PRESIDENT’S MESSAGE

James Seidel, MD, PhD

The past few years have marked a crossroad for the Ambulatory Pediatric Association. We have launched a very high quality journal; *Ambulatory Pediatrics*, which has already been indexed by the National Library of Medicine, and we have begun to develop organizational policies, which the Special Interest Groups and members can translate into public policy. The Board of Directors has strived to broaden the participation of the membership in committees and other aspects of the APA structure, and we continue to foster excellence in education and research. In short the APA has evolved into an organization that is more than a national meeting and a group of kindred spirits interested in education and research.

If the evolution of the APA is to continue, it is important that the membership be active participants in child advocacy on the local, state and national level, to help the board establish priorities for public policy issues and to help implement policies that the organization has fostered. Our first policy statement on Antibiotic Resistance has been passed by the board and will be published in the journal. It is now incumbent on all of us to work to reduce the inappropriate use of antibiotics. The Centers for Disease Control and Prevention has made this issue a national priority and we can all assist them in their efforts by including a strong component on inappropriate use of antibiotics in our teaching curricula and by translating it into practice in the continuity programs.

I thank the membership for your help in continuing to make the APA a vibrant and exciting academic organization. I look forward to seeing you in Baltimore where a very exciting program has been planned.
COMMUNICATION DIRECTOR’S REPORT
Judith S. Shaw, RN, MPH

This is my final column as the Communications Director for the APA. As I reflect back on the past three years, I’m struck with the progress we have made as an organization. We have a vibrant, indexed journal, *Ambulatory Pediatrics*, a new web site, web pages for all the SIGS, Committees and Regions, and an active (but somewhat controversial!) listserv.

I will miss the correspondences that occurred around the time of the newsletter deadline, but I won’t miss the last minute pleas for submissions or the scramble to get the newsletter out on time. I recognize now why I didn’t go into Journalism.

As I pass the torch on to Ruth Etzel, I know you will be in very capable hands. I will remain on the Journal Committee for the next three years to ensure continuity in the business aspects of the journal. It has been a pleasure to serve and to work with all of you to improve the communication in the Association.

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APA National Office:
Marge Degnon (Executive Director)
marge@ambpeds.org
Amy Pulupa (Executive Assistant)
amy@ambpeds.org
www.ambpeds.org * info@ambpeds.org
APA-NET: apa-net@ambpeds.org

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This is my last “official” column in the Newsletter. I appreciate the membership giving me the opportunity to be an officer of the APA. One of the benefits to me at the beginning of my presidency was discussing the responsibilities of organization leaders with George Degnon. Let me briefly note three:

1. Assuring financial viability. Membership dues are critical, but so is finding non-dues sources of income. (No accountant jokes, please.)

2. Representing the organization in its dealings with other organizations: I enjoyed this opportunity/responsibility very much. As a member of the Federation of Pediatric Organizations, APA representatives meet twice a year with representatives of six other pediatrics organizations. In addition, thanks to the insights shared with me by Mike Lawless, I recognized the “window” we currently have with pediatrics organizations not at the Federation table: Council on Medical Student Education in Pediatrics, Society for Developmental and Behavioral Pediatrics, Society for Adolescent Medicine, to name three. While I was APA president, the leaders of these organizations were all long-time APA members, which is understandable historically, since the APA provided a home for pediatricians interested in those areas. But there is no reason to expect that the situation will be the same 5 years from now. We need to maintain close relationships with these (and other) organizations, lest we become isolated and work in parallel. My presidential project, the revision of the APA Guidelines for Residency Training in General Pediatrics, is taking shape, thanks to tremendous efforts by Diane Kittredge, Connie Baldwin, Franklin Trimm, Mimi Bar-On, and Trish Beach. The Advisory Board includes representatives from organizations interested in the education of pediatricians, chaired by the APA and including the AAP, ABP, APPD, COMSEP, SAM, and SDBP. Establishing communication between individuals and organizations whose primary interest is medical student education, resident education, or CME is particularly exciting (and gratifying) to me.

3. Improving the infrastructure of the organization: Here is where you need to play an active role. Involvement in region activities, involvement in SIGs, involvement in one or more of the four standing committees—give the current leaders the benefit of your ideas and help. Become one of those leaders. Then I hope you have the opportunity to be president of the APA, too.

FEDERATION OF PEDIATRIC ORGANIZATIONS (FOPO)

January 29, 2002, marked a momentous occasion in the history of the specialty of Pediatrics. At a meeting of the Federation, Dr. Richard Behrman signed the contract to become the Executive Chair of the Pediatric Education Steering Committee of the Federation. The Future of Pediatric Education II (FOPE II) Task Force made 34 recommendations as a result of its three year effort to address medical education in the 21st century. The last of these was that the Federation be the oversight organization for implementation of the other 33 recommendations. A national search was initiated and a number of exceptional candidates threw their hats into the ring. The search committee recommended Dr. Behrman to the Federation. The seven member organizations of the Federation voted unanimously to accept the recommendation of the search committee.

Dr. Richard Behrman

Dr. Behrman has graciously accepted the Federation’s offer and the responsibility for facilitating the implementation of the recommendations of the FOPE II Task Force. Dr. Behrman is currently Senior Vice-President of the Lucile Packard Foundation for Children’s Health and Clinical Professor of Pediatrics at Stanford University and University of California, San Francisco. Previously he held leadership positions as Chair of the Departments of Pediatrics at Columbia University and Case Western Reserve University, where he also served as Dean and Vice President for Medical Affairs. Dr. Behrman is Editor-in-Chief of Nelson Textbook of Pediatrics and the journal entitled “The Future of Children.” Dr. Behrman describes himself as a “builder” and we as a pediatric community have the good fortune to witness the construction of an infrastructure that will provide the foundation upon which we will build the future of pediatric education.
EDUCATION COMMITTEE
Michelle Barratt, MD, MPH

The Education Committee will meet 3:15 until 5:15 Saturday May 4 in the Hyatt Hotel, room Constellation F. We will be having active discussion about a variety of topics in Baltimore this year. Issues to be discussed include the Educational Guidelines for Residency Training in General Pediatrics and progress on their three year plan; updates on FOPE II, COMSEP and UME-21; changes to the Helfer Award review process to be sure we recognize the most innovative educational paper; setting up a working group to prepare an APA endorsed resident education module on the effects of acute and post-traumatic stress on children due to terrorism; discuss creating an APA policy statement (perhaps in concert with another committee or Region) on the response of Pediatricians to disaster; setting up a workshop for 2003; as well as other items.

PUBLIC POLICY AND ADVOCACY COMMITTEE
Charles N. Oberg, MD, MPH

The APA Public Policy and Advocacy Committee is preparing to monitor the actions of Congress and the White House as they enter the second session of the 107th Congress. In preparation, the APA participated with the other Pediatric Societies at the February 2002 meeting of the American Academy of Pediatrics Committee on Federal Government Affairs (AAP-COFGA). The range of topics discussed included a review of the first session of 107th Congress:

- President Bush signed into law P.L. 107-109, the Best Pharmaceuticals for Children Act on January 4, 2002. This Act extends the FDA pediatric studies provisions through October 2007. It also establishes an Office of Pediatric Therapeutics within the FDA.


- In February 2002 the APA in conjunction with the Academy and the other Academic Pediatric Societies signed onto the Public Health Security and Bioterrorism Response Act and the Bioterrorism Preparedness Act.

- Of particular concern is the proposed elimination of Title VII and VIII, Health Professional Training Grants in President Bush’s proposed 2003 budget.

As the Pediatric Academic Societies joint meeting approaches, the Ambulatory Pediatric Association will be co-sponsoring the Ninth Annual Public Policy Plenary Symposium. The session is entitled, Children as Research Subjects: Ethical and Regulatory Issues,” and will be held on Sunday, May 5, 2002.

The APA Board has approved the guidelines for policy statement development known as the APA “Policy on Policies” which will articulate the process for the creation of APA policy statements. The effort is an attempt to provide a historical record of the Association’s policy position on a variety of child health related topics.

In addition, the first policy statement has been completed and approved. It is entitled, The APA POLICY on CLINICAL and ENVIRONMENTAL FACTORS CONTRIBUTING TO ANTIBIOTIC RESISTANT BACTERIA by Kathi J. Kemper MD, MPH and the APA Standing Committee on Public Policy and Advocacy.

All APA members are welcomed to the Public Policy & Advocacy Committee at the annual meeting in Baltimore, Saturday May 4, 2002, 3:15-5:15pm, Baltimore Room in the Hyatt Hotel. The committee will set policy priorities for the coming year. An effort is underway to solicit membership from each region and SIG to broaden the breadth and scope of policy activity within the committee. If you are interested in becoming more involved with the APA Public Policy and Advocacy Committee you can reach the Chair, Charles Oberg at 612-347-4215 or by e-mail at Oberg001@umn.edu.

RESEARCH COMMITTEE
Katherine Kaufer Christoffel, MD, MPH

The Research Committee meeting will take place on Saturday, May 4, 3:15-5:15pm in The Annapolis Room at the Hyatt Hotel. Anyone interested in participating is welcome to attend.

Lynne Haverkos chaired a research subcommittee that designed and distributed a fellowship survey. The intent was to identify ways in which the APA can advocate for and enhance research-training fellowships. Results may be used by the APA in a variety of initiatives, such as revised guidelines, new SIGs, meet-
Peter Szilagyi is the recipient of the APA 2002 Research Award which will be presented at the APA Business Meeting at the Baltimore Convention Center on Sunday, May 5, 5:00-6:00pm.

REGIONS AND MEMBERSHIP
Tina L. Cheng, MD, MPH

Ambulatory Pediatrics is a free standing journal (no longer a supplement to Pediatrics) and recently was approved for inclusion in Index Medicus and CINAHL! Spread the word and help APA recruit new members. We especially would like to reach out to trainees (med students, residents, fellows), educators and interdisciplinary colleagues in general pediatrics, adolescent medicine, developmental behavioral pediatrics, emergency medicine, child protection.

APA membership benefits include:
- involvement in a great annual meeting
- subscription to Ambulatory Pediatrics-now indexed in Index Medicus and CINAHL!
- the APA Newsletter
- discounted copies of APA guidelines and manuals
- participation in regional activities and Special Interest Groups
- participation in APA-NET
- access to the Members-only part of the APA web page and online text of Ambulatory Pediatrics

Membership applications are found on the APA web site at www.ambpeds.org, and at the back of Ambulatory Pediatrics, the official journal of the APA. THANKS. APA depends on your efforts!

DISASTER PLANNING: BEYOND 9-11

An APA regional adhoc subgroup on bioterrorism was formed after the events of 9-11. As frontline primary care providers and as educators to families and trainees, this is an issue of importance to all of us. An annotated bibliography of resources (mainly web resources) on bioterrorism for the pediatrician was developed and was disseminated through APA-NET in January 2002 (e-mail tcheng@cnmc.org for a copy). We have also been active in developing programming on this issue at regional meetings and at the May PAS meeting. APA will be chairing a hot topic session on disaster planning on Tuesday, May 7 at 1:45-3:45 and co-chairing a session on bioterrorism on Sunday, May 5 at 1:45-2:30. Curriculum development has begun. We all hope that world events will allow this issue to be less pressing in the future. Let me know your comments/suggestions on what APA should do to address this issue!

SECRETARY’S REPORT
Paul Young, MD

I hope you are planning to attend this year’s PAS meeting. The combination of Invited Science, Original Science, Educational Seminars, Workshops, and SIG sessions promises something for everyone. If you haven’t yet registered you can do so easily by going to the web site at www.pas-meeting.org. If you are still debating whether it’s worth the time and expense, you can review the entire program on the web site; I am sure you will see something there that will attract your interest. The Program Committee, and particularly your representatives to it, has worked very hard to put together an exciting mixture of presentations. For many, the opportunity to meet with colleagues who are engaged in similar pursuits is the best part of the meeting, and there are many opportunities to do that as well. Finally, Baltimore has proven to be an excellent place for a meeting with the numerous restaurants and other activities that are available near the convention center.

As you attend the meeting, please look for ways to improve what we do. I am excited to have been selected as the program committee chair for the next three years. I will work with David Stevenson to plan the 2003 meeting in Seattle, be chair for the 2004 meeting in San Francisco and be co-chair with the incoming chair to plan the 2005 meeting in Washington, DC. I am eager to carry on the tradition of excellence that has been established, but am also eager to explore any suggestions for improvements to make the meeting more relevant and useful to academic pediatricians and others engaged in the broad area of improving children’s health. Please let me hear from you!

SIGS AND WORKSHOPS
Marilyn Dumont-Driscoll, MD, PhD

On preparing this article for the newsletter, I realized that I needed to express my appreciation to the large number of individuals who contributed to the PAS planning meeting held in early February. That weekend in Houston spent organizing the Baltimore meeting to be held May 4-7 was truly bittersweet. Selecting and scheduling the large number of abstracts for platform and poster presentation was a challenge. Many of your abstracts revealed terrific creativity and innovative investigative strategies at a time when academic resources are not abundant. Many devoted countless hours serving on the numerous theme and subspecialty review teams. Your insightful comments and careful scoring were essential components of the evaluation process. The number of submitted abstracts was up this year and the quality and diversity of submissions hopefully made the assignment invigorating though very challenging for you!

As I reviewed the final iteration of the schedule, my first reac-
tion was disappointment at the number of schedule conflicts that was apparent, and undoubtedly the even larger number of unrecognized individual ones. Multiple eyes have scoured the master schedule board for intolerable conflicts. But given a shortened meeting this year, overlapping theme and interest sessions were inevitable.

Putting the positive spin on this however, I think that none of us will feel that there are sections in the schedule without any sessions of interest! One of the benefits of the generalist perspective is the multitude of topics that excite our neurons! As Ken Roberts has eloquently described in the past, the annual meeting provides a multitudinous buffet of choices of which we will only be able to sample a small selection. It is a tribute to the numerous abstract submitters that this selection dilemma confronts us! Thanks to all of you!

The Fall/Winter 2001 newsletter included articles from many of the SIG Chairs. Our goal is to provide you some information regarding each SIG in each newsletter. Let your SIG chairs know that you appreciate the updates between meetings. And let them know what else you would like to hear about periodically.

I hope that those of you who have not joined APA SIGs will scan these articles for areas of interest. SIG participation, as well as Committee membership, is open to all APA members. These groups have developed in response to member needs and remain active as long as participation warrants.

Two new SIGs are in the process of forming. They will be having their first organizational meeting in Baltimore. Please spread the word as we feel that these groups will provide a terrific forum for individuals with these specific interests. Dan Rauch and his colleagues have been busy developing a Hospitalist SIG. Many institutions have developed hospitalist positions and many more are considering it. This forum will allow discussion of the unique opportunities and challenges which hospitalists and programs will confront.

We are very pleased that Joshua Schiffman from Stanford and Becky Ryder from UF are interested in developing a Resident SIG. Early professional experiences are instrumental in developing career choices. This is a golden opportunity for us to establish an APA home for our housestaff and expose them to the productive collaborations and wonderful interactions which help make the APA such a special organization. Let’s begin sharing with our residents the benefit and fun of early networking opportunities for professional and personal growth. Without our trumpeting this new SIG, many of our residents won’t hear about this terrific opportunity.

The SIGs and Workshops often serve as the heart of the annual meeting for many of us. Each year these sessions are highly rated by our membership. Their success is the result of the cumulative effort by all our members. This is certainly another example of the whole reflecting a much greater accomplishment than merely the sum of its parts. The synergy which energizes the program brings us back each year. My special thanks to each of you! And I hope we each have the chance to share those thanks in person with each other in Baltimore!

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AMERICAN ASSOCIATION OF POISON CONTROL CENTERS
New 24 Hour/Seven Days a Week Poison Hotline
1-800-222-1222 Makes 65 Local Poison Centers Accessible through National Toll-Free Number

The new hotline allows someone to call from anywhere in the United States and automatically be connected to specially trained nurses, pharmacists and doctors at the closest poison center. These poison experts will respond to poison emergencies and answer poison-related questions about medicines, household products and other potentially dangerous substances. The service is free.
ADVOCACY TRAINING
David Keller, MD
Rosalind Vaz, MD

This year the Advocacy Training SIG will offer more opportunities for residents to present works in progress at the PAS meeting:

Resident CATCH Grants as a Tool for Teaching Advocacy: The AAP CATCH (Community Access to Child Health) program offers small planning grants to residents to develop collaborative projects in their communities. Tom Tonniges and Kevin Stock from the AAP will discuss the CATCH planning grant process and discuss ways in which the process can be used to teach community advocacy skills.

Resident Advocacy Poster Session: We are soliciting abstracts from residency programs, including recipients of past Resident CATCH Planning Grants for a poster presentation at the SIG.

Update from the DYSON Curricula Committee: Vanessa Risko of the Dyson Initiative Curricular committee will lead a discussion of the lessons being learned in the process of that ongoing initiative.

We look forward to seeing you in Baltimore!!!

COMMUNITY-BASED PHYSICIANS
Emanuel Doyne, MD

This two year old SIG continues to grow and develop a more focused role. A joint meeting involving over 40 participants was held with the AAP Resident Education and Training SIG under the direction of Stan Fisch at the AAP’s October, 2001 NCE event in San Francisco. A continuation of that dialogue will occur at the SIG meeting in Baltimore on Tuesday, May 7th from 8:45-11:45. That agenda will include:

1. Presentation of a National Pediatric Community Teaching Award sponsored by the APA SIG and supported by a grant from Mead Johnson Nutritionals.

2. A workshop led by David Bromberg entitled “How to Overcome Barriers to Community-Based Teaching- The Good, the Bad and the Ugly.” This will incorporate some of Bromberg’s personal experience and the experiences of other members of the SIG in attempts to develop and nurture community-based programs. This will include town-gown issues, academic credibility, funding/reimbursement problems and academic center politics.

3. A progress report from the AAP Resident Education and Training SIG give by Stan Fisch which will include a discussion of education programs for the 2002 AAP NCE in Seattle, an electronic newsletter, status of a data base of community teachers and funding issues.

COMPLEMENTARY AND ALTERNATIVE PEDIATRICS
Scott Faber, MD
Sharon Riesen, MD

On Sunday, May 5th, between 8 and 11 am, the Complementary and Alternative Pediatrics SIG will present two speakers, followed by planning for the creation of a web-based pediatric database / curriculum in Integrative Pediatrics. Sharon McDonough- Means, M.D., one of the first two graduates of the Integrative Pediatrics Fellowship of the University of Nevada, will speak on “An Integrative Approach to Attention Deficit Hyperactivity Disorder Treatment: Evidence – Based Strategies.” The next speaker will be the SIG’s co-leader, Sharon Riesen, Associate Professor of Pediatrics at Loma Linda University. She will speak about “Glyconutrients in the Treatment of Asthma: A Spoonful of Sugar is the Medicine Going Down.” The third hour of the SIG will be used to consider the creation of an Integrative Pediatric Database and Curriculum accessible via the Internet. Please join us for this exploration of alternative approaches to some common pediatric problems, and the ensuing discussion and planning period.

CONTINUITY PRECEPTORS
Diane Kittredge, MD
Marilyn C. Dumont-Driscoll, MD, PhD

Time for another newsletter update! Hope you all are planning to join us Tuesday morning in Baltimore for our SIG. Since we last chatted in the Fall/Winter newsletter, the Task Force met in Orlando to begin organizing the Spring program. Sharon Riesen and her family were our hosts there and were exceedingly hospitable. We appreciate the costs they incurred as well as the time and energy they so generously contributed as there is no APA financial support available for these types of meet-
ings. Our special thanks to her wonderful relatives who became like family to us!

Thanks to those of you who have completed the Continuity Survey. I am still receiving questionnaires and would love to encourage those who haven’t mailed in theirs to help us fill in the gaps. Just let me know if you need a copy and I’ll be glad to send it (dumonmd@peds.ufl.edu).

Over the years we have produced a directory of SIG participants to help facilitate communication between the annual meetings. This has been a challenge to continually update the information but a valuable service as a number of projects have benefited from its development. With the advent of electronic communication we would like to enhance networking opportunities. Utilizing two APA resources, a separate listserve and website for the SIG hopefully soon will be functional. One goal will be to post a “directory” of available resources (ie, curricula, case scenarios, etc.) for continuity preceptors. While we will not be able to have the actual materials on the web, information on what other preceptors/programs are willing to share will be listed. Becky Collins has offered to take on this project and will have more information available at the May meeting. To help with listserve accuracy, we will ask each of you to leave a business card with your e-mail address. We’ve found many handwritings to be quite a challenge to decipher!

Janet Serwint and her team (Wendy Davis, Susan Feigelman and Marilyn Dumont-Driscoll) are enthusiastically moving forward with the research network. PROS has been very cordial in developing mechanisms for the SIG to participate in ongoing projects while protecting the integrity of the Continuity SIG data for separate analysis. The first study will chronicle a random sample of office visits using items from the National Ambulatory Medical Care Survey (NAMCS) and the National Hospital Ambulatory Medical Care Survey (NHAMCS). This will provide some information on similarities and differences between resident continuity sites and practitioner sites on types of patient visits and medical complexity. Even if you are not interested in participating in this first study, please let us know if you would like to participate in others with us in the future.

Our SIG is also sponsoring a workshop at the May meeting entitled “Moving Resident Competencies from Edict to Implementation in the Continuity Setting: Developing an Individualized Learning Plan (ILP).” Our goal is to help each other prepare for the implementation of ACGME-mandated competencies and develop templates for use in monitoring residents’ performance of specific competencies in the continuity setting. We hope you will join the brainstorming at this session on Monday afternoon.

Another academic year is drawing to a close. With it comes the departure of our graduating senior residents – a bittersweet event for sure! It also is a time of faculty re-assessment and inevitable turnover. Each year at the SIG we see many new faces and a large number of familiar ones from previous years. It is the exchange of challenging problems and innovative solutions which continues to energize the SIG. Please come and be a part of it on Tuesday morning May 7th! Even though we are meeting the last day and you will be pining for home and your comfortable slippers, please don’t slip away! It is another early morning at the end of a busy conference. But by the time we finish, your appetite should be just right for plunging into that last bushel of wonderful Maryland hard-shell crabs!
INJURY CONTROL SIG  
*Alan D. Woolf, MD, MPH*

I want to take this opportunity to inform all Injury Control special interest group members (as well as all other health care practitioners) about an important advance in public health. As of January 1st, 2002, there is now a single toll-free number (1-800-222-1222) to call for help in a poisoning emergency anywhere in the U.S. Previously each of the nation’s 65 poison control centers had their own local and toll-free numbers, a confusing array of more than 130 numbers nationwide. Now there is a single point of access, a single telephone number that, when dialed, connects the caller to the nearest poison center. Please help us spread the word. Call your local poison center for supplies: more than two million brochures, posters, phone stickers, bumper stickers, buttons, magnets, etc. have been distributed to them. For more information, surf the net www.1-800-222-1222.info, www.aap.org, www.poison.org.

This year’s Injury Control SIG meeting will take place at the Baltimore Convention Center on Sunday, May 5th, from 2-5pm. The schedule of events for the SIG is shaping up nicely. We will hear an update about progress in planning the National Cohort Study from Peter Scheidt and Fred Rivara. This enormous undertaking holds the promise of answering many basic questions about children’s health, including hypotheses related to childhood injuries or toxic exposures and measurable health outcomes.

Seth Scholer will present a new CD-ROM tool he has developed for the education of families, teachers, and health care workers in the principles of childhood violence prevention. I’ve demo’d it and found it to be very insightful; it sends a powerful message. You won’t want to miss his presentation.

Finally Kathy Kaufer Christoffel and I will moderate a discussion devoted to the writing of scientific abstracts: the good, the bad, and the ugly! We will offer a few examples (hypothetical of course!).

There will be an important business meeting for the last hour of our session. We will discuss the creation of APA position statements and how the SIG might get involved in this process. We will also hear from liaison representatives from external groups including the AAP, NICHD, NACHRI, AAPCC, and others. Also we will elect a new chair. Please join us for what I know will be an informative and enjoyable afternoon.

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INJURY CONTROL SPECIAL INTEREST GROUP  
**MAY 5, 2002**  
**BALTIMORE CONVENTION CENTER**

1:30-2:00PM  Registration & Posters  
2:00-2:05  Introductions  
                      Frederick Rivara, University of Washington @ Seattle  
2:45-2:55  Discussion  
2:55-3:20  Teaching Violence Prevention: A New Tool  
                      Seth Scholer, Vanderbilt University  
3:20-3:30  Discussion  
3:30-4:00  Preparation of Injury Control Research Abstracts – Tips for Academicians  
                      Katherine Kaufer Christoffel  
                      Children’s Memorial Hospital, Chicago  
                      Alan Woolf  
                      Children’s Hospital, Boston  
4:00-5:00  SIG BUSINESS MEETING  
                      □ Preparation of APA Position Statements  
                      □ Liaison Reports  
                      APHA-Judith Shaw  
                      AAP-Carden Johnson  
                      AAPCC-Alan Woolf  
                      NICHD-Lynne Haverkos  
                      NACHRI-Beth Edgerton  
                      IJIP-Fred Rivara  
                      □ Elections

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INPATIENT MEDICINE/HOSPITALISTS  
*Dan Rauch, MD  
Pat Lye, MD*

The new SIG on Inpatient Medicine/Hospitalists will hold its first meeting on Monday, May 6th from 9:00am-12:00pm in the APA focus lounge, Room 333 in the Baltimore Convention Center. We plan to set an interesting agenda, focusing on the research and educational aspects of our work in the hospital. All those with an interest in inpatient medicine are welcome to attend.

The agenda will be fine-tuned over the next several weeks on a small list-serve. If you are interested in being part of the planning process and have not yet contacted one of the chairs, please send us your e-mail address.

We look forward to an interesting session.
INTERNATIONAL HEALTH CARE

Cindy Howard, MD
Anna Mandalakas, MD

The International Health Sig will meet at the Pediatric Academic Societies’ meeting in Baltimore on Saturday, May 4th from 12:00 to 3:00 pm. The theme of this year’s meeting will be “International Research Collaborations: lessons learned in the field.” We have collected an excellent group of presenters to explore this topic including:

☐ Alan Cross – Professor of Pediatrics and Social Medicine and Director of the Center For Health Promotion and Disease Prevention at the University of North Carolina. Dr. Cross has extensive experience conducting research overseas and was the founder of the International Health Sig as a committee in 1979.

☐ Laura Guay – Associate Professor of Pediatrics and Pathology at Johns Hopkins University. Dr. Guay has spent the past 15 years working in Uganda and is internationally recognized for her work in clinical trials addressing the prevention of mother-to-child HIV transmission, with special attention to those particularly relevant to the developing world.

☐ David Becker – Assistant Professor of Pediatrics at University of California at San Francisco. Dr. Becker will talk about his experience working with Doctors Without Borders completing nutritional surveys in internally displaced persons in Sri Lanka.

We are happy to announce that Dr. Richard Idro, from Mulago Hospital, Kampala, Uganda is the winner of the 2002 International Ambulatory Pediatric Research Award. This award is designed to recognize promising, young researchers from a developing country who otherwise would not have the opportunity to present their work at international meetings or visit colleagues in the U.S. Due to the generous support of Ross Laboratories, this is the 11th year that the APA has offered this award. Dr. Idro will present twice at the APA annual meeting. His first presentation will take place during the IH SIG meeting. He will address the health needs of Ugandan children and discuss his clinical work. Dr. Idro will also do a formal presentation of his paper, “Clinical Presentation, Immediate Outcome and Prognostic Factors of Cerebral Malaria in Children Admitted to Mulago Hospital” on Monday afternoon, May 6th at the APA Presidential Plenary.

Immediately following the SIG program on Saturday, May 4th, we will hold an informal meeting for SIG members and anyone interested in becoming involved in SIG activities. Members of the IH Sig advisory committee plan to discuss a number of topics including the development of an IH SIG mandate, an IH SIG list-serve and next year’s program.

If you are interested in learning more about the IH SIG or becoming involved, please contact Anna Mandalakas (amm13@po.cwru.edu) or Cindy Howard (choward@umaryland.edu).

LITERACY PROMOTION IN PRIMARY CARE

Robert Needlman, MD
Perri Klass, MD

The Special Interest Group on Literacy Development in Primary Care continues to provide information, support, and networking for clinicians interested either in research or implementation projects related to pediatric early literacy interventions. The SIG provides an important ongoing opportunity for reviewing research in progress, coordinating research ideas, enhancing provider training on early literacy guidance for families, and evaluation related to the REACH OUT AND READ (ROR) model of pediatric literacy intervention for children 6-months to five years.

One focal point of this year’s SIG will be a brief review of results from a program implementation survey by the ROR National Center, of over 600 Medical Directors for ROR sites. In recent SIG discussions, there has been a growing interest in two particular areas related to pediatric literacy interventions: the efficacy of provider training, and outcomes related to receptive and expressive language development in preschool and kindergarten age children using standardized tools. Results of the multi-year BABAR study will be reviewed. An ongoing study about referrals of parents to adult literacy programs by resident physicians will be discussed. Any clinician interested in discussing published work, unpublished research ideas, or posters on early literacy development in primary care is welcome and encouraged to participate in the SIG.

MEDICAL STUDENT EDUCATION

Steve Miller, MD

The Medical Student Education SIG is dedicated to being a home for all people who are interested in medical education. As such, its activities are relevant to a wide variety of people. Education, and its close cousin, effective communication are critical areas for those who identify with:

☐ Faculty Development
☐ Injury Prevention
☐ Emergency Medicine
☐ Residency Training
☐ Continuity Clinic
☐ Informatics

to name a representative few.
SIG Goals:

The goals of the SIG are to:
1) Identify and influence the agenda of medical education and
2) To provide a home base for anyone who sees medical education as critical.

Our unique charge is to enlighten the education community in education, through the eyes of the student.

As usual, this year’s program will include camaraderie, creativity, warmth and food to nourish all who attend. We plan to continue the tradition of OJ Sahler, Rich Sarkin and Helen Loeser – past SIG chairs – in this mission.

Title: Bringing Competencies to Life: Examining the Toolkit

Target Audience: Anyone involved in medical student, resident and continuing education

This year’s SIG will build on last year’s presentation on competency based evaluation.

The goal this year is to enhance our approach to facilitating learning by both defining and operationalizing competencies in core areas as defined by the AAMC and ACGME. These organizations have defined a number of “core competencies” which serve as our guide to medical education.

The program will include:
1) A brief overview of competency based education.
2) Review of ACGME and AAMC core competencies.
3) Group work to define competencies and describe methods for facilitating the learning of these competencies. We will focus on 1-3 of the “core areas”. Some of these are:
   - Professionalism/Humanism
   - Informatics
   - Patient Care (Including History Taking/ Physical Examination/ Decision Making
   - Communication Skills (Patient Education/ Behavior Change)
   - Health Care Systems (Access/Advocacy/Community Health)
   - Cultural Considerations
   - Basic Science Applications (Genetics)

1) Review of evaluation checklists and other feedback/evaluation tools – (this will be the bulk of our work) such as Brief Structured Observation. This will include sharing of ideas on how to implement these tools into the day to day clinical work. We will review materials from the American Board of Internal Medicine (ABIM) on Professionalism, ABIM check lists, materials from University of Maryland presented by Robert Engleander and other tools. The group will have time to examine and comment on the strengths and weaknesses of each. We will also examine competency checklists of basic communication skills.

2) Review of HRSA sponsored STFM/SGIM/APA – collaboration to define core competencies that should be reached prior to beginning the major clinical year. We will distribute the draft of these materials and work in small groups to critique this document. See below for more details.

3) Update on new projects relevant to medical education such as the COMSEP web site and the CLIPP project – under the auspices of Leslie Fall.

The following parts of the program are particularly useful for junior (younger?) faculty:

Posters/Posters/Posters

This SIG will also include posters of new ideas in medical education. This is a great way to describe a work in progress. We are especially interested in posters on technology, competency-based evaluation, and professionalism/humanism. E-mail Steve Miller at szm1@columbia.edu – to take advantage of this great opportunity.

Update and Orientation on the Alphabet Soup that is “Medical Education”

Finally, there will be a brief update from and orientation to all of the organizations, which focus on medical student education.

This program should appeal to residency directors and residents, as well as members of the informatics, prevention and advocacy groups – who are all working on enhancing their approach to training in their areas of interest.

Announcement: Get Involved – Opportunity to influence the course of medical education in the coming years:

HRSA Grant for STFM/ SGIM/APA collaboration to define the core competencies of medical students at the pre – major clinical experience level:

This grant is a government sponsored initiative (HRSA), to define the “pre-major clinical year” competencies in medical training. This project is part of a curriculum development project, spearheaded by the Society of Teachers of Family Medicine (STFM.) and it includes collaboration among internal medicine, family medicine and pediatrics.

The goal of this work group is quite ambitious. It is to define the core competencies for pre-major clinical year work for students and a guide for implementation. The government wants this work to fuel the direction of medical student education,
specifically to ensure that students are proficient in six critical areas. These are:

- Genetics
- Behavioral/Mental Health
- Oral Health
- Informatics
- Healthy People 2010 Objectives
- Palliative Care and Pain Management

This document could provide a manual for medical education in the coming years and could influence the flow of resources into the educational mission. You have a chance to be part of something that may have far reaching ramifications. We must give our input into this project, to make sure that the critical areas, which will enhance the care of children, are covered. We also must make sure that the product is a living resource, and not a list of vague demands of us as teachers. We will use some time at the SIG to lay out our thoughts on this work. It will also provide insight into how we can use the government to advocate for our priorities. (For more information or if you wish to participate in this process – contact Steve Miller, Bill Raszka, Bill Wilson, Mike Lawless, Larrie Greenberg or Nan Kaufman.) If you have specific expertise in any of the areas listed – we look forward to hearing from you. David Kroll, MD of Columbia – who has expertise in Oral Health – has also volunteered to help in this area. We will review our progress at the SIG.

**APA Medical Student Education:**
Steve Miller *(Chair)*
Bill Raszka
Lindsey Lane, *(Associate Chair)*
Maria Marquez
Jon Fleigel
Mike Barone
Robert Englander
Michael Potts
Guests: Medical Students from Johns Hopkins and Georgetown (under direction of Mike Barone/Maria Marquez.)

**NEWBORN NURSERY**
*Linda Meloy, MD*

During the last several months, we have answered a number of questions about commonly encountered problem through our e-mail system. The solutions have been creative and very practical.

John Olsson has organized a presentation of group B strep in the nursery for the Spring meeting in Baltimore. Kaye Gable, Latha Chandran, and Virginia Moyer will be presenting their data. We hope to design a multi centered study together and to provide practical answers to the these questions.

At the spring Newborn SIG meeting, we will also hear from Vinod Bhutani on advances in detection and treatment of newborn jaundice. A innovative curriculum will be presented in a hands on manner by Latha Chandran and Linda Meloy in a session entitled “Equiping the Newborn Attending to Teach a Competency Based Curriculum.” New issues and areas of study will be discussed and explored for future study. We look forward to discussing new areas in the newborn nursery.

If you have any further areas of discussion or want to join our discussions, please e-mail Linda Meloy at LMELOY@mail2.vcu.edu.

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**NUTRITION**
*Robert Karp, MD*
*Sandra Hassink MD*
*Steven Bachrach MD*

Plans for the Saturday morning session of the APA Nutrition SIG on May 4, 8:30-11:30am in the Baltimore Convention Center follow.

We are developing a “Teacher’s Guide to Clinical Pediatric Nutrition.” Our objectives are to:

1. provide the essential vocabulary and knowledge of pediatric nutrition and
2. enable use of that vocabulary and knowledge in clinical settings.

We have already prepared a 42 page monograph, “Pediatric Nutrition Notes” written for 3rd year medical students. These Notes accomplish our first objective.

In the SIG session in Baltimore, Saturday morning of May 10th, we will develop the matrix for the second part of the project—“A Case Book of Clinical Pediatric Nutrition.” The Case Book will enable pediatric residents to apply basic principles of nutrition in clinical practice—our second objective.

Those interested in participating can obtain a full prospectus for the project by contacting one of the organizers:
Robert Karp - Rkarp@downstate.edu
Sandra Hassink - shassink@NEMOURS.ORG
Steven Bachrach - sbachrac@NEMOURS.ORG
Elizabeth Shepard - Shepardwe@aol.com
PEDiatric TOBACCO ISSUES

Dana Best, MD, MPH
Deborah Moss, MD, MPH

The first meeting of the CIG SIG will be held at the April 2002 PAS meeting in Baltimore, Maryland, on Tuesday, May 7, 2002, from 8:45 am to 11:00 am. We invite your input as we prepare the program for this exciting meeting. The preliminary agenda for the meeting is as follows:

1. Introductions
2. Generate Mission Statement/set goals
3. Presentations
   A. American Academy of Pediatrics Center for Child Health Research and their role in pediatric tobacco research
   B. Tobacco and the Media
   C. Development of an APA Policy on Tobacco
   D. Understanding Adolescent Smoking Behavior
   E. What we know about training pediatric providers in smoking cessation counseling
4. Wrap-up/Conclusions

We would also like to announce the new APA “CIG” SIG listserv. The listserv is open to members of the APA and “friends” of the APA interested in pediatric tobacco issues. To join, e-mail LISTSERV@hermes.gwu.edu with the command:

SUBSCRIBE APA-CIGSIG YOUR NAME

(The command is not case-sensitive.)

The SIG has been active in development of a proposal for development of an APA policy on tobacco. APA and SIG members interested in this important effort should contact Iman Sharif, at isharif@pol.net, who is coordinating this effort.

We are looking for persons interested in participating in the SIG, those who would like to present their work to this group, names of persons who may be interested in joining, and other ways the SIG can benefit you, the pediatric community, and the children we serve. We look forward to hearing from you. The best way to contact us is by e-mail:

Dana Best, M.D., M.P.H., Children’s National Medical Center, 111 Michigan Avenue, NW, Washington, DC 20010 (202) 884-4016, fax (202) 884-3386, dbbest@cnmc.org

Deborah Moss, M.D., M.P.H., Children’s Hospital of Pittsburgh, 3705-5th Avenue, Pittsburgh, PA 15213, (412) 692-7929, ax (412) 692-8516, mossd@pitt.edu

PEDIATRIC TOBACCO ISSUES

Dana Best, MD, MPH
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RACE IN MEDICINE

Anne Beal, MD
Ivor Horn, MD, MPH

Please join us for the first meeting of the Race in Medicine Special Interest Group. This group has been formed to address the issues of 1) Race in Research, 2) Racial Disparities in Healthcare Processes and Outcomes and 3) Faculty Development/Pediatric Workforce Diversity. The focus of our first gathering will be a panel discussion on the issue of race in research. Confirmed participants include:

Fred Rivara, Professor of Pediatrics at the University of Washington and Editor of the Archives of Pediatrics and Adolescent Medicine, who wrote an editorial about race in research from an editor’s perspective.

Fernando Mendoza, Professor of Pediatrics and Associate Dean at Stanford, who conducts research in racial disparities, and was one of the authors of a response to Dr. Rivara’s commentary.

Karen Scott-Collins, Assistant Vice President at the Commonwealth Fund, and Program Director for their “Bettering the Health of Minority Americans” initiative, who will address race in research and programs from a funder’s perspective.

Melissa Nobles, Associate Professor of Political Science at MIT, whose teaching and research interests include the comparative study of racial and ethnic politics. She will discuss race and research in the area of political science.

We look forward to an exciting discussion on 1) Whether race is important in research, 2) The social, political, and biological constructs of race, 3) Racial disparities in healthcare processes and outcomes, 4) The politics of race and its impact on research, and 5) any other interesting topics that may arise.

We hope that these discussions will lead to productive collaborations and serve as a support network for people working on this important issue. We have also set up a listserv to communicate with people about funding and education opportunities related to the goals of the SIG. If you would like to be added to the listserv or submit information, please contact Ivor Horn at ihorn@cnmc.org.

We are looking for persons interested in participating in the SIG, those who would like to present their work to this group, names of persons who may be interested in joining, and other ways the SIG can benefit you, the pediatric community, and the children we serve. We look forward to hearing from you. The best way to contact us is by e-mail:

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SCHOOL AND COMMUNITY HEALTH

Beth Edgerton, MD
Elisa Zenni, MD

This year the School and Community Health SIG workshop is entitled “Keys to Collaboration in School and Community Health.” Our session will be held on Saturday May 4 from noon til 3pm.
Speakers at the workshop will include Elisa Nicholas speaking about the Long Beach Alliance for Children with Asthma, Sam Zinner giving an update on his community resource manual, Andriette Ward speaking on use of school-based clinics for the promotion of nutrition services and Elisa Zenni discussing the “Healthy Child Care Jacksonville Program.” Part of the program will be for attendees to share their current clinical, educational and research activities. We will also announce the new SIG leader(s) for the coming 3 years. Look forward to seeing you all in Baltimore. If you have any questions or suggestions, please feel free to contact us: Beth Edgerton eedgerto@cnmc.org or Elisa Zenni elisa.zenni@jax.ufl.edu.

SERVING THE UNDERSERVED
Jeffrey M. Brown, MD
Ronald C. Samuels, MD, MPH

The planning is well underway for the Annual SIG Meeting at the PAS Meeting in Baltimore. We will be batting clean up as our meeting time is 8:45-11:45 on Tuesday, May 7. Please check your program schedule for meeting location.

The meeting agenda includes:

- We have invited local health department experts to describe the innovative data collection system used in Baltimore across several different city departments. This should be a fascinating discussion about the capacity of local government to provide comprehensive population-based data that would be important for health monitoring, tracking, etc.
- Invited faculty from the Dyson Initiatives funded sites will discuss their successes and failures in getting residents involved in community based projects. This will be a good opportunity to hear more about Dyson funded projects.
- We will spend time during the SIG meeting to update members about innovative approaches, lessons learned, etc. that have come about as a result of the APA National Pediatric Faculty Development Scholars Program.
- Finally, we will present for the first time some of the data from the curriculum development project.

For more information on this meeting contact: Co-chairs Jeffrey Brown, jbrown@dhhha.org or Ronald Samuels, samuels@tch.harvard.edu.

PEDiatric RESIDENT SIG

This will be our first meeting of the newly-forming APA Pediatric Resident Special Interest Group! Our group will provide residents and fellows with a much-needed forum for discussion, support, advice, mentorship, and varied educational experiences. By sharing different approaches and solutions to key issues in training programs, members of the Pediatric Resident SIG will be able to:

- aid in the transition from medical student to resident,
- aid in the transition from resident to fellow,
- learn how to handle the stress of long work hours and sleep deprivation,
- receive financial advice about loan repayment and retirement funds,
- learn about fellowship opportunities and the application process,
- learn about different career choices,
- learn effective teaching techniques,
- learn about end of life care issues,
- learn to recognize and solve ethical dilemmas,
- network with other residents interested in areas such as advocacy or research.

Our first meeting will include a workshop/discussion on how to be an effective teacher and student during morning rounds, ethical issues facing pediatric residents, and an interactive talk by Richard Behrman, MD (editor of Nelson's Pediatrics) on pediatric residency education. We also will dialogue with several Pediatric Residency Program Directors and finally, we will discuss amongst ourselves those issues in residency we feel to be most pressing and important.

Moderators:
Joshua Schiffman, MD Pediatric Resident Stanford University School of Medicine
Rebecca Ryder, MD Pediatric Resident University of Florida College of Medicine
In the Northeast, we pay little attention to Pauxatawny Phil and his Groundhog Weather Service. We know that winter is over when we gather for the Region I Spring meeting, which was held this year on March 8, 2002 at the Putney Inn in Putney VT. The regional meeting has traditionally been a relaxed, informal gathering; a good place to ‘catch up’ with old colleagues and friends and meet new ones. And by holding early this year, we hope to ensure an early spring.

For all those unable to attend in March, we will see you in Baltimore!

Congratulations to Lindsey Lane and Karen Edwards, our new Region II co-chairs. The regional meeting for Region II, scheduled for March 5, 2002 is being held at Jefferson Medical College in Philadelphia, home of Lindsey Lane, one of our new chairs.

The region II breakfast, at the national meeting in Baltimore, will take place on Monday, May 6 at 7:00 am.

We look forward to seeing you there.

Region IV met for its 30th annual regional meeting Jan 19-20 in Norfolk, VA. For those of you who could not attend, you missed another great meeting! There were 17 abstracts presented by 16 presenters in the areas of resident education, violence prevention, advocacy, injury prevention, asthma, health outcomes, and managed care. In addition, there were 4 concurrent workshops in asthma, giving effective feedback, developing nursing curricula, and community based research. Dana Best (Children’s National Medical Center) presented a special lecture on “Biological weapons: What every pediatrician should know.” Region IV has encouraged two initiatives in the last few years: collaborative research among its members and an invitation to medical students to present their work to our group. In these areas, we heard from Barry Solomon (Johns Hopkins) who presented his work from a Region IV funded project on resident handgun counseling, and a presentation by Jocelyn Wittstein (MS-2 from E. Carolina University) who reported her work on parental knowledge about smoking. In regional news, Janet Serwint (Johns Hopkins) was elected as co-chair to replace Joe Lopreiato at the PAS meeting in May 2002.
A total of 38 members enjoyed fellowship, academic enrichment, and a fun night out in Norfolk. Many thanks to Larry Pasquinelli (E. Virginia Medical School) for organizing and putting together an OUTSTANDING program with assistance from Tim Shope (Naval Medical Center, Portsmouth). We know the effort it takes to produce a meeting and all of Region IV is appreciative of these two members. We look forward to meeting you at our regional breakfast: Monday May 6, 2002 at 7:00 AM in Baltimore, MD. Don’t forget to plan for our next regional meeting, Jan 20-21, 2003 in Charlottesville, VA.

At the time of this writing, Region VIII is busy planning for the upcoming regional meeting with Region VII, Southern Society for Pediatric Research, and other southern societies in New Orleans February 21-23, 2002. “Genomics” is the overall theme of the meeting and many exciting joint plenary sessions, workshops and scientific sessions are planned. There will be two APA workshops: “Integrating Genetics Teaching into Daily Pediatric Practice: Do I Really Need To Be Doing That” by Terri Lee Turner, Marilyn Dumont-Driscoll and Joseph Gigante; and “Playing Games, It’s Not Just Child’s Play Anymore” by CB Turley and RE Rupp, as well as the traditional APA breakfast and Research In Progress Session. Of course, we also expect to enjoy the good New Orleans food, jazz music and reunions with APA-friends that this meeting always offers! We will keep you posted on the details during the next newsletter.

Joe Gigante has been re-elected as regional co-chair and will begin another term this May. We are always open to any suggestions regarding improving communication within our region and helping members to become more involved. Please contact us if you have any ideas. Finally, we are looking forward to seeing all of our friends from the other regions in Baltimore this May.

IX & X
Region IX Co-chairs
Stanton Michels, MD
MStanM@kapiolani.org
Tom Ball, MD
tball@email.arizona.edu
Region X Co-chair
John I. Takayama, MD
jtaka@itsa.ucsf.edu
Richard Pan, MD
r.pan@ucdmc.ucdavis.edu

The APA Region IX and X combined meeting this year was held at La Playa Hotel in Carmel, California, on February 9 and 10. The weather was beautiful and warm with not a cloud in the sky, a nice contrast to the drizzle of previous meetings. A small but dedicated group of 35 people attended to hear abstracts about injuries, resident education, and health services. Three workshops were conducted on child advocacy training, child abuse assessment, and using learning plans to improve resident education.

The “trainee award” was presented to June Tester, a fourth year medical student at the University of California San Francisco (faculty mentors: George W. Rutherford and Mary W. Rutherford), for “Speed Humps and Child Pedestrian Injury.” Ms. Tester conducted a case control study in Oakland, CA, and demonstrated that speed humps and bookended streets, compared to arterial streets, conferred protection from auto versus pedestrian injuries. Bookended streets are ones where 90 degree turns at an intersection are needed at the end of the streets to reach an artery.

For the first time, we used a computer connected LCD-projector and, although multiple computer swapping was necessary, a majority of the talks were given this way. We will move to universal computer-based presentations next year. During the business meeting, we also discussed inviting members of organizations who are natural partners, e.g., residency program directors, to the next Region IX-X meeting. More on this at the Region IX and X Breakfast at the APA National Meeting in Baltimore on Monday, May 6th, 7:00 am. See you all there!

SEE YOU IN BALTIMORE!
Primary Care Organizations Consortium (PCOC)
Sheraton Society Hill Hotel, Philadelphia, PA
December 13-14, 2001
Minutes Summary Submitted by Jack Pascoe

APA Members Present:
Lewis First
John Pascoe
Modena Wilson

Strategic Planning Follow-up
The previous day, December 13, 2001, was spent on strategic planning. As a follow up to that process, the group reviewed PCOC’s goals and mission statement and established a visioning process. The following mission statement was approved unanimously:

“The Primary Care Organizations Consortium (PCOC) is a unique federation of primary care organizations. The mission of PCOC is:

1. To create and foster excellent, innovative educational and research programs across primary care disciplines.
2. To serve as a forum for member organizations to communicate and collaborate.
3. To promote primary care physician careers appropriate to meet the health needs of the American public.

These efforts will be directed toward learners, educators, and leaders in health policy.”

The PCOC vision was reviewed. Five vision categories were identified. They included: Education, Research, Collaboration, Career Choice, and Public Policy. Potential activities in each area were brainstormed.

The list was discussed and a final vote was taken to prioritize the list. The results are listed below:

1. Mental health curricula (12 votes)
2. Nurturing primary care careers (11 votes)
3. Patient safety curricula (10 votes)
4. Population health curricula (9 votes)
5. Primary care research network (9 votes)
6. Disseminate best practices (8 votes)

PCOC will focus first on the top three initiatives for the next 3 to 5 years.

Reports from Programs

Genetics in Primary Care (GPC)
Norman Kahn provided a summary of the project. A two-page summary was provided. GPC is a faculty development initiative. Norm Kahn brought special notice regarding the funders of this project and observed that these organizations are possible collaborators for future projects. Representatives from these organizations might be invited to future meetings to discuss project planning. The GPC project was concluded September 30, but was extended for one year. Twenty programs were involved. The extension was funded to develop four tools to assist educators in genetics health care.

Undergraduate Medical Education for the 21st Century (UME-21)
Jack Pascoe reported that a national medical education symposium will be held in March 2002 in Baltimore. An overview of UME-21 was published in Academic Medicine in June 2001. The final local site reports for UME-21 are completed and the program evaluations are taking place with hopes to extend the evaluation process by one year. A supplement to Academic Medicine is planned.

Old Business

National Primary Care Week
Jaya Agrawal reported that over 100 schools participated in National Primary Care Week, October 14-24. A preliminary evaluation report from 25 schools was provided. About 40% of schools had faculty and administrative support and the respondents reported that this contributed to the success of the program. Primary care week seemed to encourage the development of yearlong primary care focused activities at participating medical schools.

Report From Primary Care Deans
Results of the Annual Meeting of Primary Care Deans at the AAMC meeting was summarized. The group will tackle the problem of addressing physician manpower shortages in underserved areas.
Bureau of Health Professions/Division of Medicine and Dentistry (BHP/DMD)

Carol Bazell reported that the Bureau has a new acting administrator who started last spring, Dr. Betty Duke. Administrative changes included reorganizing programs and centralizing some functions, and taking over new responsibilities, as well as continuing the old responsibilities. The programs that the Division of Medicine and Dentistry is responsible for were briefly reviewed. Funded programs or cooperative agreements were reviewed including oral health, foot care, patient safety, faculty development, and genetics for primary care nurse practitioners.

No budget has been approved for the Department of HHS. This has impacted the planning of programs for 2002, including Title VII and Title VIII funding. No competitive cycles for 2002 have been announced. This will compress the cycles for the year, with less time to respond to proposals and providing the awards later in the fiscal year. It was noted that the proposed funding for Title VII is significantly increased over previous years.

The mission and vision for PCOC was shared with Dr. Bazell and areas of collaboration were clearly identified, particularly in the area of patient safety. But, Carol Bazell pointed out, there is an emphasis at BHP/DMD on coordination, not duplication, so specifics would have to be reviewed and discussed before planning could continue. Also, all initiatives will be competitive, which is a substantial change in the way the bureau has done business. This change will also prolong the planning phase of any initiative. Programs applying for competitive grants will need to develop outcome measures that support the value of the funding initiatives.

The issue of timing of primary care grants was discussed and the need to coordinate the funding with the fiscal year of the program. The ability of PCOC to represent the entire world of primary care medicine and advise where federal contributions would be most valuable was identified as how PCOC could most greatly aid the Bureau.

Agency for Healthcare Research and Quality/Center for Primary Care Research

Helen Burstin provided an update on funding and an overview of projects. There is no budget for 2002 at this time. Patient safety awards this past year totaled $50 million, with a substantial portion going to primary care and ambulatory care. Projects include: Effect of Healthy Working Conditions, development of Centers of Excellence, and Clinical Informatics to Promote Safety.

AHRQ is now the largest funder of patient safety in the world. Areas of particular relevance to PCOC are ambulatory patient safety and dissemination.

Two program announcements were released and are based on the Institute of Medicine’s “Chasm Report.” The first is organization and financing of health care, the second is promoting patient centeredness. To be posted in the near future is translating research into practice.

Future funded projects include ambulatory safety, patient self-management, and information technology (electronic prescribing and electronic medical records). AHRQ is working with the American Medical Informatics Association (AMIA) through its National Alliance for Primary Care Informatics committee to work on this issue. Other priorities include collaboration and integration within mental health and primary care, and promoting healthy behaviors. AHRQ is also working with NIH on colorectal cancer screening in primary care.

AHRQ has committed $5 million to bioterrorism programming, mainly focusing on health care systems with emphasis on primary care. To be released soon is an evidence-based report from Johns Hopkins about best approaches and methods to train physicians about bioterrorism as well as a national survey of family physician’s level of preparedness.

The letter from the PCOC Steering Committee to AHRQ was discussed. Helen thought that projects on ambulatory patient safety was an excellent opportunity for collaboration.

BREASTFEEDING INITIATIVES AT THE AMERICAN ACADEMY OF PEDIATRICS

Betty L. Crase, IBCLC

Interested in becoming more involved in increasing breastfeeding promotion and support to underserved populations? The American Academy of Pediatrics (AAP) offers several opportunities for health care professionals to help close the racial and ethnic gaps in national breastfeeding rates and shape the future of breastfeeding initiatives.

Breastfeeding Activities at the AAP

The AAP, a national non-profit organization of 55,000 pediatricians, has long supported breastfeeding as the optimal form of infant nutrition. Most professional physician associations recognize breastfeeding as the preferred method of feeding infants during and beyond the first year of life; however, there often is a sense that breastfeeding management is not within physicians’ domain of practice. A 1995 randomized survey of AAP members examined pediatricians’ practices and attitudes toward breastfeeding promotion and found that most believed breastfeeding should be actively encouraged for all mothers, but confusion and conflict were apparent in their practices and attitudes regarding breastfeeding promotion.

In 1997, the AAP published “Breastfeeding and the Use of Hu-
The AAP BPPOP program concluded in 2001, successfully enrolling 4 times the number of members anticipated and demonstrating increased understanding of breastfeeding and implementation of breastfeeding management techniques. Although the incidence and duration of breastfeeding increased in BPPOP program practices and nationwide during this period, significant progress still is needed to meet Healthy People 2010 national health objectives (75% breastfeeding initiation at birth; 50% breastfeeding at 6 months; 25% breastfeeding at 1 year), especially among racially and ethnically diverse populations. In 2001, the MCHB awarded the AAP a 3-year follow-up grant to facilitate Breastfeeding Promotion in Physicians’ Office Practices (BPPOP-Phase II).

Breastfeeding Promotion in Physicians’ Office Practices Program

A key to successful, sustainable breastfeeding promotion and support, especially in underserved populations, is the development of collaborative partnerships among the nation’s health care organizations, government agencies, and public health service providers. “Progress toward elimination of racial and cultural disparities in the incidence and duration of breastfeeding is consistent with the AAP mission to improve the health of all children,” says Linda Black, MD, chair of the project’s advisory committee.

The BPPOP-Phase II program seeks to: (1) Increase the number of pediatrics, obstetricians, family physicians, and other health care professionals who effectively promote and manage breastfeeding in racially and ethnically diverse populations; and (2) Develop strategies for breastfeeding promotion and support that bring together health professional organizations and public health representatives to increase the incidence and duration of breastfeeding and decrease racial and ethnic disparities. Program activities include:

- Enrolling at least 300 health professionals who work with racially and ethnically diverse populations
- Providing technical assistance and culturally appropriate educational resources
- Assessing attitudes, knowledge, and management skills, and tracking changes in breastfeeding rates in participating medical practices
- Developing national networks and regional action groups to implement culturally effective breastfeeding strategies in underserved populations

For more information about the BPPOP-Phase II program, contact Customer Service, American Academy of Pediatrics at 800/433-9016, ext. 5832 or bppop@aap.org. To be considered for the program, apply online at www.aap.org/advocacy/bf/bppopform.cfm. Submitting an application indicates your interest in participating in the BPPOP-Phase II program but does not guarantee enrollment. Space is limited, and priority will be given to licensed physicians.

The Provisional Section on Breastfeeding

In addition, the AAP supports the Provisional Section on Breastfeeding (PSOBr) for members interested in becoming more involved in breastfeeding promotion, management, networking, and educational opportunities. Established in July 2000, the PSOBr assists the AAP in its efforts to promote, support, and educate members on breastfeeding issues, including the development and revision of publications and policy statements related to breastfeeding. The PSOBr has 7 active committees offering members the opportunity to work on issues of specific interest in Communications, Education, Finance, Liaison Relationships, Membership, Policy, and Research. Applications for section membership can be requested from the AAP Division of Member Services at 800/433-9016, ext 7143. Interested fellows of the Academy also can apply at www.aap.org/moc/indexmoc2.cfm. To inquire about AAP membership, contact the AAP Division of Member Services at 800/433-9016, or visit www.aap.org/member/memcat.htm.

BOOK REVIEWS

FAMILY-FOCUSED BEHAVIORAL PEDIATRICS
William Lord Coleman, M.D.
Reviewed by Martin Stein, M.D.*
September 23, 2001

Family-Focused Behavioral Pediatrics by Dr. William L. Coleman brings a fresh perspective to the health care of children. Understanding the role of a family history and current living conditions has always been an important part of pediatric care. Dr. Coleman takes it a giant step further by proposing that pediatricians (and family physicians and nurse practitioners) can learn clinical techniques that enhance problem solving while shifting care from child-focused to family-focused interactions.

The foundation of the book reflects a blending of pediatrics and family therapy. The author is quick to point out that there are 5 different levels of participation in this new model of care depending on the clinician’s experience and comfort level. Beginning with the biomedical model of care with minimal emphasis on the family, Dr. Coleman suggests that the next level is a family conference limited to a medical condition. Most clinical practices include these strategies. The next levels, in order of sophistication, are a family meeting about medical problems and family communication/interactions, systematic family assessment with planned interventions, and family therapy.

For each level of care, Dr. Coleman provides examples with clinical cases from his own practice that pediatric clinicians will recognize. In many case illustrations it becomes clear how a family-focused intervention enhances the quality of care. Practical strategies for interviewing a family are discussed in a manner that can be grasped quickly by pediatricians. The writing style is “pediatric-friendly” in that the author uses descriptions to define a concept rather than relying on psychological or family-systems terminology.

I agree with the observations of Dr. Bart Schmitt who wrote in the forward that the application of the ideas in this book should bring to clinical practice the following attributes:
1. an increased comfort level with family disagreements and parent problems;
2. a rediscovery of the power of words;
3. an increased creativity in interventions;
4. an improved ability to help families find and utilize their strengths;
5. a doubled therapeutic impact; and
6. an increased personal job satisfaction.

I have practiced pediatrics for 30 years and thought that I incorporated a family-focus in my care of children and families. The ideas and cases in this book gave me many new ideas in my approach to a variety of clinical problems. It is a book for all clinicians who work with children, adolescents and their families.

*Note: Dr. Stein is co-author/co-editor of Encounters With Children, immediate past Chair of the Society for Developmental and Behavioral Pediatrics, and a nationally known and highly respected pediatrician.

CONGENITAL HEMIPLEGIA
Reviewed by Steven Bachrach, MD
Chief, Division of General Pediatrics
Co-Director, Cerebral Palsy Program

Edited by: Brian Neville and Robert Goodman
Publishers: Mackeith Press, 2000 (Clinics in Developmental Medicine #150)

This latest edition to the series of Clinics in Developmental Medicine is an excellent review of hemiplegia, and of cerebral palsy in general. It is probably far too detailed for the general pediatrician who deals with disabled children on an occasional basis, but it is an excellent review for those who are more closely involved with physically disabled children, such as developmental pediatricians.

The first four chapters in particular are extremely helpful in clarifying some of the newest thinking on the etiology of congenital cerebral palsy, and delineating different etiologies. The chapter on neuroradiology (Chapter 3) and on an MRI-based classification system (Chapter 4) summarizes a lot of recent work that has helped separate into different etiologies what has until now been treated as one large non-specific diagnosis of cerebral palsy. MRI is particularly useful in pinpointing the underlying neuropathology, and thus understanding both the timing and the etiology of the brain damage that led to the
hemiplegia. Chapter 5 is a useful review of clinical presentation and impairments that are associated with hemiplegia. There are also chapters devoted to therapy, gait analysis, management options for gait abnormalities and disabilities of the upper extremities, epilepsy and the use of hemispherectomy in treating uncontrolled epilepsy. There are also discussions of some of the emotional, behavioral and social consequences of having cerebral palsy, for the children themselves and for their families. Lastly, there are chapters devoted to neuropsychological evaluation and educational management of children with hemiplegia, and community services for such children.

Overall, this is a very comprehensive look at congenital hemiplegia, the form of cerebral palsy which has the best prognosis. It is highly recommended for those who deal with children with disabilities, and its chapters on classification and etiology bring our latest understanding into focus. While it may not be as attractive to general pediatricians, they may certainly find specific chapters quite useful as they try to help some of their patients and families deal with this lifelong disability.

In my view the book is comprehensive and well organized. It presents a tremendous amount of pertinent, up to date information in a more concise, readable format than other comparable texts, making it what I would consider an indispensable resource for practitioners in this field. Though the photographs are excellent and representative, the lack of larger color photographs might limit its application as the sole reference in a clinic or emergency room; less experienced practitioners, or those requiring supplementary visual examples to guide their assessment might benefit from other photographic references as well.

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Medical Evaluation of Child Sexual Abuse, a Practical Guide, 2nd ed. distinguishes itself by its inclusion and referral to landmark works performed throughout the last 20 years in the field of child sexual abuse, its excellent medical overview of anatomy, appropriate therapy, and colpophotography, and its practical suggestions for verbal and written communication with children, families, and professionals. As an emergency pediatrician, I would highly recommend this book to colleagues performing examinations in this field.

PEDIATRIC PRIMARY CARE
Robert Hoekelman, Henry Adam, Nicholas Nelson,
Michael Weitzman, and Modena Wilson
Reviewed by Dale W. Steele, MD
Assistant Professor of Pediatrics
Section of Emergency Medicine Brown Medical School
Harcourt Health Sciences, 2001(included CD ROM)
Price: text only $125.00, text and CD ROM $210.00, CD ROM only $175.

Don’t you love the feeling of opening a brand new book for the first time? I experienced a bibliophiles’ pleasure on opening the large package containing the new 4th edition of Hoekelman’s Primary Pediatric Care. My enthusiasm quickly faded after
carrying this bulky tome to and from my office. The problem was solved by installing the CD ROM on my laptop. For an extra $50.00 over the price of the text, those with ready access to a computer should consider buying just the CD. The CD provides the added value of marvelous color illustrations from Zitelli and Davis’s *Atlas of Pediatric Physical Diagnosis*, links from medication references to *Mosby’s GenRx* drug reference and a set of review questions.

Like the practice of primary pediatrics, the text has a broad scope and includes extensive coverage of health promotion and disease prevention from a family-centered perspective. It is comprised of nine parts; health care delivery, evaluation and communication, principles of patient care, reproductive process, newborn, psychosocial issues, signs and symptoms, specific clinical problems and critical situations.

Although more compact and visually appealing, the CD version built around a web browser falls short of the cutting edge. A few chapters do contain hypertext links to on-line resources, but the “Go Online” link is broken. When I located the correct URL for “Hoekelman Online” http://www.harcourthealth.com/Hoekelman/, the page was simply an advertisement and not an added value resource. Given the delays inherent in the publishing process, the text lacks references more recent than 1999. Online access to ongoing content updates and hypertext links from references to PubMed abstracts would be a welcome enhancement.

In this era of increased emphasis on evidence based medicine, the editors should be applauded for encouraging within text references to primary sources. Nonetheless, one can find examples of unreferenced, authoritative (and controversial) recommendations such as that found in the colic chapter - “elixir of meperidine...can be prescribed in intractable cases in an emotionally deteriorating household...almost always successful without adverse side effects.”

At the risk of using this review as a bully pulpit, I wish such a wide-ranging resource for pediatricians would better address the recently defined disorder known as vocal cord dysfunction (VCD). Despite references to VCD in the differential diagnosis of wheezing (Chapt 182 and 297), there is only a brief discussion of this condition in Chapter 173 under the label of psychogenic stridor. Unfortunately, the description implies that VCD is an uncommon conversion disorder requiring psychotherapy for underlying depression, a characterization which may well be largely incorrect, and fails to mention the dramatic effectiveness of speech therapy.

Minor criticisms and pet peeves aside, this text is a unique and very useful resource for the primary care pediatrician or physician in training. Despite its 322 contributors, it is uniformly readable. Many chapters are absolute gems which succinctly introduce a wide range of important topics. It could serve as a standalone syllabus for students, residents and fellows in general pediatrics.

### APA New Members

<table>
<thead>
<tr>
<th>Kabir Ahmed</th>
<th>Luis Marti-Calzamilia</th>
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<tr>
<td>Andrea Gottsegen Asnes</td>
<td>Robert McGovern</td>
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<td>Nathaniel Beers</td>
<td>Fatema Meah</td>
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<td>Andrea Benin</td>
<td>Irma Medina</td>
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<td>Oscar Blanc</td>
<td>Elizabeth Miller</td>
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<td>Carmelita Britton</td>
<td>Karen Gnuse Nead</td>
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<td>Marilyn Cabrera</td>
<td>Sania Perez</td>
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<td>Santha Chamberlin</td>
<td>Carmen Prieto-Jimenez</td>
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<td>Vincent Chiang</td>
<td>Amado Ramirez, Jr.</td>
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<td>Greg Randolph</td>
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<td>Ruben Roncallo</td>
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<td>Marcella Ann Frausto</td>
<td>Shirley Russ</td>
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<td>Sandra Gage</td>
<td>Hassan Salloum</td>
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<td>Blanca Garcia</td>
<td>Kevin Schreiber</td>
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<td>Kerry Sease</td>
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<td>Linda Grant</td>
<td>Pratibha Shirsat</td>
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<td>Namrata Singh</td>
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<td>Terry Kind</td>
<td>Lindsay Thompson</td>
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<td>Tracy King</td>
<td>Norma Vasconcello</td>
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<td>George Kristisson</td>
<td>Patty Vitale</td>
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<td>Chandan Lakhiani</td>
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<td>Lisa Engen Leggio</td>
<td>Nicholas White</td>
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<td>Andrea Marmor</td>
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22
# 2002 PAS Annual Meeting

**Baltimore**

<table>
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<tr>
<th>Saturday, May 4th</th>
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<th>Monday, May 6th</th>
<th>Tuesday, May 7th</th>
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| **8:30am – 11:30am**  
Workshops &  
APA Special Interest Groups | **7:30am – 8:30am**  
APA Past Officers Breakfast | **7:00am – 8:00am**  
APA Regional Breakfasts | **8:00am – 10:00am**  
Topic Symposia &  
Subspecialties/Themes  
(Original Science Abstract Programs) |
| **10:00am – 12:00noon**  
Educational Seminars | **8:00am – 10:00am**  
Topic Symposia &  
Subspecialties/Themes  
(Original Science Abstract Program) | **8:00am – 10:00am**  
Topic Symposia &  
Subspecialties/Themes  
(Original Science Abstract Programs) | **8:45am – 11:45am**  
Workshops &  
APA Special Interest Groups |
| **11:45am - 1:45pm**  
Poster Session II &  
HRSA Workshop Posters | **8:00am – 11:00am**  
Workshops &  
APA Special Interest Groups | **9:00am – 12:00Noon**  
Workshops &  
APA Special Interest Groups | **10:15am – 11:15am**  
State of the Art Plenary Session  
*A special one hour lecture* |
| **12:00noon – 2:00pm**  
APA Luncheons | **10:15am – 11:45am**  
APS Plenary/Howland Award & (11:15 am) St. Geme Award | **10:15am – 12:00noon**  
SPR Presidential Plenary,  
Awards & E. Mead Johnson  
Award Lectures | **10:15am – 11:15am**  
State of the Art Plenary Session  
*Alternating plenary sessions* |
| **1:45pm – 2:30pm**  
Lunch Break  
APS Business Meeting |  | **10:15am – 12:00noon**  
SPR Presidential Plenary,  
Awards & E. Mead Johnson  
Award Lectures | **11:30am – 1:00pm**  
Poster Session IV |
| **12:00noon – 3:00pm**  
Mini Courses  
& Workshops | **2:00pm – 5:00pm**  
Workshops &  
APA Special Interest Groups |  | **1:00pm – 2:30pm**  
State of the Art Plenary Sessions |
| **1:00pm – 3:00pm**  
Educational Seminars | **2:30pm – 4:00pm**  
State of the Art Plenary Sessions |  | **1:00pm – 2:30pm**  
March of Dimes Prize in  
Developmental Biology Lectures |
| **3:15pm – 5:15pm**  
APA Committees | **4:15pm – 6:15pm**  
Topical Symposia &  
Subspecialties/Themes  
(Original Science Abstract Programs) | **1:30pm – 5:30pm**  
APA Presidential Plenary &  
Armstrong Lecture | **2:45pm – 4:45pm**  
Hot Topics  
Topic Symposia & Subspecialties/Themes  
(Original Science Abstract Programs) |
| **3:15pm - 5:15pm**  
Topic Symposia &  
Subspecialties/Themes  
(Original Science Abstract Programs) | **5:00pm – 6:00pm**  
APA Business Meeting &  
Awards | **2:45pm – 4:45pm**  
Topic Symposia &  
Subspecialties/Themes  
(Original Science Abstract Programs) | **4:45pm – 6:30pm**  
Poster Session III |
| **5:15pm - 7:15pm**  
Poster Session I, &  
Opening Reception | **Evening**  
APS Member/Howland Dinner | **5:00pm – 6:00pm**  
APA Business Meeting &  
Awards | **Evening**  
APA Board/Awardees Dinner |
| **7:15pm – 8:30pm**  
PAS Presidential Reception |  |  |  |
PEdiatrician with Special InterEst in Child Maltreatment
Children’s Mercy Hospitals & Clinics
Kansas City, Missouri

The Position: Children’s Mercy Hospitals & Clinics is seeking a full-time board-certified pediatrician with a special interest, training and experience in child maltreatment to join our Team for Children at Risk in Kansas City, Missouri. This position would have primary clinical responsibility, teaching and an opportunity for research in a high-volume (over 1,000 cases per year) hospital-based program, with our own dedicated clinic space. This position would require an interest in building education on child abuse for our community, medical staff, residents and medical students and collaboration with the Child Advocacy Center, Child Fatality Review Panel and Clinical Case Review Conference. We are seeking an individual who possesses child-focused objectivity and is meticulous in documentation. Our current child abuse team consists of one full time and two part-time pediatricians, specially trained nurse practitioners, and a social worker, clinical coordinator and support staff.

Children’s Mercy Hospitals & Clinics is a 204-bed hospital that is nationally recognized for its innovative, child-friendly environment. We also have a satellite hospital in suburban Overland Park, Kansas; a pediatric home health agency; and numerous outreach locations. All medical and surgical subspecialties are represented. The hospital has over 10,000 inpatient admissions and 250,000 outpatient visits per year. We have an educational affiliation with the University of Missouri-Kansas City, with more than 60 residents doing postgraduate training in our three-year residency program. In addition, we have fellowship programs in Allergy, Dermatology, Developmental & Behavioral Sciences, Emergency Medicine, Endocrinology, Hematology/Oncology, Neonatology and Toxicology/Pharmacology. We also have a rapidly growing research program with $50 million research endowment. We are fiscally sound and maintain a broad base of support across the Midwest.

The Kansas City Area: Kansas City is located within 250 miles of both the geographic and population centers of the nation, in the heart of America, on the state line of Missouri and Kansas. The city will charm you with its big-hearted graciousness and hospitality. Kansas City has small-town friendliness, but big-city dining, a variety of entertainment options, incredible jazz, professional sports, classy museums, great shopping and more fountains than any city in the world besides Rome. The city is a metropolitan area of more than a million and a half people, and has one of the lowest costs of living of all major US cities.

For more information visit our web site at www.childrens-mercy.org, or contact Lois Wells, Office Manager, Children’s Mercy Hospitals & Clinics, 2401 Gillham Road, Kansas City, MO 64108, lwells@cmh.edu, (816)802-1223, or toll free (866)264-4652.

Board Certified Staff Pediatrician for the Child Maltreatment Program
Children’s Hospital, Columbus
Columbus, Ohio

The Department of Pediatrics at Children’s Hospital, Columbus, Ohio and The Ohio State University is seeking a second full time, Board certified staff pediatrician for the Child Maltreatment Program. This is a full time academic position with clinical, teaching and research expectations. Academic appointment will be commensurate with the applicant’s qualifications and experience. Clinical responsibilities include attending in a sex abuse diagnostic clinic, inpatient and outpatient consultation on the full spectrum of child abuse and neglect, and sharing call with the two other child abuse team physicians. A one-stop assessment team, which includes law enforcement, children’s services, victim-witness advocate, nurse practitioner and team social worker, is an integral part of the program. The program evaluates approximately 1200 children referred for possible sex abuse and consults on 50-70 inpatient admissions each year. Teaching responsibilities include clinical and didactic teaching of medical students, residents and other healthy professionals rotating through the program. Participation in research activities is expected, and protected time will be available for qualified candidates. Fellowship training in child maltreatment, general academic pediatrics or developmental-behavioral pediatrics is strongly preferred.

The Child Maltreatment Program is one component of a comprehensive Center for Child and Family Advocacy to be constructed on the Children’s Hospital Campus. The Center will bring together abuse evaluation and prevention programs, sexual abuse treatment programs, research activities and other activities pertaining to child and family violence. This is a unique opportunity to become involved in a vibrant, growing child advocacy environment. Applications from women and minorities are strongly encouraged. Interested parties should forward their curriculum vitae and a letter of interest to Daniel L. Couy, MD, Search Committee Chair, Children’s Hospital, Timken G-350, 700 Children’s Drive, Columbus, Ohio 43205, (614)722-2438, Fax (614)722-4966.

BE/BC Pediatricians
Texas Tech University Health Sciences Center
El Paso, Texas

Texas Tech University Health Sciences Center is seeking full time BE/BC Pediatricians. We offer an attractive incentive-based compensation package, plus CME Allowance. Pre-tax accounts for retirement, medical/dental insurance premiums.

Contact Dr. Gilbert Handal at (915)545-6785, Fax(915)545-6976, or e-mail at GH@ttmcelp.ttuhsc.edu. Visit us at http://www.elp.ttuhsc.edu/pediatrics.
Clinical Chief Primary Care Center (PCC) Services: The division includes 9 full time faculty and 4 fellows in general academic pediatrics. Pediatric outpatients are cared for in a large remodeled clinical facility adjacent to faculty offices and also in 5 community-based primary care centers used extensively for medical student, pediatric residency and fellowship education. The PCC sites present outstanding opportunities for ongoing research in primary care and community pediatrics. The clinical chief will be responsible for monitoring the overall quality of clinical and teaching programs in the PCC. The division has strong research and teaching programs; innovative clinical research in child development and otitis media, vaccines for prevention of otitis media, methods for smoking cessation, prevalence of anemia, health services for children; fellowship training through a HRSA Faculty Development in General Pediatrics grant; and several grants from local philanthropic organizations for program development and education. Faculty members have close ties to the University of Pittsburgh Graduate School of Public Health and many community-based resources. CHP is consistently ranked among the top ten children’s hospitals in the United States and we are typically one of the top 10 receiving NIH funds.

An academically distinguished individual is sought to direct the academic activities of the division and to foster interdisciplinary programs and projects. This mid-level position may be within or outside the tenure stream. Salary is commensurate with experience. Interested individuals should send letter and CV to Alejandro Hoberman, MD, General Academic Pediatrics, Children’s Hospital of Pittsburgh, 3705 Fifth Avenue, Pittsburgh, PA 15213. Call (412) 692-5249, Fax (412) 692-5807, or e-mail alejo@pitt.edu. The University of Pittsburgh is an equal opportunity, affirmative action employer.

Children’s Hospital of Michigan
45th Annual Clinic Days
PEDIATRICS FROM THE INSIDE OUT
May 9 - 10, 2002

PRESENTATIONS BY:
Lewis First, MD, MS (University of Vermont); Russell Faust, MD (University of Virginia Health System); and Children’s Hospital of Michigan/Wayne State University Faculty: Jeanne Lusher, MD (Bleeding Disorders); David R. Rosenberg, MD (Obsessive Compulsive Disorder); Scott Langenburg, MD (Robotics in the Operating Room); and Kathryn Sussman, MD (Dermatology).

For more information or to request registration materials, contact: Sheryl Boyd, Conference Support Services, (313) 745-5458 or you may write to: Clinic Days 2002, Conference Support Services, Children’s Hospital of Michigan 3901 Beaubien Boulevard, Detroit, Michigan 48201-2196

The American Academy on Physician and Patient (AAPP)
The American Academy on Physician and Patient (AAPP) is a professional society dedicated to research, education, and improved standards in doctor–patient communication. The AAPP’s goal is to enhance the practice of medicine by helping physicians and patients communicate and relate more effectively with each other.

All are invited: The 2002 Annual National Faculty Development Course, “Teaching Core Competencies in Medical Interviewing,” will be held June 1–6, 2002 in Cleveland, OH.

For more information, call 703-556-9222 or look at the website at www.physicianpatient.org.
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- **Co-Chair:** John I. Takayama, MD  
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#### Injury Control
- **Chair:** Alan Woolf, MD, MPH  
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#### International Health
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  216/844-3230
- **Co-Chair:** Cynthia Howard, MD  
  410/332-9086

### APA 2001/2002 LEADERSHIP ROSTER

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<tr>
<th>Position</th>
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<th>Phone</th>
</tr>
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<tbody>
<tr>
<td>Literacy Promotion in Primary Care</td>
<td>Robert Needlman, MD</td>
<td>216/844-8260</td>
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<tr>
<td></td>
<td>Perri Klass, MD</td>
<td>617/629-8042</td>
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<tr>
<td>Managed Care</td>
<td>Alan B. Bernstein, MD, MPH</td>
<td>847/559-6780</td>
</tr>
<tr>
<td>Medical Informatics</td>
<td>Kevin B. Johnson, MD</td>
<td>410/614-0911</td>
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<tr>
<td>Medical Student Education</td>
<td>Steve Miller, MD, MS</td>
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<td>Newborn Nursery</td>
<td>Linda Meloy, MD</td>
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<td>Nutrition</td>
<td>Sandy Hassink, MD</td>
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<td>Pain</td>
<td>Neil L. Schechter, MD</td>
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<td>Pediatric Emergency Medicine Program Directors</td>
<td>Richard Rudy, MD</td>
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<td>Pediatric Tobacco Issues</td>
<td>Dana Best, MD, MPH</td>
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<td>Deborah Moss, MD, MPH</td>
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<td>Pediatric Telephone Care</td>
<td>Andrew Hertz, MD</td>
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<td>Allison Kempe, MD</td>
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<td>Pediatrics for Family Practice Residents</td>
<td>David Turkewitz, MD</td>
<td>717/851-3884</td>
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<td>Practice-based Research Network</td>
<td>Robert Siegel, MD</td>
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<td>Race in Medicine</td>
<td>Anne Beal, MD, MPH</td>
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<td>Ivor Horn, MD</td>
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<td>School &amp; Community Health</td>
<td>Elizabeth A. Edgerton, MD, MPH</td>
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<td>Elisa Alter Zanni, MD</td>
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<td>Serving the Underserved</td>
<td>Jeffrey M. Brown, MD, MPH</td>
<td>303/436-4406</td>
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<td>Ronald C. Samuels, MD</td>
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<tr>
<td>Women in Medicine</td>
<td>Carol Berkowitz, MD</td>
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### STANDING COMMITTEES

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<tr>
<th>Committee</th>
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<tr>
<td>Education</td>
<td>Michelle Barratt, MD, MPH</td>
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<tr>
<td>Research</td>
<td>Katherine Kaufer Christoffel, MD, MPH</td>
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<td>Health Care Delivery</td>
<td>Daniell Laraque, MD</td>
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<td>Public Policy &amp; Advocacy</td>
<td>Charles Oberg, MD</td>
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### OPERATIONAL COMMITTEES

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<tr>
<td>Communications</td>
<td>Judy Shaw, RN, MPH</td>
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<td>Finance</td>
<td>Miriam Bar-On, MD</td>
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<td>Kenneth Roberis, MD</td>
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<td>Stephen Ludwig, MD</td>
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<td>Marilyn Dumont-Driscoll, MD, PhD</td>
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<td>Workshop Coordinator</td>
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### JOURNAL EDITOR

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<td>James M. Perrin, MD</td>
<td>617/726-8716</td>
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### NATIONAL OFFICE

<table>
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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Executive Director</td>
<td>Marge Degnon</td>
</tr>
<tr>
<td>Executive Assistant</td>
<td>Amy Pulupa</td>
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