The most exciting phrase to hear in science, the one that heralds new discoveries, is not ‘Eureka!’ (I found it!) but ‘That’s funny ...’ Isaac Asimov (1920-1992) from http://www.quotationspage.com/.

Discovery is exciting and discovery occurs in research, education and clinical medicine. As this quotation illustrates, the truly exciting discovery is that which does not conform to our expectations.

Pediatric Academic Societies (PAS) Meeting
The PAS Planning Committee, which includes some members of the APA Board (myself, Steve Ludwig, Dan Coury, Marilyn Dumont-Driscol, Ruth Etzel, and Janet Servint) met in San Francisco in August and, along with representatives of APS, SPR and the affiliate societies defined the structure and invited science for the 2004 PAS meeting in San Francisco. It is an exciting program.

Janet Servint has worked particularly hard to make sure that the mini courses and workshops cover a wide range of issues and presenters. There will be State of the Art Plenary sessions on topics from obesity to tobacco to genomics. Steve Ludwig is overseeing a Hot Topics plenary that will be a potpourri of general pediatric issues including current issues in lead poisoning, sleep problems, and esophagitis.

I expect the coming Pediatric Academic Societies meeting to be one of the best ever. However, the quality of the program depends largely on the science that we submit. The abstract submission deadline is rapidly approaching. Plan to submit your abstract by December 5, 2003. The abstract submission web site can be found at http://www.pas-meeting.org/.

Title VII, the Saga Continues
The Association and its members continue to fight for funding of Title VII and the programs that this funding mechanism supports (www.hrsa.gov/bhp). As you know, this is a necessary mechanism for funding generalist divisions and fellowship programs that has been severely threatened this year.

Lolly McDavid and Karen Hendricks have worked tirelessly on this issue. Many of you have written letters and otherwise contacted members of Congress in our fight to continue support of Title VII. I have written many letters and made three visits to Washington in this effort. Many of our members have done so as well. At the beginning of the summer I was optimistic that our efforts were paying off. Then came the summer congressional session. The House funded Title VII (though at a lower level than last year) and the Senate essentially did not (a > 90% cut). Interestingly, the Senate has traditionally been the protector of Title VII.

As I write this the funding for Title VII continues to be problematic. We are now depending on a conference committee to restore funding. I hope that by the time you receive this newsletter Title VII funding will be assured for this year. Even if we succeed in preserving Title VII this year our challenge does not end. The reauthorization of Title VII is overdue. And, of course, we face the problem of funding this act in the face of an administration that is not sympathetic and an enormous federal budget deficit.

What should you do? Contact your members of Congress. Let them know how important this act is and what it is doing for their state and their district. Get the information from your school and from Karen Hendricks (KHendricks@aap.org). If your member of Congress supported Title VII, then thank them. Invite them to see your program and show them what you do. And if
they did not support Title VII don’t thank them but, again, invite them to see your program and show them what you do. It is harder to say no to people and programs that you know. If anything is clear after this year, it is that we need to build support for our educational and research activities.

Continuity Research Network (CORNET)
CORNET the Continuity Clinic research network is achieving wonderful results. Janet Serwint and others have received the data from a project comparing patients seen in continuity clinic and a national sample of pediatric visits in the National Ambulatory Medical Care Survey. I hope that we see results from this project presented at the 2004 PAS meeting.

If your Continuity Clinic is not a member of CORNET then now is the time to join. Contact Janet Serwint (jservint@jhmi.edu) and join today. Continuity Clinics need to be examining their patient care and educational activities. This examination does not necessarily require CORNET but if you wish to compare your results to other similar efforts you need CORNET.

CDC Grant
Immunization activities have been an integral part of the APA. We have received support for eight years from the Centers for Disease Control and Prevention, National Immunization Program. This money has supported Young Investigator Grants and educational activities around immunization (TIDE - www.musc.edu/tide). I am delighted to report that the APA has successfully gone through a competitive renewal for this funding.

Academic Generalist Fellowship Directors Meeting
In October there was a meeting of Academic Generalist Fellowship Directors. Included as Academic Generalist Fellowships were fellowships in Child Abuse and Environmental Health. It was a provocative and successful meeting. This meeting highlighted the difficulty most fellowships have in maintaining funding and recruiting fellows. Interestingly, most fellowships rely wholly or in part on Title VII funding.

The outcome of this meeting was a commitment to continue meeting. As part of that commitment Matthew Davis (mattdav@med.umich.edu) is the Chair of the new Academic Generalist Fellowship Directors Special Interest Group which will meet in San Francisco. Please contact him for additional information. In addition, Steve Ludwig has secured funding from the American Board of Pediatrics Foundation to hold a meeting to discuss the relationship of Academic Generalist Pediatricians to the American Board of Pediatrics and to continue the discussion around defining Academic Generalist Fellowships. One part of that discussion will be whether Academic Generalists should pursue board certification. You will hear more on this topic over this year. Please e-mail me with any thoughts or questions.

This is a busy time in the APA, certainly the busiest I have ever experienced. Some of that has to do with being President but some is because of the opportunities and threats around us. The opportunities implicit in the just completed Academic Generalist Fellowship meeting and the Hospitalist meeting that Steve Ludwig is leading are wonderful. CORNET is an exciting and critical effort of the Association. The Journal continues and is thriving. The continuing threat to a vital funding for Generalism… I’m beginning to think I’m living the Chinese curse “May you live in interesting times” (http://hawk.fab2.albany.edu/sidebar/sidebar.htm). Please e-mail me with questions and comments.

Table of Contents

President’s Report 1
Communications Director’s Report 3
Past President’s Report 3
Committee Reports
   Education 4
   Public Policy and Advocacy 4
   Membership and Regions 4
   Research 5
   Secretary’s Report 5
   Workshop and SIGs 5
Special Interest Groups
   Child Abuse 6
   Community-Based Physicians 6
   Division Directors in General Pediatrics 7
   Emergency Medicine 7
   Environmental Health 7
   Faculty Development 7
   Newborn Nursery 8
   Nutrition 8
   School and Community Health 9
Regions
   Region I 9
   Region II 9
   Region III 10
   Region V 10
   Region IX & X 11
New Members 11
Special Reports 12-20
Book Reviews 21-22
Announcements 23-24
PAS 2004 Meeting Schedule 25
APA Leadership 26
Application 27
COMMUNICATIONS DIRECTOR’S REPORT
Ruth A. Etzel, MD, PhD

The APA Board of Directors is making a special effort to open up leadership opportunities to APA members. To ensure that more individuals have chances for leadership, the Board decided to set term limits for Special Interest Group (SIG) Chairs. Starting in 2003, SIG Chairs will serve for no more than 2 three-year terms (total of 6 years of service as SIG Chair). If you are interested in serving as a SIG Chair, please contact the current Chair to express your interest in future leadership.

Ambulatory Pediatrics comes as a member benefit to APA members. Does your medical center library subscribe? Please ask the librarian to do so. If you want to introduce the journal to non-members, suggest that they sign up for an electronic issue alert. Simply go to http://ampe.allenpress.com/ampeonline/?request=index-html and click on Issue Alert in the bottom right corner of the screen. Electronic notification will be sent as soon as the latest issue is published.

The deadline for the next newsletter is February 9, 2004. I welcome submissions from you on any topic relevant to pediatric generalists.

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PAST PRESIDENT’S REPORT
Stephen Ludwig, MD

Agenda Icons – All in Line

When working on my computer, I find many anxieties and emotions rising to the surface. Perhaps it is my lack of dexterity and the fact that people my age are still unsure and suspicious of the technology. It is a level of fear and doubt such that if the machine does not work correctly, it must be my fault. I am still afraid to even touch some of those unknown keys like the mysterious and never referred to F6 for fear that the entire instrument will implode in a puff of electrical smoke. My kids on the other hand approach the computer with the utmost of confidence that it will work for them and work correctly. It is part of a major generational gap. They look at that little paperclip guy with a sense that he is a cute helpful friend, I disdain him. When he pops up on the screen, I would like to shoot the little know-it-all demon. He thinks he is so smart. And when the little green squiggly line underscores what I have written, it brings back shades of my high school English teacher who in our school was nicknamed by the students “Ming the merciless.”

One thing I love about my computer is that when I use it a lot and the desktop gets a bit messy, I can just hit that “align the icon” button and everything gets organized and back in line the way it should be. It makes me feel so neat and clean, so well organized. Wouldn’t it be great to have such a function to use throughout our entire lives. When things go haywire just push a control and auto alignment occurs. Why didn’t the big “Bill Gates in the sky” think about equipping Adam and Eve with an alignment tool?

I guess you are wondering about how this fits with the APA and the Past President’s Column. Although it does not happen so effortlessly, the APA Board and I have been aligning our “agenda icons.” It is an agenda to make general pediatrics more vibrant, desirable, stronger, attractive, vocal, charming, inclusive and functional. We are lining up three big icons. One is a meeting of the fellowship directors. That took place in October. Having a set of strong reliable competitive fellowship programs is important. In November, we are holding a great meeting for pediatric academic hospitalists. This young group of pediatricians is vital to the future of our organization. We want to give them a helping hand. The third icon, in working with the American Board of Pediatrics Foundation, will be a meeting next year to explore the role of the Academic Generalist. We need to know how our role aligns with the subspecialty icons of pediatrics. With the alignment of these three icons, I hope we can accomplish many important things for General Pediatrics and the Generalist Perspective. For too long we have stood in the shadow of our subspeciality colleagues, a virtual Cinderella in the House of Pediatrics. We have been a bit sloppy and certainly understated. Now we are aligning ourselves for something more. We are aligning our positions. I hope all the members of the APA will support these efforts. Let’s be bold and take some chances. I feel energized. I hope you do too. Later today I might even push F6 just for the heck of it.

To see what is right and not do it is cowardice.
- Confucius
EDUCATION COMMITTEE
Michelle S. Barratt, MD, MPH

The Education Committee with the Faculty Development SIG is continuing to cultivate the APA Faculty Development Program. Connie Baldwin deserves special thanks for her leadership as chair of the working group which includes Michelle S. Barratt, Latha Chandran, Charlene Gaebler, Joseph Lopreiato, Virginia Niebuhr with Connie Mackay from the APA office. Each year at the PAS, three workshops will be presented through the program to provide faculty development. Each year the workshops would target various levels of learners and in various educational domains so that participants could enhance their skills. Workshops for 2004 include a focus on ADVOCACY, TEACHING and LEADERSHIP. Details available soon!

The Education Committee will present a workshop for May 2004 entitled RESEARCH IN PEDIATRIC EDUCATION: WE KNOW IT’S POSSIBLE. Our working group includes Michelle S. Barratt, Virginia Niebuhr, Timothy Schum, Angelo Giardino and we have the honor of working with invited guests Ben Siegel, Patricia S. Lye, and David Irby.

Diane Kittredge, Connie Baldwin et al continue to work on the APA Education Guidelines for Residency Training in General Pediatrics. See page 14 for their update on beta testing of the on-line document.

If you are interested in being on the Education Committee and do not receive e-mails from me, please e-mail Michelle.S.Barratt@uth.tmc.edu.

PUBLIC POLICY AND ADVOCACY
Lolita McDavid, MD, MPA

“The Best Things in Life Are Free, But You Can Give Them to the Birds and Bees, I Need Money!”
Barrett Strong

By the time you read this, the federal budget will have been completed. As directed by the Public Policy and Advocacy Committee when we met in Seattle, continued funding of Title VII is at the top of our list for legislative advocacy. Title VII funds many of the health professions programs that allow us to train the next generation of academic generalists. When you read this, Title VII will either be funded or dust. You have received my missives that usually started with “OK.” That was to get your attention. Now I would like to pay my respects to all who heeded the call to the barricades. These are the folks who wrote, spoke up and generally badgered members of Congress, led by our fearless leader, Paul Darden. Kudos to Tony Alario, Michelle Amaya, Trish Beach, Rick Buccarelli, Chris Derauf, Emanuel Doyle, Anne Duggan, Brian Forsyth, Lindsey Grossman, David Keller, David Krol, Danielle Laraque, Karen Nead, Robert Needleman, Kathleen Nelson, Tom Newman, Andrew Racine, Dan Rauch, Elizabeth Rider, Janet Serwint, and Martin Stein. Dave Keller gets the Most Bang for The Bucks Award – he lives in one state, works in another, and writes the members of Congress in both states. This list represents those who shared their communications with me; if I inadvertently left someone off the Walk of Fame, forgive me.

Whatever the outcome, the APA is grateful for all your work. The point of advocacy is to make a difference.

MEMBERSHIP AND REGIONS
Tina L. Cheng, MD, MPH

Fall is membership recruitment time with new fellows, residents and faculty. Please encourage your colleagues to join! Don’t forget the membership drive with prizes for the best membership recruiters. Remind people of the benefits of APA membership:

- involvement in a great annual meeting
- subscription to Ambulatory Pediatrics-now indexed in Index Medicus and CINAHL
- the APA Newsletter with up-to-date information on the latest in health care delivery, teaching, and research in general pediatrics
- discounted copies of APA guidelines and manuals
- participation in regional activities and Special Interest Groups
- participation in APA-NET
- access to the Members-only section of the APA web page and online text of Ambulatory Pediatrics

Membership applications are found on the APA web site http://ambpeds.org/applymem.html, and at the back of Ambulatory Pediatrics, the official journal of the APA.

Regions continue to be strong. See “Around the Regions” for further information.
RESEARCH COMMITTEE
Peter G. Szilagyi MD, MPH

After an extremely lively and packed Research Committee meeting in Seattle, this committee has moved forward on a number of fronts.

(1) Executive Committee: this small group is having regular conference calls regarding key tasks and issues.

(2) Research Committee Workshops: We are developing a curriculum of workshops for the next several years that will cover critical components of research, from the beginning of the process to making your research improve children’s health. We are particularly interested in ideas for future workshops covering the basics of research.

(3) Curriculum Outline for Research Training in General Academic Fellowship Programs: A task force has developed a draft of this curriculum, which can be a helpful foundation for a variety of fellowships including general, adolescent, developmental/behavioral, emergency, child abuse and other programs training fellows in general pediatric research. Currently the curriculum covers specific topics that should be covered in a fellow’s program. Competencies are not yet addressed. The draft of the curriculum is being reviewed by a variety of organizations. If you would like to participate in this project, please contact me!

(4) Ethics in Research: In addition to our Committee-sponsored workshop on conflict of interest in pediatric research, an exciting meeting will be held on 12/8/2003 to develop a consensus on the components of a draft code of ethics for general pediatric research. Herbert Needleman will be the guest speaker.

(5) Young Investigator Awards: We are currently reviewing the entire process, breadth and benefit of this program in hopes of improving the APA’s ability to help the research careers of fellows and faculty who are early in their careers. A task force is addressing this issue.

All APA members are invited to participate in any of these activities. Please contact me if you would like to help—we need your expertise and energy!

SECRETARY’S REPORT
Marilyn Dumont-Driscoll, PhD, MD

We’ve barely started pulling out our sweaters (in Florida, that is) in anticipation of some cooler days, and already it is time to begin planning not only for the year-end holidays, but also the 2004 PAS Annual Meeting, May 1-4, in San Francisco! Not only will we be meeting in a beautiful city, but also a new convention center, which by all reports, will serve as a perfect site for the PAS.

This past August the PAS Program Committee along with members from the Alliance Societies met to begin developing the framework for another exciting meeting. The programs which will be presented in the State of the Art Plenaries, Hot Topics, Mini-Courses and Topic Symposia sessions have something for everyone! Once again there also was an outstanding group of workshop submissions! The Educational Workshop Committee members were quite taxed to choose among the variety of excellent abstracts. We know that all of us will find it challenging in May to arrange our schedules with so many superb options from which to choose.

Don’t forget, December 5, 2003, this year’s deadline for abstract submission! The APA has a number of subspecialty and theme sessions perfectly suited for your research. The number of platform sessions which we are allotted is a reflection of the quality and number of abstracts received. Please consider submitting your work so that once again all the reviewers have the formidable task of choosing among these excellent abstracts.

The success of the annual meeting rests entirely on the PAS membership. We continue to be re-energized when we come together to share the fruits (bitter and sweet) of the preceding year. It is rejuvenating to experience the excitement of new discoveries, new ways of teaching, new collaborations, new insights! Ben Gitterman and Lindsey Grossman have graciously volunteered to work on keeping the spark glowing! Please share with them or me any thoughts you have on enhancing the annual program.

Have a happy, healthy and safe end to your year!

WORKSHOPS AND SIGs
Janet Serwint, MD

What an amazing array of submitted workshop abstracts! One hundred ninety-one workshops were submitted, and 62 were selected for presentation after peer review. It was a particularly competitive year, and with so many innovative workshop submissions, the selection process was particularly difficult. Because of the large number of submissions, a mechanism was put in place to ensure that workshops were selected from each category. These categories included Research (Health Services, Clinical, Basic Science, Education), Educational Development/Scholarship, Advocacy and Health Policy, Communications and Technology, and Leadership and Administration. The final program will reflect a blend of invited presentations and selections from submitted workshops. I hope that those of you whose workshops were not selected this year, will consider resubmission next year. The Faculty Development SIG will begin their series of sponsored workshops at this year’s PAS meeting. Their 3 sponsored workshops will address the areas of Educational Development/Scholarship, Advocacy and Health Policy, and Leadership and Administration.
I would like to thank the PAS Program Committee and the workshop abstract reviewers for all of their hard work. The 24 reviewers represented all three of the academic societies and committed a large amount of time to careful review. After the individual reviews and scoring, members of the PAS Program Committee met in San Francisco from August 2-3, 2003 to discuss the workshops and plan the program. This is an interesting process, yet what was apparent was the incredible number of innovative ideas for learning! The new process of the on-line workshop submission was quite successful and we plan to continue this format. It also enhanced the ease of abstract review, scoring and tabulating the scores.

All workshop leaders are expected to register for the PAS meeting and up to 2 complimentary registrations will be available for each selected workshop. If the caliber of the workshop abstract submissions is any indication, the upcoming meeting in San Francisco should be another outstanding PAS meeting.

I would like to welcome and thank Steve Miller and Rukmani Vasan who have been appointed to the Executive Committee of Workshops and SIGs. I look forward to working with them and am grateful for their willingness to participate.

I appreciate the feedback that the SIG chairs and other APA members have given me concerning conflicts in the timing of sessions. With 34 SIGs and the numerous workshops, it was challenging to make the assignments to the time slots. I did my best to avoid conflicts (along with advice from the voices of experience; Marge Degnon, Amy Pulupa and Marilyn Dumont-Driscoll), but I know that despite my best efforts, some conflicts are sure to occur. All 34 SIGs have indicated that they will be meeting at the upcoming meeting, including the brand new Academic Generalist Fellowship Directors SIG. These SIGs provide excellent opportunities for all of you as APA members to network and contribute in your areas of interest.

Please let me know if you have comments or suggestions about workshops or SIGs as the year progresses. My e-mail address is jserwint@jhmi.edu. I hope to see you all in San Francisco!

All APA Committees are open to APA Members. Don’t wait to be asked, volunteer today. Just contact a Committee Chair or call the APA office for information.

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**SPECIAL INTEREST GROUPS (SIGs)**

**CHILD ABUSE**

*Cindy Christian, MD*

The Child Abuse SIG welcomes all physicians who are interested in the issues that face maltreated children, and the physicians who care for them. Each year, we meet to discuss subjects that are controversial or challenging, and share research that informs our practice. We also try to highlight work being done by colleagues in our host city. This year in San Francisco is no different. We will meet on Sunday afternoon, May 2, 2004, for an afternoon of education and collegial controversy! Please save the date and plan to join us.

**COMMUNITY-BASED PHYSICIANS**

*Emanuel Doyne, MD*

*David Bromberg, MD*

This Special Interest Group was designed to be a forum for all APA members in community settings involved with either teaching or office-based research. This set of individuals has unique interests and problems which are shared annually at the PAS meeting. We also share resources with our sister SIG in the AAP, the Resident Education and Training group (RET SIG) within the Department of Community Pediatrics.

Current activities of this SIG include:
1. The presentation of an annual award entitled the National Pediatric Community Teaching Award. Previous winners have been Larry Nazarian of Rochester, NY and Dave Bromberg of Frederick, MD.
2. Publication of a biannual newsletter “Pediatric Community-Based Teaching Newsletter.” The Fall, 2003 issue is dedicated to a discussion of resident work hour rules vis-a-vis teaching.
3. Varied workshops are presented at the PAS meetings including such topics as Medicaid Reimbursement for Teaching, Barriers to Community-Based Teaching, Models for Community-Based Teaching such as the WWAMI Program of the University of Washington.
4. Supporting the efforts of the AAP RET SIG in its development of two projects: (1) *The Tool Kit*- a manual for those community pediatricians interested in teaching residents and medical students; and (2) *A Compendium*- an all inclusive document to provide community teachers with access to materials to help them improve their teaching and evaluation skills with links to APA Faculty Development material and other web-based documents.

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Failure is, in a sense, the highway to success, in as much as every discovery of what is false leads us to seek earnestly after what is true.

- John Keats
DIVISION DIRECTORS IN GENERAL PEDIATRICS  

Gary Emmett, MD

The Special Interest Group for Division Directors in General Pediatrics is looking for presenters on the topic of the use of clinical pathways to both improve patient care and/or improve efficiency of operation. Gary Emmett will discuss “Paper Charts versus EMR in Fulfilling the NIH Asthma Standards.” Other discussions on similar topics are being solicited.

EMERGENCY MEDICINE  

Halim Hennes, MD

One of the most distressing items this year was the loss that our subspecialty suffered when Jim Seidel passed away. He will be deeply missed. In his memory, David Jaffe will open our meeting with a short presentation about Jim and his accomplishments. Our regular meeting will follow. We have another exciting program planned for this year with one clinical topic and the other is an administrative issue. The clinical topic “Not my job…or is it?” will discuss the pros and cons of intentional and unintentional injury prevention in the pediatric emergency department. Denise Dowd and Dennis Durban will lead the discussion. In addition, they are planning to invite two co-presenters to discuss the other side of the coin. Joe Wright was invited to share the session on intentional injuries with Denise and he accepted the invitation. Dennis did not make a decision yet on his co-pilot for unintentional injury prevention. We should have an interesting debate given the fact that we all struggle to increase customer satisfaction, reduce wait time, and provide good clinical care including anticipatory guidance for injury prevention.

As for the administrative topic agenda, Sue Fuchs suggested that we invite Jane Knapp and Steve Ludwig to discuss the ABP proposed changes in the recertification process. Jane and Steve discussed the same topic at the PEM leadership conference in August 2003 and I was told it was a very informative session. I am grateful that Jane and Steve accepted the invitation and this is a good opportunity for those who were unable to attend the conference to be informed of the rationale for the changes and discuss their views. We are looking forward to another successful meeting and an interesting debate on both topics. Finally, poster presentation will be available for viewing during our recess between the two topics. See you all in San Francisco and best wishes.

ENVIRONMENTAL HEALTH  

James R. Roberts, MD  
Joel Forman, MD

Much has happened in the Environmental Health Special Interest Group this year! We had a highly successful meeting this past May at the Spring PAS meeting with two outstanding speakers, Michael Weitzman, the Director of the Children’s Research Center for the American Academy of Pediatrics, and Michael Shannon, the Chair of the AAP Committee on Environmental Health. In the spirit of the educational mission of the APA, we had two excellent research presentations from new APA Pediatric Environmental Health Fellows.

Administratively, we are transitioning to new leadership. Ben Gitterman is stepping down as Co-Chair of the SIG. Ben’s leadership will be greatly missed, but we know he will continue to be an active member of the SIG. We would like to welcome Joel Forman as the new Co-Chair. Jimmy Roberts will be completing his final year as Co-Chair this year, ending with the spring meeting in San Francisco. If you or someone you know may be interested in being Co-chair please forward your name to Joel or Jimmy.

We have an exciting meeting in the works for San Francisco! Phil Landrigan, Director of the Mount Sinai Center for Children’s Health and the Environment will be one of our featured speakers. He will discuss controversies in the evolution of government air quality policy. We also plan to continue the successful fellow research presentations and to co-sponsor mini-courses on Pediatric Environmental Health. Watch for updates to the program agenda on the APA website and the spring newsletter.

FACULTY DEVELOPMENT  

Latha Chandran, MD, MPH  
Constance Baldwin, PhD

The Faculty Development Program Executive Committee has been meeting monthly by phone to continue planning of the APA Faculty Development Program, following the guidelines developed at our PAS 2003 SIG meeting. The curriculum will provide Faculty Development opportunities for beginning and advanced learners in six domains: Leadership/Administration, Career Development, Research, Education, Advocacy/Health Policy, and Communication/Technology.

We are very pleased to report that at PAS 2004, the Faculty Development Program will be sponsoring three workshops. In the career development domain, Frederick McCurdy will give a workshop on “A Personal Career Direction.” In the education domain, Larrie Greenberg and Richard Sarkin will present a workshop on “The Patient, Teacher and Learner: Interacting at
In the advocacy domain, Tom Tonniges and an invited panel of experts will give a workshop entitled “Application of Asset-Based Community Development (ABCD) Model to the Field of Community Pediatrics.” We are excited to be able to offer these three outstanding workshops to inaugurate our new Faculty Development Program.

To assess the Faculty Development needs and capabilities of the APA membership, we have created two surveys that are posted on the APA website. All members interested in Faculty Development are encouraged to go to http://www.ambpeds.org/facultydev.cfm to complete the needs assessment survey, and if they wish, a second survey on their Faculty Development expertise. The first survey will help us choose topics for future workshops, and the second will help us identify potential workshop presenters and mentors who might like to work with junior faculty in workshop planning.

In the coming year, we plan to make increasing use of the Faculty Development page on the APA website to provide educational resources for members.

In developing the Program, we hope to collaborate with other SIGs to share expertise and resources, as we have done over the past year with the Advocacy SIG. At our next SIG meeting in San Francisco, scheduled for Tuesday, May 4, we will share our plans for the Faculty Development Program, review our domain-oriented lists of Faculty Development goals for APA faculty, select workshop topics for the 2005 PAS meeting, and create an action plan for the coming year.

If you would like to join our listserv, please contact Michelle Barratt, at Michelle.S. Barratt@uth.tmc.edu.

**NEWBORN NURSERY**

*Linda Meloy, MD*

We had a wonderful meeting in Seattle and 128 members participated in our discussions on our survey of members, Group B Strep guidelines and newborn jaundice. Latha Chandran completed an excellent survey of members, and Linda Meloy presented the data in our general session. The components of our nurseries in terms of teachers, learners, coverage, resources and needs were reviewed. A lively discussion of maternal education highlighted the need for clear communication.

John Olsson presented a brief overview of Group B Strep and Gil Martin from the committee answered questions from our group about the practical aspects of placing the guidelines into practice. The chorioamnionitis definition was discussed and the need of the full sepsis workup debated. The twenty-four hour discharge for treated infants with totally normal courses and excellent follow up was recommended. Ginny Moyer explored the possibility of establishing research network to further examine the need of a CBC (a subject that Ginny’s data shows little need for in light of infant symptoms).

Gary Emmett and Mike Vining led a discussion on newborn jaundice and examined the methods used to evaluate newborns and Mike presented his list serv survey on universal screening and phototherapy methods. The AAP practice parameter will be published soon and help clarify best practice in this area.

Our session concluded with a look at new areas to discuss and study. We reviewed a small survey on neonatal abstinence. We look forward to more discussion on Group B Strep, jaundice, breastfeeding education of residents, cardiology in the nursery, hypoglycemia, and improvement of our teaching. Our list serv has been busy with questions on the proper method to take and teach temperature measurement in the newborn nursery. Please join us in our discussions by e-mailing me at lmeloy@mail2.vcu.edu.

**NUTRITION**

*Sandy Hassink, MD*

The Nutrition SIG is pleased to announce that preparation of “A Teacher’s Guide for Pediatric Clinical Nutrition Education” is underway. A Teacher’s Guide will be prepared and edited by the Nutrition SIG with sponsorship of the Institute of Human Nutrition of the School of Public Health of Columbia University. We have received an unrestricted educational grant from Mead Johnson Nutritional, Inc for preparation of the guide. The editors are Robert Karp, Sandy Hassink, Elizabeth Shepard, and Steven Bachrach. Dr. Hassink is current Chair of the Nutrition SIG.

The Teacher’s Guide will serve those of use who teach students providing both core material and a curriculum for nutrition education based on experiences through the life cycle. The Guide will also be available for use in self-instruction and receipt of CME credits.

Each of the teaching modules — neonatal, infant, toddler, school age and adolescence — will include material on providing guidance, assessing diet, behavior and nutritional status. There will be representative cases for illnesses that appear during each life cycle with Hyperlink technology enabling teachers to cross link material and provide an educational program on acute or chronic diarrhea, care of the handicapped child or other medical problems.

The core material, *Pediatric Nutrition Notes* was originally prepared by SUNY-Downstate’s Robert Karp in 1993. Downstate students have used *Pediatric Nutrition Notes* since then. The revised Notes are now available through the SUNY-
A complete draft of *A Teacher’s Guide for Pediatric Clinical Nutrition Education* will be available at the spring PAS meetings with the final version ready for distribution in the fall of 2004.

**SCHOOL AND COMMUNITY HEALTH**  
*Linda Grant, MD, MPH*  
*Mona Mansour, MD*  
*Nazrat Mirza, MD, ScD*

At the meeting in Seattle, the School and Community SIG focused its efforts on the school health component. The content of the SIG was shaped by the responses from the member survey indicating interest in residency training opportunities in school health as well as the Residency Director survey where advocacy and school/community health were closely linked.

Mike Gittleman offered insights into school/community residency advocacy programs in Cincinnati. Robert Lehman from the Seattle Health Department discussed school-based health centers in the area, their role in educating residents and some of the roadblocks to funding. One of the most energizing segments of the program was the presentation by three residents of the work they had done in their city’s school systems. Although each of their longitudinal projects were different, the overarching theme was clearly that the schools offered a gateway into the community and an enriching exercise that was not duplicated anywhere else in the residency program.

The SIG closed with a discussion of the roadblocks to working with schools which touched on areas such as time competition from other systems (both internal to school system and the residency program), lack of interest by faculty, the difference in medical vs. school “cultures,” community politics, research restrictions and the lack of a discipline-bridging infrastructure.

For this year, the SIG chairs would like to continue the format of “residency” and “roadblocks,” but begin to frame it by focusing on a particular theme. One of the current hottest public health concerns is obesity, and its relationship to nutrition and exercise. There is a great deal of local, regional and federal funding of initiatives dealing with these issues; many of these require a school or community component. Addressing these issues within a residency program almost ensures a connection with school or community.

The SIG would like to explore initiatives that have included residents and or addressed obesity, nutrition and exercise within a school system or community.
Region III
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Members of our region gathered in Pittsburgh for our annual meeting on October 3rd. Residents, fellows, faculty and providers who work with children in foster care and those who were internationally adopted, met to discuss guidelines and standards for health care delivery for these children and their families. **Steven Blatt** and **Victoria Meguid** from Syracuse discussed their experience in providing care to children in foster care. Steve provided a national perspective and information about work in New York to coordinate efforts to ensure the health and healthy development of children in foster care. Vicki presented an overview of the models of care delivery for children in foster care and outlined her work in a specialized clinic that provides comprehensive and coordinated services for foster children and their families. **Moira Szilagyi** from Rochester discussed guidelines developed by the Task Force on Health Care for Children in Foster Care in New York. Both she and Steve are members of this working group. Moira highlighted the practice care standards developed by the task force and discussed the medical, legal, financial and advocacy issues involved in this type of specialized care. **Michelle Zimmer** from Pittsburgh then provided an overview of the behavioral and developmental issues that must be considered and addressed for children in the foster care system. Care delivery systems for children in foster care must provide for identification and treatment of these developmental issues.

The second portion of our educational meeting centered on the care of children who are internationally adopted. **Elaine Schulte** of Albany and Sarah Springer of Pittsburgh provided background information about international adoption as well as guidelines for pre-adoption evaluation and post-adoption care for children born in other countries. Elaine and Sarah discussed screening for exposure to infectious diseases and immunization, growth and nutrition, and developmental and behavioral issues affecting children who are internationally adopted. They reviewed the standards of care and identified ways in which providers can assist families both before the adoption and after the family has returned home.

This meeting also provided our members an opportunity for networking. We discussed efforts to increase membership and involvement in regional activities as well as formats for future educational activities. We began talking about topics for next year’s annual meeting and plan to continue this conversation at our regional breakfast in San Francisco in May.

Region V
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Jennifer Christner, MD
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We hope this newsletter finds you enjoying some fall color.

Last year’s first annual trainee abstract competition was a huge success. Our goals are to support the research of residents and fellows and to encourage membership in our organization and attendance at the annual meeting among young physicians.

We will once again be offering awards in the amount of $200.00 to several trainees (residents and fellows) from our region who submit work to the spring Pediatric Academic Societies meeting in San Francisco, CA. Abstracts for the annual meeting and our regional competition are due December 5, 2003. The abstracts will be reviewed by region members and those judged to represent the best investigation, creativity and applicability to general pediatric care and education will be selected. Decisions will be made by late December. The trainees who are selected will be asked to present their work at the Region V breakfast in San Francisco in addition to any presentation(s), if offered, at the larger meeting. It is our hope that the award could offset some of the costs incurred by the trainee to attend the meeting.

If you would be interested in reviewing abstracts that are submitted, please e-mail Shannon Phillips at sconnorphillips@yahoo.com. The time commitment is small, but essential, to making this program successful.

Please let your trainees and their program directors know about the competition (we will send out a mailing as well). Encourage all of them to submit their abstract to us – it is no extra work! Information about where to send entries will come out on the region listserv and by mail this fall.

Did you know we have a Region V webpage within the APA national site? Our goal is to have our webpage up and running before the spring meeting. Some ideas include: announcements for regional meetings of interest to our membership, information about our abstract competition, listing of regional residency programs/continuity clinic directors, new clinical programs at your hospital, links to websites that members find useful, etc. If anyone has suggestions about the types of things we should put on the webpage, let Jenny or Shannon know.
Regions IX and X are actively preparing for our Regional APA meeting to be held at the La Playa Hotel in Carmel, CA on January 31 and February 1, 2004.

Please consider attending the meeting. It is a great chance to network with your regional colleagues. We will again be meeting in conjunction with the Western Region of the Association of Pediatric Program Directors (APPD). In addition, we have something new this year. There will be a meeting of individuals involved in continuity clinic and CORNET on Saturday morning prior the main meeting.

CORNET is the COntinuity Research NETwork of the APA. The goal of CORNET is to establish a self-sustaining collaborative research network among pediatric continuity clinic clinicians who will produce quality research in primary care and disseminate the findings in order to improve the health care of minority and underserved children. CORNET provides us a chance to regionally collaborate to answer research questions relating to underserved and minority populations as well as questions regarding resident education. We would like our regions to be very active members of this new APA group. To obtain more information on CORNET you can either attend the regional meeting or contact your CORNET Regional Research Chair: Region IX–Sarah Croskell (Scroskell@med.utah.edu), Region X – Cindy Ferrell, (ferrelle@ohsu.edu).

Welcome New Members!

- Angela Allevi
- Armand H. Matheny
- Allison Ballantine
- Frank Belmonte
- Harsha Bhagtanl
- Stephen Blumberg
- Jane Brotanek
- Adam Lauren Cohen
- Maria Dycoco
- Marion Forbes
- Lori Frasier
- Davidson Freeman
- Laurentiu Givelichian
- Paul Glaser
- Shirley Gonzalez
- Nathan Graber
- Paul Hain
- Don Hayes
- Jason Homme
- Anne Kelly
- Windy Lammers
- Erik Langenau
- Antoinette Laskey
- John Loiselle
- Patricia Lowery
- Lisa Lowery
- Christopher Maloney
- Richard Mazzacaro
- Marlene Rosemary Miller
- Ryan Redman
- Judy Schaechter
- James Malcolm Schmidt
- Elizabeth Simpson
- Christopher Spahr
- Adam Spanier
- Kimberly Stone
- Bryan Stone
- I. John Studebaker
- Elizabeth Tyson
- Lynn Wagner
- Debra Weiner
- Heinrich A. Werner
- Bernhard L. Wiedermann
- Venus Wilke
- Karen S. Wosje
- Michael S. Yi
- Karen Young
AHRQ’s REVITALIZED MISSION:  
What Does It Mean to APA Members?  
Denise Dougherty, Ph.D

It is now eminently clear that the agency must focus on both the production and synthesis of evidence as well as strategies to assure its use.
Carolyn M. Clancy, M.D., Director, AHRQ

The Agency for Healthcare Research and Quality (AHRQ) has clarified its mission in a new statement: To improve the quality and safety, effectiveness and efficiency of health care for all Americans. To accomplish this mission, we need the help of talented researchers from the Ambulatory Pediatric Association, especially those who will work with us to: understand the “how” of improvement strategies, and further disseminate and implement solid research findings aimed at improvement.

The child health care research community, including members of APA, has been a leader in AHRQ’s efforts aimed at improvement. Child health care researchers responded forcefully and successfully to AHRQ’s past improvement-focused Program Announcements and Requests for Applications (RFAs), such as the Patient Outcome Research Teams (PORTs and PORT IIs), the quality improvement RFA, the Translating Research Into Practice I and II RFAs, patient safety research initiatives, the Partnerships for Quality RFA, the Centers for Research and Education and Therapeutics RFAs and the Child Health Insurance Research Initiative (CHIRI) RFA.

Results of many of these child health care improvement projects are emerging and findings are being used in pediatric care and policy. For example, Peter Margolis’s findings on reorganizing preventive care were presented at the Pediatric Academic Societies (PAS) and formed the basis for subsequent preventive improvement projects of the National Initiative for Children’s Healthcare Quality (http://www.nichq.org/). Initial findings from the Pediatric Asthma Care PORT II randomized controlled trial of improvement strategies in managed care organizations were presented at the PAS in 2002 by Paula Lozano; the challenges the team faced in conducting improvement research in a real-world setting were published in Health Services Research. Mary Ann Shafer published positive findings from her chlamydia screening improvement project at Kaiser. The CHIRI findings, including those from Peter Szilagyi, Chair of the APA Research Committee, are now being disseminated widely to policymakers and others. Improvement projects with results yet to be published include those designed to improve neonatal care, adolescent preventive services, chlamydia screening, asthma care and outcomes, use of antibiotics and patient safety. Several of these projects make creative use of health information technologies.

Tracy Lieu and colleagues have explored in depth the reasons for racial and ethnic disparities in patients’ adherence to asthma recommendations. This, as well as other research is critical to AHRQ’s efforts to help reduce racial and ethnic disparities in health care and health outcomes for children.

In fiscal year 2004, new AHRQ initiatives will focus on capitalizing on the promise of information technology to improve health care.

AHRQ and the nation have learned a substantial amount from the efforts made by innovative researchers in improving children’s health care. AHRQ looks forward to a continuing partnership as implementation plans for our revitalized improvement mission evolve. More on these plans, and their implications for APA members, will be coming soon. We will continue to alert you to new opportunities such as Health Information Technology initiatives via the NIH guide, alerts to the APA listserv, notices on the AHRQ Child Health Listserv (see http://www.ahrq.gov/child/lyrlist.htm to subscribe), and notices in AHRQ’s Electronic Newsletter (see http://www.ahrq.gov/research/mar00/0300ra35.htm to subscribe). Or be sure to check AHRQ’s pages on funding opportunities for grants, contracts and research training (http://www.ahrq.gov/fund/). As always, APA members should feel free to contact me at ddougher@ahrq.gov, if they have any questions.
AHRQ On The Move

The Agency for Healthcare Research and Quality has reorganized, relocated, and has a number of new resources available, including new funding opportunity for children’s health services researchers.

Reorganization:
• In the spring, the Agency reorganized, combining two Centers, renaming others, and appointing new leadership (for example, Daniel Stryer, M.D. is now Director, Center for Quality Improvement and Patient Safety). See http://www.ahrq.gov/about/organix.htm for an up to date organizational chart and office and center descriptions.

Relocation:
• AHRQ has moved. The entire agency staff is now located at 540 Gaither Rd, Rockville, MD 20850. See http://www.ahrq.gov/about/map.htm for location and directions to the new building, which was dedicated to the memory of John Eisenberg, MD, MBA. On July 24, 2003, Health and Human Services Secretary Tommy Thompson, along with Dr. Eisenberg’s family and friends, participated in the dedication ceremony.

Resources:
• The first full year of data from new MEPS Child Health Supplement items that we wrote about in our column of Summer 2001 are now available for analysis. The revised Child Health Supplement now includes measures of receipt of USPSTF-recommended clinical preventive services for children, as well as a measure of adolescents’ receipt of confidential care. To see the entire MEPS child health supplement, visit http://www.meps.ahrq.gov/survey.htm. Scroll down until you get to the 2001 instruments. Knowledge about what needs to change is the first step toward improvement. We encourage you to use our small grants for research projects program for this kind of data analysis.
• The 2000 KID (Kids Inpatient Database) is now available (http://www.ahrq.gov/data/hcup/hcupkid.htm), as is updated technical documentation on the KID.

Funding Opportunities:
• In accordance with AHRQ’s policy on Inclusion of Priority Populations, effective October 1, 2003, applications relevant to children (and other priority populations) are encouraged. Inclusion or exclusion of AHRQ’s priority populations must be addressed in the applications (http://grants1.nih.gov/grants-guide/notice-files/NOT-HS-03-010.html).

References

CONTINUITY RESEARCH NETWORK (CORNET)

CORNET is a network (Practice-based research network) of Continuity Directors interested in promoting research within our continuity practices. The research goals are to study:
• health care delivery and health issues in traditionally underserved populations;
• health care disparities between types of practices;
• resident education methods and issues;
• resident behavior with that of community practitioners;
• and to promote an appreciation of the importance of research in the primary care setting for our residents and future practitioners.

We currently have over 50 institutions and 70 practices enrolled in CORNET. This is our second year of AHRQ funding and we are continuing to pursue several exciting goals. The APA has been very supportive of our efforts.

We are working on improving communication among the members. Our Extranet site, established through AHRQ, is almost ready for access by all CORNET members. We are working out the kinks and the password will be distributed by e-mail to all interested members. The site will allow for chat rooms, progress reports, member lists, etc. In addition, our enrollment form for future members will now be accessible on this site. The Extranet site will be especially useful for our Regional Research Chairs as a means of recruiting new members and sharing ideas for research projects. In addition, we are also establishing a CORNET web page on the APA website. Our new e-mail address is CORNET@AMBPEDS.ORG.
Our research is continuing and expanding. The second paper on the analysis of the resident survey has been accepted for publication and a third is in the pipeline. We are expecting to receive the PRINS data momentarily. This will allow us to produce independent research papers from this data, as well as collaborative research comparing our data to that of PROS. We are sharing the work load among as many of our members as possible. New ideas for research projects continue to come through our network. Several projects are in the pipeline. Funding, of course, remains the issue.

We are planning our spring meeting, and are always looking for new members and new ideas. Our Regional Research Chairs are listed below. Marilyn Dumont-Driscoll (dumontmd@peds.ufl.edu) is our Membership Director. Ron Samuels - Boston Childrens (Region I), Michelle Barratt - Univ Texas Houston (Region VII), Theresa Hetzler - NY Med (Region II), Lee Sanders - Univ. Miami (Region VIII), Lynn Garfunkel - Univ. Rochester (Region III), Sarah Croskell - Univ. Utah (Region IX), John Olsson - Brody/East Carolina (Region IV), Cindy Ferrel - Oregon (Region X), Bill Stratbucker - Rush (Region V), Tim Shope - Naval Med Portsmouth (Region XI), Dawn Martin - Hennepin County (Region VI).

EDUCATIONAL GUIDELINES REVISION PROJECT

Calling all beta testers! The revised, online version of the Ambulatory Pediatric Association’s Educational Guidelines for Residency Training in General Pediatrics will soon be available for beta testing. The first of eight testing rounds began in late September. This revision project has been funded by the Josiah Macy, Jr., Foundation.

The Educational Guidelines website will provide all pediatric programs with a comprehensive, up-to-date curricular resource, including: 334 goals and objectives, interpretations of the six ACGME competency domains, and education and evaluation resources. Users will be able to use a Build-Your-Own-Rotation function, or download preselected goals and objectives, for standard and subspecialty rotations and for other residency experiences. Competency domains and elements can be cross-referenced to related goals and objectives. Keyword searches will also be available to meet other educational needs. These activities will yield customized downloadable files that users can edit as needed for their own programs. The final Guidelines website will also include navigation aids, tutorials and lists of online or printed educational resources.

After our successful alpha test at the PAS meeting in Seattle, the Educational Guidelines project team has been hard at work creating a database version of the Guidelines and building a live website to give users flexible access to this wealth of information. The beta test will roll out selected functions of the website for testing each month between September and May. The first beta test waves will give testers a chance to explore the rotation building process, and review the content of the preselected rotation outputs. Monthly e-mails will provide instructions for each wave of review. Not all testers are expected to participate in every wave.

In Seattle, 88 people signed up to participate in the Educational Guidelines beta test. Others may join this group by e-mailing Amy Pulupa at the APA Program Office [amy@ambpeds.org]. Please provide your name, e-mail address, and phone number. The beta test web address is: www.ambpeds.org/egtest. This site will be altered frequently over the coming months, so you will need to get on our beta test distribution list to receive update announcements and instructions for review.

After the beta test is complete, the Educational Guidelines website will be formally unveiled in May 2004 at the PAS meeting in San Francisco. Evaluation by users will continue through the end of the funded project in December 2004.

Overview:

- APA Educational Guidelines are a comprehensive, up-to-date curricular resource, including:
  - 334 goals and objectives
  - interpretations of the six ACGME competency domains
  - education and evaluation resources
  - tutorials for website users
- Revision funded by a 3-year grant from the Macy Foundation
- Collaborative writing and comprehensive review since Jan 2002
- Successful alpha testing at PAS 2003
- Beta testing began on 9/22/03, with tests of key website functions:
  - Build-Your-Own-Rotation process (standard and subspecialty)
  - Preselected rotation outputs (standard and subspecialty)
  - Build-Your-Own process for other residency experiences
  - Pediatric Competencies
  - Keyword searches
  - Print and online educational resources
  - Tutorials
  - Website navigation
- Beta test sign-up: Amy Pulupa at the APA Program Office [amy@ambpeds.org]
- Educational Guidelines Website debut: May 2004
Title VII Funding Discussion
Dr. Pugno reported to the group that Title VII funding has been contested for many years. As recently as this past summer, both houses of Congress recommended substantial cuts to Title VII funding. These cuts would have a significant negative impact on the Primary Care piece of the package. The American Academy of Family Physician (AAFP) legislative and governmental affairs staff in Washington, DC, have made a great effort to communicate the importance of Title VII funding to members of Congress. Additionally, the AAFP has made affirmative steps to try and identify an alternative to Title VII funding. To date the AAFP has not come up with anything to replace the Title VII money. It is felt by many in our organization that Title VII funding soon will go away.

The attitude toward Title VII funding by the present administration is less than favorable. In its estimation, Title VII is not effective.

Jack Pascoe reported that American Academy of Pediatrics (AAP) Washington staff felt optimistic that in the short term there would be funds available. AAP staff felt that there may be around 293 million dollars allocated this year. The current level is 300 million. AAP did not offer comment about the long term Title VII funding.

There is a fear that much of the funding will go to the advanced nurse practitioners. Primary care physicians take care of much of the disenfranchised populations in the United States and without funding for training, this population will be at risk. Todd Dickinson, representing the Association of Professors of Medicine (APM), indicated that he was not as optimistic as the AAP staff.

Dr. Gould, Associate/Assistant Deans of Primary Care, mentioned that he had attended a meeting with Kerry Nesseler and Dr. Carol Bazel where the topic of how educators of primary care physicians could partner with the federal government to ensure that the health care needs of the nation are met. Additionally, efforts are being made to contact legislators using physicians from the primary care AHEC programs.

Dr. Townsend, Society of Teachers of Family Medicine (STFM), suggested that there might be a way to link Title VII funding to patient safety in the context of solving the health disparities issues.

Dr. Ende, Association of Program Directors in Internal Medicine (APDIM), suggested that it might be wise to look at AHRQ for funding sources. He further indicated that academic medical centers are trying to meet the unmet healthcare needs of the disenfranchised in the inner cities as well as the rural areas.

Todd Dickinson pointed out to the group that the federal government seems to be taking the stance that funding medical education is not its role. Whatever happens in the future regarding funding for medical education, there must be a way to show positive outcomes.

Dr. Pugno reported that the AAFP has been collaborating more closely with the American College of Osteopathic Family Physicians (ACOFP) to impact Title VII. Dr. Routman (ACOFP) indicated that while his organization is smaller than the AAFP, members have indicated that they are available to help the AAFP.

Resident Duty Hours
Dr. Ende reported that information regarding resident duty hours is out both internally and throughout the media. He stated that nurse practitioners and physician assistants have been hired to pick up the work residents would have done before implementation of the duty hours. Additionally, residents have been hired as moonlighters. The new rules are getting mixed reviews from residents. Some parts are appreciated, but mostly residents are dissatisfied with the negative impact on continuity of care.

Dr. Pugno pointed out that the European Union has passed rules limiting the workweek to 48 hours. Most people not involved in medical education do not understand how the new rule can negatively impact resident education and patient care.

Patient Safety Conference Evaluation
Jack Pascoe told the group that he had looked at the conference evaluations and that he would summarize them and go over the six action steps. He spoke for the group and indicated that the conference had been extremely successful. The evaluations were mostly 4s and 5s (1 being poor and 5 being excellent). He pointed out that he personally could not hear some of the presenters for topic luncheons because the room had not been set up as it was supposed to be set up.

Overall, the short presentations were rated well as was the opportunity for networking. If Primary Care Organizations Consortium were to have another Patient Safety Conference, it was suggested that people from other professions such as industrial engineering be invited to participate. It was noted also that there were very few nurses in attendance.

One hundred people attended the conference. Fifty five participants stayed until the end. The group indicated they were sorry Dr. Burstin could not join the conference in person, as it would have good for her to hear all of the positive comments.
Also it was suggested that the conference might serve as a bridge between research and curriculum development in the area of patient safety. In order to disseminate the proceedings of the conference, the AAFP will work in collaboration with the Research Network. The final document will be provided to AHRQ and all conference participants.

With regard to curriculum development, Dr. Ende suggested focusing on three areas: 1) Faculty Development, 2) Resident Curriculum, and 3) Student Curriculum. Outcomes should be a key part of the curriculum development. Dr. Pascoe encouraged the group to keep the follow-up to the conference alive in the Primary Care Organizations Consortium. Drs. Townsend, Campbell and Routman volunteered to join the Primary Care Organizations Consortium Steering Committee members and to serve as a subcommittee to keep the project alive. The group decided that it would be important to have nurses and pharmacists as part of the committee. Kim Galt at Creighton University was named to join the group. Dr. Sitorius from the Association of Departments of Family Medicine should be contacted about this.

The group tentatively identified March 22, 2004 as the date for the next Primary Care Organizations Consortium meeting. The meeting will be held in Washington, DC.

FEDERATION OF PEDIATRIC ORGANIZATIONS NEWSLETTER
No. 1, April 2003

Need for action by Pediatric Academic Department Chairs
At the AMSPDC meeting, Dr. Richard Behrman on behalf of the Pediatric Education Steering Committee (PESC) of the Federation urged the Chairs to play a leadership role in the following activities if they are not already doing so.

1. Organize annual local or regional colloquium for medical students on the full spectrum of career opportunities in pediatrics. This might be done alone or in combination with other nearby pediatric departments and in conjunction with AAP District or Chapter leadership. It is essential that enthusiastic, experienced faculty participate in these programs and that special efforts are made to attract medical students to these colloquiums, particularly students who have not yet started their clinical clerkships.

2. Organize major career colloquiums for medical students and residents at the annual meetings of the Pediatric Academic Societies and the American Academy of Pediatrics. These should be made a regular feature of these meetings. Students and residents in the region should be invited and departments not in the vicinity of the meeting should arrange for promising medical students to attend. Stimulating faculty should present a panorama of careers.

3. Regularly schedule an annual career day for their residents with presentations on the full range of career opportunities they should be considering, including how to evaluate subspecialty training programs and the various combinations of activities in which subspecialists may be engaged (clinical care, education, research). This program should be in addition to providing individual mentoring for every resident.

4. Establish a sick child care area within their pediatric hospital services to provide child care for children of residents, nurses, and faculty whose young children are too sick to go to their regular child care program but who do not require hospitalization.

5. Lead efforts to have their institution(s) provide a well child care program. A task force of Federation members and NACHRI will also be established to provide helpful information for such efforts.

6. Initiate regular internal and external reviews of the educational experiences of trainees in pediatric subspecialty programs at their hospital. These programs should be providing each trainee with an individual educational plan covering the entire training period, and the plan should include the acquisition of scholarly and educational skills in addition to clinical competency. The results of these reviews should be available to trainees and applicants to the training program.

Educational Guidelines for Residency Training in General Pediatrics (Revised)
These guidelines will provide a comprehensive curricular resource for pediatric residency training, including the new ACGME competencies and curriculum requirements. Under the leadership of the Ambulatory Pediatric Association with broad input from subspecialists and generalists revision of these guidelines is progressing rapidly and is nearly ready to be mounted on the web as an online database.

Users will be able to search and sort goals and objectives, view the Pediatric Competencies in versions adapted to different groups of users, and download information in a variety of user-defined formats (e.g., for program directors, instructors, and residents). The final Guidelines website, to be unveiled in May 2004, will include additional navigation aids, tutorials, and educational instruction and resources.

Online beta testing will progress in stages through May 2004, as new functions of the website are made available for further testing, review, and feedback. Individuals who wish to participate in beta testing should e-mail Amy Pulupa [amy@ambpeds.org] with name, e-mail address, and phone number. The final website
design, with color graphics and navigation aids, will debut in winter 2004. User evaluations will continue through December 2004.

Clinical Research Involving Children
The Institute of Medicine (IOM) has established a committee to review federal regulations, federally prepared or supported reports, and federally supported evidence-based research involving children. Based on this review, the IOM Committee will prepare a report that includes recommendations on best practices relating to research involving children. Some of the issues to be covered include “assent,” “permission,” “informed consent,” “minimal risk,” “minor increase over minimal risk,” payments to participants, compliance with regulations, definition of “condition,” and the roles of the Institutional Review Boards.


Loan Repayment
The NIH has indicated that approximately $56 million is available in 2003 to double the pediatric loan repayment program. Researchers and trainees supported by governmental or private non-profit grants are now eligible for support.

ACGME Duty Hours Standards
The Association of Pediatric Program Directors has published draft summaries of strategies to meet the new hour regulations on its website (www.appd.org).

Federation Website and Newsletters
This newsletter, the FOPO II recommendations, current objectives and plans of the PESC, and related items and links can be accessed on www.fopo.org. If you wish to submit items for publication in future newsletters, please contact rbehrman@fopo.org.


Allergic rhinitis is the most prevalent allergic disease. The use of impermeable covers for bedding has been advocated for allergic individuals despite the relative paucity of data to support its efficacy. The focus of this study was to explore the clinical effects of the use of mite-proof covers for the bedding of mite sensitive individuals (8-50 years old) with allergic rhinitis. This study was a randomized, double-blind, placebo-controlled trial that was part of a larger trial (the Dutch Mite Avoidance Study). 232 of 279 individuals with allergic rhinitis were randomized to receive either impermeable or non-impermeable covers for their mattress, pillow, and duvet or blanket. Individuals were also instructed through a protocol driven allergy control program to wash and clean their bedding weekly in 60ºC water and to clean, heat, and ventilate their homes according to a regular schedule. Clinical measurements were obtained at baseline and after 12 months. Outcomes measured were rhinitis score on a visual analogue scale, daily symptom score, score on nasal allergen provocation testing, and dust mite concentration in dust samples of mattress, bedroom floor, and living room floor. The study demonstrated a significant reduction in dust mite concentration of mattress dust in the intervention group when compared to the control group but no significant change in the bedroom or living room floor dust mite concentration. There was no significant effect on the clinical outcome measures. The authors concluded that despite the reduction in mattress dust mite concentration by the intervention, the use of dust mite impermeable bedding covers did not result in an improvement in symptoms. This study raises question about the benefit of the use of dust mite impermeable bedding covers as part of an allergy control measure for patients with allergic rhinitis. Still, the study only evaluated the effectiveness of an intervention for one allergen and did not selectively study only dust mite sensitive individuals. In the same journal issue, a RCT of the use of dust mite impermeable covers for bedding and the control of moderate to severe asthma in 882 adults also failed to demonstrate benefit (2). This latter trial contrasts with yet another RCT involving 47 children that found a decreased need for use of inhaled corticosteroids, but no change in asthma outcomes (2). These studies serve as a reminder that randomized, controlled trials are necessary to assess the efficacy of reducing environmental exposures.


Low level exposures to environmental toxins are increasingly recognized as having a subtle but substantial impact on children’s health. Human and experimental studies have indicated that the fetus and young child may be more vulnerable to some environmental toxins than adults. The purpose of this study was to evaluate the fetal effects of prenatal exposure to common urban pol-
Attention deficit hyperactivity disorder (ADHD) is a prevalent chronic condition of childhood, affecting 3%-10% of US children. While the etiology of ADHD is poorly understood, both environmental and genetic factors appear to play a role. Prenatal exposure to maternal smoking is one of the environmental factors most consistently associated with ADHD. The focus of most genetic studies has been on polymorphisms in genes relating to the dopaminergic pathways. As the site of action of many psychostimulants, the gene for the dopamine transporter (DAT) is of particular interest. To explore the roles of gene and environment on the development of hyperactive-impulsive, inattentive, and oppositional behaviors, this study prospectively followed a cohort of children from 6 months of age to 5 years. The primary outcome measure was the Conners’ Parent Rating Scale Revised Long Version (CPRS-R:L) administered at 5 years of age. Predictors that were evaluated included a common DAT polymorphism, maternal smoking during pregnancy, household tobacco smoke exposure, and HOME inventory. The study found that the DAT polymorphism was only associated with child hyperactivity-impulsivity and oppositional symptoms in children who were also exposed to maternal prenatal smoke. Maternal smoking was associated with hyperactivity-impulsivity and oppositional symptoms even after adjusting for factors associated with family and home environment. There are some important limitations of this study. First, tobacco exposure was based on maternal report; there was no biological measure of tobacco smoke exposure. Second, the outcome measure was not a DSM-IV clinical diagnosis. Still, the study demonstrates how the interaction of genetic predisposition and environmental exposure can affect disease. Indeed, genetic risk factors may not be detected unless environmental exposures are taken into account.


It is sometimes difficult to find up-to-date information on available fellowships. APA has researched available listings to assist future fellows and those advising future fellows. The Journal of Pediatrics list of fellowships is published annually and includes U.S. and Canadian programs. For Adolescent Medicine and Pediatric Emergency Medicine (and soon Developmental Behavioral Pediatrics) that are boarded subspecialties, the Accreditation Council on Graduate Medical Education (ACGME) list includes all accredited programs though each program may not have an opening every year. Other programs of interest including Centers for Disease Control fellowships, National Research Service Award (NRSA) fellowships, and Robert Wood Johnson Clinical Scholars are also listed below. All websites provide listings without need for passwords.


GENERAL ACADEMIC PEDIATRICS FELLOWSHIPS
Tina L. Cheng, MD, MPH

It is sometimes difficult to find up-to-date information on available fellowships. APA has researched available listings to assist future fellows and those advising future fellows. The Journal of Pediatrics list of fellowships is published annually and includes U.S. and Canadian programs. For Adolescent Medicine and Pediatric Emergency Medicine (and soon Developmental Behavioral Pediatrics) that are boarded subspecialties, the Accreditation Council on Graduate Medical Education (ACGME) list includes all accredited programs though each program may not have an opening every year. Other programs of interest including Centers for Disease Control fellowships, National Research Service Award (NRSA) fellowships, and Robert Wood Johnson Clinical Scholars are also listed below. All websites provide listings without need for passwords.

ACGME
http://www.acgme.org

CENTERS FOR DISEASE CONTROL AND PREVENTION FELLOWSHIPS (LE, EIS, PREVENTIVE MEDICINE, ETC)
http://www.cdc.gov/epo/training.htm
The Consensus Conference on Family Presence during Procedures and Cardiopulmonary Resuscitation (CPR) was held in Washington, DC on September 7 and 8, 2003. The planning and organization for the conference was a major part of Jim Seidel’s APA Presidential Project. He was in the final stages of preparation for chairing the meeting when he died. In Dr. Seidel’s absence, the conference was chaired by Debby Henderson, PhD, his co-investigator, and Jane Knapp.

Funded by a grant to the APA from the Maternal and Child Health Bureau (MCHB) Partnership for Children, this meeting brought together over 20 representatives from a multidisciplinary, diverse group of national organizations interested in the emergency care of children. The conference was part of a multiphase process with the ultimate goal of publishing a document that will be useful in defining policy and procedure recommendations regarding family presence during procedures and CPR.

Representatives completed an extensive review of the literature prior to attending the conference. This review along with results of a pre-conference questionnaire formed the basis of the discussion. The enthusiasm for collaboration and consensus building was evident in the spirited and open discussion on the issues. At the end of two days of work the group completed the outline of a document that will be a powerful testimony to Dr. Seidel’s vision for promoting family presence through working together.

The 2nd Annual Meeting of the Pediatric Environmental Health Fellows will be held on December 5-7, 2003 in Reston, Virginia. Seven Fellows (four funded by APA and three funded separately) will present their research proposals and receive suggestions and advice from leaders in the field of Pediatric Environmental Health. For more information on the Fellowships, visit the APA website http://www.ambpeds.org.

APA PEDIATRIC ENVIRONMENTAL HEALTH FELLOWSHIPS

The Ambulatory Pediatric Association established a new National Fellowship Program in Pediatric Environmental Health in 2001. This cross-disciplinary Fellowship Program provides three years of specialized post-residency training in pediatric environmental health for selected Fellows at selected academic training sites. The first 4 APA Environmental Health Scholars began their training in July 2002, three more started in July 2003.

Pediatric Environmental Health specialists are pediatricians with special expertise in the etiology, prevention, evaluation, and management of conditions that are experienced by children who are exposed to hazardous agents in the environment.

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Once again, the Journal Committee would like to thank the APA members who have assisted in implementing the ongoing plan to increase the number of institutional subscriptions to *Ambulatory Pediatrics*. Our goal is to make the journal available at each institution that an APA member is affiliated with so that this valuable resource is accessible to all those who can benefit from its outstanding research.

We have been sending out Library recruitment packets to members whose institutions do not subscribe to the journal. The APA Journal Committee would like to acknowledge its appreciation to the following APA members for their assistance in this endeavor:

- Nader Ajluni
- Suzette Cavelle
- Latha Chandran
- Bernard Feldman
- John J. Fraser, Jr.
- Elena Fuentes-Afflick
- Murris Green
- Maryellen Gusic
- J. Lindsey Lane
- Bill Marshall
- Bruce Peters
- Randy Rockney
- Peter Sherman
- Martin Stein
- Christopher Stille
- Nasreen Talib

For information about how you can help, contact Connie Mackay at the APA National Office, 703-556-9222 or connie@ambpeds.org.

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Mr. President, the children of the United States lost a great champion on July 25 when Dr. James S. Seidel died at the age of 60. Dr. Seidel was a professor of pediatrics at the University of California at Los Angeles School of Medicine and was chief of the Division of General and Emergency Pediatrics at Harbor-UCLA Medical Center. He was an excellent teacher and researcher, but he was also a tenacious advocate for children. Through his students, residents, and fellows, he leaves behind a legacy of energetic inquiry and dedicated service to children and their families. Through his advocacy work, he leaves behind a much-improved system of care, particularly emergency care, for children. While we will all miss the man, we will continue to benefit from his work. A major concern of Dr. Seidel, and a concern I share, was the challenge of our Emergency Medical Services system faces in appropriately caring for the emergency needs of children. The system responds well to adult needs but is not always so successful in meeting the needs of children. He was a driving force behind the Emergency Departments Approved for Pediatrics, EDAP, system in California, but he also recognized that a national problem such as this required national support if it was to be solved. Along with my good friend, Dr. Calvin Sia, and a small group of pediatric emergency care advocates, Dr. Seidel worked with Senators HATCH, Weiker, and myself to help us enact in 1984 the Emergency Medical Services for Children, EMSC Program. This modest program has made a tremendous difference in the lives of many children and their families in every State and Territory. Dr. Seidel was a driving force in shaping the direction of the EMSC program, and was one of the program’s first grantees. He maintained his interest and advocacy as the program matured. There is almost nothing in EMSC that was not influenced by Dr. Seidel. Dr. Sia received the first National Heroes Award for Lifetime Achievement in emergency medical services for children. In 2000, Dr. Seidel received the second. It was an honor well deserved. In 1991, Dr. Seidel edited Emergency Medical Services for Children: A Report to the Nation. He asked me to write the Foreword. In it, I said, “History has repeatedly shown that persistence is most often the key to success. We must persist in our advocacy for those most vulnerable children of all: the ill and the injured.” Dr. Seidel’s life is a testimony as to how persistence will lead to success. We still have a long way to go, but we are much further down the road thanks to remarkable people such as James S. Seidel.
The Politics of Youth, Sex, and Health Care in American Schools
By James W. Button and Barbara A. Rienzo
Reviewed by Marilyn Augustyn MD

School based health centers (SBHC) have grown dramatically over the past decade, from approximately 200 in 1990 to almost 1400 in 2000. They are located in 45 states and the District of Columbia and most of the recent growth has occurred in traditionally conservative states, in suburban and rural areas, and perhaps most surprisingly, even in elementary and middle schools- locales where the need had not been perceived before. This book does an excellent job of chronicling how this growth has occurred, challenges the movement has and will face and summarizing directions for the future.

The authors are both PhD’s from the University of Florida in Gainesville with expertise in relevant issues- James Button in the politics of social change and Barbara Rienzo in human sexuality education. Notably though, neither is a pediatric or adolescent clinician and this is quite clear in the content of the book. The basic goal of SBHC is to fill a void in the nation’s health care delivery system-to address reproductive health care needs of adolescents and to address health care needs which impact children’s ability to perform in school particularly children in poverty. In this book the authors set out to examine the political processes that influence the establishment, growth, and ultimate success of SBHC. Their intended audience is medical, educational and social service professionals in the school based health center arena to offer them advise and insight on the process of startup and innovation.

The first chapters of the book give an overview of the existing literature on the history and provision of health care for youth with background information on the evolution of SBHC and the major problems they have faced. The authors go on to present the results of a study that utilized a two pronged approach: a nationwide survey of clinic administrators (supplemented with aggregate data) and intensive case studies of five representative locales (Quincy, FL; Jersey City, NJ; Virginia Beach, VA; Portland, OR; Albuquerque, NM). These case studies are perhaps the most intriguing and useful pieces of the book for clinicians.

The book goes on to explore sources of opposition to SBHCs including religious organizations and conservative parent groups particularly around issues of sexuality services. They also address daily issues that centers face including inadequate funding, lack of parental involvement, unsupportive teachers and schools, staffing/training issues and issues of race. In the final chapter the authors examine the future of SBHCs addressing financial support challenges, mental health services, dealing with sexual orientation, the gender gap, and the neglect of Latinos.

Overall this book answers the question it set out to: what are the crucial political factors that affect controversial yet successful public health programs like SBHCs? The solutions it offers are practical and based in specific strategies utilized by clinics who have both succeeded and failed. This is book provides critical insight into the process for administrators and clinicians who are grappling with these very issues.

Calming Your Fussy Baby the Brazelton Way
By T. Berry Brazelton, MD and Joshua D. Sparrow, MD
Reviewed by Esther K. Chung, MD, MPH

In Philadelphia, $9.95 buys you a cheese steak and two servings of water ice. For the same price, inquisitive parents can purchase this informative, pocket-sized guide to the fussy baby. The title draws in the appropriate audience. Its user-friendly Table of Contents helps the eager parent turn exactly to the section of the book that is most pertinent to his/her child. The book is filled with helpful tips, and contains many useful lists of instructions that parents can follow. One such list, “What to Do when a Baby Cries,” provides 11 step-wise solutions to this all too common problem. The book comes with its own bibliography, suggested reading list and resource section that contains addresses and telephone numbers of various organizations focused on issues ranging from postpartum depression to infant massage.

Drs. Brazelton and Sparrow start the book by teaching parents the very important principle that a baby’s behavior will often indicate his/her wants and needs, “Babies give you clear cues, if you are watching them.” Distinctly written for parents, this book primarily targets educated, first-time parents. Expressions like “nearly faint with pleasure” and “delicious experience” are examples of descriptive phrases used by the authors that may appeal to some but not all. The style of writing overflows with the positive energy and enthusiasm that is characteristic of Dr. Brazelton. The warmth and palpable excitement found in this
book are perhaps some of the many reasons why the front cover refers to Dr. Brazelton as “America’s Favorite Pediatrician.”

With all of their insightful observations and anecdotes, these experienced authors are likely to calm the most anxious of parents. The experience of the authors is readily apparent and their thoughtful reference to previous research and other writings is helpful and encouraging to the unfamiliar parent. The authors often speak in the first person, quoting familiar ideas and thoughts that may be going through the mind of an infant or concerned parent. This approach is comforting and very effective in engaging the reader.

The heart of the book lies in Chapter 2, Touchpoints of Communication. This chapter discusses different newborn cries, colic, and temperament. The reader has the opportunity to explore the newborn period through the toddler years, learning about selected developmental milestones that may help to explain some of the cries and fussiness that parents may encounter. The topics of crying and fussiness are counterbalanced by discussions about smiling and cooing. Contained in the title of other books by Dr. Brazelton, “touchpoints” are defined in this chapter. A touchpoint is a time for learning for baby and parent, a point of “regression,” and/or a “growing pain(s) that signals an exciting leap(s) of development.” One such touchpoint is the end of the day “blowout” that many 3 week-old babies experience. With the wisdom of a seasoned clinician, Dr. Brazelton writes, “If they (the parents) can see the fussing and crying as a necessary and even organizing part of the babies day, they won’t have to feel so responsible.” The authors describe the many challenges associated with a baby’s fussiness and appropriately point out that it is not due to gastroesophageal reflux in most babies. The need to “fix” the problem and all of the associated guilt and responsibility of the parent are well described, and the reader is left with a sense that “everything will be okay.”

The advice found in this book is practical and is based largely on experience. The advice for “handling irritable fussing” includes feeding the baby “gripe water” which consists of 8 ounces of water, 1 teaspoon of sugar and a pinch of baking soda. Though “used in previous generations and in many cultures today,” this recommendation may be of limited use in certain populations. “Gripe water” in some instances might be harmful to newborns, and should be used with caution and reserved for parents who are somewhat sophisticated.

The third chapter, “The Messages in a Child’s Cries,” explores reasons behind crying. Topics include nightmares and fears, separations and temper tantrums. The discussion in this section is brief and the book seems to end abruptly following the section on whining.

Primarily a reference for parents, this affordable and informative book provides practitioners with extremely helpful tips. Particularly helpful are the outlined lists of approaches to a variety of problems. Practitioners at all stages of their career can benefit from these succinct and sensible guidelines. I highly recommend this physician-friendly tool to everyone providing primary care to families with young children.

So the next time you have $10 in your pocket, I suggest picking up a copy of this easy-to-read guide and sharing it with a fellow pediatrician or parent. The book is guaranteed to have long lasting effects, well after the cheese steak and ice water have been consumed.

APA Membership Drive

Prizes will be awarded to the members who recruit the highest number of new members from now through the end of the year. Number of members recruited will be tabulated from the sponsor names listed on the new member application form.

1st Place: $150 Amazon Gift Certificate
2nd Place: $100 Gift Certificate
3rd Place: $50 Gift Certificate

Membership applications are found on the APA web site http://ambpeds.org/applymem.html, and at the back of the APA Newsletter and Ambulatory Pediatrics, the official journal of the APA.

The essence of wisdom is the ability to make the right decision on the basis of inadequate evidence.
- Alan Gregg
ANNOUNCEMENTS

GENERAL ACADEMIC PEDIATRICS DIVISION  
Arnold Palmer Hospital for Children and Women  
Orlando, Florida

The General Academic Pediatrics Division at Arnold Palmer Hospital for Children and Women, part of Orlando Regional Healthcare, seeks an additional faculty member to join 6 full-time and 4 part-time faculty. Arnold Palmer Hospital is a large primary and tertiary care center for children in Orlando, Florida. The hospital is a high-risk perinatal center with 11,000 total deliveries/year. There are over 27,000 annual visits to its Ambulatory Pediatric Center. The pediatric residency training program has 36 pediatric and 8 medicine-pediatric residents, in addition to medical students from the Florida State University College of Medicine. The division is involved in clinical research. Current faculty have a variety of specialty interests. Applicants must be BC/BE in pediatrics with a strong interest in resident and medical student education. Clinical responsibilities include ambulatory pediatrics, newborn nursery, and in-patient ward coverage. Interested individuals should send curriculum vitae to Joan Y. Meek, MD, Chief, General Academic Pediatrics, Orlando Regional Healthcare, 89 West Copeland Street, Orlando, FL 32806, or e-mail: jymeek@orhs.org.

FELLOWSHIP CHILDREN’S HEALTH MEDIA

The Nemours Foundation Center for Children’s Health Media  
Wilmington, Delaware

The Nemours Foundation’s Center for Children’s Health Media seeks candidates for a 1- or 2-year Health Media Fellowship for individuals who have completed a residency in Pediatrics. Start on or possibly before July 2004. This innovative Fellowship is aimed at physicians with established clinical expertise who also wish to develop advanced knowledge and skills in areas concerning children’s health media. Fellowship will focus on developing advanced communication skills and their application in health education for the public. Fellow will work with a large, pediatrician-led editorial, creative, and technical team to create online, print, and video/TV health information for parents, children, and teens. Among the Center’s high-profile projects is KidsHealth.org – the most visited, linked-to site of its kind. The Center is located on the beautiful 300-acre campus of the Alfred I. duPont Hospital for Children in Wilmington, DE. We are just 30 minutes from downtown Philadelphia, 2.5 hours from Washington, D.C. and 3 hours from New York City. For more information, call (302) 651-4046 or e-mail Fellowship Director at smorris@nemours.org.

THE 18TH ANNUAL PRIMARY CARE RESEARCH METHODS & STATISTICS CONFERENCE

The Agency for Healthcare Research & Quality (AHRQ) is sponsoring the 18th Annual Primary Care Research Methods & Statistics Conference this December 5-7, 2003 at the historic Menger Hotel in downtown San Antonio, Texas, just off the Riverwalk.

Peer sessions, seminars and workshops will include a variety of topics addressing research methodology, statistics, qualitative methods, computers in research, communication of results, practice-based research networks, and geographic information systems.

The conference theme this year is “Multidisciplinary Research” including a plenary speaker and a panel discussion on the topic. A second plenary speaker and panel discussion will address “HIPAA Compliance & Consent Issues.”

Plenary Speakers include Lee Goldman, MD, MPH, the Chair of the Department of Medicine at UCSF, and Karen J. Calfas PhD, Project PACE (Patient-centered Assessment and Counseling on Exercise) at San Diego State University.

As in previous years, conference participants are invited to submit concept papers for proposed research projects. An experienced researcher from the Agency for Healthcare Research and Quality (AHRQ) will review these concept papers. Proposed concept papers must be received no later than October 24, 2003. The format for concept papers can be found at www.ahrq.gov. Please send concept paper proposals to: David A. Katernahdl MD, Department of Family & Community Medicine, 7703 Floyd Curl Dr., suite 610-L, MSC 7795, San Antonio, Texas 78229-3900; fax: 210-223-6940; e-mail: katerndahl@uthscsa.edu

For experienced researchers Steven M. Boker, PhD, University of Notre Dame, will conduct a pre-conference workshop on “Linear Differential Equations: Models of Short & Long Term Dynamics Applied to Longitudinal Data.”

For novice researchers, John G. Ryan, DrPH, University of Miami, will conduct a pre-conference workshop entitled “Methods Workshop for the Novice Researcher.”

The Ambulatory Pediatric Association has endorsed this conference as has the Society of Teachers of Family Medicine,
the North American Primary Care Research Group, and the Society of General Internal Medicine.

For further details, contact the Office of Continuing Medical Education, Univ of Texas Health Science Center at San Antonio (phone: 210-567-4446, email: duncan@uthscsa.edu) or access the website for the Dept of Family & Community Medicine, http://famp33.uthscsa.edu:81/.

Bernard Guyer is the recipient of the 2003 Martha May Eliot Award from the American Public Health Association

This award recognizes exceptional achievements in the field of maternal and child health. Dr. Guyer is Zanvyl Krieger Professor of Children's Health, and Chair, Department of Population and Family Health Sciences at the Johns Hopkins Bloomberg School of Public Health in Baltimore.

Save the date: April 16-18, 2004

The HELP Network’s 8th Conference:
Defining a Medical Standard of Care for Gun Injury Prevention

Why Medical Societies Are Addressing Gun Injuries:
According to the Centers for Disease Control and Prevention:
- Guns are the second leading cause of injury leading to death overall in the United States.
- More than 28,000 people die annually from gun related injuries, including 16,000 suicides and 11,000 homicides.
- There are more than 55,000 nonfatal gun injuries every year.
- The rate of death from guns in the U.S. is 8 times higher than the rate of gun deaths in other wealthy countries.

Why you should attend: This conference will consolidate progress from the past decade of gun injury prevention work and promote national consensus regarding a medical standard of care. This is an educational event designed especially for physicians, but other interested health professionals and advocates are also encouraged to attend.

What will be accomplished:
- Summarize the emerging medical standard of care.
- Discuss medical education and clinical counseling on gun injury prevention.
- Inform member organizations of policy activity.


For more information regarding the conference or registration, please contact Theresa Merwald at 773-880-8122 or via e-mail at tmerwald@childrensmemorial.org.

Teaching Doctor-Patient Communication Across the Life Cycle

Are you interested in enhancing your ability to teach and assess students’ and residents’ professionalism and communication skills? Would you like to improve interactions and relationships with patients, colleagues, interdisciplinary team members and learners?

The American Academy on Physician and Patient invites you to its 22nd Annual Faculty Development Course, Sunday evening, June 13 - Friday June 18, 2004 in Pittsburgh, PA. The course theme is Teaching Doctor-Patient Communication Across the Life Cycle. You won't want to miss joining a distinguished faculty and like-minded educators and clinicians from disciplines across the continuum of medical education!

Save these dates and check the AAPP website for course goals, structure, and more details: www.physicianpatient.org.

Future Newsletter Deadlines
February 9, 2004
June 16, 2004
September 27, 2004
### 2004 Pediatric Academic Societies Annual Meeting
May 1-4, 2004 ~ San Francisco, CA (Tentative Schedule)

<table>
<thead>
<tr>
<th>SATURDAY, MAY 1</th>
<th>SUNDAY, MAY 2</th>
<th>MONDAY, MAY 3</th>
<th>TUESDAY, MAY 4</th>
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<tr>
<td><strong>8:00am – 10:00am</strong>&lt;br&gt;Topic Symposium</td>
<td><strong>7:00am – 7:45am</strong>&lt;br&gt;APS/SPR Meet the Council’s Business Breakfast</td>
<td><strong>7:00am – 8:00am</strong>&lt;br&gt;APA Regional Breakfasts</td>
<td><strong>8:00am – 10:00am</strong>&lt;br&gt;Topic Symposia &amp; Subspecialties/Themes (Original Science Abstract Programs)</td>
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<td><strong>8:00am – 11:00am</strong>&lt;br&gt;Mini Courses Educational Workshops (*) &amp; APA Special Interest Groups</td>
<td><strong>7:00am – 8:00am</strong>&lt;br&gt;Meet the Professor Breakfasts</td>
<td><strong>8:00am – 10:00am</strong>&lt;br&gt;Topic Symposia &amp; Subspecialties/Themes (Original Science Abstract Program)</td>
<td><strong>8:45am – 11:45am</strong>&lt;br&gt;Educational Workshops &amp; APA Special Interest Groups</td>
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<td><strong>1:45pm – 3:45pm</strong>&lt;br&gt;Hot Topics Topic Symposia &amp; Subspecialties/Themes</td>
<td><strong>7:30am - 9:00am</strong>&lt;br&gt;APA Past Officers Breakfast</td>
<td><strong>9:00am – 12:00noon</strong>&lt;br&gt;Educational Workshops &amp; APA Special Interest Groups</td>
<td><strong>10:15am – 11:15am</strong>&lt;br&gt;State of the Art Plenary Session</td>
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<td><strong>12:00noon – 1:30pm</strong>&lt;br&gt;Poster Session IV</td>
<td><strong>8:00am – 10:00am</strong>&lt;br&gt;Topic Symposia &amp; Subspecialties/Themes</td>
<td><strong>10:15am – 12:15pm</strong>&lt;br&gt;SPR Presidential Plenary, Awards &amp; E. Mead Johnson Award Lectures</td>
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<td><strong>1:00pm – 3:00pm</strong>&lt;br&gt;Subspecialties/Themes</td>
<td><strong>10:15am – 12:15pm</strong>&lt;br&gt;State of the Art Plenary Session</td>
<td><strong>10:15am – 12:15noon</strong>&lt;br&gt;Subspecialties/Themes (Original Science Abstract Programs)</td>
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<td><strong>3:15pm – 5:15pm</strong>&lt;br&gt;Topic Symposia Subspecialties/Themes (Original Science Abstract Programs) Educational Workshops</td>
<td><strong>10:15am – 11:15am</strong>&lt;br&gt;State of the Art Plenary Sessions <em>PPC - 2 Hours</em></td>
<td><strong>10:00am – 12:00noon</strong>&lt;br&gt;March of Dimes Prize in Developmental Biology Lectures</td>
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<td><strong>5:15pm - 7:15pm</strong>&lt;br&gt;Poster Session I, &amp; PAS Opening Reception</td>
<td><strong>2:30pm – 4:00pm</strong>&lt;br&gt;State of the Art Plenary Sessions <em>PPC - 2 Hours</em></td>
<td><strong>1:00pm – 2:45pm</strong>&lt;br&gt;APA Presidential Plenary &amp; Armstrong Lecture</td>
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<td><strong>7:15pm - 8:30pm</strong>&lt;br&gt;PAS Presidential Reception</td>
<td><strong>4:15pm – 6:15pm</strong>&lt;br&gt;Topic Symposia &amp; Subspecialties/Themes (Original Science Abstract Programs)</td>
<td><strong>3:00pm – 5:00pm</strong>&lt;br&gt;Topic Symposia &amp; Subspecialties/Themes (Original Science Abstract Programs)</td>
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<td><strong>Evening</strong>&lt;br&gt;Open for Deparmental Activities</td>
<td><strong>5:00pm – 6:00pm</strong>&lt;br&gt;APA Business Meeting &amp; Awards</td>
<td><strong>5:00pm – 6:45pm</strong>&lt;br&gt;Poster Session III</td>
<td><strong>Evening</strong>&lt;br&gt;Open for Deparmental Activities</td>
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<td><strong>Evening</strong>&lt;br&gt;APS Member/Howland Dinner</td>
<td><strong>6:00pm - 7:00pm</strong>&lt;br&gt;APA Debate</td>
<td><strong>Evening</strong>&lt;br&gt;APA Board/Awardees Dinner</td>
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<td><strong>12:00noon – 1:30pm</strong>&lt;br&gt;APA Luncheons</td>
<td><strong>1:45pm – 3:45pm</strong>&lt;br&gt;Hot Topics Topic Symposia &amp; Subspecialties/Themes (Original Science Abstract Programs)</td>
<td><strong>1:45pm – 3:45pm</strong>&lt;br&gt;March of Dimes Prize in Developmental Biology Lectures</td>
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(*) The length of time for Workshops varies on Saturday, May 1 and Sunday, May 2. Some will be 3-hour sessions and some will be 2-hour sessions. Check the specific session for further details.

**Open for Deparmental Activities**

**PAS Abstract Deadline**

*Friday, December 5, 2003*
APA 2003/2004 Leadership Roster

OFFICERS
President
Paul Darden
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Joel Forman
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Generalist Fellowship Directors
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26
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