



PULSE

THE QUARTERLY PUBLICATION OF THE AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS

SPRING • 2013

Preview of “Pediatricians DOing Education Together” Conference

April 25-28, 2013 • Renaissance Hotel • Columbus, OH

By **Marta Diaz-Pupek, DO, FACOP**
and **Ed Spitzmiller, DO, FACOP**
CME Committee Co-Chairs

This conference will review the most recent and scientific advances in pediatric medicine and their application to clinical practice for pediatricians, both osteopathic and allopathic-trained.

Recognized experts in a variety of areas cover key topics including Colic and GERD. The sessions are specifically designed to update today’s healthcare professionals in providing care to infants, children, adolescents and young adults. The course combines lectures, Q&A sessions, research presentations and small interactive group sessions in order to allow course participants the opportunity to interact with distinguished faculty.

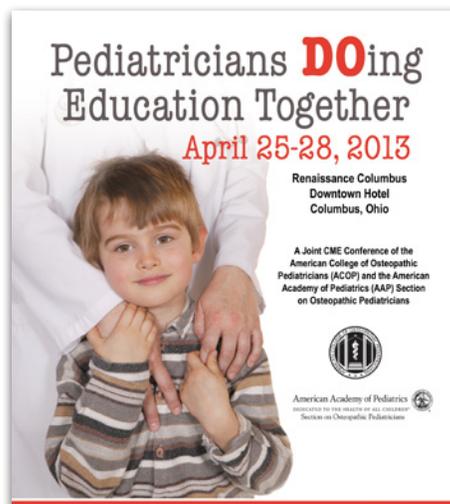
Topics will include Neonatal Abstinence Management, AAP Mental

Health Toolkit, Visual Diagnosis – “Hot Rashes,” and How to Work with Your Hospitalist. Other presentations will cover ADHD, Depression, and Pediatric OMT. There will be poster presentations and Research Abstracts. Each morning will begin with a Wellness Activity Session. For a full conference brochure see page 12 or go to <http://www.acopeds.org/meetings/2013spring/ACOPAAP2013ConfBrochure.pdf>.

The conference is an opportunity for attendees to participate together in osteopathic pediatric continuing medical education. This is a first-ever joint CME program between the ACOP and the AAP Section on Osteopathic Pediatricians.

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AOA Leadership Positions are Open

AOA/ACOP members can apply for open positions on over 70 AOA Bureaus, Councils, and Committees (B/C/Cs). **March 17** is the nomination submission deadline for COCA, COPT, COPTI, BOE, and PTRC. All other nominations must be submitted by **Sunday, April 7**. A link to the AOA leadership position application can be found at: [AOA Leadership Application Link](#). Please forward any questions or concerns to nominations@osteopathic.org and enter “Query” in the subject line.

There are great opportunities to become involved in ACOP leadership and activities. For further information contact Kim Battle at kim@acopeds.org.

The PULSE is looking for writers and contributors. Interested?

Contact Robert Locke, DO, MPH, at acopublications@gmail.com.

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President's Message

James E. Foy, DO, FACOP
ACOP President



James E. Foy, DO,
FACOP

Wintertime Thoughts

Our busy season is here, and the office is filled with pediatric patients with influenza and RSV infections. The waiting room and exam rooms emit piercing cries of infants and toddlers. Music to my ears! I am sure that many of you are having similar experiences during this busy time of year.

Two big changes have occurred in my professional life this year. I am now practicing in a Federally Qualified Healthcare Center (FQHC) and using an electronic medical record at our FQHC sites.

The recent merger between our University College of Osteopathic Medicine and the County Health Department is one of the first in the nation, and undoubtedly the first such collaboration in the osteopathic profession. It definitely benefits the community and provides our faculty with opportunities to experience and provide community service. The merger also opens up four clinical sites and a public health department to our osteopathic medical students and our MPH students. Additionally, to the delight of our executive staff, it allows us to receive FQHC reimbursement, rather than Medicare or Medicaid rates. What a contrast!

In the FQHC world, federal monies under the Patient Protection and Affordable Care Act (PPACA) seem to be flowing quite well. We are planning to open Community Medical Center primary care residencies, which are receiving favorable funding under the PPACA. We have recently been able to open two new primary care sites in our county. However, at the same time, local practitioners in private practice seem to be tightening their belts in response to declining reimbursement rates. Hopefully, as the new PPACA regulations become more fully implemented, and Medicaid rates raised to those of Medicare for ambulatory care provision by primary care physicians, the private medical practitioners will see some of these monetary benefits also. But, for now, federal financial support seems to be more prevalent at the Community Medical Centers.

Predictions of increasing shortages

of primary care providers due to PPACA provisions have also been made. If this prediction comes to fruition, it should benefit our burgeoning population of Colleges of Osteopathic Medicine as they produce more primary care physicians in the future. And yes, it should also put more insured patients in our pediatric offices and improve their insurance reimbursement rates.

Then, there is the EMR. Meaningful use provisions brought administrative visions of even more dollars flowing to our practice. Quality would be bolstered, as legibility of prescriptions and chart notes would reduce medical errors. Our county clinic administrators expected that the EMR would increase physician productivity. Very high expectations emerged.

However, productivity decreased. Physicians now spend much more time creating a computerized medical record than they did during the days of the written medical record. I spend more time during a patient encounter staring at a computer screen than having eye contact with the historian. Telephone contacts with parents take much more time now, as I switch from screen to screen to review medical data and document the conversation. Consultative reports and other documents are scanned into the EMR with inadequate identifying labels, making review more time intensive and difficult. To top things off, the administrative staff has found ways to increase physician involvement in billing, thus reducing the need for billing staff. I am now producing my own EPSDT billing forms for the first time in thirty years.

The computer in the exam room is an attractive plaything for my pediatric patients. Additionally, I now need to be able to perform data input while dealing with

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MELNICK at large

By Arnold Melnick, DO, FACOP

Pediatric Anecdotes

Anecdotes – how we love ‘em! Some are comedic. Some are cute. Some are insightful. Some are sad. Some are ludicrous. They run all shapes and styles and colors.

But almost all of us have them – many from our own life experiences or from relatives. And so many of them come from our children or children we know. What mother doesn’t remember the laughable thing her son said when he was four years old? Or what father doesn’t constantly repeat the brilliant retort of his son at age six? And how many of these clever things have we pediatricians been witness to, particularly in our offices – and frequently repeat them? All because they are interesting to us and, most of the time, to others.

The popularity of anecdotes about children is evidenced by the use of jokes created by a number of comedians about children; these stories are very popular with audiences. The late Sam Levenson, a genial family comic of an older generation, told many such stories, among them was the mother who found her young son, immediately after coming home from Sunday School, furiously scribbling – drawing something on a large piece of paper. Confused, she asked him, “What are you drawing?” His answer, “I’m drawing a picture of God.” Mother immediately replied, “But nobody knows what God looks like.” Undaunted, the child said, “They will when I get through.” And in many cases, the differentiation between true occurrences and comedian’s jokes eventually gets very blurred.

These anecdotes are often a picture of our lives. Often, long after specific times, dates and events are forgotten, the anecdote will remain vivid. And they add color, and sometimes importance, to our lives. And often, they have an uncanny way of helping us remember these specific events or dates from our past, otherwise forgotten.

Let’s sample a few more:

In an interesting and resourceful

compilation *The Little, Brown Book of Anecdotes* (Little, Brown, 1985), author Clifton Fadiman reports that Jack Benny, the famed comedian, visited the school in Waukegan that was named in his honor. When Benny asked for questions, one 12-year old asked, “Mr. Benny, why did they name you after our school?”

Looking for poignant? Fadiman tells this one about the French statesman Charles De Gaulle. His daughter was retarded from birth and required all kinds of attention, including dressing, feeding and assistance with speaking, and the famed general spent countless hours attending to her. When she died at age 20, De Gaulle turned to his wife and said, “Now, at last our child is just like all children.”

I have collected a number of true examples culled from my years of practice and from personal contacts. The first two are from among the 20 or so in my book *Parenthood: Laugh and Understand Your Child* (PublishAmerica, 2006)

One was the comment of a little girl, sitting next to me on our porch when I was in medical school and as I was studying anatomy. The page I was holding open had an outline of a human body, no detail and

no sex definition – just a simple outline. This eight-year-old looked at the book, then looked at me and asked, “What are you doing?” I replied, “Some of my school homework.” After a thoughtful moment staring at me, she emphatically commented, “You go to a dirty school!”

In another instance, a very pregnant mother was striving to explain her huge abdomen to her small son. “That’s your brother in there and I love him very much just like I love you.” Without hesitation, the child replied, “If you love my brother so much, why did you swallow him?”

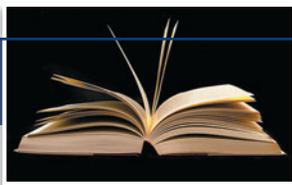
Of course, there were many that I did not publish. Here are a couple such stories.

This was a true one. A day or two after being taught “the facts of life” by his mother, a young boy barged into his parents’ bedroom early one morning and immediately announced, “Go ahead. It’s OK. Now that I know all about sex, you don’t have to be bashful.”

Another youngster, with a mind of his own, and a certain sophistication in eating out, was having dinner in a restaurant with his parents. When the waiter came to take their orders, this independent chap said, “I’ll have rare roast beef – and pour some blood on it.”

Anecdotes are not just amusement or the spice of life. Actually, when you think about it, they are life itself.

(Do you have some favorite anecdotes? Personal? Office? Are you willing to share them with me? I’d like to collect them and maybe share them with others. Please send them to melnick5050@comcast.net and be sure to include your name and address [street or e-mail]. I will appreciate them.)



BOOK REVIEW

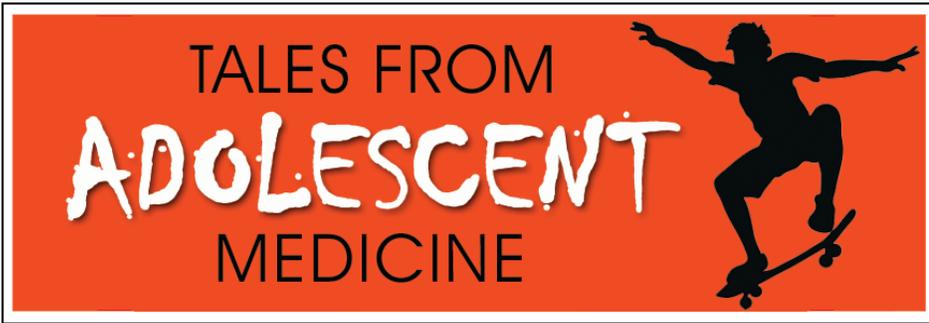
Practicing for Practice

by Arnold Melnick, DO, MSc, DHL (Hon.), FACOP

A handbook for residents about to enter practice (especially for those in Internal Medicine, Family Medicine, Pediatrics and Obstetrics-Gynecology) with emphasis on patient care.

If you are looking for the perfect and affordable gift for a trainee who is rotating in your practice, *Practicing for Practice* hits the spot. This short handbook, 51 pages, provides essential advice in an easy-to-read conversational manner. There are enjoyable anecdotes and lessons learned on choosing a potential practice after graduation and being a successful practitioner.

Students, treat yourself. *Practicing for Practice* is available for for less than a Venti Starbucks.



BY THE NUMBERS

Osteopathic Profession: Past and Present

By Robert Locke, DO, MPH, FACOP

Dr. Castonguay is a Clinical Assistant Professor of Pediatrics at Ohio University-Heritage College of Osteopathic Medicine. She is currently completing a Fellowship in Adolescent Medicine and a Masters of Public Health at Nationwide Children's Hospital and Ohio State University School of Public Health. Questions or suggestions for future topics to be covered in this column? Write us at acopublications@gmail.com.

Screening Teens for Substance Abuse

By Jessica S. Castonguay, DO

Substance use is scary for us to think about as pediatricians. Children come to us as innocent babies with so much potential. We watch them smile, roll, walk, run, write, imagine and think. If we are truly honest, we have aspirations for our patients. Isn't that what the photo wall in so many offices is about? Eventually they become teenagers, they drive, they make choices, they grow more independent.

When parents bring their children in for concerns of substance use, they often feel that they have failed in some way. Too little supervision, not enough attention. We question ourselves. Did we counsel about this appropriately? Chances are we glossed over it because as the patient, the parents, and we thought: she's a good kid, he'd never get into that, this could never happen to this family.

But substance use is not uncommon among teens. The Center for Disease Control performs a nationally representative survey of high school students every other year to assess adolescent risk. The most recent data is from the *Youth Risk Behavior Surveillance Survey (YRBSS)*, 2011. The *YRBSS* looks at many topics from seatbelts in cars to sexual activity to substance use.

Expectedly, tobacco and alcohol are the most commonly used substances among teens, presumably due to their easy access. Regarding tobacco use, 44.7% of respondents have ever smoked tobacco and 10.2% are daily smokers. Of those that do smoke, 50% report trying to quit. Alcohol use is more common among this age group with 70.8% reporting use at some time in the past. In addition, 38.7% have had at least one drink in the last 30 days and 21.9% have had five consecutive drinks in one sitting in the last 30 days.

The February, 2013, edition of *Pediatrics* published an article about this

topic, entitled "Physician Advice to Adolescents About Drinking and Other Health Behaviors." In this study by Hingson et al, a cohort of tenth graders was surveyed about their substance use and if, at their last physician visit, they were asked about substance use. Of the 82% that had seen a doctor, about half recalled being asked about drinking. Furthermore, 40% reported counseling on related harms and only 17% reported recommendation to reduce or stop their use of alcohol. Alternatively, students who reported smoking tobacco, using marijuana, or using other drug were advised to reduce or stop their use 36%, 27%, and 42% of the time, respectively.

Considering that nearly 40% of teens have had a drink in the last 30 days, screening for and providing guidance about adolescent alcohol use should be a top priority at well visits and at visits concerning mood or changes in school performance.

This is an uncomfortable subject. Your patients may not be completely honest with you if they feel pressure from their parents, so if possible, conduct this screening without the parents' presence. The Institute for Research, Education, and Training in Addictions recommends using the *Screening, Brief Intervention, and Referral to Treatment (SBIRT)* technique to assess alcohol use. A practitioner's guide for screening youth ages 9-18 can be downloaded at www.niaaa.nih.gov/youthguide.

The first step in the technique is to ask two screening questions. The questions include asking about friends' drinking and, for patients up to 14 years, inquiring about the patient's own use. When patients and their friends do not drink, reinforce these choices and your screening is complete.

Continued on page 8

1,474 vs. 4,773	Osteopathic medical students: 1984 vs. 2012
236 vs. 3,373	Osteopathic pediatricians: 1984 vs. 2012
29,000 vs. 77,000	DOs: 1990 vs. 2012
48.9%	Female DO physicians in practice < 4 years
9% vs. 33%	Female DOs: 1985 vs. 2012
6,085	Number of DOs in active practice for 30+ years
1 out of 3	Ratio of DO residents who are non-white or Hispanic
44	Median age of practicing DOs

iPerch

Reflections by Past Presidents
of the ACOP

Edited by Steven Snyder, DO, FACOP



By **Greg Garvin, DO**

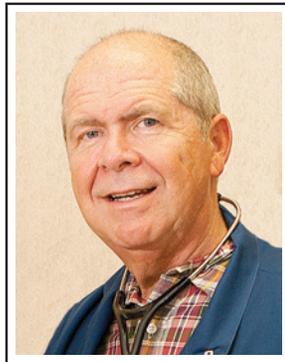
Past President, 1995-1996

It is so hard to believe that my year as President of the American College of Osteopathic Pediatricians (ACOP) was 17 years ago. I must admit that to pin me down as to what happened during that one year is tough so I will reflect on several items that at least occurred during my time on the ACOP Board as my year as President was really a continuum of my time over several years.

I remember coming to the ACOP Board just finishing my term as the President of the Iowa Osteopathic Medical Association (IOMA) and serving as a delegate to the American Osteopathic Association (AOA) representing Iowa only to begin several years of representing the ACOP at the AOA House of Delegates. At that time, our College had a delegate and alternate but none of the 16 specialty colleges could have a “vote” as we were being represented by our state. The argument against this thinking was that the 16 votes (one for each specialty college) would not really affect anything that the AOA would ever get done but that we as representatives of those specialty colleges did have specific issues that pertained only to our particular specialty college. Allowing our college and the other 15 specialty colleges to participate in the process was a vote of confidence in the colleges. I remember this being defeated the first time it came to the AOA House of Delegates floor and the debates that occurred, not only on the floor, but also in specific interest groups. I was elected the chairman of this new coalition of specialty colleges and served in that capacity for one year. Stan Grogg, DO, served as alternate delegate.

One fun thing that happened at the House of Delegates had nothing to do with medicine. I have been a “Barbershopper” for over 29 years and still sing in a Barbershop Chorus and Quartet. During those years it was “traditional” at the House of Delegates to have a pick-up quartet sing “Let me Call You Sweetheart” to the incoming AOA President’s wife. Because of Stan’s connections with the Oklahoma delegation, I met and sang with some of their delegates who also loved this hobby. This event was possibly one of the reasons a lot of folks at the House of Delegates started to know me.

David Kushner, our Executive Secretary at the time, was also the Executive Secretary of a number of other AOA groups. He called



*Greg Garvin, DO
ACOP President
1995-1996*

himself the “Little AOA.” He had a lot of talent, but I remember the debate at the time to change leadership services because of cost. At the time I felt it might be a wise move to have the services managed by AOA staff. We actually made that move to have the AOA serve as our Executive Secretary. The main problem I saw with the AOA functioning in this capacity was the turnover at the AOA. We never really knew who was in charge as our “representative” kept being moved to another position within the AOA staff office or leaving the AOA. Stewart Hinckley, our current Executive Director, came along after several years of AOA supervision.

We decided to move one of our meetings to be part of the AOA’s fall meeting. The debate continues whether we need to move our “big meeting” back to the Spring meeting and get out of the AOA. For financial reasons and the future of ACOP I still believe this was a wise and necessary move to keep our specialty college alive and well.

As ACOP President, I went to Washington DC to spend a “Day on the Hill” going to the offices of my own Iowa Senators and Congressmen. The next morning when I went to the airport, I met Governor Terry Branstad of Iowa. His own personal physician in Iowa was a DO and he always came to the IOMA Spring Meeting to attend our Banquet. I first met him when I was IOMA President, so he knew me. We talked and for some unknown reason when we got on the plane to fly back to Iowa his seat was next to mine! In fact, the Nebraska Governor was sitting behind us on the way back to Chicago. It was a very interesting time as I talked about my being the ACOP President and spending time on the “Hill.” He had just been elected the head of the Governor’s Association and he was talking about Bill Clinton’s run against President Bush senior. Little did I know that Terry Branstad would later become the President of the Des Moines University (DMU) and serve in that capacity until he was again elected Governor.

I am currently on the Osteopathic Section of the American Academy of Pediatrics (AAP) and will finish a 3-year term this October. The fact that two ACOP Past Presidents sit on this Board is an indication of the AAP Section’s commitment to working together as DO pediatricians. Our joint Spring Meeting in Columbus, Ohio should be very successful.

I also am the current Secretary of the AAP-Iowa and have been a Board member for the past four years. I’m preparing to help IOMA set up a “Pediatric Day” for their Spring Convention. I received a listing of all the Iowa DO pediatricians, which reflected only 4 (3 from my office) were IOMA members, 8 were ACOP members, and the remainder (52) belonged to the AAP and were not involved in ACOP. The secret to the ACOP’s survival might be to work with the Osteopathic Section. The fact that the two organizations are talking together and have a joint meeting is a real feather in the hat of ACOP.

As I reach the last few years of my “pediatric” life I can only hope that the future of the AOA and ACOP will continue to improve and strengthen. There will always be threats to our demise as an organization. I give a lot of credit to the current leadership of ACOP who continue to serve our needs as DO pediatricians. Thanks to the ACOP Board, and especially our current ACOP President James Foy, DO, for all you do for the members of the ACOP.



ACOP and the Future of Pediatrics: A Check Up from the Neck Up

by Scott Cyrus, DO, FACOP
ACOP Vice President

The Future of Pediatrics through the ACOP is bright and the strengths of the college are numerous. We have taken on the task of being the premier pediatric osteopathic association collectively working with the AOA and AAP so that our membership can continue to grow and know that we are addressing issues for all children.

Pediatricians have many similar concerns to other medical specialties, including access to affordable quality healthcare. Specific to pediatricians, we need to focus on health issues for children throughout our nation and the international community, including adopted children and immigrants. The osteopathic pediatrics community is best suited to understand the concept of the patient-centered medical home. I am convinced we can champion its implementation throughout the membership. The term was originally coined in the mid-1960's and has a focus on the patient receiving comprehensive care within their "medical home" including, when necessary, coordination of outside care. The home could have numerous health personnel, but should be headed by a pediatrician. The use of allied health personnel is important to maintain the workforce and insure the access to care. The nurse practitioner or the physician assistant has limited training to head a patient-centered medical home. As a wise pediatrician once said, "Common things are common until they're NOT" and it takes a pediatrician to know the difference.

Many children of the United States face extreme challenges because of their weight and lack of exercise. Type II diabetes and obesity are trending in a troubling way, to say the least. Screen time is ever enticing but needs to be tempered to allow for more favorable healthier activities. The ACOP has adopted the 5-2-1-0 Wellness Plan and has provided prescription pads as a handout to patient and families. There is a brochure on the website that helps with the fight against obesity and many of the educational conferences have focused on this critical issue. The outstanding leadership of the ACOP has diligently worked to assist our membership with health concerns they face while treating the children in their

practices.

Many of you have experienced, as I have, a growing population of parents refusing to vaccinate their children. Parents are changing the vaccine schedule through refusing vaccines or scheduling one vaccine at a time. This trend has created a greater demand on your offices and increases the cost of healthcare. There is a real problem with storage of vaccine and maintaining a safe and effective vaccine. We must take steps in our clinics and offices to insure the vaccine remains at a temperature range that will maintain vaccine stabilization. Our Vaccine Committee has accepted a great challenge, to address these and other concerns about vaccines and has placed information on the web site for the membership.

Educating the membership and providing a quality CME program is constantly challenging. Bringing new or updated information and interweaving it with up-to-date interactive education modalities tests the committee each year. The CME committee has provided superb conferences to address many changes in the care of children. Working with the American Osteopathic Board of Pediatrics, the ACOP has plans to assist its members with Osteopathic Continuous Certification. This will help you maintain your certification and this is one of the top priorities.

The introduction of health information technologies has been a challenge for most of the healthcare providers and healthcare systems throughout the United States. The ACOP listens to the membership as they have dealt with the trials and tribulations of this new area and we have a duty to focus on helping the membership. Some have suggested working with EHR companies to have them listen to us at our meetings so that they can make an EHR that can be beneficial to us and our patients. The ACOP and its membership are truly concerned about children's issues and advocacy. We must let our voices and votes speak for the children. We have a powerful tool in our collective voices in Washington or on the local level. By voting, we can advocate for the future and move to remove stumbling blocks to our children's future. The ACOP's

legislative liaison works with legislative issues and joins the AOA and others as they tackle the ever-changing climate in Washington.

The ACOP wants to grow its membership and improve its financial security. Many will ask what membership will do for them. I believe this is a genuine question that must be answered. We offer a tremendous amount of services with the small workforce within our college. Leadership at the executive offices, board of trustees and within our committees offers our membership avenues for assistance or to participate. We have committees for the residency directors and program directors as well as for residents and students. They have the ability to network and expand educational opportunities for their residents. The Medical Education Committee works with residents and programs to help maintain the highest in educational excellence. They realize the expansion of residency programs and developing new programs to address the ever-growing body of graduating medical students has been challenging, but they have the right people to address this situation. The AOA and the ACGME plan to create a single residency training program accreditation system that has created anxiety in our students and practicing physicians. The AOA is working closely with the ACGME to insure an agreement that will be equitable to our residents and therefore to the future of the profession. There are tremendous challenges and we need to listen to the membership and represent their views at the ACOP.

Children have many stresses. Today's climate has allowed the stresses to grow to a dangerous level. Violence in our communities, violent visual stimulation,



Scott Cyrus, DO
Incoming ACOP President

Continued on page 8

Osteopathic News of Importance

Unified Osteopathic-Allopathic Specialty Graduate Medical Education

The AOA has posted additional FAQs concerning the upcoming plan to combine osteopathic-allopathic graduate medical education accreditation. Questions that are discussed in this update focus on specialty colleges. Sample questions that are answered at this website include:

- What does the implementation of this new unified system mean for osteopathic specialty colleges?
- Will there be one set of standards for each specialty that includes osteopathic principles, or will there be separate standards for osteopathic and for allopathic training?
- How will AOA and ACGME standards be amalgamated into one system?
- How will AOA members on the ACGME Board and the Resident Review Committee (RRC) be selected?
- Will DOs have veto power on the RRCs?
- Will the osteopathic InService exams for residents go away? If not, who will administer these exams?
- Will DOs be required to take the osteopathic certification examinations? What will be the impact of the proposed system on Osteopathic Continuous Certification (OCC)?
- What will happen to the osteopathic structure of CAQs – Certification of Added Qualifications?
- Has the AOA met with parties who will operationalize any changes that may occur such as program directors, directors of medical education, OPTIs, etc?
- Will OPTIs disappear under the new, unified accreditation system?
- How will specialty colleges provide input to the development of the Memo of Understanding, prior to its final approval?

For further information:

[CLICK HERE](#) 

Recommendation Reminder: Safe to Sleep

By **Arnold Melnick, DO, FACOP**
and **Robert Locke, DO, MPH, FACOP**

Recommendation: Babies should be placed in a safe sleep environment – Safe to Sleep Campaign. (*Formerly known as Back to Sleep*)

Comment: The new Safe to Sleep Campaign expands upon the original Back to Sleep Campaign. The change to Safe to Sleep and the introduction of the term Sudden Unexpected Infant Death (SUID) reflect a broader understanding of contributions to infant death in recent years. SUID encompasses seven categories: SIDS, accidental suffocation, cardiac dysrhythmias, poisoning/overdoses, inborn errors of metabolism, infections and other.

More than 4500 infants die each year under the SUID classification. Despite a 50% reduction since the start of the cam-

paign in 1994, SIDS accounts for 50% of SUID deaths and remains the most common cause of death between one and six months of age and third overall in the first year of life behind prematurity and congenital malformations. The majority of the remaining other half of SUID deaths occurs from preventable conditions related to the sleep environment, hence the broader campaign to encompass all aspects of safe sleep.

Major improvements in the crib environment have resulted from this research and public health campaign. Unfortunately, death from accidental smothering/suffocation remains a significant portion of the problem. The tragedy and impact on the family from a SUID/SIDS death often require substantial support. SUID/SIDS has a health disparity factor with a disproportionate number of deaths occurring among

MEMBERS

...in the News!

Stan Grogg, DO, FACOP, traveled as part of delegation from the Oklahoma State University in January 2013 to two Ethiopia universities in a joint effort to improve curriculum and educational opportunities between Oklahoma State University (OSU) and Addis Ababa and Hawassa Universities. OSU has a history of educational development with Ethiopia focusing on agricultural sciences with possibility of expanding that relationship into the health sciences.

Dr. Grogg also recently served as the Medical Director for a DOCARE/JUSTHOPE medical mission to Chacraseca area of Nicaragua. This medical mission was combined effort by Oklahoma State University College of Osteopathic Medicine, A.T. Still University College of Osteopathic Medicine, Michigan State University College of Osteopathic Medicine and local Nicaraguan healthcare providers. Eighteen osteopathic students participated in this medical mission. Over 800 medical and dental patients were seen during the one-week mission with cases ranging from acute traumas to chronic and puzzling illness. Excellent and needed healthcare was provided to the medically underserved.

African-Americans. Additional public health campaigns and interventions that address cultural barriers are being developed.

One example is the widely viewed video has been produced by the Baltimore City Health Department. <http://www.youtube.com/watch?v=yBBiG6e4xRw> NICHD provides free brochures designed for African-American parents as well as an excellent two-page pamphlet outlining a safe sleep environment that pediatricians can provide to their patients. Both of these top-notch Safe Sleep handouts are available at: https://www.nichd.nih.gov/publications/pages/pubs_details.aspx?pubs_id=5809

This is essential lifesaving information for all new families.

Source: National Institute of Child Health and Human Development (NICHD)

ACOP and the Future of Pediatrics

Continued from page 6

prescription and illicit drug use, poverty, single-parent homes, abusive events and sexual programming have created a new level of tension on today's children. I feel they are forced to channel these difficult situations while unprepared for the consequences. They deserve a better outcome.

There are many preventive programs for every area of the body except for the brain. We need to get away from mental health and look at a preventive program for brain health. Most pediatricians have experienced the shortage of mental health workers and our society is seeing the results. I propose that children need a "Check up from the Neck Up." Working for our parents, patients, colleagues and through the ACOP to create a preventive health program for the brain can be just the first leading step we give to the next generation. As the song says "Children are the Future" and ignoring our children will ignore the future of health.

The ACOP began in 1940 and over the years it has struggled to gain respect and equality. In 2015, the ACOP will celebrate its 75th anniversary. Many leaders have come and gone in its history. All of them have conscientiously given what they felt would make the college healthier. Over the years the organization has gained strength and respect. I am honored that you will allow me to lead this organization for the next two years and together we can make the ACOP the premier osteopathic pediatric organization. Get active and get involved in the ACOP. We are striving to protect and treat the future of pediatrics throughout our great nation and the world.



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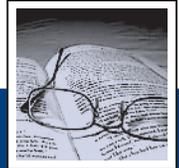
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Historical Highlights

A personal, humorous history note from Arnold Melnick, DO, FACOP: In the very early days of ACOP (1940-1950), with very few members, ACOP could not afford any kind of compensation for officers, speakers or travel. In 1950, just before I took office as President, the Board found enough money to pay the President's travel expenses to the Annual Meeting. So, I was the first one. That year the meeting was in Atlantic City; I lived in Philadelphia (60 miles away)). So, I did the only logical thing, I refused the payment of \$7.20 for mileage.

In the JOURNALS



ACOP Members in Print

The December issue of AOA's *Health Watch* focuses on HPV epidemiology. ACOP members served as the Section Editor and featured authors.

ACOP President and Chair of Pediatrics at Touro University, **Jim Foy, DO, FACOP**, served as Guest Section Editor. The edition of *Health Watch* focuses on HPV Epidemiology, HPV related illness, and related matters of adolescent sexual health status and communication.

Jacqueline Kaari, DO, FACOP, Associate Professor and Acting Chair of Pediatrics at UMDNJ-SOM authored, "Talking to Teens and Their Guardians About Sex." Dr. Kaari discusses practical methods of improving discussions about sex between pediatricians and their patients and families, as well as mechanisms to facilitate conversations between parents and their children.

Tami Hendriksz, DO, FACOP, Assistant Professor of Pediatrics at Touro University, and Chair of the Communications Committee for the ACOP, authored "Changing Demographics of Oropharyngeal Cancers: implications for the management and prevention of human papillomavirus." The increasing rates of these cancers are discussed, including a primer on early detection and prevention for the primary care pediatrician.

All of these articles can be obtained for free at *AOA Health Watch: HPV*

Tales from Adolescent Medicine

Continued from page 4

If your patient admits to drinking more than a few sips of alcohol, move on to step two: assessing their risk. On the most basic level, the younger a patient and the more a patient drinks, then the higher their risk. An 18-year-old who drank a beer on New Year's Eve would have less risk than a 15-year-old that drinks every weekend with a friend.

Next, advise and assist patients about their drinking use. Low-risk patients may only need brief advice to stop drinking. Moderate risk patients will need advice and possibly some motivational interviewing. Ask questions like, "Do you view your drinking as a problem?" and "How might continued drinking affect you and your family?" Those at highest risk will need all of the above and referral to treatment at the discretion of the provider and family.

Lastly, for those at moderate to high-risk, follow up in a month to assess for change is recommended. Ask about any consequences of the patient's alcohol use. Follow up on the patient's psychosocial environment. Discuss their goals for change. Offer encouragement to the patient and family. And yourself.

Welcome New Members!

Fellow

Patricia Rowe-King, DO Fort Lauderdale, FL

Intern

Ryan Turner, DO Columbus, OH

Mary Frances Wedekind, DO Columbus, OH

Pediatric Student Club

Annabel Agcopra Voorhees, NJ

Syeda Alain Okemos, MI

Syeeda Alam Okemos, MI

Emily Albrecht Englewood, CO

Alicia Alcorn Cumberland Gap, TN

Matthew Allen Blacksburg, VA

Essa Alsharif Cumberland Gap, TN

Nicole Andre Athens, OH

Megan Avesian Shelby Township, MI

Steven Barrientos Stratford, NJ

Christine Beeson Kirksville, MO

Aaron Bennett Cumberland Gap, TN

Sarah Blaha Athens, OH

Lucas Bohannan Kirksville, MO

Megan Bonney Thornton, CO

Dayne Bonzo Erie, PA

Marla Brendley Blacksburg, VA

Zachary Brown Parker, CO

Meghan Brunswick Blacksburg, VA

Megan Bush Blacksburg, VA

Chelsea Cancel Cumberland Gap, TN

John Carlson Harrogate, TN

Stephanie Carr Kansas City, MO

Yu Chen Kansas City, MO

Susan Cheung Kansas City, MO

Ruth Cho Laurel, MD

Lesha Clay Kirksville, MO

Chelsey Coles Englewood, CO

Caitlin Colonna Kirksville, MO

Caroline Conley Knoxville, TN

Elizabeth Cooper Kansas City, MO

Casey Corsino Rialto, CA

Phyllis Cowan Phoenix, AZ

Kelsey Davis Kahoka, MO

Kelly Dea Denver, CO

Lauren Dean Cumberland Gap, TN

Abigail Dekle Parker, CO

Alli Dietz Cumberland Gap, TN

Jared Dyer Blacksburg, VA

Glenn Engelman Denver, CO

Fallon Fagan Kirksville, MO

Cortney Farmer Blacksburg, VA

Ashley Fejleh Englewood, CO

Benjamin Felder Kirksville, MO

Allison Fluke Christiansburg, VA

Kathryn Foutch Blacksburg, VA

Nicholas Frane Aurora, CO

Stephen Franklin Blacksburg, VA

Emily Freeman Kansas City, MO

Brent Furomoto Kansas City, MO

Bryon Furr Castle Rock, CO

Zuima Garcia Blacksburg, VA

Lisa Gates Okemos, MI

Corinn Gayer Kansas City, MO

Nicole George Athens, OH

Lukas Gladstone Kirksville, MO

Helen Goggans Blacksburg, VA

Braden Gregory Christiansburg, VA

Krista Grinde Sauk City, WI

Rachel Grisham Cumberland Gap, TN

Rebecca Gullede Monument, CO

Rose Guo Voorhees, NJ

Audre Hemmings Windsor, CO

Marshall Hill Kirksville, MO

Linsey Hough Lansing, MI

Emily Huffman Athens, OH

Sabrina Huq Okemos, MI

Ricky Kalia Harrogate, TN

Janki Kapadia Voorhees, NJ

Ashleigh Keator Blacksburg, VA

Sharen Kemp Middlesboro, KY

Omar Khalidi Blacksburg, VA

Sayeed Khan Kansas City, MO

Jessica Khankhanian La Canada, CA

Megan Kindred Athens, OH

Shenelle Kleyn Olathe, KS

Kassie Kostecki Kansas City, MO

Perin Kothari Edison, NJ

LeighAnn Kowalski Kansas, City

Megan Krallman Athens, OH

Elizabeth Kubota Denver, CO

Laura Kuehne Highland, MI

Anne Lally Athens, OH

Judith Lau Erie, PA

Joshua Linton Aurora, CO

Kelsey Madsen Christiansburg, VA

Cassedy Mahrer Kirksville, MO

Kailumer Martinez Blacksburg, VA

Moye Mathew Kirksville, MO

Veronica Maul Parker, CO

Chadd Mays Middlesboro, KY

Chad McCain Kirksville, MO

Casey Mehrhoff Kansas City, MO

Mike Mehta Columbus, OH

Leonid Melnikov Kansas City, MO

Anna Menze Harrogate, TN

Irene Michalides Voorhees, NJ

Loretta Modica Jonesborough, TN

Divya Mohan Blacksburg, VA

Hafsa Mohiuddin Overland Park, KS

Megan Montague Athens, OH

Sarah Morosi Kansas City, MO

Jennifer Mrozek Oak Park, IL

Bethany Mullinix Athens, OH

Andrea Nachreiner Blacksburg, VA

Brian Nguyen Mount Prospect, IL

Lauren Olson Kansas City, MO

Sarah Onan Harrogate, TN

Anna Orlando Blacksburg, VA

Sarah Orr Kansas City, MO

Hemal Patel Athens, OH

Jillian Pattison Athens, OH

Janet Pfister Athens, OH

Welcome New Members!

Timothy Phamduy	Kansas City, MO	Steven Solamon	Athens, OH
Cassandra Phillips	Orwigsburg, PA	Maryam Soliman	Kansas City, MO
Michael Platt	Athens, OH	Jillian Stephens	Independence, MO
Arte Pletikoscic	Athens, OH	Lynnea Stines	Kansas City, MO
Jeanette Poissant	Broadview Heights, OH	Katherine Stone	Cumberland Gap, TN
Jayce Porter	Englewood, CO	Kaylee Struewing	Cumberland Gap, TN
Ronald Potocki	North East, PA	Sarah Taber	Endicott, NY
Joshua Potter	Cumberland Gap, TN	Shuchi Talwar	Cumberland Gap, TN
Shannon Price	Kansas City, MO	Jessica Timmins	Cumberland Gap, TN
Orrin Probst	Parker, CO	Nicholas Treece	Harrogate, TN
Julie Putman	Kansas City, MO	Katie Udenberg	Chatfield, MN
Kyle Quillin	Parker, CO	Monica Urbanowski	Cumberland Gap, TN
Jennifer Reink	North Canton, OH	Kaitlyn Vann	Cumming, GA
Jenna Richards	Cumberland Gap, TN	Roma Vora	Kansas City, MO
Caylin Riley	Kansas City, MO	Christine Vuong	Norwalk, CA
Erick Roff	Kirksville, MO	Andria Wallen	Christiansburg, VA
Jonathan Rohloff	Cumberland Gap, TN	Jacob Ward	Kansas City, MO
Brian Russ	Aurora, CO	Abigail Weingart	Athens, OH
Jenna Ryan	Blacksburg, VA	Amanda Westman	Lansing, MI
Alana Ryan	Speewell, TN	Laura Wheat	Blacksburg, VA
Lindsey Salchli	Athens, OH	Jill Wildhaber	Jefferson City, MO
Shoji Samson	Jersey City, NJ	Benjamin Willford	Speedwell, TN
Renee Sanders	Centennial, CO	Edward Wilson	Englewood, CO
Jessica Santi	Kirksville, MO	Katherine Wojcicki	Kansas City, MO
Patrick Savery	Okemos, MI	Rachel Young	Bloomfield Hills, MI
Katie Schlotterback	Kansas City, MO	Diana Yu	Diamond Bar, CA
Megan Seamon	Parker, CO	Abraham Zabih	Kansas City, MO
Kate Shelp	Englewood, CO	Chelsey Zahler	Englewood, CO
Jason Sherman	Athens, OH	Kaitlin Zeigenfuse	Ashland, PA
Mohammed Siddiqui	Kirksville, MO	Nicole Zeky	Cumberland Gap, TN
Stephanie Simon	Ypsilanti, MI	Diana Zellmer	Athens, OH
Meghan Skotnicki	Kansas City, MO	Stella Zhang	Kirksville, MO
Sterling Slocum	Parker, CO	Adriana Zivkovic	Kansas City, MO

STUDENT CLUB NEWS

Kirksville College of Osteopathic Medicine Pediatric Student Club

Jessica Lapinski, OMS II
Pediatric Club President

Let's Promote Childhood Fitness!!

The ATSU-KCOM Pediatric Club service project involved obesity education, awareness and fitness promotion. The pediatric club set up stations at local schools. Each station focused on a different aspect of healthy lifestyle implementation. The students engaged in a modified "walk-a-thon" in which they jogged from one station to the next in order to encourage exercise. Once at the station, the children engaged in a variety of interactive activities that focused on eating right and staying active and healthy.

Pediatric Rheumatology Fellowship Opening

Start Date: July 1, 2013

**Institution: The Ohio State University
Columbus, Ohio**

Contact: Sabrina Silva

Sabrina.Silva@NationwideChildrens.org

700 Children's Drive, Columbus, Ohio 43205

We have an unexpected opening for our ACGME certified Pediatric Rheumatology Fellowship for the coming academic year starting on July 1, 2013. Prospective fellows would have the opportunity to work and learn in a nationally renowned hospital environment at Nationwide Children's Hospital. The first year of training will focus on acquiring strong clinical skills while the following two years will concentrate on academic skills. We also encourage fellows to participate in master level programs through surrounding universities. If interested, please contact us.



We would like to thank our
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President's Message

Continued from page 2

inquisitive children and parents carrying on a peripheral conversation, while I peck away at the keyboard. No wonder our productivity is diminished. But, it does produce a legible chart note.

As we know, EMR is the wave of the future, and students and practitioners will adapt and deal with it. Change is part of life. A decade from now, the EMR will have proven its value, and PPACA will have been fine tuned. Maybe. Change is also part of my life, and this will be my last President's Message. Your new President, Scott Cyrus, will be taking the reins in April at what promises to be an outstanding CME event in Columbus, Ohio. I thank you for the opportunity to serve as your president and hope to see you in Columbus.



ACOP Wants to Hear About Your News

Proud of your pediatric practice? Know someone who did something special? We want to know and share your good news. Send your story to acopublications@gmail.org.

**ATTENTION!
ALL STUDENT CLUBS**

PULSE wants to know about your club activities. If you would like to publicize what you are doing to inspire others, please send a short article, photos (no more than two) and be sure to include captions for any photos sent in. These can be sent to the PULSE editor by email at ACOPublications@gmail.com.

Pediatricians **DO**ing Education Together

April 25-28, 2013

**Renaissance Columbus
Downtown Hotel
Columbus, Ohio**

**A Joint CME Conference of the
American College of Osteopathic
Pediatricians (ACOP) and the American
Academy of Pediatrics (AAP) Section
on Osteopathic Pediatricians**



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
Section on Osteopathic Pediatricians



**REGISTER
NOW!**

**Earn a maximum of 25.0 AOA Category 1-A and AMA PRA Category 1 Credits
(pending approval) at this state-of-the-art pediatrics course for DOs and MDs.**

Visit www.ACOPeds.org for registration information

CONFERENCE INFORMATION

What is the Pediatricians DOing Education Together Conference?

This conference reviews the most recent and scientific advances in pediatric medicine and their application to clinical practice for pediatricians, both osteopathic and allopathic trained.

Key topics are covered by recognized experts in a variety of areas. The sessions are specifically designed to update today's health care professionals providing care to infants, children, adolescents and young adults. The course combines lectures, Q&A sessions, research presentations and small interactive group sessions to allow course participants the opportunity to interact with distinguished faculty.

The conference is an opportunity for attendees to participate together in osteopathic pediatric continuing medical education. This is a first-ever joint CME program between the ACOP and the AAP Section on Osteopathic Pediatricians.

Who Should Attend?

- Pediatricians in general practice
- Community Pediatricians
- Faculty in general and community pediatrics
- Young physicians
- Pediatric nurse practitioners
- Other pediatric healthcare professionals

ACOP Education Mission Statement

The ACOP's Continuing Medical Education (CME) is designed to meet the objectives and purposes of the College and the needs of the membership.

The objective of the ACOP is "to foster measures and conduct activities to increase the effectiveness of the specialty of pediatrics and pediatric education at all levels." The ACOP Committee on CME has as its main function the implementation of programs that will improve the quality of health care for children. Through surveys of its members during the year and at the CME Meeting, educational needs are identified. The scope of pediatric topics presented in the CME programs is based on these surveys.

Accreditation and Designation

The American College of Osteopathic Pediatricians (ACOP) is accredited by the American Osteopathic Association (AOA) to provide continuing medical education for physicians. The ACOP anticipates that this program will be approved for up to 25 AOA Category 1-A CME credits.

The American Academy of Pediatrics (AAP) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The AAP designates this Live Activity for a maximum of 25 AMA PRA Category 1 Credit(s).™ Physicians should only claim credit commensurate with the extent of their participation in the activity.

Call for Abstracts

Please visit www.acoped.org/cme.iphtml for abstract submission instructions. The abstract submission deadline is March 1, 2013. Contact Kim Battle at kim@acoped.org with questions.

Americans with Disabilities Act

The American College of Osteopathic Pediatricians has fully complied with the legal requirements of the ADA and the rules and regulations thereof. If any participant in this educational activity is in need of special accommodations, please contact ACOP headquarters at (804) 565-6333 or via email to kim@ACOPeds.org.

Accommodations



Discover rejuvenated luxury at the Renaissance Columbus Downtown Hotel, fresh off an impressive \$16 million renovation. Relax in luxurious hotel rooms with upscale amenities and contemporary styling while enjoying stunning views of downtown.

The American College of Osteopathic Pediatricians has arranged for special group rates during this conference. The rate per night for a Single or Double

is \$119.00 plus 16.75% Hotel Room Tax (subject to change). The hotel is located at 50 N. 3rd Street, Columbus, OH 43215.

Visit www.acoped.org for the link to the online hotel reservations site. If you prefer to make your reservations by telephone, please call the Renaissance Enhanced Group Reservations at 1-877-901-6632. Guests should ask for Passkey Reservations and reference American College of Osteopathic Pediatricians (ACOP) Joint Meeting or the Event ID # 10304615 to receive the \$119 discounted room rate. The cutoff date for reservations at the group rate is Wednesday, April 3, 2013.

Concurrent Sessions

In an effort to provide conference attendees with opportunities to learn in a small group setting, concurrent sessions are being held on Thursday, Friday and Saturday. Registration for these sessions is considered on a first come, first served basis. Please register early to make sure you can have your first choice(s).



Pediatricians **DO**ing Education Together

A Joint CME Conference of the American College of Osteopathic Pediatricians (ACOP)
and the American Academy of Pediatrics Section on Osteopathic Pediatricians



April 25-28, 2013 • Renaissance Hotel • Columbus, OH

Conference Scientific Program

Thursday, April 25

- 6:00 am - 7:15 am **Wellness Activity**
- 7:15 am - 8:00 am **Registration and Breakfast with Exhibitors**
- 8:00 am - 8:30 am **Opening Remarks and Announcements**
James E. Foy, DO, FACOP – *ACOP President*
Lisa D. Ryan, DO, FAAP, FACOP – *AAP SOO Chair/Program Co-Chair*
Margaret Orcutt-Tuddenham, DO, FACOP, FAAP, *Program Co-Chair*
- 8:30 am - 9:30 am **Neonatal Abstinence Syndrome: An Epidemic An Outpatient Approach**
Carl R. Backes DO, FACOP, FAAP
- 9:30 am - 10:30 am **Management of Colic and GERD Using Osteopathic and Nutritional Interventions**
Ali M. Carine, DO, FACOP
- 10:30 am - 11:00 am **Break/Visit the Exhibitors**
- 11:00 am - 12:30 pm **CONCURRENT SMALL GROUP SESSIONS**
- TH-1 Manipulative Medicine Techniques for Colic and GERD**
Ali M. Carine, DO, FACOP
- TH-2 Sports Medicine for the Pediatrician**
Kate E. Berz, DO
- TH-3 Migraine POMT**
Robert W. Hostoffer Jr., DO, FACOP, FAAP
- 12:30 pm - 2:00 pm **Group Lunch with Exhibitors**
- 2:00 pm - 3:00 pm **Visual Diagnosis – “Hot Rashes”**
James H. Brien, DO, FAAP
- 3:00 pm - 4:00 pm **ICD Coding**
Julia M. Pillsbury, DO, FACOP, FAAP
- 4:00 pm - 4:30 pm **Break/Visit the Exhibitors**

4:30 pm - 6:00 pm **CONCURRENT SMALL GROUP SESSION**
(Repeat from the Morning)

- TH-1 Manipulative Medicine Techniques for Colic and GERD**
Ali M. Carine, DO, FACOP
- TH-2 Sports Medicine for the Pediatrician**
Kate E. Berz, DO
- TH-3 Migraine POMT**
Robert W. Hostoffer Jr., DO, FACOP, FAAP

6:00 pm **Adjourn for the Day**

6:00 pm - 7:00 pm **Reception with Exhibitors**

Friday, April 26

- 6:00 am - 7:15 am **Wellness Activity**
- 7:00 am - 7:50 am **Registration and Breakfast with Exhibitors**
- 7:50 am – 8:00 am **Announcements**
- 8:00 am - 9:00 am **Obesity Update: What’s Happening in Childhood Obesity 2013?**
Sandra G. Hassink, MD, FAAP
- 9:00 am - 10:00 am **I Can Tell You Because You’re A Doctor: The Medical History in Child Sexual Abuse**
Martin A. Finkel, DO, FACOP, FAAP
- 10:00 am - 10:30 am **Break/Visit the Exhibitors**
- 10:30 am - 12:00 n **CONCURRENT SMALL GROUP SESSIONS**
- FR-1 Sexual Abuse: The Exam**
Martin A. Finkel, DO, FACOP, FAAP
- FR-2 Physical Abuse: The Exam**
Robert A. Shapiro, MD, FAAP
- FR-3a Be Safe: Be Aware**
Mary Patterson, MD
- 12:00 n - 1:30 pm **Business Lunch & Pediatrician of the Year Award**

- 1:30 pm - 2:30 pm **OCC Mini Board Review**
- 2:30 pm - 3:30 pm **Visual Diagnosis: Case Studies**
James H. Brian, DO, FAAP
- 3:30 pm - 3:45 pm **Break with Exhibitors**
- 3:45 pm - 5:15 pm **CONCURRENT SMALL GROUP SESSION**
(Two Sessions Repeat from the Morning)

- FR-1 Sexual Abuse: The Exam**
Martin A. Finkel, DO, FACOP, FAAP
- FR-2 Physical Abuse: The Exam**
Robert A. Shapiro, MD, FAAP
- FR-3 Abuse: The Social Work Interface**
Andrea Richey, MSW, LSW

5:15 pm - 7:15 pm **Committee Meetings**

Saturday, April 27

- 6:00 am - 7:15 am **Wellness Activity**
- 7:00 am - 7:50 am **Registration and Breakfast**
- 7:50 am - 8:00 am **Announcements**
- 8:00 am - 9:00 am **Wellness for Kids, Parents & Physicians**
Nancy Monaghan Beery, DO, FACOP, FAAP;
Danielle Korb (Trainer)
- 9:00 am - 10:00 am **AAP Mental Health Toolkit**
Barbara L. Frankowski, MD, FAAP
- 10:00 am - 10:15 am **Break**
- 10:15 am - 11:45 am **CONCURRENT SMALL GROUP SESSIONS**

- SA-1 Depression in Adolescents**
Barbara L. Frankowski, MD, FAAP
- SA-2 ADHD Update**
Ronald V. Marino, DO, MPH, FACOP, FAAP
- SA-3 The Impaired Physician**
Stephen F. Pariser, MD

Join the ACOP and the AAP Section on Osteopathic Pediatricians!

To become a member of ACOP visit:
<http://www.acopedes.org/join.iphtml>

To become a member of the AAP Section on Osteopathic Pediatricians, visit <http://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Pages/Online-Council-Section-Membership-Application.aspx>

Or come see us at the registration desk in Columbus for more information!

- 11:45 am - 1:15 pm **Lunch**
- 1:30 pm - 2:30 pm **How to Work with Your Hospitalist**
Daniel Rauch, MD, FAAP
- 2:30 pm - 3:30 pm **James M. Watson Memorial Lecture**
AOA's Role in the Future of Osteopathic Medicine
Ray E. Stowers, DO (AOA President)
- 3:30 pm - 3:45 pm **Break**
- 3:45 pm - 5:15 pm **Jeopardy Session**
Moderator: Margaret Orcutt-Tuddenham, DO, FACOP, FAAP
- 5:15 pm - 6:30 pm **Reception / Poster Awards**
- 6:30 pm - 8:00 pm **Committee Meetings**

Sunday, April 28

- 7:00 am - 7:30 am **Registration**
- 7:30 am - 8:30 am **Breakfast Panel:**
Our Experts Answer Your Questions
Carl R. Backes, DO, FACOP, FAAP
Ali M. Carine, DO, FACOP
Martin A. Finkel, DO, FACOP, FAAP
Robert W. Hostoffer, Jr. DO, FACOP, FAAP
Ronald V. Marino, DO, MPH, FACOP, FAAP
- 8:30 am - 9:30 am **Visual Diagnosis – Dermatologic Manifestations of Systemic Disease**
James Marshall, DO, FACOP, FAAP
- 9:30 am - 10:30 am **Imaging of Pediatric Chest Masses**
Mark Finkelstein, DO
- 10:30 am - 11:30 am **Imaging of Pediatric Abdominal Disease**
Mark Finkelstein, DO
- 11:30 am - Noon **Concluding Remarks**



CONFERENCE FACULTY

Carl R. Backes, DO, FACOP, FAAP

Kiddie West Pediatrics Center
Columbus, OH

Kate E. Berz, DO

Cincinnati Children's Hospital
Cincinnati, OH

James H. Brien, DO, FAAP

Texas A&M Health Science Center
College of Medicine
Scott and White Main Hospital
Temple, TX

Ali M. Carine, DO, FACOP

Integrative Pediatrics
Upper Arlington, OH

Martin A. Finkel, DO, FACOP, FAAP

UMDNJ School of Medicine
Stratford, NJ

Mark S. Finkelstein, DO

Nemours/A.I. DuPont Hospital for Children
Wilmington, DE

Barbara L. Frankowski, MD, MPH, FAAP

Vermont Children's Hospital
Burlington, VT

Sandra G. Hassink, MD, FAAP

Nemours/A.I. DuPont Hospital for Children
Wilmington, DE

Robert Hostoffer, Jr. DO, FACOP, FAAP

Case Western Reserve University
Highland Heights, OH

Danielle Korb

Trainer, www.sweattraining.org
Cincinnati, OH

Ronald V. Marino, DO, MPH, FACOP, FAAP

Winthrop University Hospital
Mineola, NY

James Marshall, DO, FACOP, FAAP

Lawton Community Health Center
Lawton, OK

Nancy Monaghan Beery, DO, FACOP, FAAP

Saint Mary's Duluth Clinic
Duluth, MN

Margaret Orcutt Tuddenham DO, FACOP

Cincinnati Children's Hospital
Cincinnati, OH

Stephen F. Pariser, MD

Ohio State University Harding Hospital
Columbus, OH

Mary Patterson, MD

Akron Children's Hospital
Akron, OH

Julia M. Pillsbury, DO, FAAP

Bayhealth Medical Center
Dover, DE

Daniel Rauch, MD, FAAP

Elmhurst Hospital Center/Mt. Sinai
School of Medicine
Elmhurst, NY

Andrea Richey, MSW, LSW

Cincinnati Children's Hospital
Cincinnati, OH

Robert A. Shapiro, MD, FAAP

Stony Brook University Hospital
Stony Brook, NY

Ray E. Stowers, DO

President, American Osteopathic Association
Lincoln Memorial University-DeBusk College of
Osteopathic Medicine (LMU-DCOM)
Harrogate, TN

DISCLOSURE INFO

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The AAP policy on disclosure of financial relationships and resolution of conflicts of interest is designed to ensure quality, objective, balanced, and scientifically rigorous AAP CME activities. All individuals in a position to influence and/or control the content of AAP CME activities are required to disclose to the AAP and subsequently to leaders that they either have no relevant financial relationships or any financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in CME activities. All potential conflicts of interest are identified and resolved prior to an individual's confirmation of service at an AAP CME activity. Beyond disclosure of financial relationships, AAP CME faculty are required to disclose to the AAP and to learners when they plan to discuss or demonstrate pharmaceuticals and/or medical devices and/or medical or surgical procedures that involve "off-label" use of a device or pharmaceutical. The AAP is committed to providing learners with commercially unbiased CME activities.

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Miami Valley Hospital
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Pediatricians **DO**ing Education Together

OBJECTIVES

Thursday, April 25

Neonatal Abstinence Syndrome – An Epidemic An Outpatient Approach

Carl R. Backes DO, FACOP, FAAP

Upon completion of this lecture, the participant will be able to:

- Understand Neonatal Abstinence Syndrome (NAS).
- Recognize the symptoms and scoring of NAS newborns.
- Understand outpatient management of the baby with NAS.
- Know the outcome data of length of stay and hospital costs.

Management of Colic and GERD Using Osteopathic and Nutritional Interventions

Ali M. Carine, DO, FACOP

Upon completion of this lecture, the participant will be able to:

- Recognize both traditional colic symptoms, and symptoms of an uncomfortable baby
- Understand infant Gastrointestinal maturation regarding flora acquisition and food introduction
- Be introduced to how infant pain can interfere with infant development

Visual Diagnosis - Hot Rashes

James Brien, DO, FAAP

Upon completion of this session, the participant will be able to:

- Discuss the approach to children with Febrile Exanthems.
- Identify the causes responsible for the disease manifestations.
- Summarize the Diagnosis, Differential Diagnosis & Tx modalities.

Manipulative Medicine Techniques for Colic and GERD

Ali M. Carine, DO, FACOP

Upon completion of this lecture, the participant will be able to:

- Recognize the major differences in infant anatomy
- Understand the techniques for mesenteric release of infants
- Understand the techniques for diaphragm release of an infant
- Identify the treatment sequence that can be used for infants

Sports Medicine for the Pediatrician

Kate E. Berz, DO

Upon completion of this lecture, the participant will be able to:

- Recognize common injuries in the child athlete.
- Apply knowledge of sports injuries to the general pediatrics office.
- Discuss medical conditions affecting sports participation.

Migraine POMT

Robert W. Hostoffer Jr., DO, FACOP, FAAP

Upon completion of this lecture, the participant will be able to:

- Understand POMT.
- Learn about OMT and migraine treatment
- Identify the treatment techniques for migraine.

ICD Coding

Julia M. Pillsbury, DO, FACOP, FAAP

Upon completion of this lecture, the participant will be able to:

- Describe the purpose of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD10-CM)
- Describe the similarities and differences in the structure and format of ICD10-M
- Understand the importance of documentation in using ICD10-CM

Friday, April 26

Obesity Update: What's Happening in Childhood Obesity 2013?

Sandra G. Hassink, MD, FAAP

Upon completion of this lecture, the participant will be able to:

- Understand the socioecological model of childhood obesity
- Identify specific policy changes that can be made in schools and communities to improve healthy eating and activity
- Utilize the policy tool to identify opportunities for advocacy and action

I Can Tell You Because You're A Doctor: The Medical History in Child Sexual Abuse

Martin A. Finkel, DO, FACOP, FAAP

Upon completion of this lecture, the participant will be able to:

- Develop an understanding of the "disease of sexual victimization" and the unique role a physician plays in understanding a child's experience when sexually abused.
- Learn how to assist the patient in providing a narrative by asking questions that are non-leading, not suggestive, empathic and facilitating.
- Learn the essential components of the medical history and how to formulate questions to help a child express their experience when allegations of sexual abuse arise.

FR-1 Sexual Abuse: The Exam

Martin A. Finkel, DO, FACOP, FAAP

Upon completion of this lecture, the participant will be able to:

- Understand the core elements of conducting a medical examination of the alleged child sexual abuse victim
- Recognize how to address any discrepancy between a child's physical examination findings and their perception of the experience.
- Learn how to formulate an objective and balanced diagnostic assessment

FR-2 Physician Abuse: The Exam

Robert Shairo, MD FAAP

Upon completion of this lecture, the participant will be able to:

- Recognize examination findings suggestive of physical child abuse.
- Know the indications for laboratory and radiographic testing in suspected child abuse evaluations.
- Have skills enabling effective reporting of suspected child physical abuse.

FR-3 Abuse: The Social Work Interface

Andrea Richey, MSW, LCSW

Upon completion of this lecture, the participant will be able to:

- Recognize how and when to contact social work when there is a concern of abuse/NAT
- Identify the information they need to provide to social work to expedite the process
- Understand how social work can help in these situations, what barriers may arise, and the appropriate requests.

FR-3a Be Safe: Be Aware

Mary Patterson, MD

Upon completion of this lecture, the participant will be able to:

- Understand how to assess high risk social/family situations
- Have a framework for seeking help and social services
- Feel comfortable acting on intuition in these high anxiety situation

OCC Mini Board Review

During this session, the participant will review and prepare for the osteopathic continuous certification and maintenance of licensure through individual question and answer sessions prepared and delivered by pediatric experts.

Visual Diagnosis Case Studies

James H. Brien, DO, FAAP

Upon completion of this session, the participant will understand specific illnesses through case-based and evidence-based approaches.

Saturday, April 27

Wellness for Kids, Parents & Physicians

Nancy Monaghan Beery, DO, FACOP, FAAP;

Danielle Korb, Trainer

Upon completion of this lecture, the participant will be able to:

- State the key physical activity guidelines for children and adolescent.
- Name some aerobic activities, muscle strengthening activities and bone strengthening activities appropriate for youth.
- Assess a family's role in promoting physical activity for their child.
- Apply motivational skills related to physical activity and demonstrate some hands on exercises for both child and parent.

AAP Mental Health Toolkit

Barbara L. Frankowski, MD, FAAP

Upon completion of this lecture, the participant will be able to:

- Utilize resources such as the AAP Mental Health Toolkit and other web-based supports.
- Assess their own practice environment for strengths and challenges in delivering mental health care.
- Identify coding and billing resources, and community resources.

SA-1 Depression in Adolescents

Barbara L. Frankowski, MD, FAAP

Upon completion of this lecture, the participant will be able to:

- Utilize tools to promote mental health in adolescents.
- Assess community referral resources.
- Commit to using a screening tool to identify adolescents with depression.
- Offer initial office intervention for depressed adolescents.
- Develop confidence in their ability to prescribe some medications.

SA-2 ADHD Update

Ronald V. Marino, DO, MPH, FACOP, FAAP

Upon completion of this lecture, the participant will be able to:

- Implement an orderly, thoughtful approach to evaluating the child with school dysfunction.
- Utilize the AAP ADHD toolkit.
- Recognize the role of social context, media and sleep deprivation in creating a diagnosis of ADHD.
- Appropriately utilize medication for treating ADHD.
- State the role of CAM in managing ADHD.

SA-3 The Impaired Physician

Stephen F. Pariser, MD

Upon completion of this session, the participant will understand of the complexities of physicians with substance abuse or other problems that may impair their ability to practice effectively.

How to Work with Your Hospitalist

Dan Rauch, MD, FAAP

Upon completion of this lecture, the participant will be able to:

- Understand the integration of the hospitalist in the medical home.
- Know the history and current state of Pediatric Hospital Medicine
- Appreciate the necessity of communication between the primary provider and the hospitalist to ensure the best possible outcomes.

James M. Watson Memorial Lecture:

AOA's Role in the Future of Osteopathic Medicine

Ray E. Stowers, DO (AOA President)

Upon completion of this lecture, the participant will be able to:

- Gain a better understanding of AOA activities regarding the ACGME issue and the AOA's efforts to increase OGME opportunities for the family
- Learn about general advocacy efforts impacting the profession
- Know how they can get involved to address issues the profession faces today

Jeopardy Session

Moderator: Margaret Orcutt-Tuddenham, DO, FACOP, FAAP

During this session, the participant will become familiar with basic tenants of pediatrics in a competitive interactive environment covering such topics as infectious disease, cardiology, public health and physical and sexual abuse.

- Continued on the next page -

Sunday, April 28

Breakfast Panel: Our Experts Answer Your Questions

Carl R. Backes, DO, FACOP, FAAP

Ali M. Carine, DO, FACOP

Martin A. Finkel, DO, FACOP, FAAP

Robert W. Hostoffer, Jr. DO, FACOP, FAAP

Ronald V. Marino, DO, MPH, FACOP, FAA

During this session, the participant will be given the opportunity to directly interact in an open question and answer session featuring speakers from the main meeting program, allowing for a more in-depth examination of individual topics.

Visual Diagnosis – Dermatologic Manifestations of Systemic Disease

James Marshall, DO, FACOP, FAAP

Upon completion of this session, the participant will be able to recognize common and more rare diseases and conditions in a busy pediatric practice.

Imaging of Pediatric Chest Masses

Mark Finkelstein, DO

Upon completion of this lecture, the participant will be able to:

- Provide a reasonable differential diagnosis for chest masses based on their imaging characteristics.
- Understand current “best practice” imaging techniques used in the evaluation of chest masses.
- Choose the most appropriate imaging modality (ies) for the diagnosis and/or differentiation of chest masses.

Imaging of Pediatric Abdominal Disease

Mark Finkelstein, DO

Upon completion of this lecture, the participant will be able to:

- Provide a reasonable differential diagnosis for common pediatric GI disorders based on their imaging characteristics.
- Understand current “best practice” imaging techniques in the evaluation of pediatric GI disease.
- Choose the most appropriate imaging modality (ies) for the diagnosis and/or differentiation of common pediatric GI disorders.

