



ACADEMIC
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APA Focus

The Official Newsletter of the Academic Pediatric Association

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Communications Director's Message

This month the *APA Focus* is on health care delivery. Inside you'll find a variety of articles from the regions, SIGs, officers and APA core programs and activities.

The APA is also partnering with the Association of Pediatric Program Directors and other PAS societies in sponsoring a new special program for all fellows that addresses core competencies on Friday before the PAS. ([See announcement for details](#)).



Yours,
Donna D'Alessandro
Communications Director
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Academic Pediatric Association

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President's Message

Happy New Year to you all and I hope this is a time of reflection and development of vision for your goals for the coming year.

Here's your opportunity to have your opinions heard:
The Value of APA Survey Is Now Available for
Completion

The Value of APA survey has been sent out via email with hard copies sent to those without email access. The survey takes only 15 minutes to complete. Your responses are essential for us to know what you value and to guide us in the 5 year APA Strategic planning. We want to ensure that your membership needs are being addressed. How can we know, if you don't tell us?

We are offering an incentive for those who complete the survey. **Three members who complete the survey will be selected by random lottery to receive a free one year APA membership.** Another perk is the viewing of the APA jingle which is included as a link in the email (you must have downloaded or install Quicktime, which you can do for free through <http://www.apple.com/quicktime/> . Music and lyrics were written by our own **Chris Stille**, accompanied by the musical talents of **David Keller, Judy Shaw, Benard Dreyer** and me (although I have little musical talent). We had to produce this video after only one take since the bellman at the hotel where we had our fall meeting did the videotaping! And to dispel any rumors, no lip synching was involved! Hope you enjoy it. **BUT PLEASE, COMPLETE THE SURVEY.**



PAS Program Committee Meeting

Your PAS Program Committee representatives (**Benard Dreyer, Glenn Flores, Judy Shaw, Steve Selbst, Janet Serwint**) attended the PAS Program Committee Meeting on January 15th. The meeting was quite productive and resulted in the final selection of abstracts for the platform and poster presentations for the spring meeting in Denver. While this is my second term in serving on the PAS program committee, the process continues to amaze me. When you think of the countless hours and intellectual energy that has gone into the development and completion of the research projects, the abstract submissions, the reviews and then final selection, it is mind boggling. Add to that the earlier process of the submissions and selections of the invited science program and workshops, it makes me respect the process and the power of these meetings. These meetings allow us to meet and network, and also share our passion, enthusiasm and expertise for innovative research, education, health care delivery and advocacy, all relevant to our care of patients. So when you attend the PAS meeting, think of all the cumulative effort that has gone into this meeting. Clearly a team effort with over 280 APA members participating in the abstract review and selection! Thanks to all who contributed their time to make this a wonderful program.

A total of 3,972 PAS abstracts was submitted this year (very close to the 4,189 last year) and 3,175 of these (80%) were submitted to both a theme and subspecialty. Examples of the possible 26 subspecialties include

Special Interest Groups

[Academic Fellows](#)

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broader categories such as medical education, epidemiology, general pediatrics and preventive pediatrics to name a few, while examples of the 32 themes include health services research, environmental health, global paediatric research and hospitalist medicine. It is always to the advantage of the author to identify both a theme and subspecialty because they are reviewed by reviewers for both categories. Hence, it enhances the chances of selection. There is a minimum of 4 reviewers and a chair for all abstracts, and many groups had more reviewers than that. In an effort to better standardize the abstract scoring and review process, **Benard Dreyer, Gary Freed and Peter Szilagyi** have developed a scoring system and template. We utilized this process within several of the abstract subspecialties and most found it really helpful. I think you will be pleased with the PAS program. Hope to see you there.

APA Mentorship Task Force

The APA Mentorship Task Force has been formed in response to a needs assessment from the last APA Membership survey. The goals of the task force are to:

- 1) Identify and collate the mentorship opportunities currently available within the APA and its core functions
- 2) To strengthen those opportunities and
- 3) To develop additional innovative strategies to further meet the needs of our membership.

The task force members include: **Allison Ballantine, Jenny Christner, Donna D'Alessandro, Benard Dreyer, Glenn Flores, Maryellen Gusic, Kathy Nelson, Janet Serwint**, and **Nancy Spector**. These APA members include those who are actively involved with current APA mentorship activities, have expertise in mentorship and have important joint membership with collaborating organizations. Our first phone conference will take place in February. The Task Force values your input. A section of the APA survey is devoted to mentorship issues and will help inform the task force. In addition, if you have any ideas you would like to offer or would like to serve as a consultant, please email me at _____ or any of the task force members. We welcome your input and ideas from individual members, regions, SIGs or committees.

Environmental Scholars Meeting

I had the privilege to attend the 9th annual meeting of the Environmental Scholars in Reston, VA December 10-12. This core function of the APA, initially developed by **Ellen Crain**, has been transitioned to the able leadership of **Phil Landrigan** and **Bob Wright**. Environmental scholars from all over the country attended and had the opportunity to present their research projects over a 2 day period, with discussion from peers, colleagues and mentors within the field. It was a great mentoring experience and wonderful to see the innovative projects that are addressing important environmental public

health issues. Interspersed throughout the meeting were informative sessions including the keynote address by Kim Gray describing the History of Children's Environmental Health Research at NIEHS, Updates from WHO by **Ruth Etzel**, Endocrine Disrupting Chemicals By Russ Hauser, Working for a City Health Department by

Announcements

[APA Co-Sponsors the 2011 Pediatric Educational Excellence Across the Continuum Conference](#)

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[Surgeon General Releases Call to Action to Support Breastfeeding](#)

Reviews

[Environmental Health Reviews](#)

Nathan Graber, Training the Next Generation of Children's Environmental Health Scholars by **Lynn Goldman**, and an Update on the National Children's Study by Steven Hirschfeld. I learned a lot and thoroughly enjoyed the sessions.

The Federation of Pediatric Organizations (FOPO) Meeting. **Steve Selbst** and I attended the FOPO meeting on January 31 in Washington DC. FOPO includes representation from the following organizations: Academic Pediatric Association, American Academy of Pediatrics, American Board of Pediatrics, American Pediatric Society Association of Medical School Pediatric Department Chairs, Association of Pediatric Program Directors and the Society for Pediatric Research. The Executive Director, **Ted Sectish**, was reappointed by unanimous vote for a second 5 year term. Highlights of the meeting included a presentation by Alan Guttmacher on an NICHD update, report by Mark Del Monte on the AAP Department of Federal Affairs, strategic planning for FOPO and a report by **Carol Carraccio** on the Initiative for Innovation in Pediatric Education. Our involvement in FOPO is important as we collaborate with our fellow pediatric organizations on national issues.

Please take care and remember I welcome any input from you.

Janet Serwint

President

Academic Pediatric Association

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President Elect's Message

Awake, Thou Wintry Earth...

The winter has been cold and snowy and I hope that all of you have been warm and safe (and some of you have been *really* enjoying skiing and other winter sports). Meteorologists tell us that the increased snow and cold is actually due to global warming (2010 was one of the hottest years ever). Apparently as the arctic icecap warms and melts it moves cold air south to those of us in "northern mid-latitudes". This is the so-called "Warm Arctic-Cold Continents" pattern, which may be related to an equally counterintuitive theory: "cold hands-warm heart". I strongly believe in the science of global warming predictions, but I was happily expecting that New York (where I live) would become the "new" southern California and was not prepared for living through the next ice age instead. Who knew!?



This wintry discussion is really a way of saying that we are all thinking of spring and the Pediatric Academic Societies (PAS) meetings in Denver. **Janet Serwint, Steve Selbst, Judy Shaw, Glenn Flores, Marge Degnon** and I attended the winter PAS Winter Planning Meeting in Woodlands, Texas in mid-January, representing the APA. Janet will be describing all of this in more detail, so I am going to focus on one aspect of the PAS process and hopefully provide some inspiring news about a 4-year effort to improve the abstract review process for the PAS annual meetings.

PAS Abstract Review Process

In 2007, the APA Research Committee (when I was chair of the committee and continuing under Glenn Flores's leadership) started a process to analyze and improve how abstracts submitted to PAS were reviewed. There are 3500 to 4000 abstracts submitted each year for consideration. Based primarily on the average scores these abstracts receive from review teams, abstracts are chosen for plenary, platform, or poster presentations or are rejected. However, the interrater agreement of the reviewers as measured in 2007 was low, and the reliability of

the average scores was only moderate. This, among other factors, led to a substantial overlap of scores for plenary, platform, poster, and reject categories. We felt that we could do better. We decided to concentrate on the General Pediatrics Subspecialty for several reasons: its size (500-700 abstracts submitted each year, leading to multiple teams and need for many reviewers); its diversity (many content areas making it difficult to assemble reviewer teams with expertise in all abstracts reviewed); its importance to APA members.

We started a series of interventions in conjunction with the PAS Program Committee:

- 2007: Under the leadership of **Marilyn Driscoll-Dumont**, APA Secretary at that time, we doubled the number of reviewers on each team making the average score more reliable even with no change in interrater agreement
- 2009: We created subcategories assigned and asked each abstract author to choose one for their submission, and we assigned reviewers according to self-described content expertise in these subcategories. This allowed us to assemble reviewer teams with expertise for the abstracts they were judging
- 2010: We offered workshops on how to perform abstract reviews at regional APA meetings and at the PAS annual meeting in Vancouver
- 2010: We used explicit criteria for choosing reviewers
- 2010: Each reviewer was emailed detailed structured instructions on scoring as well as PAS guidelines and was personally asked to use them. Responses from reviewers indicated their enthusiastic willingness to use these structured scoring methods.

The results were impressive. Starting with poor interrater agreement of about 0.20 in 2007, by this year's review for 2011 PAS, the interrater agreement was fair at 0.30. Starting with moderate reliability (for the average score) of 0.52 in 2007, by this year's review for 2011 PAS, the reliability was good to excellent at 0.78. Furthermore, in 2007, 8% of the teams had reliability that was not different from zero, the majority of teams had reliability that was <0.60, and none were in the excellent range (>0.80). For this year's meeting, no teams had reliability that was <0.60, and 69% had reliability in the excellent (>0.80) range.

What are next steps?

- Expand these processes to all PAS review teams
- Continue offering workshops on abstract review (there is one at the PAS meeting in Denver).
 - **PAS 2011: Workshop on Abstract Review**
 - **Reviewing Abstracts for National and Regional Meetings: Yes You Can!**
 - Monday, 8:30 am to 11:30 am
 - Please consider attending if you review abstracts or would like to become an abstract reviewer.
- Consider using methods to “normalize” scores between different teams, so if your abstract is assigned by chance to a group of “hard” reviewers, it has an equal chance of acceptance to one assigned to a group of “easy” reviewers.

This multiyear effort led to a tremendous improvement in our abstract review process for General Pediatrics. And the results were due to the diligence of the 120 APA members who reviewed for the 13 General Pediatric Teams. Congratulations to all involved! We can now say to those folks submitting abstracts in General Pediatrics to the annual PAS meetings that the review process is reliable, and allocations to platform, poster and rejection categories are fair and equitable. I met with the PAS Operating Committee in January to get their support for expanding these changes and hope that we can continue to move forward.

NICHD National Child and Maternal Health Education Program

Finally, I had the opportunity to attend the NICHD National Child and Maternal Health Education Program (NCMHEP) Coordinating Committee meeting in Bethesda in late January, at which I represented the APA. NCMHEP was created to provide a forum for reviewing, translating, and disseminating new research in the field of maternal and child health through a coalition of health care provider associations, federal agencies,

professional organizations (such as the APA, AAP, AAFP, ACOG, APS/SPR, APHA, and various nursing organizations), and other partners. The Coordinating Committee oversees the work of this group. The meeting in January dealt with two strategic areas: late preterm births and elective (non-indicated) early term deliveries. Most of the discussion centered on non-indicated early term deliveries (37-38 weeks gestational age). While the increase in late preterm births is complicated, and many of those deliveries may be warranted and save lives, there is concern that the increase in non-indicated early term deliveries is unwarranted and potentially harmful. Quality improvement collaboratives are occurring across the country at the state level to address this issue, and I am involved in such a collaborative in New York State. This issue, while primarily an obstetrical one, does really touch on our role in the newborn nursery and in our collaborative relationships with our colleagues in obstetrics and midwifery. Members in the APA Newborn SIG may be particularly interested. I encourage you all to go the NCMHEP website, www.nichd.nih.gov/ncmhep/ and find out more. Feel free to contact me directly for more information or discussion!

So, bundle up and stay close to the hearth this winter, and remember: “*No matter how long the winter, spring is sure to follow.*” --Proverb

Benard P. Dreyer

President Elect

Academic Pediatric Association

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Past President's Message

Last year at the APA 50th Anniversary Presidential Plenary, I gave my address entitled *Global Child Health: Reaching the Tipping Point for All Children*. Charting the road for our association to continue its commitment to all children and to carve out our role in advancing health for children around the world is the subject of my Presidential Project this year. Our strategy begins with the formation of a Global Health Task Force. I will describe the various early activities of this task force and its membership as well as related activities in support of global child health. It should be noted that our efforts will need to be consistent, persistent and part of our strategic planning for the next several years.



The members of the task force are: **Ann Behrmann Steve Berman**, Marie Adele Davis, **Claibourne Dungy**, **Benard Dreyer**, **Ruth Etzel**, **Cindy Howard**, **Jonathan Klein**, **Mirzada Kurbasic**, **Danielle Laraque**, **Janet Serwint**, **Peter Szilagyi**, **Yvonne Vaucher**, Alan Zipurski, **Henry Schaeffer**, Ludovico Guarini, **Suzinne Pak-Gorstein**, Cliff O'Callahan, and Melanie Ansbacher. This group brings together the collaborative efforts of the APA including the APA SIG, the AAP including the Section of International Health, and the CPS (Canadian Pediatric Society). In our last newsletter we invited the participation of other APA members and will look to ways to engage the APA membership in global health efforts.

The following are part of our early activities:

- Commitment from the APA Board in support of the Presidential Project
- Commitment from the Task Force to address global medical education
- Advertising the global health efforts supported by the APA
- The APA role in the International Pediatric Association (IPA)
- PAS sponsored global health programs
- Global Health PAS track

- Strategic planning to maximize the APA strategic goal to: *Intensify the APA's efforts in setting the course for achieving child health equity from a national and global perspective*

Upcoming Events:

1. **Global Child Health Summit: *Family and Child in the Americas: Efforts to Achieve the Millennium Developmental Goals.*** You can view the agenda and register for the conference at http://www.aps-spr.org/Global%20Health%20Summit_Program.pdf

There is no registration fee, but space is limited. We hope that you can participate as this should be a great program. The APA is a co-sponsor of the summit.



Date: April 29, 2011, just before the start of the PAS Meeting.

Location: University of Colorado, Denver, Anschutz Medical Campus, Aurora, Co

2. **The PAS has an International Health Track which features 23 different events during the Denver Meeting being held April 30-May 3, 2011.** Among the featured events are:

PAS, Denver, Colorado: State of Art Plenary on Global Health: In 2010, Global Health Part-I provided an action-framework for pediatricians seeking to improve child health outcomes worldwide. We propose a continuation of these vital discussions with follow-up sessions on the GHESKIO Centers in Haiti and Helping Babies Breathe (HBB). The Haiti experience was presented within the context of the devastating 2010-earthquake and the follow-up session reports on the progress made for cross-national collaborations in the wake of this disaster. The HBB was presented at the cusp of the initiative to ameliorate neonatal mortality in developing countries and in 2011 we present the first year's experience. We complement these sessions with two new ones: A view from the Fogarty Foundation on effective training models; and a report by WHO and IPA on cross-national collaborations addressing environmental health imperatives and MDG. Together these presentations will emphasize methods for sustaining substantive efforts in the children's global health agenda.

Saturday: April 30, 2011, 2:45pm-4:45pm

Please check the PAS website at <http://www.pas-meeting.org/2011Denver/default.asp>.

3. **Global Health Task Force during the PAS - Saturday April 30 form 8:00 -11:00**

APA International Health Award

Each year the International Health SIG of the APA recognizes the scholarly achievements of child health professionals from around the world. This year we received 10 abstracts for consideration and chose one Awardee to be recognized at the PAS meeting in Denver. We congratulate all those who submitted and also thank those who agreed to review and select the winning abstract.

International Pediatric Association

International Pediatric Association celebrated its 100th anniversary this year. IPA was formed in Paris, France in 1910 by a group of European pediatricians. The first International Congress of Pediatrics was held Paris, France in July of 1912. The last, 26th Congress took place in Johannesburg, South Africa in August 2010. In

100 years of the IPA existence this was the first assembly of the IPA on the African soil. Three US National Societies are members of the IPA: American Academy of Pediatrics (AAP), Academic Pediatric Association (APA), and American Pediatric Society/ Society for Pediatric Research (APS/SPR). The USA voting member at the Johannesburg CD meeting was Judith Palfrey, president of the AAP who was at the second meeting represented by Errol Alden, AAP CEO. William Keenan assumed the position of the IPA Executive Director, succeeding Jane Schaller (USA) in that position. **Mirzada Kurbasic** represented the APA at this meeting.

For more information on the structure of the IPA leadership please visit:

http://www.ipa-world.org/About_IPA/Pages/Leadership.aspx

For information on the constitution of the IPA and the role and function of the CD please visit

http://www.ipa-world.org/About_IPA/Pages/Leadership.aspx

Danielle Laraque

Immediate Past President

Academic Pediatric Association

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Treasurer's Message

Money Matters, but it really isn't everything

It has been three years since my appointment as Treasurer for our Association. Three years in which, despite the Great Recession, our Association has expanded its core activities to support a new generation of academic researchers, create rigorous educational scholarship and promote evidence-based public policy in order to improve the health and health care delivery systems for children.

Given the economic constraints under which we were operating, the fact of our continued success and growth is somewhat remarkable. How were we able to leverage the work of a small organization with a membership of 1900 and a staff of 6 or 7 people to do all of this work? The short answer is great staff, active members and a bit of luck with the funding, and the good news is, as the markets rebound and we emerge from this downturn, I think that we really are on track to continue doing so into the future. We've expanded our funding streams from meeting revenues, dues, donations and grants to include program fees and tuition.



We've identified several niche markets, such as leadership training and educational scholarship that have allowed us to mirror the success of organizations with more than fifty times our budget. In the course of so doing, we've stayed true to our vision: we ALWAYS remember that it is all about the children. That, for me, is the most remarkable thing about this organization: the universal commitment by our members to the health of children, and the ways in which we marshal our expertise in the service of our vision. Without that, we run the risk of becoming just another professional organization, looking out for the good of its membership. While we need to know where our members are coming from (and thanks to all of you who completed the survey), we need to stay focused on the child in the context of the family as we do all of those things that further our careers as academic pediatricians. It may seem odd for the Treasurer to point this out, but, in the end, Treasurer's are people too.

I have left a few things for my successor's attention:

- 1) The APA Fund: We've got about \$200K in that fund now, mostly tied up in Mutual Funds that we haven't wanted to sell. At some point, we need to open up the Fund and use that funding to support some of our newer projects.
- 2) Grants and Contracts: Our current budgeting process is sustained by the continuous acquisition of new grants in a timely manner. We clearly need to develop a system that will allow us to do better.
- 3) Meeting revenues: We actually make money from the PAS meeting and the Leadership conference. We need to make sure that we continue to do so.

These are details, however, as the real work of running this operation is done by the volunteer Members on the Committees, in the SIGs and in the Regions. There is a lot of work to do, and we need you to do it with us.

See you in Denver.

David Keller

Treasurer

Academic Pediatric Association

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New APA Members

Welcome to all of the new APA Members!

Oneith Cadiz
 Kristine Campbell
 Betsey Chambers
 Timothy Conroy
 Valeria Cristiani
 Lisa DeCamp
 Dawn Ebach
 Laura Ferguson
 Maria Ferris
 Jocelyn Grunwell
 Elizabeth Hastings
 Ann Hazzard
 Wilhelmina Hernandez

Stacy Hodgkinson
 Clay Jones
 April Kam
 Navkirandeep Kaur
 Lanier Lopez
 Gabriela Marein-Efron
 Rita Meek
 Sara Multerer
 Kimberly Noble
 Mona Patel Gera
 Latonya Riddle-Jones
 Abdul Shahein
 Lana Shaibah

Debra Simms
 Smith-King
 Coral Steffey
 Surendra Varma
 Senbagam Virudachalam
 Parul Vora
 Jennifer Walsh
 Tracey Wilkinson
 Brandee Wimberly
 Susan Wu
 Terwa Yong

Upcoming Conferences

Pediatric Educational Excellence Across the Continuum (PEEAC)

September, 9-10, 2011
 Arlington, VA

[More Info](#)



Committee Reports

Health Care Delivery

Health Care Delivery: Improving the Science of Quality Improvement

Quality Improvement (QI) is a final common pathway for applying evidence-based knowledge into everyday practice and improving patient outcomes. However, the science of QI requires a rigorous, theory-driven approach that is often not appreciated or applied. For example, participants in a recent Institute of Medicine workshop on the science of QI (Institute of Medicine Forum on the Science of Health Care Quality Improvement and Implementation. *The state of quality improvement and implementation research: Expert views--Workshop summary*. Washington, DC: National Academies Press; 2007) reported that: QI research is undertheorized; the effectiveness of a QI strategy is highly dependent on the setting and context for implementation; and the basic science of QI needs to be developed. In summary, there are many methodological issues that need to be addressed to move the fields of pediatric QI research and pediatric QI implementation forward.

Members of the Health Care Delivery Committee and the Quality Improvement SIG have been developing a one-day symposium that focuses on the key concepts, designs and analytic approaches being used by leading QI researchers in pediatrics. The conference will be designed to promote discussion of those methods in small breakout sessions.

For example, while the patient-level randomized controlled trial (RCT) is typically considered the “gold standard” for research to test the effectiveness of interventions, there is an emerging understanding that patient-level RCTs may not be appropriate or feasible for QI studies. Breakout sessions will explore two categories of leading alternatives to patient-level RCTs: cluster or group randomized trials, and a range of quasi-experimental designs. In many cases, randomization may be neither appropriate (e.g., single site studies) nor feasible (provider reluctance to be randomized). A range of other designs will be discussed that can be used to address questions of internal validity, if they are applied rigorously. These include quasi-experimental approaches such as interrupted time series, and pre-post studies with a comparison group.

Members of the Planning Group include **David Link**, david_link@hms.harvard.edu; **Rita Mangione-Smith**, rita.mangione-smith@seattlechildrens.org; **Larry Kleinman**, Lawrence.Kleinman@mountsinai.org; **Michael Cabana**, michael.cabana@ucsf.edu; and **Denise Dougherty**, verlyndenise@verizon.net. For more information, please contact members of the planning group listed above.

Michael D. Cabana
Health Care Delivery Committee, Chair,
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Research

Young Investigator Award (YIA)

The Academic Pediatric Association Young Investigator Awards Program provides awards of up to \$10,000 or \$15,000 (depending upon the specific program) for research by fellows or junior faculty related to child health promotion, health services research, teaching, or patient care. We wish to acknowledge the generous support of the YIAs by the APA, The Commonwealth Fund, the Maternal and Child Health Bureau, and the American Academy of Pediatrics.

The total number of applications received for the 2011 cycle of the YIA, at **97**, was the second-highest total ever. The APA Research Committee is very pleased to announce the 16 recipients of the YIAs for 2011:

APA YIAs

Christine Briccetti,

Johns Hopkins

Factors Associated with Sleep Quality in Baltimore Children

Mentor: **Peter Rowe**

Kandyce Larson

UCLA David Geffen School of Medicine

Intergenerational Health Disparities: Income, Maternal Health, and Child Well-Being

Mentor: **Neal Halfon**

Ellen Lipstein

Cincinnati Children's Hospital

Adolescent Participation in Chronic Disease Treatment Decisions

Mentor: **Maria T. Britto**

Margaret Wolff

The Children's Hospital of Philadelphia

Improved Primary Care Follow-up for Adolescents with Pelvic Inflammatory Disease: A Randomized Controlled Trial Using Text Message Reminders

Mentors: **Esther Sampayo; Cynthia Mollen**

AHRO/APA YIAs

Cade Nylund

Uniformed Services University of the Health Sciences

Pharmacologic Risk Factors for the Development of Clostridium difficile Infections in Children

Mentor: Commander **Gregory Gorman**

Glenn Rosenbluth

UCSF

Impact of Decreased Heparin Dose for Flush-Lock of Implanted Venous Access Devices in Pediatric Oncology Patients

Mentor: Andrew D. Auerbach

Mark Zonfrillo

Children's Hospital of Philadelphia

Long-Term Outcomes Following Pediatric Trauma

Mentor: **Dennis R. Durbin**

Commonwealth Fund YIAs

Manuel Jiménez

Children's Hospital of Philadelphia

Understanding Barriers to Evaluation for Early Intervention Services: A Qualitative Study

Mentor: **Alexander Fiks**

Marianne San Antonio

Yale

Do the Conditions of Administration Affect the Reliability of Developmental Screening in the Pediatric Waiting Room?

Mentor: Carol Weitzman

Katharine Zuckerman

Oregon HSU

Early Identification and Diagnosis of Autism in Latino Children: A Survey of California Pediatricians

Mentor: **Christina Bethell**

Maternal and Child Health Bureau-Bright Futures YIAs

Nerissa Bauer

Indiana University

Promoting Healthy Parent-Child Relationships in Pediatric Primary Care

Mentor: **Steve Downs**

Clement Bottino, MD

Harvard/Children's Hospital Boston

Assessing Unmet Social Needs and Children's Diet Quality in Pediatric Primary Care: Implementation of a Web-Based Assessment and Referral Tool

Mentors: **Joanne Cox** and **Mark Schuster**

Raymond Perry

UCLA

Evaluating the Impact of a Sexual Health Text Messaging Service for Teens

Mentor: **Paul Chung**

Deepa Sekhar

Penn State

Improving Detection of Adolescent Hearing Loss

Mentor: **Ian Paul**

Rashmi Shetgiri

University of Texas Southwestern Medical

Center and Children's Medical Center Dallas

Can Pediatricians Prevent Bullying?: Parent and Community Perspectives on the Pediatrician's Role in Bullying Prevention

Mentor: **Glenn Flores**

Pooja Tandon

University of Washington

Understanding the Impact of Preschool Environments and Outdoor Time on Physical Activity

Mentor: **Dimitri Christakis**

The 2011 YIA cycle began the Fall of 2011. For detailed information on the YIAs, please visit the APA website at: http://www.ambpediatrics.org/research/research_young_investigator_awards.cfm

Glenn Flores

Research Committee Chair

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Core Activities

CORNET

This past year has been a very exciting and productive year for CORNET. A number of CORNET abstracts were submitted for the upcoming PAS Meeting in Denver and we are waiting to hear about acceptances for either platform or poster presentations. Information should be arriving soon regarding their acceptance as the PAS Planning Committee recently met to finalize the content and scheduling of sessions. Let's keep all our collective fingers crossed!

With the completion of projects and the submission of abstracts come new opportunities and challenges. From each of these projects, the next goal will be to develop one or more articles for publication. Given the multifaceted and complex questions addressed in many of the projects, it is anticipated that there will be an opportunity to generate more than one important article from each. This will provide several opportunities for authorship by collaboration in their development and writing. You will be hearing more about this from each of the projects' PIs and we hope that you will volunteer in this next step toward the dissemination of results.

Not surprising then, as several of these projects near completion, is the wonderful opportunity for considering new CORNET projects! One of the CORNET goals is to facilitate member-generated research. Each day in our continuity clinics (which serve as our own medical "laboratories") we encounter or develop questions which deserve further consideration. These are the research questions which truly are the translational ones which facilitate the application of knowledge for the improvement of clinical care and resident education.

Our patient population often has not been adequately represented in clinical research due to many factors. Far and away the majority of research efforts has occurred in adults. The generalizability of those findings to a pediatric population is not intuitive, and in many cases may be completely inappropriate. Also, many of our patients have not been represented in the selected study subjects, undoubtedly compromising our ability to reduce health disparities.

Each day, I suspect, we ask ourselves many times why a particular strategy or management is recommended. These may derive from practice guidelines which we are encouraged to use but may not have been rigorously tested.

Many of us can probably describe instances where parents have adopted habits or traditions passed down from one generation to the next. In some cases we observe unanticipated benefits or, conversely, perhaps adverse effects. Until we stop and ask "why," many of our answers will not be satisfactory.

Daily, we see patients where we "think" something could enhance their health or prevent illness.

Each day we want residents to ask us “why” we recommend particular approaches rather than simply accepting whatever management we believe is best. Next time there may be a critically important reason to change the advice. Or maybe there is no reason?

And did we ever take the step ourselves to ask “why” or confirm that our beliefs are substantiated on a firmer foundation than “that’s the way it’s always been done.”

How often is there no evidence or perhaps only a single unreplicated study in a patient sample comparable to our own?

How do we know what we think we are teaching is actually learned, and perhaps more importantly, appropriately applied?

These are the questions that will excite you! And we hope you will begin developing study questions for CORNET! If it is important to you, there probably are several other CORNET members who share your concerns or interests.

We are waiting for you to propose the next study!!!!!!

Marilyn Dumont-Driscoll

Recruitment Director
dumonmd@peds.ufl.edu

Nui Dhepyasuwan

Research Associate, Network Coordinator
nui@academicpeds.org

Educational Scholars Program

The Academic Pediatric Association’s Educational Scholars Program (ESP) is **recruiting a new cohort of faculty and scholars** in 2011. The ESP offers didactic and interactive activities at the PAS meeting each year. Scholars also complete self-directed intersession modules (between PAS meetings), and practice scholarship hands-on through completion of a mentored educational research or evaluation project. All participants who complete these required activities, including a peer reviewed publication or presentation on their completed project, receive a Certificate of Excellence in Educational Scholarship from the Academic Pediatric Association. A recruitment flyer and other information are available on the ESP website:

The ESP aims to help develop faculty with a strong commitment to education to build careers around scholarly activities related to teaching, learner assessment, curriculum development, educational administration and leadership. Methods in educational evaluation and research are a special focus of our curriculum. Our faculty advisors offer career planning advice, and help scholars develop a well-crafted educator portfolio to support their future applications for promotion and advancement. The ESP is an ideal way for academic pediatricians to gain additional training to succeed as an educator and join a community of other dedicated educators.

Faculty Roles: ESP faculty enjoy fine networking opportunities and the pleasure of working one-on-one with future leaders in the world of pediatric education. Our current group of 35 faculty serve in the following roles:

- Faculty Advisors are assigned 2 scholars each. They serve as career coaches, with special emphasis on the scholar's educator portfolio, and as the facilitators of a scholar's academic project. Advisors meet as a group on quarterly conference calls.
- Cohort Leaders are responsible for managing recruitment, application review, and monitoring of the scholars in a single cohort. A cohort includes from 18-24 scholars who stay in the program for 3 years. Cohort Leaders are members of the ESP Executive Committee.
- PAS instructors teach scholars at the annual, all-day ESP teaching session at the PAS meeting.
- Intersession Module Leaders plan, conduct, and evaluate one intersession module, which is active over 3 months, once every 2-3 years.
- ESP Administrators meet monthly as an Executive Committee, setting policy, monitoring program functions, planning future activities, and managing the budget.

New faculty advisors are needed for the incoming cohort of scholars. Previous ESP graduates are welcome to volunteer. ESP faculty are well positioned for future leadership positions in the APA. If you are interested, contact **Connie Baldwin** at constance_baldwin@urmc.rochester.edu.

The ESP would be impossible without the hard work of its faculty advisors and the ESP Executive Committee devoting many hours to the ongoing success of this program.

Scholar Application Process: The ESP application website will open on July 1, 2011, and the deadline for online submissions is October 1. Scholars are to complete an application, including a 2-page project proposal, and undergo a rigorous selection process. **For those interested in applying, get ready now by choosing a mentor and begin planning a project for inclusion in your application.**

Applicants must submit a letter of support from their mentor, and also a letter from their supervisor that confirms their commitment to the payment of an enrollment fee of \$5000 and permission for the scholar to devote 10% FTE to the program over 3 years (May 2012 – May 2015). All scholars are expected to be or become members of the Academic Pediatric Association. For more information, contact **Connie Mackay:** connie@academicpeds.org

Constance Baldwin

Program Chair

constance_baldwin@urmc.rochester.edu

PRIS

In response to this special APA edition on healthcare delivery, the PRIS Network has modified the second **PRIS Quarterly Update (September 2010 – January 2011)** that the PRIS Executive Council provides to the PRIS membership and stakeholders on a regular basis. If you would like to read the original version of the **PRIS Quarterly Update (September 2010 – January 2011)**, please contact Jaime Blank, PRIS Network Coordinator (Jaime.Blank@hsc.utah.edu).

The PRIS Network has three projects that touch on the theme on healthcare delivery.

Projects

Infrastructure Funding + Prioritization Project

Grant Funding Period: March 1, 2010 – December 31, 2012

Results from the Prioritization Project can inform several important questions regarding healthcare reform for children: What are the important high priority conditions for pediatric comparative effectiveness research? What are the important high priority conditions for as well as implementation and dissemination studies? And what data can be used to inform policy decisions regarding episodic bundled payments?

This project is using all the data in the Pediatric Health Information System (PHIS) from 42 children's hospitals in the U.S. The goal of this initial study is to help guide PRIS on prioritizing future studies in the field of pediatric hospital medicine. The aim of this project is to identify conditions that are prevalent, costly to the healthcare system, and demonstrate high inter-hospital variation in resource utilization, which signals either lack of high quality data upon which to base medical decisions, and/or an opportunity to standardize care across hospitals. This project will establish a priority list, focus on the highest ranking conditions that demonstrate the most variation of care, at a high cost/frequency, and that has actionable evidence that if followed in the inpatient setting, would lead to a decrease in unnecessary variation with no adverse or even superior patient outcomes.

At this stage in the project, the condition list has been generated, and the plan on how to display variation in resource utilization has been created and pilot tested on preliminary data. The condition list has been separated into medical, surgical or either medical/surgical in the initial management. Ongoing work is being conducted on these conditions (e.g. ensure that surgical procedures are occurring within the surgical conditions). In addition, several methodological issues are being worked out using the data – such as creating a standardized cost master index for all resource utilization for all hospitals. This would then allow costs to be used as a screen for differences in resource utilization for specific conditions being examined within the hospitals that participate in CHCA.

As many of our members are from community hospitals that care for children, the PRIS EC was able to obtain significant additional funding to use the Premiere database (which is comprised of 500 hospitals in community settings). The methods derived from the Prioritization Project will be applied to both the PHIS (academic settings) and the Premiere database (community settings) in order to highlight those inpatient pediatric conditions that are important to the PHM field.

PHIS+: Augmenting the Pediatric Health Information System (PHIS) with Clinical Data

Grant funding period: September 30, 2010 – September 29, 2013

The PHIS+ project will provide robust clinical data for use in specific pediatric comparative effectiveness studies. The results of such studies of pediatric inpatient care will impact tertiary healthcare delivery to children and their families.

The aim of this project is to augment the CHCA PHIS database, which currently houses administrative data, with clinical data in order to complete comparative effectiveness research studies.

At this stage in the project, sites are working under the direction of the informatics principal investigator (PI) Scott Narus, Ph.D., to collect laboratory data which will be mapped in order for it to be matched with the existing PHIS database. Dr. Narus' team has requested that the sites send the top 25 ordered lab tests from their hospital, and the corresponding metadata, so his team can map the data. Once that step is complete, sites will be asked to send CHCA the corresponding lab results from 2009. This task will test the data flow to ensure that correct processes are in place for CHCA to encrypt the data before it is sent to Dr. Narus' group to be mapped. The project will map a larger sample of labs (~300) as a second pilot test to ensure the mapping process is efficient before moving on to the next phase. In the coming months sites will start pulling microbiology data to streamline the process for adding microbiology data into the PHIS database. The addition of laboratory, microbiology, and radiology data to the existing administrative PHIS database will be called the PHIS+

database. The project will serve as a valuable resource for both pediatric comparative effectiveness research and quality improvement studies that rely on clinical data for informative decision making.

The PHIS+ project is comprised of six hospitals, all of which are a part of the PRIS network: Children's Hospital of Philadelphia (CHOP), Children's Hospital of Pittsburgh (CHP), Children's Hospital Boston, Cincinnati Children's Hospital Medical Center (CCHMC), Primary Children's Medical Center (PCMC), and Seattle Children's Hospital (SCH).

I-PASS: IIPE-PRIS Accelerating Safer Signouts

Grant Funding Period: September 21, 2010 – August 31, 2013

The I-PASS study will directly determine how best to educate house staff to minimize errors and improve process outcomes given the multiple transitions in care due to new work hour restrictions.

The goal of this project is to examine the effectiveness of a "resident handoff bundle" in accelerating adoption of safer communication practices in pediatric hospitals. Effects on safety outcomes, resident workflow and work processes, and education are being measured. This study partnered PRIS with the Initiative for Innovation in Pediatric Education (IIPE) in order to conduct this innovative educational and quality improvement study

Since being funded by the Department of Health and Human Services in September 2010, the I-PASS Study has made significant strides towards the study aims of evaluating the use of the "resident handoff bundle" (team training, a verbal mnemonic, and computerized sign-out tools) in eight pediatric hospitals in the United States and Canada. Study working groups, with representation from all partner institutions, have developed and piloted tools that will be used to evaluate resident workflow and verbal and written sign-outs. In January, **Christopher Landrigan** (PI) and other project personnel traveled to California to train research staff for the first wave of baseline data collection at UCSF Benioff Children's Hospital and Lucile Packard Children's Hospital.

In the coming months, the training intervention will be pilot tested at Children's Hospital Boston and baseline data collection will begin at the other study sites, including Primary Children's Hospital (Salt Lake City, UT), Cincinnati Children's Hospital, St. Louis Children's Hospital, St. Christopher's Hospital for Children (Philadelphia, PA), National Capital Consortium (Washington, DC), and the Hospital for Sick Children (Toronto, ON).

Additional information about the PRIS Network from the second **PRIS Quarterly Update (September 2010 – January 2011)**:

Network Related Milestones

Several members of PRIS came together to form a new Executive Council (EC) and reinvigorate the pediatric inpatient research network. The EC is tasked with leading PRIS into a new arena of stable infrastructure funding, growing the membership and helping sites establish their capacity to conduct high quality studies, overseeing the conduct of the next series of studies that are transformative to the field of inpatient pediatrics, and mentoring the next generation of hospitalist investigators to continue the work of PRIS. The PRIS EC had its sixth in person meeting in October 2010 in Boston.

The EC focused its initial efforts on development of governance and standard operating procedure documents to guide the work of the network. These documents outline the mission, vision, and values, organization structure, how research proposals are developed, receive feedback and are chosen to be taken up by the Network, and procedures related to the conduct of multi-center research including the IRB process, publication, and other

important regulatory issues across the Network. Details of the redesigned PRIS may be found at http://www.academicpeds.org/research/research_pris.cfm. The governance and standard operating procedure documents will soon be available to PRIS members on our new website www.prisnetwork.org, currently under development. Stayed tuned to the PRIS listserv to hear when this is available.

PRIS is now open for new research proposal ideas from its membership. The PRIS Network Coordinator, Jaime Blank, works closely with the Chair and the Executive Council to meet the needs of PRIS member hospitals. Please contact Jaime if you have any new research ideas or questions related to PRIS (jaime.blank@hsc.utah.edu). Please contact Jaime if you would like to be added to the PRIS listserv.

Membership

The PRIS EC has been working hard towards getting the Network to the point where the past/current and future members of PRIS are able to find out about *their* Network, and understand the necessary steps to join, receive timely information, and the ability to put forth those crucial ideas that could be studied within the Network – and whose answers to these clinical questions are germane to the daily care of hospitalized children and their families. We have started a rigorous process to contact all interested members to explain the new structure and requirements to join the Network, and to gather important information to gauge the ability of sites to contribute patients/data. We have asked all past and present members to complete a new detailed survey to assist us. The new survey can be found at http://www.academicpeds.org/research/research_pris.cfm. We will be using this information to solidify communication methods with our past/current and future members and create processes by which new ideas may be fostered through the Network. Once we have new survey results, we will be further developing our strategic plan to engage new members, reengage our past members, work on the implementation aspect of results from PRIS studies, and assess current and future funders of PRIS. Please stay tuned for more details.

Submitted by

Jaime Blank

PRIS Network Coordinator

Jaime.Blank@hsc.utah.edu

Liaisons

Council on Academic Societies (CAS)

The APA is a member of the Council of Academic Societies (CAS) of the Association of American Medical Colleges (AAMC), which is one of the 3 Councils of the AAMC along with the Council of Deans and the Council of Teaching Hospitals. The AAMC is the professional organization for all medical schools and teaching hospitals in the United States and the CAS represents academic faculty members in those schools and hospitals. I have been the APA's liaison for several years and serve as a member of the Administrative Board of the CAS and was recently elected Chair-Elect and will be Chair of CAS in November, 2011. This position also places me as a member of the Board of Directors of the AAMC, one of 17 national board members. There is 1 other pediatrician on the AAMC Board, Phillip Pizzo, Dean of Stanford University School of Medicine. The CAS has some recent initiatives that you will be hearing about including one on leadership and an initiative to promote innovation that you will be invited to participate in.

The AAMC is one of the major groups that advocates for specific policies that APA members are interested in as well including Title VIII, federal support of grant monies through NIH and AHRQ, and health care reform.

Most of you also receive our weekly academic medicine news e-mail under my name through the APA Listserv, though it is supplied by Tony Mazzaschi from the AAMC and is part of the “perks” of CAS membership. During the next year, we will be surveying the CAS membership (likely through the Executive Directors and Boards) to better respond to the needs of the academic societies which have been hit quite hard during the economic downturn of the last several years. I look forward to serving you and am happy to respond to specific inquiries.

Submitted by
Kathleen Nelson

Federation of Pediatric Organizations (FOPO)

The Federation of Pediatric Organizations (FOPO) Board of Directors approved the renewal of the term of Ted Sectish as Director of FOPO for an additional five years (2012-1016).

Submitted by
Maria Britto, Chair
FOPO
February1, 2011

Primary Care Organization Consortium (PCOC)

American Association Colleges of Osteopathic Medicine
5550 Friendship Heights, Suite 310, Chevy Chase, MD 20815
September 24, 2010

September , 2011 Meeting Minutes

Submitted,
John Pascoe
pascoe@macc.wisc.edu

Region Reports

Region I

No new news from Region 1...so we would love to hear back from you.... We would also like to get to know the others in the region a little better.... so we've put together a little questionnaire... for all to share something about themselves.... we'll pick out our favorite highlights and throw them in upcoming newsletters... (just to make sure all are paying attention).

Please send us your responses to the below, back to us at mvanvleet@wihri.org

Your name and institution:

What makes you tick at work:

What makes you relax at home:

What's the best advice you've heard in the last year:

And what is your favorite book (or if you don't read as much of the fun stuff...) what's your favorite cookie?

Looking forward to knowing a little more about our Region 1 Members.

Wishing you all the best for 2011,

P.S. one of us loves ginger snap cookies...can you guess who?

Region Co- Chairs

Ada Fenick

ada.fenick@yale.edu

Marcia VanVleet

mvanvleet@WIHRI.org

Region III

Again we will be having a regional co-meeting with Region 2. It will be held at NYU on Friday March 11, 2011. Please keep an eye out for registration and information.

Region III Co-Chairs:

Cynthia Rand

cynthia_rand@urmc.rochester.edu

Carrin Schottler-Thal

schottc@mail.amc.edu

Region V

Here in Region V, it is all regional meeting, all the time! The 2011 APA Region V Regional Meeting is March 10th and 11th in Grand Rapids, MI. Come to meet with and learn from other region members, watch presentations by the winners of the annual Trainee Abstract Competition and see the brand new facilities in Grand Rapids! We have great sessions and workshops planned, as well as presentations by **Benard Dreyer**, President-elect of the APA, and **Marsha D. Rappley**, Dean of the MSU College of Human Medicine.

Follow [this link](#) to register for the meeting. Registration for the meeting is only \$90 for APA members, with discounts for fellow, residents and students. There is also half price registration for single-day attendance.

Our latest Regional Teleconference was on December 17th with Ethan Booker, MD talking about “Economics of Health Care”. If you were unable to join us you can watch the recording of this and previous teleconferences at [Perfect Meetings](#) (Meeting PIN is 9145).

We want to remind everyone that we are still looking for a new co-chair. If you or someone you know is interested in becoming one of the Region V co-chairs, please have them email Bill (william.stratbucker@devoschildrens.org) or Mike (mpmckenn@iupui.edu).

Remember to stay in touch with the news of the region as well as interact with other members by becoming a member of the Region V group on Facebook.

Region Co-Chairs:

Shalini Forbis

shalini.forbis@wright.edu

Bill Stratbucker

wstratbucker@aol.com

Michael McKenna

mpmckenn@iupui.edu

Region VI

As we all get ready for PAS, the Region 6 Co-Chairs would like our members to help us plan for a great spring meeting.

Region 6 members will be asked to nominate and vote for their new Region 6 Co-Chair via their listserv in March so we can install our new Co-Chair at the meeting in Denver. Calls for nominations will go out **Tuesday, March 1 and will close Friday, March 18**. Those nominated will be asked to complete a short bio that will be posted on the Region 6 web page for member review. Ballots will be sent out **Monday, March 28** via the Region 6 listserv. Voting will close on **Friday, April 15**. If Region 6 members do not receive information via the listserv they may send nominations, bios and ballot requests to **Bernard Eskridge**, eskridgeb@health.missouri.edu.

Region 6 members should look for the call for applicant submissions for the **\$330 PAS Trainee Travel Award to Denver** shortly after they receive PAS acceptance letters. The application process and time line will be sent out via the Region 6 listserv and posted on our web page. The recipient will be notified by early March and should plan to attend our Region 6 Breakfast Monday May 2. If your department is short on travel funds, please encourage any trainee that will be presenting at the PAS to apply. If you have questions or do not receive application information via the listserv, please contact **Charlie Gaebler**, cgaebler@mcw.edu.

Also, look for some listserv chatter in March regarding the Region 6, 2011 Fall Meeting. We hope to get as many ideas as possible so we can tap into a time and location that maximizes this great networking opportunity for all our members!!

Region VI
Lorraine Brewer
labrewer@cmh.edu

Bernard Eskridge
eskridgeb@health.missouri.edu

Charlene Gaebler-Uhing
cgaebler@mcw.edu

Region IX & X

Our Joint Region IX and X Meeting, the **Pediatric CARE (Community, Advocacy, Research and Education) Conference**, was held on January 29th, 2011 in Monterey, California at the Naval Post Graduate School. We had a wonderful day with 51 attendees. We are most grateful to **Paul Wise** for his stimulating keynote lecture entitled “Integrity Matters: Recapturing the Relevance of General Academic Pediatrics” and to **Michael Cabana** for his updates from the APA Board of Directors. We had 10 oral presentations and 21 posters, including many works-in-progress.

We are extremely pleased to announce the two awardees of the Paul Young Travel Award to use toward attending the PAS meetings in May. They will share their outstanding presentations at our regional breakfast:

Aaron Wightman from the University of Washington School of Medicine with presentation entitled “Washington State Pediatricians’ Attitudes towards Alternative Childhood Immunization Schedules” and **Jamal Harris** from University of California San Francisco with presentation entitled “Factors Associated with Successful Quality Improvement for use of Malaria Diagnostics in Uganda”

Other important news: **Liz Miller**’s term as Region Co-Chair for Region X ends in May 2011. If you are interested in being considered for Region Co-chair, please let one of us know by March 1st (if needed we will hold an online election).

If you are not already on our regional listserv, please join. We will continue to use the listserv more this year to update on regional happenings. Please go to “Administer Listserv Preferences” on the APA website and check to be included in the Region IX/X listserv.

We will also have our annual Region Breakfast at the PAS meeting in Denver on May 2nd, 2011 (please calendar that now!).

We welcome any feedback or ideas for APA regional activities, either locally or at the national meeting. Please feel free to contact in Region IX: **Christine Johnson** (christine.johnson@med.navy.mil) or **Wendy Hobson-Rohrer** (wendy.hobson@hsc.utah.edu) and in Region X: **Anda Kuo** (akuo@sfgHPeds.ucsf.edu) or **Elizabeth Miller** (elizabeth.miller@ucdmc.ucdavis.edu)

Region IX Chairs
Christine Johnson
(christine.johnson@med.navy.mil)

Wendy Hobson-Rohrer
wendy.hobson@hsc.utah.edu

Region X Chairs:

Anda Kuo

akuo@sfgHPeds.ucsf.edu

Elizabeth Miller

elizabeth.miller@ucdmc.ucdavis.edu

Special Interest Group Reports

Academic Fellows

We are pleased to announce the formation of the Academic Fellows SIG. This new SIG was recently created with the intention of bringing fellows and young faculty with interests in academic medicine together. Fellows currently in training, as well as young faculty less than 3 years out of fellowship, are encouraged to join from all specialties.

The goals of the SIG include: fostering networking opportunities, research collaboration, mentorship ability, skill to function as independent researchers, advocacy and leadership training, career development and camaraderie among academically oriented fellows and faculty.

The upcoming PAS Meeting in Colorado will serve as the first Academic Fellows SIG meeting and we encourage all fellows and faculty interested in getting involved to attend. A variety of topics will be addressed—including opportunities for further leadership positions within the Academic Fellows SIG.

We look forward to other fellowship-focused events at the upcoming PAS Meeting such as the Fellows Core Curriculum, the Fellowship Training SIG and the luncheon for APA fellows.

Any suggestions for future activities or topics addressed by the Academic Fellows SIG are more than welcome. If you are interested in joining the Academic Fellows SIG listserv at any point, please contact one of the interim co-chairs.

SIG Co-Chair

Sara Slovin

sslovin@jhsph.edu

Tracey Wilkinson

tracey.wilkinson@bmc.org

E-Learning in Medical Education

Webinar Cast Light on Issues of Cultural Competency within the Healthcare Setting

Diane Senfner led a webinar Thursday, January 27 on the topic of online health education relevant to the needs of families within the healthcare spectrum. As told by “The Perez Family,” Senfner’s production, the learning activity focused on how online modalities may be constructed so as to be culturally-sensitive and accurate, fun and engaging, appropriately dramatic, and relatable across cultures and ethnicities. As discussed in the webinar,

the ultimate goal in developing educational mediums with an eye on cultural competency is for patients and families to demonstrate greater retention of the material being presented.

[Read the e-Learning newsletter](#)

SIG Co-Chairs

Kadriye Lewis

Kadriye.Lewis@cchmc.org

Heidi Saliba

hsaliba@peds.ufl.edu

Integrative Medicine

Integrative Behavioral and Mental Health Care will be the focus of the **Integrative Medicine Special Interest Group** on May 1 (noon-3pm) at the annual PAS meeting in Denver. Scott Shannon, MD, a child/adolescent psychiatrist, and **Naomi Steiner**, a Developmental-Behavioral Pediatrician at Tufts, will present contemporary views on common mental health and behavioral challenges (such as ADHD) in pediatric medicine from a holistic and integrative perspective. Both presenters are authors and active practitioners with many years of commitment to an open-minded approach to an area of pediatrics that has attracted a vigorous debate among pediatricians, pediatric mental health practitioners, and parents of all persuasions. For further information, please contact the SIG co-chairs, **Erica Sibinga** (esibinga@jhmi.edu) or **David Steinhorn** (d-steinhorn@northwestern.edu).

SIG Co-Chairs

Erica Sibinga, MD

esibinga@jhmi.edu

David Steinhorn

d-steinhorn@northwestern.edu

Pediatric Clinical Research Network

We are looking forward to a lively session of the Pediatric Clinical Research Network SIG at PAS on Sunday, May 1, 12:00 to 3:00 pm. We had a good turnout and great discussion last year and expect the same enthusiasm in Denver.

Currently, we are finalizing the program for the SIG session. We anticipate that **Eric Slora** will provide an update on the electronic social networking site (termed "Coppernet"). This is a Wiki site that will be a valuable resource as well as a place for internetwork communication for pediatric clinical research networks. Eric will describe the current capabilities of the site and solicit input from the group on what should be included as the site is improved.

At our SIG meeting last year we had a presentation on the fledging newborn nursery research network. There was a great discussion on how to develop this nascent network that was very useful. The leaders of the network, now named, "Better Outcomes through Research for Newborns" (BORN) will give a follow-up presentation on the current status.

This year, Nate Blum, representing the new network for developmental-behavioral pediatrics, will give a presentation on this group and solicit input from the other SIG members. We also hope to have one or more presentations from some pediatric subspecialty research networks.

All of this is tentative at present, so if you have a great idea for the SIG meeting, please contact **Jim Taylor**.

Finally, after serving for more than 2 years, **Jim Taylor** will be leaving as head of the PCRN SIG. Please contact him uncjat@uw.edu if you are interested in becoming the new head of the SIG.

SIG Chair
Jim Taylor

Announcements

APA Co-Sponsors the 2011 Pediatric Educational Excellence Across the Continuum Conference

In collaboration with the Association of Pediatric Program Directors (APPD), the Council on Medical Student Education in Pediatrics (COMSEP), and the Council on Pediatric Subspecialties (CoPS), the APA is co-sponsoring the 2nd Pediatric Educational Excellence Across the Continuum Conference (PEEAC). This state-of-the-art educational conference will be held September 9-10, 2011 in the Washington, DC area and will feature keynote speaker, Dr Carol Aschenbrener, Executive Vice President of the Association of American Medical Colleges.

The conference enables educators involved at all levels of pediatric medical education to share novel concepts and effective educational strategies. Among the topics planned for discussion are: effective strategies for teaching learners with different learning styles, using technology in teaching, effective and efficient teaching of learners at different levels, teaching performance improvement, the problem learner, providing effective feedback and educational scholarship. A poster session is planned to enable attendees to present educational "works in progress" and obtain feedback from experts in medical education.

Similar to the highly successful first PEEAC conference held in 2009, this conference will be highly relevant to all pediatricians with an interest in teaching. Details regarding the location and hotel accommodations will be available soon. For more information about conference content, please contact **Elisa Zenni** at elisa.zenni@jax.ufl.edu, **Maryellen Gusic** at mgusic@iupui.edu or visit the meeting website www.peeac.org.

Submitted by
Maryellen Gusic

Call for Systematic Reviews

The APA journal, *Academic Pediatrics*, is announcing a new, recurring section entitled "Systematic Reviews" and is calling for submissions of systematic reviews concerning health care delivery, public policy, education & professional development, and research methodology. The new section creates a home for this form of scientific investigation. We expect submissions to be highly structured, rigorous reviews that follow the latest methodology for systematic reviews. Of course, submissions for the Systematic Reviews section of the journal will undergo the same level of rigorous peer-review as other submissions to the journal. Nonetheless, junior investigators can master the methods of systematic review and use a systematic review to launch their longitudinal efforts in a direction of inquiry.

Those interested in pursuing such an investigation with the intention to publish in *Academic Pediatrics* may contact the section editor, **Robert Jacobson**, Mayo Clinic, ph: 507-266-4598, fax: 507-284-0160, and email:

Submitted by

Robert M Jacobson

jacobson.robort@mayo.edu

Fellows Program at PAS

The **Association of Pediatric Program Directors (APPD)** and the **Pediatric Academic Societies (PAS)** will sponsor a special program on Friday afternoon and evening, April 29, 2011.

This special program will be **for fellows only** and in addition to the learning experience it will provide a unique opportunity to network with other fellows and to get oriented to the PAS meeting.

- When – Friday April 29, 1:00-6:00pm followed by dinner
- Where – Hyatt Hotel
- Who should attend – fellows from all pediatric specialties
- Registration fee – A \$100 registration fee is required. This separate registration form is on the PAS registration form found on
- Three 1 ½ hour sessions:

1:00 Writing Your First Paper - How To Make Sure It Gets Accepted

Howard Bauchner, Boston University School of Medicine, Boston Medical Center, Boston, MA

Writing your first paper is a challenge. In this session we will discuss how to get started - from properly formatting a draft to selecting the right journal. We will review all aspects of a paper, including the abstract, introduction, methods, results, discussion, tables, figures, and references. Authorship issues and how to help reviewers appreciate the importance of your paper will be discussed. Peer-reviewed papers are an important ingredient in academic success. At the end of this session the goal is to ensure that you will be more comfortable submitting your first paper.

2:30 Break

2:45 Effective, Efficient, and Innovative Teaching as a Fellow: Who Says It Cannot Be Done?

Lewis R. First, Editor-in-Chief, Pediatrics, Professor and Chair, Department of Pediatrics, University of Vermont College of Medicine, Burlington, VT

With increasing pressures to learn the knowledge, skills, and other competencies required for fellowship training, teaching of medical students and residents has the tendency to become less of a priority at this level of training. Yet fellows are frequently called upon to teach trainees in the inpatient and outpatient settings. Effective, efficient, and innovative teaching strategies are needed, and this workshop will provide attendees with such strategies. A variety of teaching techniques including the use of “trigger” videotapes, live demonstrations and discussion will be used to highlight key take-home concepts that are designed to improve the teaching skills of participants.

4:15 Break

4:30 Recognizing Common Biostatistical Errors in the Literature

Thomas B. Newman, University of California, San Francisco, CA

This will be an abbreviated and/or accelerated version of the workshop of the same name I have co-lead at PAS for many years. The errors covered will depend partly on the interests of the group. They may include standard error vs. standard deviation, nonindependence, use of paired measurements, meaning of P-values, confidence intervals and effect sizes, risk ratios, and odds ratios.

~ Dinner will follow with special presentations from APPD and PAS leaders. ~

A certificate will be presented to all attendees at the sessions. This is the first of a three year program that will be offered to fellows.

Please contact the PAS Workshop Office if you have questions at info@pasworkshop.org

Submitted by

Steve Selbst

February 1, 2011

New publication about Children's Environmental Health Units

The World Health Organization (WHO) has published a new booklet describing the purpose and functions of Children's Environmental Health Units. These units have a variety of names; in the US they are usually called Pediatric Environmental Health Specialty Units.

Usually located in a health facilities, such units specialize in dealing with environmentally-related pediatric issues. This booklet provides an overview of the services that a Children's Environmental Health Unit may offer to children, parents, the community, non-governmental organizations, health providers and governmental officials working towards preventing environmentally-related diseases among children.

It is available at: <http://www.who.int/ceh/publications/units/en/index.html>

Submitted by

Ruth A. Etzel

February 1, 2011

Pediatric Injury Research Training Program

The Harborview Injury Prevention and Research Center and the University of Washington are offering post-doctoral training in **Pediatric Injury Research**, with positions available summer, 2011. This training program is funded through a National Institute of Child Health and Human Development T-32 grant.

The goal of this training program is to prepare investigators to specialize in pediatric injury research and to be productive academic scientists and scholars in this field. We define injury research broadly to include both intentional and unintentional injury mechanisms, and research on the risk factors and causes of injuries and prevention strategies, the acute and chronic care of injured patients, and the outcomes from trauma, including interventions to return the injured individual to their full potential and avoid future injury.

The program includes coursework, seminars and an intensively mentored research experience. We will provide our trainees with methodological knowledge and practical skills for conducting high quality interdisciplinary research in an environment that infuses them with the excitement of research, and nurtures their early career development. We believe that our graduates will become research leaders prepared to conduct interdisciplinary research using the highest ethical standards and capitalizing on state of the art research methods.

The training program is two years long. A Master of Public Health or Master of Science degree is available as part of the training program.

Post-doctoral level scholars are welcome from all health professions, and specialties within those professions including pediatrics, surgery, dentistry, urology, rehabilitation medicine, emergency medicine, anesthesia/critical care, psychiatry, psychology, epidemiology, health services, public health, social work, nursing and health economics.

Interested individuals should go to www.hiprc.org for more information and for the application forms or contact Fred Rivara at fpr@uw.edu for more information. Applications are due March 1, 2011.

Submitted
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Surgeon General Releases Call to Action to Support Breastfeeding

Last week, U.S. Surgeon General Regina M. Benjamin, MD, MBA, released a call to action 10 years after the original Blueprint for Breastfeeding was published. Many Academic Pediatric Association members contributed to the research behind this comprehensive report and its recommendations. Evidenced based steps are outlined to support breastfeeding mothers achieve exclusivity and longer duration. Emphasized is the need for understanding the complicated landscape a new mother faces with breastfeeding and the message that “everyone together can make breastfeeding easier”.

Recommended action steps include:

- Give mothers the support they need to breastfeed their babies, and develop programs to educate fathers and grandmothers about breastfeeding.
- Use community-based organizations to promote and support breastfeeding.
- Create a national campaign to promote breastfeeding.
- Include basic support for breastfeeding as a standard of care for midwives, obstetricians, family physicians, nurse practitioners and pediatricians.
- Work toward establishing paid maternity leave for all employed mothers.
- Develop a national monitoring system to improve the tracking of breastfeeding rates as well as the policies and environmental factors that affect breastfeeding.

Create a federal interagency work group on breastfeeding to enhance coordination and collaboration across agencies to improve support for breastfeeding.

Executive Summary link: <http://www.surgeongeneral.gov/topics/breastfeeding/executivesummary.pdf>

Full Blueprint document link:

<http://www.surgeongeneral.gov/topics/breastfeeding/calltoactiontosupportbreastfeeding.pdf>

Be sure to ask your human milk/breastfeeding research-advocate colleagues in your academic institution if their work is a part of this document. The contributions were too numerous to list here individually.

Submitted by

Maya Bunik

Milk Club, Co-Chair

February 1, 2011

Reviews

Environmental Health Reviews

The Impact of Smoke-Free Laws on Asthma

Dove MS, Dockery DW, Connolly GN. Smoke-Free Air Laws and Asthma Prevalence, Symptoms, and Severity Among Nonsmoking Youth. *Pediatrics* 2011;127:102–109

Nearly three quarters of the US population lives in a city or county covered by a smoke-free law. Previous evidence has demonstrated lower average blood cotinine levels, a reliable marker for tobacco smoke exposure, among youth living in areas with smoke-free laws. Building on this body of research, this study by Drs. Dove, Dockery and Connolly sought to explore if there is a corollary improvement in certain pediatric conditions traditionally associated with exposure to secondhand smoke (SHS). Consistent with the evidence that SHS can exacerbate asthma severity and that smoke-free laws reduce exposure to SHS, this study found a clear association between fewer asthma symptoms and living in a county without a smoke-free law. These results underscore the importance of legislation in preventing asthma-related morbidity among children. This study supports the public health benefit of extending smoke-free laws to the rest of the country, in order to help prevent asthma exacerbations, thus improving quality of life for children with asthma and lessening the burden of asthma on the health care system.

In the current study, Dove et al. conducted a cross-sectional analysis of data from the 1999–2006 National Health and Nutrition Examination Survey (NHANES). They compared asthma prevalence, severity and symptoms, including persistent wheeze, chronic night cough, and wheeze-medication use, as well as persistent ear infections, among 8800 non-smoking youth ages 3-15 years. They identified whether the youth were from counties with or without smoke-free laws based on data collected by the American Nonsmokers' Rights Foundation. The authors excluded youth self-identified as smokers or who were identified as smokers based on blood cotinine levels, as well as youth who were exposed to SHS in their home due to living with a member of the family who smoked, based on self-report or blood cotinine levels of family members. In their analysis, the authors controlled for several potential confounders, including age, race/ethnicity, family income, and region, as well as maternal and child factors that could be risk factors for asthma or ear infections.

The most important finding of this study is the decrease in frequency of asthma symptoms among children

living in areas with smoke-free laws compared to children living in areas without these laws. Specifically, nonsmoking youth living in areas with smoke-free laws had a 33% lower odds (odds ratio: 0.67 [95% confidence interval: 0.48–0.93]) of having reported asthma symptoms. Smoke-free laws also appeared to be associated with lower odds of emergency room visits and asthma attacks, though these results were not statistically significant. The apparent associations between smoke-free locations and prevalence of asthma and persistent ear infections were also not found to be statistically significant. Potential limitations noted by the authors include a possible misclassification bias due to the presence of counties lacking smoke-free laws but containing cities with smoke-free laws.

These findings add yet more evidence to the potential positive public health impacts of extending smoke-free laws to include more regions and settings, underscoring the importance of continued advocacy around this issue. Physicians can turn to their local Pediatric Environmental Health Specialty Units (PEHSUs) to learn more about the evidence base for educating regional and national policy makers about the potential positive pediatric health impacts of smoke-free laws.

More information can be found on the PEHSU site <http://www.aoec.org/pehsu/training.html> and at the CDC's site about SHS exposure: <http://www.cdc.gov/DataStatistics/archive/second-hand-smoke.html>.

Submitted by
Andrea Wershof Schwartz
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Three year effect of lead paint hazard removal on blood lead levels

Clark S, Galke W, Succop P, et al. Effects of HUD-supported lead hazard control interventions in housing on children's blood lead. *Environ Res.* 2010 Dec 21. [Epub ahead of print]

For two decades, state and local governments have benefitted from grants from the US Department of Housing and Urban Development (HUD) to help in the task of eliminating lead-based paint from private homes in low-income areas. These programs have had significant impacts on reducing dust lead levels (DLLs) and blood lead levels (BLLs) in children. This study by Clark et al., evaluating the impact of these grant programs, found that the decreases in DLLs and BLLs persisted to at least three years after a HUD intervention to reduce lead-based paint in a home. The key findings included a sustained reduction in BLLs at three years post intervention, and an effect of the intervention even on children with BLLs of 10 µg/dL and lower pre-intervention, a level at which children were previously thought not to benefit measurably from such interventions.

The purpose of this study was to quantify the effects of the HUD lead hazard control interventions on DLLs and BLLs among children living in affected housing built before 1970. The interventions ranged from repainting old lead paint to complete removal and replacement of the affected building part. Prior to the intervention and then at six month intervals post-intervention up to three years, swipe samples were taken to measure DLLs in the home, and blood samples were collected to quantify BLLs in the children, as well as demographic and household information. Two statistical methods, Repeat measures model (RM) and Structural equation model (SEM) were used to analyze the results and control for potential confounders, such as age, the season in which the sample was collected, and prior incidence of lead poisoning.

The most important findings include the result that children with pre-intervention BLLs of 10 µg/dL or less declined post-intervention, and as such were likely to have benefited from the HUD intervention. Specifically, the authors noted a decrease of 22% among children with pre-intervention BLLs between 6–9 µg/dL. The reductions in mean BLL at one year post-intervention were between 22% and 43% for all pre-intervention BLL

categories above 6 µg/dL. The reduction in BLL was sustained at two years, with an average reduction of 37% compared to pre-intervention, and BLLs continued to decline at three years post-intervention.

This large, national study used standardized measure of DLLs and BLLs to quantify the impact of the HUD interventions, and provided a longitudinal follow up of the impact of lead hazard controls. An acknowledged limitation of the study is that BLLs are affected by many factors and routes, including the elimination of lead from gasoline in the USA, and as such it is impossible to attribute the entire decline in BLLs solely to the HUD interventions. Nonetheless, by controlling for several factors, including expected increases in BLLs up to age 12 months and expected decreases after that point, the authors were able to attribute a large portion of the decrease to the interventions themselves. A second limitation noted is the lack of a control group, since it would have been unethical to include children living in hazardous housing without first remediating the problem.

In summary, this paper presents three years of data to support the impact of HUD-funded remediation of homes with hazardous lead-based paint on both home dust lead levels and children's BLLs. It shows that the interventions have positive effects even at relatively low pre-intervention BLLs. Since every increment in blood lead level is associated with decreases in IQ, the public health impact of these interventions goes far beyond the more visible cases of lead poisoning to the more subtle overall cognitive and neurodevelopment of children living in homes with lead-based paint hazards. This study points to the importance of public health interventions to prevent chronic low level lead poisoning, in concert with prevention efforts at the individual level to minimize ingestion of dust, such as mopping and hand-washing. It also provides a reminder to clinicians of the importance of referral for home intervention for children, even with relatively low BLLs, who live in homes built before 1970 that may contain lead-based paint. More information about referral for interventions, see the HUD lead site at www.hud.gov/offices/lead/ and for local lead abatement resources see <http://www.leadfreekids.org/> or call The National Lead Information Center Hotline at **1(800) 424-LEAD [5323]**. For more information about lead poisoning in general, see the Pediatric Environmental Health Specialty Units (PEHSU) site at <http://www.aoec.org/pehsu/training.html>.

Submitted by
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