in a research study or wish to work on one of their own. Many times, this may in the form of a quality improvement study. Junior faculty may find themselves wanting specific and concrete information regarding how they can accomplish their study. What are the barriers they need to consider? And what are realistic timelines and resources they can expect/look for?

The session will provide an overview of topics that those wishing to pursue a research study should consider including, picking a research study (defining the question) and how to choose the best study design, choosing a scientific meeting and writing the abstract, finding a mentor, finding the resources to get the study done, considering realistic timelines, publishing the paper and making the work count for your job. In addition, how to publish the quality improvement study will also be discussed – with comparisons and contrast to a clinical research study.

After attending this workshop the hospitalist should be able to 1) recognize the key steps leading to completion of a research study 2) identify how they may complete a research study from beginning to end and 3) identify what areas are available in their own institution and what areas they need further help with to pursue and publish their research or quality improvement project.

The session will begin with an overview of the major issues one should consider when conducting a research study. Through specific examples, we will emphasize how the study was accomplished with attention to each issue, highlighting the amount of effort and rewards.
The Use of Simulation in Inpatient Pediatric Education

E. Douglas Thompson Jr., Sharon Calaman, Laura Smals, Nancy Spector, Katherine Gargiulo and Matthew McDonald

The evolution of medical education has led to the challenges of decreased learning opportunities secondary to work hour restrictions and the need to document the learner’s abilities in the six competencies outlined in the Accreditation Council on Graduate Medical Education. Simulation provides one tool that can be used to meet these challenges. This workshop will be an interactive experience that allows the participants to investigate the role of simulation in pediatric education. The presenters will introduce the concepts of simulation in medical education and discuss their experience with simulation. A variety of applications of simulation, including its use as a teaching tool and as a mechanism to document competencies, will be demonstrated. The participants will break into small groups to discuss their experience with simulation including actual and/or potential applications to pediatric education. The discussions will consider the entire spectrum of learners including medical students, residents, fellows and practicing physicians. The workshop will conclude with a large group discussion summarizing the combined experiences in small groups.

Keynote Address

Patrick Conway, MD, MSc

The keynote will provide a perspective into health policy and its impact on hospitalists, including clinical care, research, and education. It will include an overview of the Department of Health and Human Services and its role in health care (e.g. structure, roles, how decisions are made and then executed). A description of Dr. Conway’s time spent in Washington D.C. as White House Fellow, and then Chief Medical Officer in the Office of the Secretary in Policy Planning and Evaluation Division. And a summary of several key issues for pediatric hospitalists to consider: effect of SCHIP on the care of children and associated quality and research initiatives, value driven health care (paying for quality and value) efforts at federal and state level, how hospitalists can influence health policy (e.g. advocacy work at local, state, or federal level; research; direct involvement), and the importance of collaborative networks to answer clinical questions in the future (e.g. comparative effectiveness, QI and safety in different settings).

Organizational Forums

Please plan to attend the organizational forums presented by each of the sponsoring organizations. These sessions are the place to learn more about how each organization can support pediatric hospitalists and to meet other members.

Saturday, July 25
AAP 7:00 - 8:00am
APA 4:30 - 5:30 pm

Sunday, July 26
SHM 8:00 - 9:00am

Mentor Breakfast

Attendees will have breakfast with a senior pediatric hospitalist to discuss how to get the most out of a mentoring relationship. Sign up for this activity will be available on site at the meeting.
Location info
Tampa Marriott Waterside Hotel and Marina
700 South Florida Avenue
Tampa, FL 33602
813-221-4900

A discounted room rate of $149 per night is available for meeting attendees by calling the number above and identifying yourself as part of Pediatric Hospital Medicine 2009. You must reserve your room by June 24, 2009 in order to receive the discounted group rate.

Tampa is home to some of the best attractions and diversions in the country. The Tampa Marriott Waterside Hotel and Marina puts you in the center of all the fun. Busch Gardens, Adventure Island, the Museum of Science and Industry and more than a dozen golf courses are all within a quick drive. Ybor City and Channelside entertainment complexes are only blocks away.

Ground Transportation
From Tampa International Airport
Bay Shuttle is offering a discounted rate of $9 each way for meeting attendees. Advance reservations are required. Call (813) 251-3107 and identify yourself as Pediatric Hospital Medicine 2009 attendee to receive the discounted rate.

Estimated taxi fare: 22.00 USD (one way)
Cancellation Policy
Cancellation of registration cannot be accepted by phone. All cancellations must be in writing. A $50 fee will be assessed for cancellations received by June 24, 2009. No refunds will be issued after June 24, 2009, except in the case of an emergency. All refunds will be processed after the meeting.

For questions contact:
Maribeth Sarnecki
Academic Pediatric Association
6728 Old McLean Village Drive
McLean, VA 22101
703-556-9222
Maribeth@academicpeds.org

Save the Date for Pediatric Hospital Medicine 2010
July 22-25
Hyatt Regency Minneapolis
Minneapolis, MN
Pediatric Hospital Medicine 2009
July 23-26, 2009

Name: ______________________________________________________________________

Degrees:________________________ Title:_________________________________________

Organization:_________________________________________________________________

Address:_____________________________________________________________________

City/State/Zip/Country: ________________________________________________________

Phone/FAX/Email: ____________________________________________________________

All communications regarding the meeting will be sent via email

Dietary Restrictions: __________________________________________________________

Registration Fee

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Payment:
Payment may be submitted via check or credit card.
Check (Make payable to APA)  Credit Card
Credit Card Number (VISA or Master Card)________________________________________

Exp:______________ Signature:_________________________________________________

Payment must accompany registration form.
Preliminary Registration will be open until July 17th, 2009. After that date registration may only occur onsite. Register online at www.academicpeds.org.

REGISTER EARLY TO SECURE YOUR SPOT!

Send completed form to:
Academic Pediatric Association
6728 Old McLean Village Drive
McLean, VA 22101
Tel: 703-556-9222
Fax: 703-556-8729

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Paid Amount: __________
Date Received: _________
CK/CC #: ______________