The APA Newsletter
Volume 44, Number 2, Fall 2007

www.academicpeds.org

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From the Communications Director

Welcome to the first electronic edition of the APA Newsletter. We hope you will enjoy this new format which leads you directly to the APA website. The Communications Committee has been hard at work on updating the APA website with a goal of having the new and improved APA site go live by May 2008. Please let me know if you have any suggestions about the website or the newsletter: karen_edwards@nymc.edu.

Sincerely,

Karen Edwards
Chair, Communications Committee
Ambulatory Pediatric Association

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President's Message

The APA is thriving!

Just look at all of the activities and programs being conducted and led by our members, and summarized in this newsletter! I will highlight three over-arching APA activities: the strategic plan, our focus on junior APA members, and APA's work for the needs of children. Click here to read entire message

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2008 Election

Remember to cast your vote before November 15

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Upcoming Meetings & Events

- PAS Meeting - May 3-6, 2008, Honolulu, Hawaii read more
- 2008 Pediatric Hospital Medicine - July 24-27, Denver, Colorado read more

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Welcome to Our New APA Members

- Rishi Agruwal
- William Albritton
- Edith Allen

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Suggestions and contributions for a next edition can be sent before 3/15/2008 to info@ambpeds.org

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Regions, please tell us about your upcoming regional meetings

- Lalit Bajaj
- Tal Ben-Galim
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- Rhonique Harris
- Neil Herendeen
- Cynthia Katz
- Brian Kit
- Elizabeth Kramer
- Nicole Marsico
- James Nesmith
- Frank Overly
- Chris Peltier
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- John Rausch
- Neha Shah
- Ted Sigrest
- Aline Tanios
- Susan Vierczhalek
- Ethan Wiener
- Robert Yetman
- David Zipes

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The APA is thriving!

Just look at all of the activities and programs being conducted and led by our members, and summarized in this newsletter! I will highlight three over-arching APA activities: the strategic plan, our focus on junior APA members, and APA's work for the needs of children.

The APA's Strategic Plan
I hope you have been reading my letters about the APA’s strategic plan. These letters serve two purposes. First, they summarize the major programs and activities of the APA, and place these activities into the context of child health needs. Second, they provide a blueprint for current and future APA programs, and suggest opportunities for your involvement in APA activities. The response to these letters has been overwhelmingly positive. I thank each of you who read the letters, and those who have emailed us your thoughts. Please feel free to visit the strategic plan website and re-read these letters. The site is: http://www.academicpeds.org/strategic_plan.htm.

At the risk of repeating myself, I would like to summarize the crux of Letter #7: The Top Ten Things You Can Do to help the APA Achieve its Strategic Plan:

1. **Make suggestions**: Give us feedback and new ideas about current activities and new directions.
2. **Vote for APA leadership each year**: This year, vote on the proposed name change to Academic Pediatrics Association (APA)- see my letter #2.
3. **Read and Explore**: Read this APA newsletter and all APA communications. Read and submit articles to Ambulatory Pediatrics. Explore the evolving APA Website regularly: http://www.academicpeds.org/site/index.htm
4. **Respond to APA online surveys and requests for feedback**.
5. **Make the APA your professional home**: Work on one of our national projects as a part of your own career development. This is a terrific way to build a strong professional network, broaden your influence, develop leadership skills, and enhance your promotion portfolio.
6. **Participate**: Become an active member of an APA Committee, join a SIG, and attend your APA Regional Meeting. Attend some of our exciting special events such as the APA Leadership Conference, the annual Hospitalist Conference, and of course, the APA events at the PAS. Register now for the 2008 PAS in Honolulu! Submit your abstracts by December 4!
7. **Sponsor junior faculty, fellows and residents**: Bring a junior individual to the regional meetings, encourage them to apply for our Young Investigator Grants, sponsor someone for our professional development programs such as the New Century Scholars program, the Educational Scholars program, and the Community Pediatric Training Initiative. Encourage more people to join the APA- both MDs and non-MDs. Spread activities internationally.
8. **Join our multi-center clinical research networks—CORNET and PRIS**: make sure that your continuity clinic is participating in CORNET, and encourage your hospitalist program to participate in PRIS. There is power in numbers!
9. **Advocate**: Respond to the APA’s requests to contact your political leaders, stay involved in local advocacy efforts, teach policy and advocacy to students, residents, fellows, and other faculty and colleagues. Be a strong advocate for children!
10. **Tell us**: Let us know about the great programs that YOU are working on and how we can help you! Talk to your regional chair, SIG chair, an APA Board member, or email the APA at connie@academicpeds.org.

Focus on Junior Members
If there existed a scale for Eriksonian generativity, senior APA members would be off the chart. My most heartwarming experience this year has been to observe senior and mid-level APA members mentor, advise, and assist more junior APA members in a variety of areas of professional development. The bulk of the APA’s strategic plan involves professional development for all ages, with a particular emphasis on junior members. A common theme has been to improve the academics of our educational, clinical, research, and policy activities; and to teach more junior APA members the academic skills to achieve excellence in their professional endeavors.

Please make the effort to mentor one individual, to really take one person under your wing. Do this locally, and also nationally, using your APA networks.

The Needs of Children
The APA’s compass is guided by the needs of children. We are here to improve the lives of children, adolescents, families and communities. Through your academic activities—educational programs, research endeavors, writings, clinical activities, and local, state and national advocacy efforts—you all make a difference for children. We should always put children first.

I’d like to cite two examples of advocacy successes by the APA: these are our two strategic plan priorities for an equitable children’s agenda.

First, the APA is smack in the middle of the current debate about SCHIP. The reason is that APA members have performed some of the important research about SCHIP and health care financing; APA members are championing SCHIP and adequate health insurance coverage all over the US; APA members are teaching residents, students, and the public about the value of health insurance; and the APA as an organization is working with other major national organizations to lobby policy-makers about the importance of SCHIP and health insurance for all children and adolescents. This is a classic example of the value of the academics of the APA.

The second example of advocacy has to do with HRSA funding for Title VII and fellowship training programs in primary care. Please read Tina Cheng’s article in this newsletter that demonstrates the success of an intensive advocacy campaign that led to a reversal of some of the funding cuts by HRSA. At the same time, APA leaders are developing a rigorous process to evaluate and eventually accredit the academic components of general pediatric, hospitalist, child abuse, and other fellowship programs that are not accredited by ACGME. Two articles in the current issue of Ambulatory Pediatrics highlight this initiative. APA members are training the next generation of pediatricians and academicians all over the world. This is another example of the comprehensive value of the academics of the APA.

Moira and I went to a Bob Dylan concert last night. Do you remember the days when it seemed like we could change the world? Well, we still can change the world for children.

Remember, it is all about children.
The 25th annual International Congress of Pediatrics (ICP) sponsored by the International Pediatric Association (IPA) was held in Athens, Greece August 25–30, 2007. The IPA is an organization of organizations and the APA is one of three United States pediatric associations (AAP and APS) with membership status. The meeting provided a wonderful opportunity for the APA delegation, Cindy Howard, Tom DeWitt, and me to pursue a strategic plan initiative of enhancing the APA’s role in international health collaboration. Over 6000 pediatricians from more than 100 countries and six continents were in attendance. Although there were many subspecialty sessions and the majority of the leadership in organizations is subspecialists, there were strong general pediatric elements within the meeting.

One of the highlights of the meeting was a symposium that addressed the spectrum of pediatric primary care in countries throughout the world and the varied roles that pediatricians play in providing primary care. Renee Jenkins, an APA member and president-elect of the AAP, was one of the featured speakers. Other topics addressed the treatment of otitis media, management of febrile seizures, circumcision, and the promotion of breastfeeding.

Several sessions were devoted to the new World Health Organization (WHO) growth standards for infants and young children (0–5 years of age). These standards are the first to be based on actual prospective data on children who are exclusively or predominantly breastfed. When compared to the WHO 0–5 growth standards, the CDC growth charts used in the United States tend to underestimate obesity while overestimating undernutrition. To date, the WHO growth charts are endorsed by 99 countries and are being reviewed by over 30 additional countries with the likelihood of adopting them. Because we are a global community and many APA members provide care for children who are international adoptions, immigrants or refugees, and because the CDC charts underestimate obesity and the obesity epidemic, APA members should advocate for federal agencies to adopt the WHO 0–5 growth standards.

The IPC represents an exciting venue for APA members to share their expertise in faculty development, educational guidelines, health care delivery, and research in global and international health with colleagues from other nations. Future IPC meetings will be held in Johannesburg, South Africa (2010) in and Melbourne, Australia (2013).

Sincerely,

Claibourne I. Dungy, M.D., M.P.H.
Past President
Ambulatory Pediatric Association

Updated 11/01/07

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While it seems we only recently returned from our May meeting in Toronto, it's already time to be thinking of the winter holidays! And with that planning comes our renewed efforts to develop another exciting program for the 2008 PAS meeting which will be in Honolulu, Hawaii. The Workshop Committee has already completed their work and submissions seemed to be at an all-time high! I hope that bodes well for general abstracts as well!

The 2008 PAS program site is open at www.pas-meeting.org allowing you to view those portions of the conference which have already been scheduled. There are a number of exciting offerings under the State of the Art Plenary, Hot Topics, Topic Symposia and Mini Courses. Other sessions will feature a special symposium on the National Children's Study and another on the R3P Project. Browse the program for a glimpse of what's to come!

While many of you are in the process of completing studies and preparing those submissions for the December 4, 2007 abstract submission deadline, please don’t forget about housing reservations. The timing of the 2008 PAS coincides with Japan’s The Golden Week. This cluster of holidays within a single week traditionally results in Hawaii experiencing a large influx of tourists from the Pacific Rim. Hotel rooms will be increasingly difficult to obtain as time goes on.

Have a wonderful holiday season. Be safe. And let us continue to work for improving the health of all children.

Updated 11/01/07
These are certainly exciting times for the APA. A new strategic plan, summarized in Peter Szilagyi’s “seven letters” to the membership, addresses wide-ranging issues for the future of our organization, including: addressing our identity, mission, and core values; enhancing our organization's effectiveness and infrastructure; meeting the changing needs of our membership; and promoting scholarship and advocacy activities.

APA will also be experiencing another transition at the end of 2008, as the incredibly successful tenure of Jim Perrin as Editor in Chief of Ambulatory Pediatrics will come to a close. Under the direction of Steve Ludwig, a search for a new Editor in Chief is now under way. As chair of the APA Journal Committee, I thought this would be a good time to review some of the amazing progress we have seen during our journal’s mere seven years as an independent journal (nine years overall). Prompt review response times for authors (average 53 days) have been maintained in the face of ever-increasing numbers of manuscript submissions (240 submissions in 2006). Nonetheless, the average time from acceptance to publication remains at 4-5 months, with virtually all manuscripts published within 8 months of acceptance. In a very short period of time, the Journal has become quite well-respected, particularly for its analytical and practical editorial feedback for authors, and for the high quality of its published manuscripts, perhaps especially in health services research and education. Our relationship with the publisher, Elsevier, has been very productive, and we anticipate continued growth in subscriptions, particularly fueled by the Journal’s rapidly growing reputation. At this time, the Board is also considering new approaches to increasing the Journal's circulation, including reaching out to some of our “sister” pediatric organizations and their members.

With so many exciting developments in the works, this is a wonderful time to remember the importance of your involvement and support, and to make a contribution to the APA Development Fund! The Fund is alive and well in 2007 – so far this year, you have contributed a total of $23,680, putting us more than $5,000 ahead of last year’s figure at this same time! As the winter holiday time approaches, please save some of your TAX-DEDUCTIBLE giving for the APA Development Fund. Click here to download a contribution form, and send it in with your contribution or pledge. Although not yet available as of this writing, online donation capability is coming soon -- check for this in the “Members Only” area of our website. Thank you all for your generous contributions, and have a happy holiday season!

Arthur H. Fierman, M.D.
Treasurer

Updated 11/01/07
Over the past several months, members of the APA Education Committee, in collaboration with COMSEP and the APPD have discussed holding a conference solely devoted to promoting educational excellence in pediatrics. We envision this to be the first in a series of annual meetings to enable pediatric educators at all levels to collaborate and learn from each other.

For our first meeting we propose to focus on the faculty development needs of “front-line” clinician-teachers in the ambulatory or inpatient setting. We would also like to address leadership skills for those in student, resident or fellow education. We envision that this conference will also appeal to experienced pediatric educators through opportunities for sharing ideas and the potential to collaborate on pilot projects to introduce new curricula or improve education across the pediatric continuum.

Prior to further planning, we will be soliciting your input and requesting that you complete a needs assessment. We will be sending the survey out by e-mail within the next month. Please take a few minutes to reply. We value your ideas!

We are also planning a separate collaborative “Educational Summit” with the APPD and COMSEP to determine what a competency-based curriculum for pediatric education across the continuum from medical school through residency would look like and how it could be developed and implemented so that learners at each level would move forward to become teachers at the next level. Learning resources and evaluation tools could be developed collaboratively and modified for use with different levels of learners. The ability of trainees to learn and to teach would be enhanced by a consistent, phased curriculum which is clearly understood by learners and teachers so that large “jumps” in expectations, such as between medical school and internship could be reduced. A pivotal topic for discussion will be how the fourth year of medical school may be enhanced to better prepare students for internship.

Finally, we welcome your help in reviewing abstracts for the Ray Helfer Award. Please contact me if you are interested in being a reviewer or learning more about the initiatives described above.

*Updated 11/1/07*
After an enthusiastic Research Committee meeting at the PAS meeting in Toronto, with an attendance of over 30 members, several new members joined the Executive Committee. Membership of the Executive Committee of the Research Committee now includes: Benard Dreyer, Peter Szilagyi, Gretchen Caspary, Bill Cooper, Ruth Etzel, Glenn Flores, Jim Guevera, Donna Halloran, Larry Kleinman, Chris Landrigan, Janet Serwint, Mark Schuster, and Karen Wilson. The Executive Committee has monthly conference calls as well as subcommittees that work on individual activities throughout the year. Connie Mackay, the Associate Director of the National Office of the APA, has provided a great deal of support to the Executive Committee.

Here are some of the present activities of the Research Committee:

**Young Investigators Grant (YIG)**
The call for proposals has gone out and we are expecting Letters of Intent to be submitted by mid-October. We have set up a group of reviewers to judge the first round of this submission process and invite the investigators of the strongest proposals to submit a full application. Last year we had almost 50 applications and we are expecting at least as many proposals this year. The quality of the proposals has been excellent, and choosing among them difficult.

**Evaluation of the YIG Program**
We have started an evaluation of the YIG program. Karen Wilson has volunteered to head up that evaluation. We will be surveying previous awardees to determine the impact of the YIG program on their careers. Since the major goal of the YIG program is to support and promote the careers of young investigators, we think this evaluation will help access how successful it has been, and hopefully encourage additional funding.

**Evaluation of the PAS Abstract Review Process**
As reported in the Summer Newsletter, the Research committee has begun an evaluation of the PAS abstract review process. We have started by reviewing the reliability of scoring of abstracts that APA leadership has participated in. Benard Dreyer has led this effort, and preliminary data from that evaluation reveals areas for action to improve the reliability of the scoring process, and we are working with Marilyn Dumont-Driscoll, who represents the APA in PAS planning, to brainstorm ways of intervening in the process for this year’s abstracts submission. Stay tuned!

**PAS Workshops Subcommittee**
A subcommittee has been set up to consider a strategic plan for workshops focusing on research at the PAS. Certain workshop categories (fellow core curriculum, research, and grant preparation) are of particular interest. The first step of this process is to look at the workshops presented over the last several years and see whether there are any important areas of research skills that have been missing. We could then encourage submissions to fill the gaps, recognizing, of course, that workshops are accepted through a peer-review process. We will report findings as they are available.

**Research Networks**
The Research Committee continues to work with Janet Serwint, who directs CORNET (Continuity Research Network), and Chris Landrigan, who directs PRIS (Pediatric Research in Inpatient Settings) to help support their important efforts.

**Membership**
If you have an interest in joining our committee, please contact me! All APA members are invited, from trainees to senior faculty. We have a monthly conference call during the year for our Executive Committee which is open to anyone interested in year long involvement, as well as subcommittees working on specific projects!

If you are interested, or have any questions, contact me at bpd1@nyu.edu

Updated 11/1/07
Fall 2007 Newsletter Article

This summer we had many excellent submissions for the 2007 Region II Young Investigator Grant. We are pleased to announce this was awarded to Dr. Oluwakemi Badaki, a Pediatric Emergency Medicine Fellow from the Children's Hospital of Philadelphia, for her proposal, “Improving chest compression performance in pediatric resuscitation—rescuer fatigue and chest compression effectiveness in pediatric models”. She received $1,500 and will report on the progress of her research at our next regional meeting in 2008.

With the APA elections looming, Region II members will be electing their new co-chairs. This year 4 excellent candidates have chosen to run as 2 teams: Drs. Lyuba Konopasek from the Weill Medical College of Cornell University and Linda Tewksbury from New York University School of Medicine compose one team, and Drs. Cynthia Osman and Suzy Tomopolous from New York University School of Medicine compose the second. The choice will be difficult, but Region II is guaranteed to have strong leadership in the future. Please make sure you take the time to vote. Have a safe and happy fall.

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REGION III

Fall 2007 Newsletter Article

This year's annual meeting was the first to take place outside of the United States in Region III, in Toronto, Ontario Canada. We had a great Region III morning breakfast. We were very fortunate to have Dr. Peter Szilagyi, APA President, who is from Rochester in Region III at our breakfast meeting. Peter spoke briefly about the APA's Strategic Plan for 2007-2012. Seven letters have subsequently been emailed out. One item seemed to strike a cord with many members – How might we change the name of the APA to be meaningful for many APA members today but still represent the long and important history of academic general pediatrics.

Plans are well underway for our annual regional meeting. As with last year, this will be a joint meeting with Region II at New York University. Mark the date on your calendars March 7, 2008 and stay tuned for more details. The morning session will be a workshop on Leadership Training for Academic Pediatricians. This will be lead by Dr. Maryellen Gusic – Associate Dean for Clinical Education, Penn State University College of Medicine and Dr. Ken Slaw, the director of the Division of Sections within the AAP Department of Education. Slaw has a doctorate in educational psychology from the University of Illinois-Urbana. For preparation, you might refer to the article: Training Young Pediatricians as Leaders for the 21st Century. Pediatrics. 2005; 115: 765-773.

Our keynote speaker will be Dr. Benard Dreyer New York University School of Medicine. Dr. Dreyer is Professor and Interim Chair Department of Pediatrics, and Chair of the APA Research Committee. There will be a lunchtime poster session and opportunities for networking with regional and national leaders of the organization. In the afternoon the young investigator award presentation will be followed by platform presentations or original research by our members. Please look for the call for abstracts for this meeting. The regional meeting offers an opportunity for feedback on your presentations in preparation for the national PAS meeting in May.

Academic general pediatrics is changing and evolving and we need your suggestions, your input and your participation. If you have any thoughts about the role and activities of Region III and the APA, please email or contact either one of us.

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REGION IV

Fall 2007 Newsletter Article

We are beginning to plan for our Annual Region IV meeting, to take place in Charlottesville, VA, January 19-20, 2008. Once again, John Olsson (East Carolina University), Karin Hillenbrand (East Carolina University) and Martha Hellem (University of Virginia) have graciously agreed to organize the event. We expect it to be as well attended, fun and educational as it has been in years past. Watch your in-boxes for more information coming very soon.

We would like to congratulate Karin Hillenbrand (East Carolina University) on being awarded the 2007 Region IV Collaborative Research Award. Her project “Measurable Outcomes of Residency Education in Pediatrics” is a unique collaborative initiative tied closely to the mission of the APA. We all look forward to hearing about her progress at the regional meeting in January.

Barry’s three-year term as Region IV co-chair will be ending this coming May. Our region will be holding elections for his successor in the fall. We have several highly qualified applicants on the ballot, so please watch your in-box, and contribute to the region by voting for your candidate.

Membership in the region continues to grow. To encourage increased participation and membership, please invite colleagues, faculty members, fellows, and residents to consider applying for membership. If you are interested in serving as a recruiter for Region IV at your home institution, let us know. Please keep Barry Solomon informed of any changes in your contact information at bsolomon@jhmi.edu or if you’d like him to send a message out to Region IV members. If you do not have e-mail, please call Barry at (410) 614-8438.

We hope to see many of you in Charlottesville in January!

Barry Solomon - bsolomon@jhmi.edu
Gail Cohen - gcohen@wfubmc.edu

Close Window
Hello everyone!! We are getting ready for our spring meeting by once again soliciting resident and fellow abstracts for our Annual Regional Trainee Research Competition. We will be offering monetary awards to several trainees from our region who submit work to the 2008 Pediatric Academic Societies meeting in Honolulu, Hawaii. Any trainee wishing to submit their abstract for consideration in the regional contest should email Jenny Christner at jchristn@med.umich.edu so I can send you the application and further instructions. The deadline for submission is December 4th, 2007. Winners will present their research at our breakfast meeting in Hawaii!!!

In addition we are looking for faculty reviewers for the competition. Please use the above email if you are interested in reviewing the trainee abstracts we receive.
 REGION V

Fall 2007 Newsletter Article

Hello everyone!! We are getting ready for our spring meeting by once again soliciting resident and fellow abstracts for our Annual Regional Trainee Research Competition. We will be offering monetary awards to several trainees from our region who submit work to the 2008 Pediatric Academic Societies meeting in Honolulu, Hawaii. Any trainee wishing to submit their abstract for consideration in the regional contest should email Jenny Christner at jchristn@med.umich.edu so I can send you the application and further instructions. The deadline for submission is December 4th, 2007. Winners will present their research at our breakfast meeting in Hawaii!!!

In addition we are looking for faculty reviewers for the competition. Please use the above email if you are interested in reviewing the trainee abstracts we receive.
REGION VIII

Fall 2007 Newsletter Article

As this newsletter arrives, we will be thick in the final stages of planning for the 2008 Southern Regional Meeting which will be held Thursday thru Saturday, February 21-23, 2008 in New Orleans, Louisiana at the Hotel InterContinental. The meeting will open on Thursday, February 21 with four workshops running from 1:00- 5:00 pm. The topics are Manuscript Preparation and Peer-Reviewed Publication, Career Development Workshop, Be a Better Teacher! Help Your Learners and Yourself and Introduction to Biostatistics. A Clinical Case Symposium derived from your colleagues’ abstract submissions will follow, and the day will end with a Joint Poster Session and Reception.

On Friday, sessions will run from 8:00-5:00 and from 8:00-4:00 on Saturday. The Joint Plenary Session will be held on Saturday from 9:00-11:00 am and the topic will be Avian Influenza: Approaches to an Epidemic with Lessons from the Past.

In addition, there will be a 3-hour Ambulatory Pediatric Association sponsored workshop entitled “Making Learning Fun for All: Working With Your Learner’s Differences” to be presented by Marney Gundlach and Rosina Connelly from Baylor College of Medicine/Texas Children’s Hospital. The goal of the workshop is for participants to understand how different learning preferences can contribute to a positive or negative learning environment and apply this knowledge to help diagnose and correct behaviors from “problem learners.” In this interactive workshop, participants will explore how their own learning preferences can impact their teaching encounters. They will recognize their own teaching strengths and learn to adapt their teaching techniques to meet diverse individual learning preferences. Participants will collaborate to develop a flexible toolkit of teaching techniques that can enhance learning for different types of learners. Finally, participants will apply these techniques to help diagnose and correct behaviors from “problem-learners.” Workshop time will be announced closer to the meeting date.

If you have not yet registered for this meeting, on-line registration is required this year. Please visit www.cme.tulane.edu to do so. The deadline is February 19, 2008. You can also reserve your room at the Hotel Intercontinental on-line by going to: http://www.ichotelsgroup.com/yh/d/ic/1/en/advancedsearch?whichtype=room&roomResult=none&hotelCode=msyha&quickRes=city&GPC=A95. Hotel reservations must be made by January 20, 2008 in order to ensure a reservation. Please refer to the conference as the Southern Meetings when making reservations if you make them by phone.

Look forward to seeing you all in the Big Easy! Remember, for those who will not be able to attend the Pediatric Academic Societies meeting in Hawaii from May 3-6, 2008, this is a great opportunity to network and learn. If you will be in Hawaii, we hope to see you in New Orleans as well!
REGION VIII

Fall 2007 Newsletter Article (also for Region X)

Region IX Co-Chairs: Greg Blaschke, MD, MPH and Alice Kuo, MD, PhD
Region X Co-Chairs: Patricia Barreto, MD, MPH and Cindy Ferrell, MD, MSEd

Our Joint Region IX and X Meeting, the Pediatric CARE (Community, Advocacy, Research and Education) Conference, will be on March 22, 2008 in Los Angeles. The venue will be the historic Millennium Biltmore Hotel in the downtown area. A welcome reception will be held the evening of March 21, 2008 before a full Saturday of plenary speakers, workshops, presentations, and a poster session at the end of the day with a closing reception. Confirmed speakers from our regions include Carol Berkowitz and Miriam Bar-on, and invited speakers include Neal Halfon. National APA president Peter Szilagyi will also be present.

Abstracts should not exceed 250 words and should use a structured abstract format, either the standard PAS format (Background, Objective, Methods, Results, Conclusion) or the modified format suggested in the Call for Proposals (timeline, target audience, goals and objectives, activities, outcomes measures and lessons learned in implementation). Topics can be in the areas of community pediatrics, child advocacy, basic or clinical sciences research, health services research, or medical education. If the first author is a current pediatric resident, please indicate the year of training next to the resident’s name. Residents and fellows are strongly encouraged to work with their faculty mentors on their abstract submissions. About 4-6 outstanding submissions will be selected for 15-minute platform presentations and an additional 15-20 abstracts will be selected as posters for display during the CARE conference. Residents or fellows who present posters or platform presentations at the Pediatric CARE Conference will be eligible for 2-3 travel stipend awards to the Honolulu PAS meeting to present at our Regional Breakfast meeting.

Please submit abstracts to Region IX co-chair Alice Kuo at akuo@mednet.ucla.edu no later than November 30, 2007. We will notify presenters by December 15, 2007.

We welcome any feedback or ideas for APA regional activities, either locally or at the national meeting. Please feel free to contact in Region IX: Greg Blaschke (gregory.blaschke@med.navy.mil) or Alice Kuo (aku@mednet.ucla.edu) and in Region X: Patricia Barreto (pbarreto@mednet.ucla.edu) or Cindy Ferrell.
Fall 2007 Newsletter Article

From the excitement of the SIG meeting in Toronto through the doldrums of a hot and lazy summer to the early fall, it’s time for the Continuity SIG to get to work. Our SIG has embraced the opportunity to work with the APPD and the ACGME in seeking to redefine the adequacy of the continuity experience as part of the accreditation process for pediatric residency programs.

Our Continuity SIG Task Force has welcomed the addition of Cindy Ferrell from the Oregon Health Sciences Center and Lynn Garfunkel from the University of Rochester. The Task Force will meet October 12-14 in Orlando, Florida, and our objectives will be to flesh out ideas garnered from the 2007 SIG meeting regarding measuring the continuity experience, to set into motion a committee structure to move these ideas forward to a concrete and measurable form, and to plan our SIG meeting at the 2008 PAS meeting. We will describe the products that we develop at the Task Force meeting with the entire SIG membership and share our thoughts on possible next steps in minutes that will be posted on our listserv.

Hopefully, our October efforts won’t come back to haunt us!

If you have creative ideas that you feel should be considered in this process, please feel free to contact John Olsson, SIG Chair, at olssonj@ecu.edu. Aloha!

Updated 3/18/09
Culture, Ethnicity, and Health Care

Fall 2007 Newsletter Article

It is with great enthusiasm and anticipation that we assume our roles as co-chairs of the Culture, Ethnicity, and Health Care SIG. By way of introduction, Jane Brotanek is an Assistant Professor of Pediatrics at UT Southwestern Medical Center, where she works to better understand and reduce disparities in health among Latino children. Her areas of research interest encompass asthma, racial/ethnic disparities, the healthy immigrant effect, overweight, iron deficiency in US toddlers, and cultural/linguistic barriers to care. As a Robert Wood Johnson Physician Faculty Scholar, she is conducting a series of studies using both qualitative and quantitative research methodologies to provide a comprehensive understanding of the contribution of infant feeding practices to iron deficiency among Mexican-American toddlers. Ethan Wiener is an Assistant Professor of Pediatrics and Emergency Medicine at NYU School of Medicine. He has been interested and actively involved in medical student education as well as in quality improvement and evidence-based medicine. His other areas of interest include the care of underserved children and families and those with limited English proficiency.

Continuing the tradition of its founders, our SIG will keep as its centerpiece cultural/linguistic issues in the areas of research, education, and policy/advocacy and how these issues impact children's health and health care. At the 2008 PAS Meeting this year in Honolulu, Hawaii, we will have a unique opportunity to explore health issues relating to the native populations of Hawaii. Our plans for the meeting include inviting speakers from the University of Hawaii and Hawaii State Department of Health to address racial/ethnic disparities in Native Hawaiian populations and local community-based interventions designed to address these disparities. Presentation of the highest-scoring abstracts on cultural issues and an interactive discussion session with our SIG members will follow. We welcome any input or feedback you may have, and look forward to seeing you in Hawaii.

Updated 3/18/09

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Faculty Development SIG

Every learner deserves a well-developed faculty! If your roles or goals include helping other faculty become more successful educators/academicians, the Faculty Development SIG (FacDevSIG) is a good place for you to share ideas with other faculty developers. The Faculty Development SIG is a group of educators committed to learning more about faculty development and helping each other succeed in this field. Attendance is open to anyone who is or wants to be a faculty developer.

The FacDevSIG will meet in Toronto on Saturday May 5, 12-3pm. Please make plans to join us for a combined business meeting and workshop: “The Who, How and Why of Effective and Exciting Faculty Development”. Bob Hilliard, Lyuba Konopasek, Joe Lopreiato, and Ginny Niebuhr will lead participants through a set of challenging cases to consider who leads faculty development, what are effective formats, and what are the measurable outcomes to show why it's worth the effort.

2007 is about Canada! We offer you two ways to find out about faculty development in Canada: read these articles and/or come to our FacDevSIG and talk to Bob Hilliard, one of our Canadian members.

And for good airplane reading, get yourself a copy of these before you leave.
- Knight AM, Cole KA, Kern DE, Barker LR; Kolodner K; Wright SM. Long-Term Follow-Up of a Longitudinal Faculty Development Program in Teaching Skills. Journal of General Internal Medicine, 20 (8), 721–725, 2005. In this example of how careful documentation of effects can yield evidence of success, we read, “Participation in the longitudinal FDP was associated with continued teaching activities, desirable teaching behaviors, and higher self-assessments related to giving feedback and learner centeredness.”
One of you reading this is surely looking for a way to get more involved in the APA organization and to test your national leadership skills. If you are interested in possibly becoming a co-chair of the FACDEV SIG, let one of us know of your interest before May 1st. Our SIG has a tri-chair model – serve for three years, with increasing leadership over time.

Keep developing faculty and join us Saturday in Toronto.

Virginia Niebuhr, University Texas Medical Branch, Galveston TX Email: vniebuhr@utmb.edu
Lyuba Konapasek, Cornell Medical School, Ithaca NY Email: LYK2003@med.cornell.edu
Joe Lopreiato, Uniformed Services University of the Health Sciences, Bethesda, MD Email: jlopreiato@usuhs.mil
The Ambulatory Pediatric Association is embarking on an ambitious program to support fellowships in General Pediatrics through curricular development, consultation and communication. We are therefore working on getting fellowship programs listed on the APA website.

To review our current list of Fellowships: There are tabs on the bottom of the page leading you to the different types of domains.

Is your fellowship program missing from our list? If so, please use the following survey and we will add your program to the list: to open the survey. Or email Paul Darden or Tina Cheng with the name of your program and a contact.

If available, please provide us with your own Fellowship program webpage link. Please send it to info@ambpeds.org.

For more information regarding this program contact Paul M. Darden at dardenpm@musc.edu or Tina L. Cheng, MD at tcheng2@jhmi.edu.

Updated 3/23/09

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FALL 2007 NEWSLETTER ARTICLE

INJURY CONTROL

Through the Injury Control SIG we: 1) present highlights on new injury control findings or research methodology; 2) allow injury control researchers to discover new resources to aid their work; and 3) foster collaboration among injury control researchers. The chairs are Shari Barkin (shari.barkin@vanderbilt.edu) and Brian Johnston (bdj@u.washington.edu).

Do you have a work in progress that you'd like to share at the next APA meeting? The Injury Control SIG will meet again in Honolulu during the PAS meetings (May 2-6, 2008). Please contact one of the SIG chairs now if you have ideas or thoughts to share at our next meeting. Works in progress are typically presented with opportunities to solicit advice and assistance from colleagues in the SIG.

**Highlight on new injury control finding or research methodology**

Despite widespread use in practice and research since the 1980's, the Injury Prevention Program Safety Survey (TIPP-SS) of the American Academy of Pediatrics (AAP) has never been subject to tests of validity and reliability - until now. Mason and colleagues studied the TIPP-SS in a sample of low income urban families, with home safety audits providing reference data. They found that the survey had good reliability as a measure of the concept of injury prevention knowledge and practice. However, validity when compared to home audit of actual behaviors was very poor. The authors suggest that “TIPP-SS measures knowledge and attitudes rather than behavior, that is, parents are often aware of the desired behavior or condition and report those instead of actual conditions or behaviors.” These results suggest caution in using the TIPP-SS for clinical counseling and call for additional effort to develop a valid and reliable parent-reported home safety measure for research use.


**New resources**

The Journal of Trauma published a supplement in September 2007 highlighting work done around the US by investigators from the Injury Free Coalition for Kids. This program, now active at 43 trauma centers, reaches out using local data to target evidence-based or evaluated interventions designed to prevent common causes of injury in local neighborhoods. The reports illustrate the variety of injury mechanisms and approaches used. Most importantly, all of the projects were evaluated in some manner - some with negative results - and lessons about dissemination, generalizability and sustainability were highlighted.

**J Trauma** 63(3) (Supplement), September 2007.

**Upcoming Meetings**

ISCAIP Child Injury Prevention Meeting - 14 March 2008, Merida, Mexico. The International Society for Child and Adolescent Injury Prevention meeting, staged in conjunction with the 9th World Conference, has the theme "Child Injury Prevention-Knowledge into Practice: Putting the World Report on Child Injury into Action". A key focus of this meeting will be the lessons and findings of the WHO/UNICEF World report and discussion on using this information to improve child injury prevention effort in all regions of the world. To receive further information about the meeting, send expressions of interest to: iscaip@hotmail.com.


Updated 3/23/09
The Medical Informatics SIG is already planning an exciting meeting for Hawaii. In 2008 we will be expanding our "Medical Informatics Round Robin" where members briefly speak about their ongoing medical informatics projects and then (usually quite lively) discussion happens among all the members. The discussions cover the oceanfront including clinical educational and research informatics projects. We are very pleased that Dr. David Paperny a longstanding contributor to pediatric informatics has already agreed to speak. We encourage anyone who is interested in using computers in medicine to join the SIG. You don't have to be a technical person to be a member; many of us aren't! If you have ideas, suggestions, comments or questions, please contact Donna D'Alessandro at donna-dalessandro@uiowa.edu.

Updated 3/23/09
We haven’t met since May this year. The Medical Student Education SIG will still be designated as a home for all people who are interested in medical education.

The focus of the SIG for several years has been on clinical skills and defining and measuring competency, and we will discuss the core competencies and their measurements (developed by COMSEP evaluation and Curriculum task forces). We’ll carry on the tradition of our previous leaders, William Raszka and Lindsey Lane. In addition, we are going to continue working on answering the question posed by R3P (Residency Review and Redesign in Pediatric Project) about the structure of the 4th year of medical school, and the possibility of a fourth year curriculum or pediatric pathway for medical students who intend to follow a pediatric career.

We are going to look closely at the possible development of guidelines and curricular content, particularly for the sub-internship; we are looking to develop national guidelines that could apply to local needs.

A question was raised regarding potential establishment of a list serve for our group, and we believe this a project that may benefit us greatly. It would allow us to share national camaraderie and creativity throughout the year.

Updated 3/23/09
2007 Fall Newsletter Article The Pediatric Tobacco Issues SIG (also known as the “Cig-SIG”) is a unique forum where attendees learn about pediatric tobacco education, increase their awareness of relevant policies, advocacy work and opportunities, share work being done in the field, and network with fun and interesting anti-tobacco advocates!

We had an exciting and successful meeting in Toronto this year. First, Jonathan Klein updated us on the Richmond Center, a Center of Excellence at the AAP, funded by the Flight Attendants’ Medical Research Institute (FAMRI). The Richmond Center is dedicated to eliminating children’s exposure to tobacco and secondhand smoke (SHS). The Center encourages research and programming that addresses SHS. Michael Weitzman then discussed some of his research sponsored by the Richmond Center; his work uses large data sets to find relationships to smoking.

We are happy that our long awaited APA policy on tobacco was recently published! The first author and co-founder of this SIG, Dana Best, gave an overview of the policy. The US Food and Drug Administration (FDA) declared smoking to be a “pediatric disease” back in 1995; thus the importance of having such a policy. Best stressed the success of having a comprehensive APA tobacco policy with internal and external components. Internal policies include encouraging and fostering anti-tobacco environments including the support of recreational smoke-free venues when at the Annual Meeting. External policies encourage pediatric tobacco control research, comprehensive tobacco curriculums at all levels of medical education, and public policy and advocacy actions to decrease pediatric uptake and exposure to tobacco. All APA members are encouraged to review this document found in the November-December 2006 issues of Ambulatory Pediatrics.

We were very fortunate to hear Ruth Etzel’s talk on the cultural uses of tobacco in the Alaska Native and American Indian populations. Did you know that the major route of exposure to tobacco among American Indian people before 1492 was ingestion? Did you know that in 2007, American Indian and Alaska Natives under 54 years of age had the highest rates of cigarette smoking compared to other groups? Dr. Etzel explained the importance of the ceremonial use of tobacco in this population; the traditional understanding is that tobacco was considered to be a poison unless it was used in a sacred manner. She discussed the distrust that Alaska Natives have for federal officials who now want to address their high smoking rates, and ways that tobacco industry targets this population by using images, names and icons of American Indian culture to brand and market products. For more information contact the American Indian Tobacco Education Network.

We also got an update on smoking in the movies by Suzanne Tanski and Dr. Tahniat Ansari gave an update on new pharmacotherapy for smoking cessation. She reviewed the most recent data on Chantix?, an agonist to certain nicotinic acetylcholine receptors. When these receptors are stimulated, dopamine is released thus perhaps mimicking their release to control nicotine craving. Studies were reviewed that showed an increase in abstinence rates when compared to placebo.

Thanks to all of our speakers and congratulations to those who presented at the national meeting. We encourage APA members interested in pediatric tobacco issues to contact us for access to our listserv. At next year’s meeting, we hope to offer a friendly “point—counterpoint” debate. If you have ideas for our next meeting, please email one of us. Thanks again and hope to see you in Hawaii!!

Updated 3/23/09

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The Women in Medicine Special Interest Group (WIM SIG) met on Monday May 7, 2007. This year the SIG featured a debate: Resolved: Programs geared exclusively for women, such as the Women in Medicine SIG and the AAP’s Women’s Breakfast, are OBSOLETE. Speaking in support of the resolution were Marsha Rappley and John Leventhal, and against the resolution were Eileen Ouellette and Ted Sectish. Click here for slides from the debate. There were approximately 65 attendees present. The debate was remarkable not only for the information and the articulate arguments presented, but also for the robust discussion that followed.

Some key points that were mentioned included:

- Separating out “women” from “women’s issues”
- Defining clearly what women want
- Including the challenges of women in private practice
- Acknowledging the importance of having men present during the discussion.
- Notion that a rising tide lifts all boats: success of a few women is of benefit to all
- An old boys’ network is still operational
- Working part-time early in one’s career has an impact on one’s retirement portfolio
- There are still challenges in the workplace related to breast-feeding
- Sexual harassment
- The threshold effect requires 25% - things don’t happen if only a handful are affected
- Role of the SIG in empowering women IMGs
- “Lost generation of associate professors” – treading water, and languishing in non-academic ranks
- The SIG had to move beyond the “Women in Medicine SIG” so as to encourage participation by men: suggestion – sponsor workshops
- Create a program committee for the SIG and involve both men and women
- Revisit the issue of available NIH funding for part-time academicians

Two potential workshop topics for PAS 2008 emerged from the discussion:

1. Is it Gender or Generation? Understanding Issues Facing the Pediatric Workforce and
2. Succeeding in Academia: The Challenge of Being an IMG: Are there Gender Differences?

Dr. Berkowitz determined during the luncheon for SIG chairs that SIGs can submit and sponsor workshops.

There was also a brief discussion of the Task Force on Women in Medicine II sponsored by FOPO and chaired by Bonnie Stanton, M.D. APA was asked to submit the name of a delegate to that group. Five individuals expressed interest in serving on the Task Force: Ruth Stein, Latha Chandran, Lindsay Grossman, Mumtaz Lakhani and Colleen Kraft. Dr. Berkowitz will submit their names to the APA Executive Committee for selection. Additional individuals expressed an interest in serving on the Women in Medicine SIG Program Committee: Lee Savio Beers, Lindsay Grossman, Krishnapriya Anchala, Steven Blatt, Mumtaz Lakhani, Michelle Hoffman, Molly O'Shea, Denice Cora-Bramble, Joe Zenel.

2007 proved to be one of the most energized Women in Medicine SIG meetings, and the group is looking forward to sponsoring workshops in Hawaii and having greater involvement by the men who attended the session.

Updated 3/23/09

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The Continuity Research Network (CORNET) is a national, practice based research network of pediatric resident continuity practices. CORNET membership is currently comprised of 88 pediatric institutions yielding 110 clinical practice sites. We have members from 38 states and the network provides care to approximately 790,000 patients and over 4300 pediatric residents.

CORNET is currently involved in a variety of exciting research projects:

Survey of Pediatric Asthma Care Education in Residency (SPACER) study is a cross-sectional survey of pediatric residents and their preceptors concerning factors related to asthma care and treatment decisions. Sande Okelo is the principal investigator. Recruitment for this study began September 2007 and is now closed with 14 participating institutions.

The Bright Futures Study, funded by the Maternal and Child Health Bureau, is a randomized controlled trial, which will evaluate an educational curriculum on Bright Futures concepts. Hank Bernstein is the principal investigator. We have recruited 32 pediatric training programs and over 260 pediatric residents will participate. Those sites that have obtained IRB approval and completed the faculty development phase have received the study material and are ready to begin.

Application of Fluoride Varnish. This development grant has been awarded through the NIDCR. This randomized controlled trial will evaluate the effectiveness of fluoride varnish application. Peter Milgrim and Kiet Ly are the principal/co-principal investigators and John Olsson who is a CORNET Regional Research Chair, will serve as a CORNET liaison for this study. CORNET is one of a few participating research networks that will be participating in this national study. Currently in the pilot phase, 8 pediatric programs and 10 practice sites from CORNET are gathering data that will in turn be used for analyses/support for submission of a full study grant application. Recruitment for the pilot study is now closed.

CORNET is also collaborating with the PROS network of the AAP on the study, Secondary Sexual Characteristics in Boys (SSCIB). To participate in the study, each practitioner needs to enroll 30 male patients; 15 boys ages 6-12 years and 15 boys ages 13-16 years being seen for a well-child visit. Study outcomes include the completion of a one page two sided data collection form on puberty related variables. Twelve CORNET sites are participating but site recruitment for this study is ongoing. Please contact me at nui@academicpeds.org if you are interested in participating.

We invite you to join CORNET. Membership will allow you to collaborate and network with colleagues nationally. Participating in a study allows you to get involved with research at a national level, gain expertise and have fun! For more information on CORNET, see our website: http://www.academicpeds.org/site/research/research_cornet.htm or contact your Regional Research Chairs or any of the Steering Committee members listed below:

Regional Research Chairs
Region I: Ron Samuels, ronald.samuels@childrens.harvard.edu
Region II: Theresa Hetzler, theresa_hetzler@nymc.edu
Region III: Lynn Garfunkel, lynn.garfunkel@wlahealth.org
Region IV: John Olsson, olssonj@ecu.edu
Region V: Bill Stratbucker, WStratbucker@aol.com
Region VI: Ellen Link, ellen-link@tulowa.edu
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Region VIII: Lee Sanders, leesanders@miami.edu
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Region X: Cynthia Ferrell, ferrelc@ohsu.edu
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Network Coordinator: Nui Dhepyasuwan, nui@academicpeds.org
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Susan Feigelman, sfeigelm@umaryland.edu
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Paul Darden, dardenpm@music.edu
APA Research Committee Chair: Benard Dreyer, bpd1@nyu.edu

Also, here are instructions on How to Join CORNET:
1. Be an APA member
2. Go to www.pbrnet.org
3. Login as "CORNET1"
4. Password "survey"
5. In the left column, click on CORNET, then CORNET survey tool
6. Login as "CORNET," password "survey"
7. Complete the "CORNET Enrollment Form"
You will then be added to our listserver so that you are kept apprised of what is going on in CORNET.

We would like to welcome our new CORNET members: Gail Cohen, Wake Forest University School of Medicine; Alan Meltzer, Atlantic Health; Betty Staples, Duke University Medical Center; Hosea Doucet, Tulane University.

Finally, please contact your Regional Research Chair or any of the Steering Committee members if you want to propose an idea for a research project.

Updated 01/04/08
In the last issue, the reviewed environmental health articles touched on mercury in dental amalgams and organophosphates and DDT from pesticides and their potential role as neurodevelopmental toxins. This review looks at two articles that consider the effect of environmental chemicals on lung function and immune status.


**Background**

While variation of antibody response to vaccinations is well known, the reasons for this variation in otherwise healthy children are not well understood. Some proposed mechanisms include immunotoxic exposure to certain pollutants like polychlorinated biphenyls (PCB). PCBs are organochlorine compounds that, despite a ban several decades ago, persist in the environment and exposures are possible through dietary sources, such as fish, and manufactured sources, such as electrical appliances made before 1977. In limited studies, PCBs have been associated with decreased total immunoglobulins and increased childhood infections.

To explore this potential toxicity further, Heilmann et al designed this prospective, cohort study in the Faroe Islands, an autonomous region of Denmark, located in the North Atlantic, and home to the recent International Conference on Fetal Programming and Developmental Toxicity in May 2007. Some inhabitants of these islands have a 10-fold increase above other Northern European persons in PCB levels due to consumption of pilot whale blubber. Importantly, this population has average Northern European levels of another potential confounding chemical called dioxin. Dioxins are by-products of burned electrical cables and insulation, plastics and household waste. Once formed they, like PCB, persist in the environment for a long period and can enter the food chain. Contaminated fish, meat, dairy products are the most common source of human exposure. This population was chosen to help distinguish PCB and dioxin effects on the immune system. This study examined vaccination response to tetanus and diphtheria vaccines, thymus-dependent neoantigens, as markers of overall immune system efficacy in a population of children exposed in utero and postnatally to elevated PCB levels.

**Methods**

This prospective, cohort study consisted of two groups of healthy maternal/child pairs. The first cohort was followed until 2007. Some inhabitants of these islands have a 10-fold increase above other Northern European persons in PCB levels due to consumption of pilot whale blubber. Importantly, this population has average Northern European levels of another potential confounding chemical called dioxin. Dioxins are by-products of burned electrical cables and insulation, plastics and household waste. Once formed they, like PCB, persist in the environment for a long period and can enter the food chain. Contaminated fish, meat, dairy products are the most common source of human exposure. This population was chosen to help distinguish PCB and dioxin effects on the immune system. This study examined vaccination response to tetanus and diphtheria vaccines, thymus-dependent neoantigens, as markers of overall immune system efficacy in a population of children exposed in utero and postnatally to elevated PCB levels.

The outcomes measured were the serum specific antibody concentrations measured using enzyme-linked immunosorbent assay.

**Data Analysis**

As there are numerous different congeners (chemical derivatives) of PCB, a simplified total PCB concentration was calculated. In addition, several of the PCB congeners that have toxic properties similar to dioxins were weighted using toxicity equivalency factors, a standardized concept created to facilitate risk assessment and regulatory control. Standard regression techniques and log transformations of antibody concentrations were used. Models included sex, age, birth weight, maternal smoking during pregnancy, and time from last vaccination. Prenatal and postnatal exposures were analyzed separately and then models that allowed for both exposure variables were included. Log transformation allowed expression of change in percent of the antibody levels per doubling of PCB exposure levels. In addition to the measured PCB exposure, analyses included an exposure variable based on report of maternal whale blubber intake. This inclusion allowed for measurement error and pooling of information from different exposure markers. Prenatal and postnatal exposures were examined separately and then together in one model. The benchmark dose levels, calculated from maternal serum PCB concentration, for effect on diphtheria toxoid antibody concentration in the younger cohort was 1.14 micrograms/gram (ug/g) lipid (similar to the one based on PCB-related neurodevelopmental deficits). The level for the effect on tetanus toxoid antibody concentration in the older cohort was 2.18 ug/g lipid.

**Results**

The 18-month-old cohort showed a decrease in diphtheria toxoid antibody concentration of 24.4% (95% CI, 1.63% - 41.9%) with a doubling of PCB prenatatal exposure. Antibody concentrations were significantly affected by both prenatal and postnatal exposure. The 7.5-year-old group showed a negative correlation between PCB exposure and tetanus antibody concentration. Specifically, there was a decrease of 16.5% of the tetanus antibody concentration for each doubling of the prenatal exposure (95% CI 1.51%-29.3%). While most children maintained sufficient antibody levels to confer protected status, two years following the booster vaccine for the older cohort, 21% (95% CI, 14%-28%) of the children had diphtheria toxoid antibody concentration below the limit for long-term protection. The benchmark dose levels, calculated from maternal serum PCB concentration, for effect on diphtheria toxoid antibody concentration in the younger cohort was 1.14 micrograms/gram (ug/g) lipid (similar to the one based on PCB-related neurodevelopmental deficits). The level for the effect on tetanus toxoid antibody concentration in the older cohort was 2.18 ug/g lipid.

**Strengths**

Children were from population-based birth cohorts and were in good health, improving the generalizability of the results. This study was a prospective study that used models able to account for measurement error. The population of the Faroe Islands has a higher than average PCB exposure which potentially allows for unmasking of otherwise subclinical toxicity. In addition, serum analyses were intercalibrated between the study laboratories and in sessions organized by the German Society of Occupational Medicine. Examination of the younger and older cohorts together pointed to PCB burden in the prenatal and early postnatal periods as the major determinant of immunotoxic effects. In other words, prenatal and early life PCB exposure seemed to have a larger negative impact on antibody levels than child PCB levels later in life. Such increased vulnerability in early life is not uncommon and points to need of further regulation to protect the youngest children during this period of vulnerability.

**Limitations**

The width of the confidence intervals for the antibody effects suggests that the results are not very precise. Specifically, differences in PCB exposure effects on tetanus and diphtheria should be interpreted with caution. In addition, the PCB measurements were widely spaced in time.
between maternal serum/breast milk levels and then follow-up levels in the children. This limits the postnatal exposure assessment and therefore does not allow for delineation of a more specific critical vulnerability window of development.

The study could not identify specific causative PCB congeners. Though the more persistent congeners constitute the majority of the PCB in the samples analyzed, immunotoxic effects could actually have been mediated by other congeners that were no longer present due to their shorter half-life. The persistent congeners could simply have been markers of these other congeners which caused the effects.

Other chemicals such as pesticide metabolite, p,p’-dichlorodiphenyldichloroethylene (p,p’-DDE), and mercury were measured. However, close correlation of PCB and p,p’-DDE levels and potential presence of other chemicals that were not measured did not permit the study to control for other potentially immunotoxic agents. There is also potential for effects from mixed exposures which could not be clearly examined in this study design.

Lastly, the unique diet (pilot whale) of the Faroese that causes their elevated PCB levels makes them an interesting study population but limits the generalizability of the results of this study.

**Conclusion**

**This study provides epidemiological evidence of an association of prenatal and postnatal PCB exposure with decreased antibody response. The authors propose two potential mechanisms of PCB burden in early postnatal period as a major determinant of immunotoxic effects: first, thymus function is altered by PCB exposure which affects the number of naive and memory B cells.**

**Results**

82% of available students agreed to participate. There were mostly white, non-Hispanic and Hispanic children and equal proportions of male and female participants. 12% of the children lived within 500 meters of a freeway.

**Methods**

Prior air pollution studies show negative effects of urban and regional air pollution on lung function. There is also evidence that local traffic is related to an increased incidence of asthma and other lung diseases in children. This study by Gauderman et al aimed to address the lack of specific evidence regarding the relationship of lung function development and traffic exposure in childhood.

**Data Analysis**

The statistical techniques used included modeling with three categories of socioeconomic status. The model allowed for separate lung growth curves for each sex, race, ethnic group, cohort and baseline asthma subgroup. Analysis adjusted for height, body-mass index, present asthma status, exercise or respiratory illness on the day of the test, any tobacco smoking by the child in the previous year, and indicator variables for the field technicians.

Four categories were used to describe distance to the freeway (less than 500 meters, 500-1000 meters, 1000-1500 meters and greater than 1500 meters). Similarly distances to nonfreeway roads were categorized based on distances of 75 meters, 150 meters, and 300 meters. Model based estimates of pollution from freeways and nonfreeways were categorized into quartiles based on their respective distributions. Interaction terms in the model allowed for joint estimation of local traffic effects and community long-term average pollutant concentrations. In all cases, negative estimations significantly reduced lung function growth with increased exposure (compared to the least exposed category).

**Results**

Overall, from the two cohorts, 1445 children were observed over the full 8 years. Closer residential distances to the freeway were associated with decreased growth in lung functions. FEV1 of the group living within 500 meters of freeway was 81 ml less (95% CI 18 to 143 ml less; p=0.012) than the group that lived greater than 1500 meters away. In this group living within 500 meters of the freeway, FVC was 63 ml less (95% CI 5 ml to 131 ml less) and MMEF was 127 ml/sec less (95% CI 11 to 243 ml/sec less) than the greater than 1500 meters group. Model-based pollution exposure showed deficits in lung function growth but no statistical significance. Non-freeway roads were not associated with deficits. The statistical techniques used included modeling with three categories of socioeconomic status. The model allowed for separate lung growth curves for each sex, race, ethnic group, cohort and baseline asthma subgroup. Analysis adjusted for height, body-mass index, present asthma status, exercise or respiratory illness on the day of the test, any tobacco smoking by the child in the previous year, and indicator variables for the field technicians.

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Results

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effects of freeway distance on lung development were more pronounced in these six higher traffic communities. Notably, significant lung effects were also seen in children without asthma or history of tobacco use.

Reduced lung function growth was independently associated with both freeway distance and with regional air pollution. Percent-predicted value (PPV) of lung function at 18 years of age showed pronounced deficits. For the group living less than 500 meters from a freeway, PPV FEV1 was 97% (95% CI 94.6 - 99.4; p=0.013 compared to greater than 1500 meters from a freeway). PPV MMEF was 93.4% (89.1-97.7; p=0.006 compared to greater than 1500 meters).

Strengths
This study was a long-term prospective follow-up of two large cohorts with exposure and outcome data consistently obtained. It built on a 2004 study by the same group published in New England Journal of Medicine that assessed the relationship between air pollution measured at central locations in each of 12 communities to lung development. The same equipment and testing protocols were used throughout the study period.

Limitations
The study had an 11% per year attrition rate. Participant attrition is a potential source of bias in cohort studies (although consistent results in the groups followed for the full eight years is reassuring that the results are valid). While the study controlled for socio-economic status and some indicators of indoor air pollution including exposure to environmental tobacco smoke, other confounders are possible for traffic, home and school contributors, and lung function growth. No assessment of the distance of children's schools from freeways was made. This study was also not able to identify which specific traffic pollutants were responsible for the lung effects, whether there was a mixed pollutant exposure effect, or if some characteristics of traffic beyond just pollutant exposure, such as noise, was associated with the physiologic impact. There was also not a significant association between model-based pollution from a freeway and lung function growth despite large estimated deficits in the highest exposure quartiles. Further study is needed to clarify this question.

Conclusion
Reduced lung function growth was found to be independently associated with freeway distance and regional air pollution. This study strengthens existing evidence that polluted air can have long-term negative effects on children with or without concomitant morbidities.

No evidence was found that traffic effects varied depending on background air quality, suggesting that even in an area with low regional pollution, children living near a major freeway are at increased risk of lung effects. In addition, children who live close to a freeway in a high pollution area experience a combination of adverse developmental effects due to local and regional pollution.

The relevance of this study is how it emphasizes that local (such as neighborhood scale) air pollution (not just regional background air quality) affects lung development in otherwise healthy children and will likely increase adult morbidity and mortality. As clinicians, we can advise our patients, both those with and without pre-existing lung disease, to live as far from traffic as possible when they have a choice. We can advocate on behalf of our patients when new road proposals threaten to affect those who are unable or unwilling to move away. We can also continue to encourage clean air legislation and stricter emissions standards to make the effect of existing roads less detrimental to our pediatric population.

Updated 01/04/08
It was a tough summer for fellowship funding:

- HRSA and AHRQ National Research Service Awards (NRSA) have been an important source of funding fellowships in health services research and primary care. This source was threatened this past year when language in legislation was left out regarding the pass through of money from NIH to HRSA and AHRQ for these grants. After some delay and major advocacy efforts by APA, this was eventually resolved for this year. APA continues to work on this issue which unfortunately still has not been resolved for upcoming years.
- Title VII 747 programs have supported fellowship training in primary care through faculty development grants. Title VII 747 programs were cut by 52% two years ago and there was no RFA that year. This past year there was an RFA and many applicants but NONE of the general pediatrics or general internal medicine programs were funded (only three family medicine faculty development grants were funded).
- The Title VII 747 program request for applications (RFA) for this year came out in September. Though this RFA continues to support faculty development training of educators and preceptors, it eliminated training in research in primary care. APA initiated a letter writing campaign to the Health Resources Services Administration (HRSA) and also documented research accomplishments that have come out of previously supported fellowships. APA leadership also conferred with leaders in family medicine and general internal medicine. Fortunately, HRSA heard us and a revision to the RFA was issued including research fellowships. HRSA has indicated that our advocacy efforts were helpful in the RFA revision and asked us to draft a policy brief documenting the value of research fellowships related to Title VII objectives. A policy brief has been drafted and is under revision.

Continued funding for Title VII 747 programs is an issue. In September five APA members participated in the AAMC's Health Professions and Nursing Education Coalition (HPNEC) Health Professions Leadership Capitol Hill Day and Briefing. Dr. Evelyn Simpkins, fellow at Johns Hopkins University spoke on the impact of Title VII programs on the support of her career in adolescent medicine and four other faculty and fellows from Johns Hopkins University (Tina Cheng, Raquel Hernandez, Dennis Kuo, Krishna Upadhya) visited congressional leaders.

The HRSA Advisory Committee on Training in Primary Care Medicine and Dentistry advises HRSA and Congress on Title VII. The committee currently includes three pediatricians: Lolita M. McDavid, M.D., M.P.A., associate professor of pediatrics and medical director of child advocacy and protection at Rainbow Babies and Children's Hospital of Case Western Reserve University in Cleveland, Ohio, Diego Chaves-Gnecco, M.D., M.P.H., fellow in general pediatrics at Children's Hospital in Pittsburgh, Pennsylvania, and Surendra K. Varma, M.D., professor and vice chair of the Department of Pediatrics at Texas Tech University School of Medicine in Lubbock where he directs the Pediatric Residency Program. Dr. McDavid was recently selected to chair the committee, a first for pediatrics. APA will continue to work closely with HRSA and the advisory committee on Title VII.

Thanks for your work on these fellowship issues. Your advocacy has made a difference! Please continue to talk to your congressional leaders about the importance of Title VII funding for the primary care workforce.

Updated 01/04/08
TIDE is the product of collaboration between The Ambulatory Pediatric Association and the Society for Adolescent Medicine (SAM). As we are currently coming to an end of the CDC support, we are in the process of applying for multiple sources of funding for the continuation of the program. The funding will be used for curriculum development, continuation of CME certifications and for dissemination activities. TIDE continues to be a source of immunization delivery information and provides an online curriculum for health care professionals.

TIDE is a self paced program and the curriculum is organized as five self-contained modules including all the resources needed for learners.

- Module A - Childhood Immunization - presents sample cases requiring the learner to make correct decisions for pediatric patients' vaccinations. Diane Kittredge, Diane Langkamp, Paul Darden
- Module B Assessing Immunization Rates leads the learner through a chart audit to measure practice immunization rates. Diane Kittredge, Diane Langkamp, Paul Darden, Judith Shaw
- Module C - Improving Immunization Rates in your practice presents ways to bring about change in office routines to improve immunization rates. Diane Kittredge, Diane Langkamp, Paul Darden, Judith Shaw
  Note: Modules B & C are in the final stages of development incorporating current concepts in continuing quality improvement, the first being Improving Immunization Rates in Your Practice: Understanding the Concepts. The other CQI module is Improving Immunization Rates in Your Practice:
- Module D – Adolescent Immunizations presents sample cases requiring the learner to make correct decisions for adolescent patients' vaccinations. Viking Hedberg, Jill Fournier, RN, BSN
- Module E - Vaccine Storage and Handling describes the storage and handling requirements for commonly used vaccines and provides quick access to authoritative vaccine storage and handling resources. Viking Hedberg, Jill Fournier, RN, BSN

TIDE/ APA/ SAM Immunization Activities

- The annual updates for the program were completed and include the new immunization schedule as well as vaccine information.
- Activities for dissemination such as e-mail notices on the listserv and information presented in the newsletters and national meetings was ongoing. TIDE brochures were distributed at the Tricounty Immunization Coalition quarterly meeting in September.
- The Medical University of South Carolina's Office of Continuing Education has continued to issue free CMEs for the online curriculum and the Center for Academic and Research Computing is continuing to provide web development support.
- The program is being considered for an unrestricted educational grant to continue with curriculum development and CME activities.

Visit TIDE online for an interactive demonstration or to register at www.musc.edu/tide or email Paul Darden dardenpm@usc.edu or Anne Ross Rossas@musc.edu for more information.

Updated 01/04/08
For over 20 years Dr. Balu Athreya, Emeritus Professor of Pediatrics at the University of Pennsylvania School of Medicine, taught a course called "The Art of Medicine". Now he has created a practical reference manual based on that course. The book's primary audience is medical students and residents, and it discusses the "practical aspects of observing, listening, helping and communicating." Training programs, textbooks, and other resource materials for residents traditionally focus on the development of factual knowledge with little attention to the development of the skills needed to effectively apply the science to the clinical encounter. With growing acknowledgement of the importance of interpersonal relationships and effective physician communication skills, it is apparent these skills need to be taught using a systematic curriculum. Effective diagnostic skills, problem-solving skills, and clinical management skills require competency in observing, listening, communicating, caring and connecting. Clinical Competency Skills provides a valuable resource for those seeking to learn these skills. The book addresses each of these topics as individual chapters finishing with a strong recommendation encouraging the physician to "Know thyself" by incorporating time for self-reflection into each day. Dr. Athreya reminds the reader in the last chapter that developing continuous self-learning skills should not be neglected and is necessary for continued professional growth and well-being. Each chapter ends with a paragraph summarizing the major points, key references and recommended readings, tables and in some cases suggested exercises for practice laid out in clear, reader-friendly and user-friendly formats.

The book's recurring theme is that the practice of medicine involves people who need to be treated with respect and understanding. This is not a book on humanism, however, but rather one that guides the reader in the application of humanistic competencies for the purpose of developing appropriately comprehensive differential diagnoses, clinical problem-solving, and appropriate patient-centered interventions and management. The discussions regarding distinguishing illness from disease and the importance of understanding the personal predicaments (i.e. psychosocial context) of the child and the parent are particularly well done. Dr. Athreya uses practical real-life clinical examples to illustrate how these principles affect the physician-patient encounter and the physician's ability to deliver effective care. Children and their parents rely on pediatricians to provide the information they need in a manner they can understand. Care delivered in conflict with the social and cultural values important to patients risks being ineffective in meeting their needs. If providers are to meet these expectations patients need to be listened to with the care and attention required to truly hear their stories. Chapter 4 on listening and observational skills is one of the highlights of the book. The topic is covered comprehensively, providing specific behaviors which can be easily practiced and evaluated.

Overall, Dr. Athreya has succeeded in producing a much-needed resource for competency training in the art and practice of clinical medicine. He has integrated developing humanistic skills in tandem with developing diagnostic and problem-solving skills such that one set of skills cannot be divorced from the other. It is deceptively easy to read, but complex in its concepts. This is a book that will spend very little time gathering dust on a bookshelf because of its applicability to everyday practice and experiences. Trainees and trainers alike will find the manual an important and inexpensive addition to their educational resources. Check it out at [http://booklocker.com/books/2663.html](http://booklocker.com/books/2663.html)

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Updated 10/24/07
ANNOUNCEMENTS

Award Notification
The AAMC's Executive Council voted to confer a Distinguished Membership Award on APA member Paul McCarthy for outstanding contributions to Academic Medicine and dedication and service to the AAMC and the Council of Academic Societies. Dr. McCarthy served as the APA representative to the Council of Academic Societies for 10 years and is a past Chair of the committee. The award will be presented at the AAMC Annual Meeting in November.

Child and Youth Quality Measures Endorsed by the National Quality Forum
The steering committee of the National Quality Forum (NQF) has endorsed seven patient experience of care survey instruments in 2007 in the National Voluntary Consensus Standards for Ambulatory Care: Patient Experience of Care. Three of these are specifically focused on children and youth. These include:
1. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey v. 3.0 Children with Chronic Conditions Supplement
2. The Young Adult Health Care Survey (YAHCS)
3. The Promoting Healthy Development Survey (PHDS)

The CAHPS CCC is a 31-question supplement to the CAHPS Child Survey Medicaid and Commercial Core surveys which allows health plans to identify children with chronic conditions and evaluate their experience of care. Developed through the Child and Adolescent Health Measurement Initiative (CAHMI) in collaboration with the CAHPS study team, the instrument is now owned by the Agency for Healthcare Research and Quality (AHRQ). To learn more and/or to obtain this survey go to: www.cahmi.org or https://www.cahps.ahrq.gov/default.asp

The YAHCS is a 54-item survey given to teenagers that assesses whether they are receiving nationally recommended preventive health services provided in the context of discussions between youth and clinicians. Eight measures of quality care can be gathered and scored using YAHCS:
- Preventive screening and counseling on risky behaviors
- Preventive screening and counseling on sexual activity and STDs
- Preventive screening and counseling on weight, healthy diet and exercise
- Preventive screening and counseling on emotional health and relationship issues
- Having a private and confidential care
- Overall helpfulness of counseling
- Communication and experience of care (derived from CAHPS®)
- Receipt of written health information and resources

To learn more and/or to obtain this survey go to: www.cahmi.org

The PHDS is a 43-item survey given to parents of children between the ages of 3 months and 4 years which assesses if their children are receiving nationally recommended well-child care services that take place in the context of discussions between parents and clinicians. Eight measures of quality care can be gathered and scored using the PHDS:
- Anticipatory Guidance And Parental Education (Average Proportion)
- Anticipatory Guidance: Providers (all ages) (Mean Score, Non-Linear)
- Assessment of Psychosocial Issues and Safety in the Family
- Assessment of Smoking, Alcohol or Other Substance Abuse in the Family
- Health Information
- Family Centered Care
- Care Addressing Issues and Parenting Resources in the Community that May Affect Child's Health
- Helpfulness of Care Provided
- Effectiveness of Care Provided

To learn more and/or to obtain this survey go to: www.cahmi.org

NEW DATA on Children with Special Health Care Needs COMING SOON!
The 2005-2006 National Survey of Children with Special Health Care Needs

The NS-CSHCN is a national survey conducted for the first time in 2000/01 and again in 2005/06 by the National Center for Health Statistics of the Centers of Disease Control and Prevention and is sponsored by the Maternal and Child Health Bureau (MCHB) of the US Department of Health and Human Services. Topics covered by the NS-CSHCN are child’s health and functional status, health insurance status and adequacy of coverage, access to health care, care coordination, family-centered care and impact of child’s health on the family. The DRC offers users the ability to compare state-level data on over 60 child health indicators in the survey and to stratify by various subgroups such as income level, race/ethnicity and insurance coverage.

To subscribe to receive the announcement of the data’s public release and to learn more about the survey, please visit the Data Resource Center at www.childhealthdata.org.

Pediatric Drug Label Information
Websites are available which provide pragmatic and educational information on changes in pediatric drug label information which have occurred
spurred by recent legislation. These websites are updated regularly. Summarized below is specific information related to the legislation which encourages and requires pediatric studies of products being used in children.

New Labels
1) Best Pharmaceutical for Children Act (BPCA)
You will find the indications as well as any changes to the pediatric label that resulted from the process.

2) Pediatric Research Equity Act (PREA)
Thus far 55 labels have been posted with new pediatric indications in the label. To access the information please click on the link http://www.fda.gov/cder/pediatric/Prea_label_post-mar_2_mtg.htm

3) Safety Reviews
Of drugs studied under BPCA 65 have had safety reviews presented to the Pediatric Advisory Committee. Please see information at http://www.fda.gov/oc/opt/pediatricsafety.html

4) General information
To get general information on pediatric subjects and regulatory issues please visit the FDA website http://www.fda.gov/oc/opt/pediatricsafety.html

Pediatrics in Practice
The online interactive modules of Pediatrics in Practice (www.pediatricsinpractice.org) are now accredited for CME/CE by Dartmouth-Hitchcock Medical Center. This health promotion and faculty development website is more user-friendly and features fully re-designed Learning, Teaching, and Practice Centers. " [Pediatrics in Practice] will be a useful and popular resource for all of us who care for families with children. It is accurate, easy to read and use, and well-indexed. Try it!" - Elizabeth Hillman, Professor of Pediatrics, University of Ottawa, Canada in her book review (APA Newsletter, Spring 2007;43 (3):31-32).

Accredited modules on various Bright Futures concepts (e.g., Health Promotion, Time Management, and Advocacy) are available in the Learning Center, with additional health promotion modules on Health, Partnership, Communication, Education, and Cultural Competency to be released soon. The Teaching Center offers several online learner-centered teaching modules (i.e., Brainstorming, Buzz Group, Case Discussion, Mini-Presentation, Reflective Exercise, Role Play, and Promoting a Learner Centered Approach), as well as the entire Pediatrics in Practice Health Promotion Curriculum for Child Health Professionals, available for purchase or by download. The Practice Center is under development and slated to include valuable health promotion resources, videos, and models of best practice.

U.S. Department of Health and Human Services
NATIONAL INSTITUTES OF HEALTH
NIH News
National Heart, Lung, and Blood Institute (NHLBI)
http://www.nhlbi.nih.gov/index.htm

FOR IMMEDIATE RELEASE: Wednesday, August 29, 2007
CONTACT: NHLBI Communications, 301-496-4236

NATIONAL ASTHMA GUIDELINES UPDATED
New Approaches for Monitoring Asthma Control, Expanded Recommendations for Children

The National Asthma Education and Prevention Program (NAEPP) today issued the first comprehensive update in a decade of clinical guidelines for the diagnosis and management of asthma. The guidelines emphasize the importance of asthma control and introduce new approaches for monitoring asthma. Updated recommendations for managing asthma include an expanded section on childhood asthma with an additional age group, new guidance on medications, new recommendations on patient education in settings beyond the physician's office and new advice for controlling environmental factors that can cause asthma symptoms.

Coordinated by the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health, NAEPP convenes an expert panel when there is sufficient science to warrant a rigorous, systematic review of the published medical literature to ensure that the asthma guidelines reflect the latest scientific advances.

For the full release, please click here.

Updated 11/1/07
Clinical Educator
Johns Hopkins University's Department of Pediatrics seeks a Clinician Educator to join the faculty in the Division of General Pediatrics and Adolescent Medicine. The full time position includes 50% clinical teaching time in a large academic practice. Candidate must be BC/BE in Pediatrics and have superior teaching evaluations. Fellowship training and experience in curriculum development and evaluation is desirable. Clinical responsibilities include outpatient and inpatient supervision of medical students, residents and fellows. There are opportunities to develop clinical, educational, and research interests with division strengths in medical education, underserved populations, asthma, STDs/HIV and youth violence prevention.

Interested individuals should send their CV to: Barry Solomon, MD, Division of General Pediatrics & Adolescent Medicine, 200 North Wolfe Street, Room 2074 Baltimore, MD, 21287, 410-614-8438, Fax 410-502-5440, or e-mail: bsolomon@jhmi.edu. We are an equal opportunity employer.

New Associate Chief of General Pediatrics
The Medical College of Wisconsin (MCW) Department of Pediatrics in Milwaukee seeks a new Associate Chief of the Section of General Pediatrics. Full-time position with excellent benefits. Reports to the Chief and Professor of General Pediatrics. May directly co-manage up to 10 faculty, 13 professional and 13 support staff and indirectly manage community partner agency staff. Administrative duties (45% effort) include Associate Medical Director, mentor and guide of faculty and staff in growing Downtown Health Center and Milwaukee Adolescent Health Program, and Associate Director of the Primary Care Research Fellowship. Clinical translational and community-based research duties (25%) in Center for the Advancement of Underserved Children and Children's Research Institute, Co-Investigator of MCW Healthier Wisconsin Partnership grants to address childhood asthma, obesity, uninsured, and city health policy, and Associate Coalition Director of Fight Asthma Milwaukee Allies. Clinical patient care and teaching (15%) at Downtown Health Center and growing Children’s Hospital of Wisconsin (CHW). Educational scholarship and teaching (15%) in MCW Department of Pediatrics, CHW, and new MCW and University of Wisconsin-Milwaukee School of Public and Community Health. Board certification in Pediatrics required. Additional masters-level education preferred. Administrative and grant-writing experience required. Email CV to jmesurer@mcw.edu. EOE M/F/D/V.

Overseas Teaching Position
The George Washington University Medical Center is seeking a board-certified/ board-eligible pediatrician for a minimum of one-year commitment to serve as co-coordinator of a newly developed pediatric residency training program in Eritrea. This unique training program has been developed in partnership with Physicians for Peace and the Eritrean Ministry of Health. We are also accepting applications for short-term visiting faculty positions. Contact: Ellie Hamburger, MD ehamburg@cnmc.org.

Click here for additional listings.

Updated 01/04/08
The Children’s Hospital at Dartmouth, Dartmouth-Hitchcock Medical Center, and Dartmouth Medical School seek two experienced, full time, Board Certified pediatricians to join a growing academic clinical practice as faculty members in the Department of Pediatrics Section of General Academic Pediatrics. Candidates must have strong clinical and mentoring skills in ambulatory pediatrics as they will be expected to serve as team leaders including the supervision of pediatric residents, medical students, and nurse practitioners. Each position includes a full faculty appointment at Dartmouth Medical School at a rank commensurate with experience and academic contributions. The Children’s Hospital at Dartmouth is a 65-bed children’s hospital located at Dartmouth Hitchcock Medical Center in the Upper Connecticut River Valley of New Hampshire and Vermont—a spectacular place to live and raise a family. Dartmouth Hitchcock Medical Center is an EQ/AA employer and encourages applications from women and members of minority groups.

Direct letter of interest and curriculum vitae to:
Chair of the Pediatric Search Committee
c/o Nancy Peacock
Dartmouth Hitchcock Medical Center
One Medical Center Drive
Lebanon, NH 03756
Ph: 603-653-6042
Email: Nancy.Peacock@Dartmouth.edu

PeaceHealth, a not-for-profit healthcare organization in the Pacific Northwest, has an opening for a BE/BC Pediatrician in Eugene, Oregon. This opening is a full-time position.

The Pediatric Department currently consists of 16 primary care pediatrics. The group is quite stable and cohesive. We place high priority on continuing medical education; there are weekly education sessions and regular journal club meetings. Several members hold leadership positions with the American Academy of Pediatrics and the American Board of Pediatrics.

PeaceHealth Medical Group is a 120-member multi-specialty group with system-wide electronic medical record and access to several medical databases. Imaging is all digital. The group is committed to excellent medical care, and also to providing care to underserved populations. PeaceHealth also offers opportunities to volunteer in our medical mission in El Salvador.

EUGENE, OREGON is one of the most desirable cities in the Pacific Northwest in which to live, work and play. The area is extraordinarily rich in recreational areas as well as cultural activities and the arts. Eugene is located in the heart of the Willamette Valley and is within an hour’s drive of adventures at the beach with amazing cliffs and sand dunes or at the snow peaked mountains with hundreds of different ski runs.

Please send your CV to Mark Reznick at mmreznick@peacehealth.org or Fax to 541-349-8021.

Visit our website www.PeaseHealth.org

PeaceHealth is an Affirmative Action and EO employer.

To fulfill growing needs in northeast Pennsylvania, Geisinger’s Janet Weis Children’s Hospital is seeking a pediatrician for our Kingston Community Practice Clinic, located in the scenic Susquehanna Valley of northeastern Pennsylvania.

This is an excellent opportunity to join another pediatrician in working in the Kingston office and sharing call with 7 other pediatricians. Inpatient coverage is provided by a team of dedicated pediatric hospitalists and supported by the region’s only pediatric urgent care facility. Geisinger utilizes an electronic medical record system, connecting a comprehensive network of primary care physicians and specialists.

Geisinger offers physicians:
• Paid medical malpractice insurance with tail coverage.
• Excellent benefits package including 4 weeks vacation and 3 weeks CME with stipend annually.
• The benefits of Pennsylvania living—good schools and affordable homes in nice neighborhoods—just an afternoon’s drive from the Poconos, New York City, Philadelphia and Washington, DC.

Janet Weis Children’s Hospital:
• Is a dedicated children’s hospital (located on the campus of Geisinger Medical Center) with a full-service hospitalist program.
• Is part of Geisinger Health System (4 hospitals and more than 40 community practice locations) that provides an abundance of referrals.
• Serves the needs of more than 3 million citizens of central and northeastern Pennsylvania.

At Geisinger, you’ll experience the support, camaraderie and professional challenges of a leading practice while discovering the charms of Pennsylvania living.

Kathy Kardisco, Recruiter
Geisinger Department of Professional Staffing
100 North Academy Avenue
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Phone: 1-800-845-7112
Fax: 1-800-622-2515
Email: kkkardisco@geisinger.edu

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www.geisinger.org/docjobs
Saint Louis University School of Medicine
Cardinal Glennon Children’s Medical Center

Pediatric Hospitalist

Saint Louis University, a Catholic, Jesuit institution dedicated to student learning, research, health care, and service, is seeking outstanding applicants for four full-time faculty positions in the Division of General Academic Pediatrics, Section on Hospitalist Medicine. One position available is for the Section Chief of Pediatric Hospitalist Medicine. The successful candidate for this position will be BC/BE and have completed a fellowship program in pediatric hospital medicine or have significant postgraduate experience in inpatient hospital care. This position will be at the assistant or associate professor level. The remaining three positions will be at the assistant professor rank.

These four individuals will have the opportunity to serve as the foundation for this new Hospitalist Section, and will have the opportunity and responsibility to provide clinical care; education at all levels; and to develop programs in quality improvement, health outcomes research, clinical research and/or educational research.

Cardinal Glennon Children’s Medical Center includes a 160-bed free standing children’s hospital located in midtown St. Louis, adjacent to Saint Louis University. The Medical Center serves a diverse population from the inner city, the metropolitan area, and children from a 200 mile referral radius. The medical staff includes over 90 full-time Saint Louis University School of Medicine faculty, and all medical and surgical specialties are represented.

All applications must be made online at http://jobs.slu.edu. Applications must include a cover letter and curriculum vitae. Other correspondence regarding this position should be sent to Timothy Fete MD, MPH, Professor and Director, Division of General Academic Pediatrics at fetetj@slu.edu. Saint Louis University is an Affirmative Action, Equal Opportunity Employer, and encourages nomination of and applications from women and minorities.

Pediatric Hospitalist

Carle Clinic Association, a 320-physician owned and operated multispecialty group practice, is seeking a Pediatric Hospitalist who is BE/BC in Pediatrics to join an established program in Champaign-Urbana, Illinois. 100% of time would be spent on the floor; Pediatric Hospitalists do not cover the NICU or newborn nursery. Ancillary staff includes pastoral services, child life specialists, and social services. Opportunity for academic/research affiliation with the University of Illinois. Champaign-Urbana has a population of 180,000 and is located two hours from Chicago and Indianapolis and three hours from St. Louis. Please contact:

Dawn Goeddel, Search Consultant
Phone: (800) 436-3095, extension 4103
Fax: (217) 337-4119
E-mail: dawn.goeddel@carle.com

Carle Clinic

Pediatric Hospitalist - Illinois

One System. Many Options.

Quality of life blends with quality of practice.

The Levine Children’s Hospital at Carolinas Medical Center is currently under construction on the campus of Carolinas Medical Center in Charlotte, NC. This facility will be 12 floors with 234 patient beds, including a 20-bed PICU and Cardiac Intensive Care Unit, a 20-bed day hospital and an 85-bed NICU.

Ambulatory Director

Carolina’s HealthCare System and the Department of Pediatrics at Carolinas Medical Center are seeking a highly motivated, leadership driven candidate to join their team. The position of Ambulatory Director offers an outstanding opportunity for the right candidate to provide administrative oversight and direction of the clinical and community service functions of the department. We are committed to being the leading provider of health care services and sponsor of educational programs emphasizing Graduate Medical Education. The position is a wonderful opportunity to become part of an outstanding physician team and a fully accredited Pediatric Residency Training Program.

To discover more, visit our website: www.carolinashospital.org/careers/physicians or contact Jill Mabry: jill.mabry@carolinashospital.org or call: (800) 847-3084 or (704) 335-0282. EOE/AA

Levine Children’s Hospital

www.carolinashospital.org/careers/physicians

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For more information, call:
Elsevier Advertising Sales
(212) 462-1950
usclassads@elsevier.com
GENERAL PEDIATRICIAN FOR COMMUNITY PEDIATRICS PROGRAM

The Children’s Hospital at Dartmouth seeks a senior Board Certified pediatrician to direct and expand an existing endowed Community Pediatrics Program and participate as a faculty member in the Department of Pediatrics, Section of General Academic Pediatrics. Candidates must have experience and interest in practice outside the walls of the hospital. The position includes a full faculty appointment at Dartmouth Medical School at a rank commensurate with experience and academic contributions. The Children’s Hospital at Dartmouth is a 65-bed children’s hospital located at Dartmouth Hitchcock Medical Center in the Upper Connecticut River Valley of New Hampshire and Vermont—a spectacular place to live and raise a family. Dartmouth Hitchcock Medical Center is an EO/AA employer and encourages applications from women and members of minority groups.

Direct letter of interest and curriculum vitae to:
Chair of the Pediatric Search Committee
c/o Nancy Peacock
Dartmouth Hitchcock Medical Center
One Medical Center Drive
Lebanon, NH 03756
Ph: 603-653-6042
Email: Nancy.Peacock@Dartmouth.edu

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“In the Moment”
Call for Submissions

Thank you to the membership of the APA for your support of “In the Moment,” the new personal narratives section of Ambulatory Pediatrics. It has been less than a year but already we've received overwhelmingly positive feedback about the first several issues. We've also been encouraged by the many high quality and interesting submissions from readers of the journal at all levels, including medical students and senior attendings, and the variety of topics, from international experiences in pediatrics to personal crises that say something about our health care system, making us realize we've just begun to tap into a lively and motivated group of writers within the APA. We urge you to continue to submit narrative pieces about research, contact with patients, the influence of mentors, the impact of policy and current events, and the relationship of your work to your lives, and the lives of others. We are seeking essays that describe your experiences and make connections to larger themes in pediatric education, research, policy and clinical care.

“In the Moment” is not a section for specific editorial commentary, patient case reports, or letters to the Editor. However, anecdotal reference to recent research, patient contacts, and educational programs is encouraged. It is a vibrant forum for all of us to relate the stories and perspectives that are such an important part of our work and ongoing medical education and experience.

Submissions should be 2500 words in length and comply with the Guide for Authors, available in the journal and on the editorial website (http://www.ees.elsevier.com/ambulpediatr/). Submissions will be submitted to editorial and/or peer review prior to decisions about publication. If you have questions about the section, or wish to discuss a submission, please contact us directly.

Section Editors
Anjali Jain (ajain@cnmc.org) and John S. Andrews (Andrews@umn.edu)

Ambulatory Pediatrics Perspectives
Jim Perrin and I are delighted to announce that the first “Perspective” will be published in the November/December issue of Ambulatory Pediatrics. These manuscripts review important topics in pediatrics and outline directions for future research. If you would like to submit a Perspective, please use the journal submission website (ees.elsevier.com/ambulpediatr). If you have a question about Perspectives, please contact me directly (efuentes@sfghpeds.ucsf.edu). We welcome your submissions!

Elena Fuentes-Afflick, UCSF

Updated 01/4/08