



PULSE

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Winter • 2013

Highlights of the 2012 AOA/ACOP Pediatric Track

By Marta Diaz-Pupek, DO, FACOP
and Ed Spitzmiller, DO, FACOP

The ACOP Pediatric Track meeting at OMED was a tremendous success! Twenty-four Category 1-A CME credits were available. From the first to the last minute, conference attendees were treated to wonderful speakers and engaging discussion covering a variety of useful and timely topics.

Day one focused upon prevention of disease in the newborn. Capt. Henry Wojtczak, MD, and James Kurtzman, MD, discussed chronic diseases, such as chronic lung disease and prematurity, from the standpoint of prevention, not just their treatment. Look for additional lectures at future conference -- they were wonderful. Abraham Bressler, DO, FACOP, gave an informative talk on the prevention of central line infections. Cathleen Roberts, DO, FACOP, gave a wonderful talk on early intervention in improving outcomes in premature infants. Two additional presentations were given on the detection of critical congenital heart disease.

One could think after such an amazing first day, things could not get better. Well, one would be wrong. Day two was highlighted by a rousing talk by the OMED opening day keynote speaker, Eric Greiten, an award winning novelist, humanitarian, and former Navy Seal. Fernando Gonzalez, DO, FACOP, gave an update on Osteopathic Continuous Certification (OCC). OCC is a potentially complex topic. Dr. Gonzalez answered many questions and help make the upcoming changes comprehensible. Philip Malouf, MD, FAAP, gave a very informative

lecture using a wonderful slide presentation on old diseases that are becoming new again. There were two board review-type sessions presented by members of the CME committee and ACOP Board of Trustees. This was well received. Hopefully these types of sessions can be continued to be part of future conferences. The day concluded with two first-rate talks by Alissa Swota, PhD on "Cultural Awareness" and "Moral Distress". It was a great way to conclude the day.

On the third day, many attendees participated in the annual AOA Still Fit for Life 5K Fun Run/Walk. Margaret Orcutt Tuddenham, DO, FACOP, and Mary Patterson, MD, were joined by medical staff from the Naval Hospital San Diego Simulation Lab. Attendees worked together in teams to manage an ill infant using a simulation baby. This was a fun, interactive session that highlighted the importance of teamwork in medicine.

The day continued to be fascinating with great speakers addressing infectious diseases. Larry K. Pickering, MD, Editor of the *AAP Red Book*, presented a much-appreciated immunizations update lecture. He highlighted recent ACIP vaccines recommendations, including routinely immunizing males at 11 years of age with the HPV vaccine, emphasizing that the HPV immunization rates are lagging behind other vaccines administered during adolescence. (Ed. Note: See commentary on the HPV vaccine in our new adolescent medicine column on page 4). He also reviewed recent recommendations for Tdap, meningococcal and influenza vaccines. In a second talk, Dr. Pickering discussed *What*

Lies Ahead in Disease Prevention. He discussed ten great public health achievements in the United States. Leading the list are vaccine preventable diseases and infectious diseases followed by cancer prevention, which now includes the HPV vaccine. He discussed changes in the management of gonococcal disease. Oral cephalosporins are no longer recommended for the treatment of gonorrhea secondary to resistance to oral cephalosporins. The recommended treatment is now Ceftriaxone and either Azithromycin or Doxycycline. Denise

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President's Message

James E. Foy, DO, FACOP
ACOP President



James E. Foy, DO,
FACOP

Time Marches On: A Vision for the Future

Fall is maturing, winter will arrive soon, and then will come the changes of 2013 for osteopathic physicians. First and most prominent on the list of 2013 changes is the beginning of Osteopathic Continuous Certification (OCC). This is the most profound structural change in the physician certification process in my memory. OCC will maintain current aspects of certification (CME and AOA membership requirements), but will add components designed to incorporate practice performance and quality improvement (QI) measures in the certification process. Chief among the QI measures is the new requirement that all physicians certified by the American Osteopathic Board of Pediatrics (AOBP) must hold an unrestricted license in the state where they practice.

While the current CME component is retained, the Bureau of Osteopathic Specialties has added a new requirement for "certifying CME" that will require CME with clinical content and testing that is approved by the certifying board. The AOBP and ACOP have reached a collaborative agreement to provide this "certifying CME" via the ACOP *eJournal* review articles and ACOP Pediatric OMT program modules. To support this and other *eJournal* programs, new publication software agreements have been entered into by the ACOP. Details concerning this "certifying CME" can be found on both the ACOP and AOBP websites.

Practice Performance Assessment has been addressed by the AOBP with five Pediatric Clinical Assessment Program (CAP) modules. These modules provide comparisons to peers and national benchmarks, with the potential application of interventions to improve patient care with reassessment in the classical quality improvement loop. One CAP module must be completed during each three-year CME cycle.

Demonstration of cognitive expertise will require passing a written examination

every ten years for those physicians that hold a time-limited certificate. Those physicians that hold a lifetime certificate are not required to take this recertification examination in order to maintain their certification under OCC. However, the Federation of State Medical Boards has approved OCC as a measure of continuous maintenance of licensure, so look for notifications from your State licensing board for future new licensing requirements related to demonstration of cognitive expertise. Your state may require an examination for all licensees in the future.

Another change that will begin to take shape in 2013, and be further defined through July, 2015, is the agreement between the Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA) and the American Association of Colleges of Osteopathic Medicine (AACOM). This is another profound structural change that will affect our profession, its students and postgraduate trainees. This agreement will pursue a single, unified accreditation system for graduate medical education programs in the United States.

With the ACGME agreement, the devil will be in the details. The involved organizations will have three years to work these out. Will this prove to be beneficial to osteopathic graduate medical education and the AOA? Only time will tell, but my impression is that it will.

Keep in mind that the majority of our osteopathic pediatric residency programs are currently dually accredited. When this agreement comes to fruition in 2015, all of our residencies will be fully accredited under the envisioned single system. By then, innovations currently being developed and negotiated by the ACOP will be in place,

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MELNICK at large

By Arnold Melnick, DO, FACOP

The Fight for “Our” Kids

If a hundred children leave first grade not really knowing how to read, by the end of fourth grade 88 of those 100 are still poor readers – a statistic that should impress every pediatrician.

Add to that the knowledge that 90 percent of brain development occurs in the first five years of life. Just mull over these words from *The Scientist in the Crib: Minds, Brains and How Children Learn*: “What we see in the crib is the greatest mind that has ever existed, the most powerful learning machine in the universe. The tiny fingers and mouth are exploration devices that probe the alien world around them with more precision than any Mars Rover. The crumpled ears take a buzz of incomprehensible noise and flawlessly turn it into meaningful language. The wide eyes that sometimes seem to peer into your very soul do just that, deciphering your deepest feelings.”

The foregoing knowledge was, in part, what stimulated David Lawrence, a consummate journalist and community activist, to retire voluntarily a decade ago from his post as Publisher of the *Miami Herald* and enter the field of childcare and advocacy by founding the Early Childhood Initiative Foundation. Dave’s devotion to the cause then inspired him to lead a ballot initiative that added one-half cent to the county property tax for The Children’s Trust (which he established), making available about \$50 million a year for children’s care and programs – a tax amendment that passed with a 2:1 margin!

In addition to helping pass an amendment to the Florida constitution providing voluntary pre-K for all of the state (175,000 children are now attending), some of the many other achievements are School Health Teams, Health Insurance for Children, Children’s Trust Helpline (Dial 211 - 24/7), and Read to Learn Book Club (a free book monthly for all three-year old in Miami-Dade County).

The Children’s Movement of Florida,

an outgrowth of these activities, is an advocacy group devoted to securing the best care and education for young children. Their focus, with which all pediatricians can identify, are: access to quality healthcare, screening and treatment for special needs, quality pre-kindergarten opportunities, high-quality mentoring programs and support and information for parents.

Although legislatively not as successful as they hoped this year, they made great inroads, gathering more than 300,000

2012 Pediatric Track Highlights

Continued from page 1

Bratcher, DO, presented two fabulous talks: *Uncommon Infections in Kids* and *Unusual Presentation of Common Infectious Diseases*. The day ended with an opportunity to mingle and have fun with former medical school classmates during the multitude of OMED-related alumni events in the evening.

The last day of the conference was another day full of exciting speakers and informative lectures. Amy Marks, DO, FACOP, discussed anaphylaxis, highlighting the importance of recognizing anaphylaxis in patients with no skin involvement. Up to 20% of the patients present without skin involvement. Dr. Marks outlined the recommended treatment for anaphylaxis, emphasizing using Epinephrine as the first drug to treat anaphylaxis and using antihistamines and steroids as adjunct therapies. She discussed Atopic Dermatitis (AD) and reviewed the usual disease presentation and treatment, including using calcineurin inhibitors only as second line agents.

Robert Hostoffer, DO, FACOP, discussed pollen and primary immunodeficiencies. He stated that family history of immunodeficiency is the most predictive factor of any immunodeficiency. He also, reminded us to consider testing for

active followers across the state.

I am directing this at my ACOP colleagues because the “movement” is spreading: organizations have already started in Fresno and Merced, California, in the state of Hawaii, and are springing up elsewhere. Soon, this movement will probably come to where you live. The movement’s goals are the same as pediatricians’ own goals: the best of everything for our children. All pediatricians should join their non-partisan efforts and should support their activities. Many pediatricians should become active in “the movement.” Some pediatricians should become leaders in the fight.

Dave Lawrence said it best, “I am not talking about ‘those’ children, or ‘other’ children. I am talking about ‘our’ children -- and all children are ‘our’ children.”

And isn’t that what we pediatricians dedicate our lives to?

(For more detailed information, go to www.thechildrenstrust.org.)

immunodeficiency in patients with invasive diseases such as recurrent pneumonias, sepsis or meningitis. As always, Dr. Hostoffer’s lectures were great and very well appreciated.

A survey of previous ACOP CME meetings attendees suggested more interactive sessions. ACOP CME Committee listened. In addition, to the Simulation Competition presented on Day three, Marta S. Diaz-Pupek, DO, FACOP, presented *The Game is On*. Two groups of attendees participated in this fun and interactive learning game. The questions were based on the content of the CME Course. What better way to end a pediatric conference than to end with a lecture on prevention? Mary Solomon, DO, presented a practical learning session on preventing sports injuries in adolescents.

The ACOP CME Committee thanks all of the speakers that were part of the faculty for this conference. We have received many positive comments regarding the content and speakers of this course.

Many thanks to the ACOP/AOA-OMED Program Chair Richard Magie, DO, FACOP, and Program Co-Chair, Margaret Orcutt Tuddenham, DO, FACOP, and the Co-Chairs of the Perinatal/Neonatal Day, Shannon Jenkins, DO, FACOP, and Abraham Bressler, DO, FACOP, for all their hard work and dedication to creating successful CME conference.

TALES FROM ADOLESCENT MEDICINE



The PULSE is proud to introduce a new column, *Tales from Adolescent Medicine*, edited by Jessica S. Castonguay, DO. 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.

The HPV Vaccine Dilemma

By Jessica S. Castonguay DO

When I started my medical school journey at the West Virginia School of Osteopathic Medicine, I was leaving two years of teaching high school science. I was going to be a doctor, just not a pediatrician. As I navigated the waters of third and fourth year rotations, I was getting worried. I was having fun in pediatrics. I was going to be a pediatrician, just not one that specialized in adolescent medicine. Intern year flew by and I still did not have any interest in those teenagers. Then it arrived, my dreaded month with the adolescent clinic.

That month turned out to be the best thing in my residency training. It was the first place I felt that I could make a difference. I could teach a teen basic body functions. I could help them develop their skills in dealing with healthcare providers. I could educate them about life changes that could have huge impact on their future health. I could lend an ear when a patient felt no one else cared. I was going to be an adolescent doctor.

So, when the opportunity to contribute to the PULSE presented itself a few months ago, I said yes without hesitation. I thought about what I might need from my friendly neighborhood rheumatologist or cardiologist. Tips. Quick updates. Case presentations that might have a tricky differential. My hope for this column is to provide you with one pearl, one journal update, or one clinical vignette each quarter that may help you with a difficult adolescent or parent encounter.

That said, I often encounter parents who are hesitant to give their 11-year old

children the HPV series. While immunization with meningococcal and Tdap vaccines is generally well accepted, uptake of HPV vaccination is around one-third. Some parents are concerned about safety and side effects; others do not know what to tell their children about the vaccine. Many, however, express a concern that their child is not yet sexually active and if they assented to giving that vaccine, it would be like giving their child permission to have sex. There has not been objective evidence to rebut this statement until October, when Robert A. Bednarczyk, PhD, published his findings online in *Pediatrics*.

This journal article used a database from a managed-care organization to find girls who were aged 11-12 and had received immunizations between June, 2006 and December, 2007. The girls were divided into HPV exposed and HPV unexposed groups. Records were reviewed for the 1398 girls who met inclusion and exclusion criteria to determine receipt of pregnancy or STI testing, pregnancy or STI diagnosis, or contraceptive counseling. The age at first record of any of these outcomes was recorded and compared between groups. While this study cannot comment on the number of girls that began having intercourse and did not seek medical care through this managed care organization, it can compare those that did seek care. There was no significant difference between HPV-exposed and HPV-unexposed groups regarding the age at which they sought care for sexually related outcomes. This provides valuable evidence that among girls immunized at 11-12 year of

age, those who receive HPV do not present for care related to sexual activity any earlier than those that do not receive HPV.

Citing this article to parents may or may not increase uptake of HPV vaccination in your practice, but it may get your parents thinking. And maybe next visit they will get vaccinated or have more questions. At the end of the day, all we can do is provide adolescents and their parents with appropriate information and allow them to make a decision about their own healthcare. And then we cross our fingers.

Reference:

Robert A. Bednarczyk, PhD, Robert Davis, MD, MPH, Kevin Ault, MD, Walter Orenstein, MD, and Saad B. Omer, MBBS, PhD, MPH. Sexual Activity-Related Outcomes After Human Papillomavirus Vaccination of 11- to 12-Year-Olds. *Pediatrics* Volume 130, Number 5, November 2012 p 798-805.

Battling Teen Pregnancies

Declared by the CDC to be one of ten winnable battles and funded by the "President's Teen Pregnancy Prevention Initiative," the effort is starting to succeed. Milwaukee, one of ten cities with the highest adolescent birth rates (more than double the national average), has reduced its rate by 24 percent in two years.

This program, featured in the October, 2012, issue of *American Journal of Public Health* describes the Milwaukee story and the Philadelphia story. It also highlights startling statistics about teen-age pregnancy, boggling to even sophisticated readers. Examples: adolescent pregnancy occurs in 22.1 births per 1000 in the U.S.; the poorer the city, the higher this pregnancy rate is; in 2008, such pregnancies cost the United States 10.9 billion dollars.

This issue of *AJPH* carries a number of other fascinating articles on adolescent pregnancy, among them *Preventing Subsequent Births for Low-Income Adolescent Mothers; Evaluation of Raising Adolescent Families Together Program; and Preventing Rapid Repeat Births Among Latina Adolescents*.

EDITOR'S COMMENT: *Every pediatrician should read these important pieces in this issue of AJPH. It will help to arouse greater interest and competency in a field of overwhelming importance.*

iPerch

Reflections by Past Presidents
of the ACOP

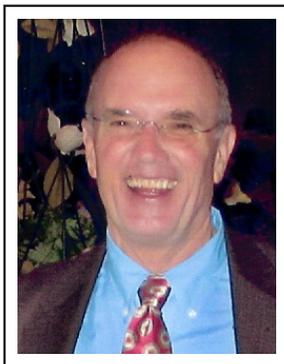
Edited by Steven Snyder, DO, FACOP



By Stanley P. Grogg, DO, FACOP
Past President, 2000-2003

The ACOP had a history of “turmoil” with the American Osteopathic Association (AOA). It was somewhat of a surprise that in June of 1999, as the President-Elect of the ACOP, I was asked by the AOA to testify before the U.S. House Commerce Subcommittee on *Patient Access to Specialty Care/ Appeals Process of Managed Care*. I still distinctly remember being introduced to the Subcommittee by my Oklahoma Senator, Dr. Tom Colburn, as his friend and a member of the faculty of Oklahoma State University-College of Osteopathic Medicine. I was very “nervous on the inside” to present before a Congressional Subcommittee, but because of my concern as a pediatrician about the direction of managed care, I commented from my heart, forgetting my scripted papers in front of me. All went well, and Congressional changes consistent with AOA policy were “slowly” developed.

Because of my association with the AOA’s House of Delegates and my Oklahoma ties with the AOA Board and John Crosby, the Executive Director, I was in hopes of reuniting the ACOP and the AOA by having the ACOP Fall CME meeting in conjunction with



Stanley P. Grogg, DO

the AOA’s Annual Meeting. This had not happened in several years. During my Presidency, the increasing cost of managing the College posed a threat to our future. I convened a search committee for a new management service. Surprisingly, the answer was quite close to us. The AOA was selected by the ACOP search committee and the Board. I was fortunate that we were able to take advantage of the skills and knowledge of Debra Steinberg, our previous account manager, during the transition.

During the presidency of Mike Musci, who preceded me, the term of office for the ACOP presidency was changed from a one-year term to a two-year term beginning with my Presidency. This was done to allow for a succession of officers and to improve the governance of the College. In addition, the Annual Meeting of the ACOP was changed from a Spring meeting to the Fall meeting, resulting in my term of office actually being 2 ½ years. As an ACOP Board member, I did not see this coming, but with the support of my wife, Barbara, and other members of the profession, I completed the extended term.

I relied on the consultations of several Past Presidents of the ACOP including Arnold Melnick, Pat McCaffery, David Leopold, Denny Hey, Joe Dieterle, Mike Ryan, Rick Levinson, Fred Hall, Mark Jacobson, Greg Garvin, Faye Roger-Lomax, Marty Finkel, Mike Musci and President-Elect Steve Snyder. Other Board members with significant input, included Cyril Blavo, John Graneto, Lee Herskowitz, Bob Hostoffer, Peg Tuddenham, and Jim Foy. When you surround yourself with individuals such as these, the ACOP was on the road to greatness. Pediatric Student Chapters were developing and the numbers of osteopathic pediatric residents were increasing. Our CME programs were attracting great speakers and attendance.

Under the leadership of Greg Garvin, the ACOP started developing resolutions for pediatric patient advocacy for presentation and discussion at the AOA House of Delegates. Specialty colleges like ours were not represented. Greg had introduced resolutions creating formal recognition of the specialty colleges rather than just being folded into the states’ delegates. For the first time, the ACOP had a seat at the House of Delegates. We became recognized as a “voice” for pediatrics for the AOA.

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.

President’s Message

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including the delivery of our residency in-service program on the internet. This osteopathically-oriented testing program will be collaboratively developed and produced with the National Board of Osteopathic Medical Examiners. Our graduating osteopathic pediatric residents will be additionally certified in pediatric OMT. OCC will be recognized by all medical boards in the United States. Our students will be drawn to osteopathically-oriented residencies and will be eligible for all accredited fellowships. Our osteopathic residency programs will thrive. What a vision!

Achieving this vision will require adept negotiating skills by our leaders at the AOA and AACOM. But it can be done. To quote Abraham Lincoln: “The best way to predict your future is to create it.” We all need to take charge of our osteopathic future.

Osteopathic News of Importance

The following was originally posted by the AOA on October 24, 2012:

AOA, ACGME Move Toward Unified Accreditation for Graduate Medical Education Programs

“The AOA, the Accreditation Council for Graduate Medical Education (ACGME) and the American Association of Colleges of Osteopathic Medicine (AACOM) have entered into an agreement to pursue a single, unified accreditation system for graduate medical education programs in the United States beginning in July 2015. During the coming months, the three organizations will work toward defining a process, format and timetable for ACGME to accredit all osteopathic graduate medical education programs currently accredited by the AOA. The AOA and AACOM would then become organizational members of ACGME.”

Among the topics of discussion for the three organizations will be:

- Modification of ACGME accreditation standards to accept AOA specialty board certification as meeting ACGME eligibility requirements for program directors and faculty;
- Programs in graduate medical education currently accredited solely by AOA to be recognized by ACGME as accredited by ACGME; and
- Participation by AOA and AACOM in accreditation of programs in graduate medical education to be solely through their membership and participation in ACGME.

COMMENTARY BY THE EDITOR

The full impact of the above proposed unified accreditation pathway is not yet fully understood. The focus of this proposed arrangement centers on the accreditation of post-osteopathic medical school training, but there is also the potential for significant impact on currently practicing pediatricians concerning state licensing and specialty/subspecialty board accreditation. On the surface, common accreditation and cross-acceptance appears to be a positive undertaking. What the final arrangement between AOA and the ACGME looks like three years hence and how this all plays out for future and current osteopathic pediatricians remains to be seen and should be followed closely by ACOP members. In the short-term, the AOA has some answers to some questions that you may have at <http://www.osteopathic.org/inside-aoa/Pages/acgme-frequently-asked-questions.aspx>. If you have comments or questions concerning the joint accreditation and recognition process, the appropriate place to ask within the AOA structure is acgme@osteopathic.org.

Radiation Safety and Appropriateness Guidelines

Children are highly susceptible to radiation-induced injury. This is due, in part, to the higher rates of absorption, the impact during the cellular developmental time period and their long lifetime for consequences to develop. The ACOP has recently highlighted this concern through CME courses and its member communications. The American College of Radiology (ACR) has recently updated ten pediatric guidelines covering: developmental dysplasia of the hip, fever without a source, headaches, hematuria, limp – gait, seizures, sinusitis, suspected physical abuse, urinary tract infections and vomiting in infants less than three months of age. The full set of pediatric guidelines can be accessed through the ACR website or by clicking on this link: <http://www.acr.org/Quality-Safety/Appropriateness-Criteria/Diagnostic/Pediatric-Imaging>. When in doubt – ask the radiologist. Mark Finkelstein, DO, FACOR, recommends that you ask your radiologist at least the following two questions: (1) Is there a less invasive test that can answer the question (e.g., ultrasound)? and (2) Do you have specific protocols to reduce exposure to pediatric patients?

Visit www.ACOPeds.org
for the latest ACOP information.

Colony S. Fugate, DO, FACOP Receives the AOF “Fit for Life” Award

The AOF “Fit for Life” Award “rewards excellence in the field of health and wellness and salutes those who have made significant advancements in the health of their patients by utilizing an innovative approach toward total wellness. The goal of this award is to promote active aging, total health and wellness.” Pfizer sponsors the \$10,000 AOF “Fit for Life” Award.

Colony Fugate, DO, is a Clinical Assistant Professor of Pediatrics at Oklahoma State University/College of Osteopathic Medicine. In 2010 she started a comprehensive multidisciplinary intense six-week program to help obese children and their families establish a healthier lifestyle. Dietitians, clinical psychologists and exercise-fitness personal at the local YMCA work in conjunction with Dr. Fugate and her fellow OSU pediatricians. The ACOP congratulates Dr. Fugate on this wonderful achievement in clinical care and deserved national recognition.



Colony S. Fugate, DO, FACOP

Cultural Diversity

Are you aware and prepared to handle the unique medical and cultural-social patterns of your community and referral base?

The Old Order Amish are one of the fastest growing religions in the United States. Sixty percent of Amish communities have been established in the past 20 years. It is a common misperception that the Amish are mainly confined to Lancaster County, PA. There are Amish communities in 29 states ranging from Maine to Florida and across the Midwest. There are more Amish living in OH than PA.

There are a myriad of diseases that are typically rare, but common in the Amish population. Similar to how chronic diseases states, such as diabetes and asthma, are managed successfully with an intense knowledgeable medical community positively interacting with patients and their family. Diseases that were once thought unmanageable, such as maple syrup urine disease, medium chain acyl-CoA dehydrogenase deficiency and glutaric aciduria, can now be detected prior to onset of injury and managed with high rates of success. Knowing your community and being prepared is an essential first step to creating successful patient outcomes.

ACOP Co-Signer to the USBC Core Competencies Statement

The ACOP recently joined as a co-signer to the USBC Core Competencies in Breastfeeding Care and Services for All Health Professionals. ACOP's Steven Snyder, DO, FACOP, was the Chair of the USBC taskforce that created these guidelines. This was a multidisciplinary effort that has helped create a national guideline standard and framework for health professionals "to integrate evidence-based breastfeeding knowledge, skills, and attitudes into their standard health care delivery practices."

The Core Competencies can be downloaded from the USBC Website or by clicking on: <http://www.usbreastfeeding.org/Health-Care/TrainingforHealthCareProfessionals/CoreCompetencies/tabid/225/Default.aspx>



The FACOP Degree – Fellow of the American College of Osteopathic Pediatricians – was originally, from the birth of the College, awarded by vote of the Board to members who exhibited exemplary service to the ACOP. In the early years of the 21st Century, it was declared to be a symbol of certification in Pediatrics. At the same time, the previous designation was changed to have the meaning of Distinguished Service Award.

In the JOURNALS



ACOP Members in Print

Neonatal Abstinence Syndrome: Transitioning Methadone-treated Infants from an Inpatient to an Outpatient Setting

Carl Backes, DO, FACOP

J Perinatol. 2012 Jun;32(6):425-30. doi: 10.1038/jp.2011.114. Epub 2011 Aug 18.

Cancer in Pregnancy: Fetal and Neonatal Outcomes

Carl Backes, DO, FACOP

Clinic Obstet Gynecol. 2011 Dec;54(4):574-90.

Update on Advisory Committee on Immunization Practices (ACIP) Vaccine Recommendations – June 2012

Stanley E. Grogg, DO, FACOP

J Am Osteopath Assoc. 2012 Sep;112(9):585-6.

Frequency of Specific Osteopathic Manipulative Treatment Modalities Used by Candidates While Taking COMLEX-USA Level 2-PE

Erik E. Langenau, DO, FACOP

J Am Osteopath Assoc. 2012 Aug;112(8):509-513.

Decreased Incidence of Pneumothorax in VLBW Infants After Increased Monitoring of Tidal Volumes

Robert Locke, DO, MPH, FACOP

Pediatrics. 2012 Nov;130(5):e1352-8. doi: 10.1542/peds.2011-2611. Epub 2012 Oct 8.
(Available free at <http://pediatrics.aappublications.org/content/early/2012/10/02/peds.2011-2611>)

The Differential Effects of Maternal Age, Race/Ethnicity and Insurance on Neonatal Intensive Care Unit Admission Rates

Robert Locke, DO, MPH, FACOP

BMC Pregnancy Childbirth. 2012 Sep 17;12(1):97.
[Epub ahead of print]
(Open access journal: Available free at <http://www.biomedcentral.com/1471-2393/12/97>)

Welcome New Members!

Fellow

Nandita Kuruvilla, DO, FACOP Denver, CO
James Petrucci, DO, FACOP Egg Harbor Township, NJ

Fellow-In-Training

Ibrahim Shamsi, DO, MPH Peoria, IL

Intern

Alicia Apple, DO Tulsa, OK
Timothy D'Amico, DO Biddeford, ME
Deanna Denysenko, DO Sterling Heights, MI
Rhonda Graham, DO Cleveland, TN
Kristin Herbert, DO Wellington, FL
Alicia Isom, DO West Palm Beach, FL
Veronica Klammer, DO Wellington, FL
El Noh, DO Wellington, FL
Terri Reed, DO Tulsa, OK
Jennifer VanCleave, DO Tulsa, OK

Resident

Lauren Comarda, DO Claremore, OK
Mary Curtin, DO Garden City, NY
Kimberly Deery, DO Bixby, OK
Angela Kavenaugh, DO Plantation, FL
Jessica Lancen, DO Mineola, NY
Rosemary Megalaa, DO Brooklyn, NY
Jennifer Myszewski, DO West Islip, NY

Pediatric Student Club

Charles Abner Pikeville, KY
Evana Achaibar Richmond Hill, NY
Maxwell Adomaitis Fitchburg, MA
Stephanie Albracht Pikeville, KY
Jamie Allen Glen Cove, NY
Kiesha Anderson Spartanburg, SC
Kelly Anderson Roebuck, SC
Rachelle Arenos Williamsville, NY
Christine Aspiotes Erie, PA
Antigone Athanasatos Boiling Springs, SC
Michael Barlow Murfreesboro, TN
Thomas Beesley Biddeford, ME
KerryBellew Pikeville, KY
Jennifer Bencze Saco, ME
Megyn Beyer Biddeford, ME
Ardalan Bidgoli Lawrenceville, GA
Nicholas Biondi Biddeford, ME
Marina Bissada Vallejo, CA
Andrew Blankenship Lawrenceville, GA
Susan Blasi Biddeford, ME
Brooke Blazius Erie, PA
Carly Bock Wantagh, NY
Archana Bokka Vallejo, CA
Leslye Brent Pikeville, KY
Ryan Brink Pikeville, KY
Amber Buck Vallejo, CA
John Burk Vallejo, CA
Marissa Capasso Pikeville, KY
Richard Capener Evanston, WY
Richard Champiany Spartanburg, SC
Jeffrey Chen Vallejo, CA

Dora Cherian Tulsa, OK
Year Chokshi Lawrenceville, GA
Maggie Chun New York, NY
Adam Claessens Vallejo, CA
Samantha Clark Biddeford, ME
Timothy Clifton Spartanburg, SC
Jennifer Cobernus Dacula, GA
Brittany Collins Pikeville, KY
Jessica Collins Pikeville, KY
Jacqueline Conroy Sewell, NJ
Edward Cook Biddeford, ME
Marissa Copeland Leland, NC
Stephanie Corriveau Biddeford, ME
Lucas Couch Spartanburg, SC
Katelyn Courtney Philadelphia, PA
Char-Leigh Craft Pikeville, KY
Alexandra Danakas Erie, PA
Melinda Danowitz Oceanside, NY
Sang Dao Lawrenceville, GA
Nina David Vallejo, CA
Field Davis Spartanburg, SC
Andrea DeDonato Southburg, CT
Kristen D'Entremont Salem, NH
Jennifer DeRoy Biddeford, ME
Brittany Dimarco Tappan, NY
Jacqueline Le Do Pikeville, KY
Alexandra Doane Biddeford, ME
Bryan Dolan Portland, ME
Katie Doonan Saco, ME
Dennis Dorf Brooklyn, NY
Chad Douglas Otis Orchards, WA
George Downey Suwanee, GA
Juliette Drohan Gilbert, AZ
Alexander Eisenberg Spartanburg, SC
Paul Faybusovich Staten Island, NY
Kathryn Fekete Biddeford, ME
Elizabeth Fernandez Spartanburg, SC
Emily Fette Vallejo, CA
Raphaela Fontana Suwanee, GA
Christine Fujinaka Vallejo, CA
Rosanna Fulchiero Biddeford, ME
Jessica Gancar Spartanburg, SC
Elizabeth Gantan Spartanburg, SC
Amber Gayhart Hazard, KY
Carly Gennaro Levittown, NY
Ashish George Biddeford, ME
Lily Ghavi Lawrenceville, GA
Rachel Giordano Erie, PA
Lilibeth Giraldo Spartanburg, SC
Katherine Glover Highland Mills, NY
Roxana Godiwalla Spartanburg, SC
Marvin Gong Vallejo, CA
Shannon Greek Buford, GA
Qian Gu Brooklyn, NY
David Guernsey New York, NY
Ashleigh Guinn Lagrange, GA
Akhila Gummi Vallejo, CA
Shruti Gupta Lawrenceville, GA
Tamara Guseman Pikeville, KY
Susan Hammatt Biddeford, ME

Welcome New Members!

Deborah Hanchek	Bayville, NY	Elizabeth Paine	Angola, NY
Joshua Harrington.....	Spartanburg, SC	Matthew Palilonis.....	Richbor, PA
Brena Haughey	Spartanburg, SC	Rebecca Palmer	Atlanta, GA
Sarah Henshaw	Vallejo, CA	Nidhi Parikh	New Hyde Park, NY
Christopher Herron.....	Spartanburg, SC	Chirag Parikh	Glen Cove, NY
Jaremy Hill	Biddeford, ME	Ashika Patel	Lawrenceville, GA
Katie Ho.....	Vallejo, CA	Harsh Patel.....	Lawrenceville, GA
Juliana Hoffelder	Biddeford, ME	Ankita Patel	Vallejo, CA
Timothy Horgan	Atlanta, GA	Sachi Patel	Vallejo, CA
Megan Hutchins	Boiling Springs, SC	Evelyn Patrick	Arcadia, SC
Elizabeth Ince	Oakbrook Terrace, IL	Martha Peacock	Pikeville, KY
Alex Jabourian.....	Vallejo, CA	David Peltier.....	Wilbraham, MA
Lauren Jackson.....	Spartanburg, SC	Caitlin Perry.....	Vallejo, CA
Carla Jacobs.....	Glen Cove, STATE?	Molly Peverada.....	Pikeville, KY
Ashley Jaglowicz.....	Pikeville, KY	Jonathan Pham.....	Vallejo, CA
Anthony Jovanovich.....	Erie, PA	Kaitlyn Piatt	New York, NY
Nasir Kasim	Vallejo, CA	Amanda Pleimann	Spartanburg, SC
Kaitlin Keenan.....	Kings Park, NY	Nora Quattrocelli	Spartanburg, SC
Kristin Kenney.....	Delmar, NY	Kelly Queensland	Vallejo, CA
Steven Kenny.....	Vallejo, CA	Archana Ramgopal	Erie, PA
Julia Killingsworth	Spartanburg, SC	Lauren Ramsey	Pikeville, KY
Laura Kim.....	Atlanta, GA	Marcia Reeves	Spartanburg, SC
Amanda Kinney.....	Moore, SC	Mary Reinoehl	Erie, PA
Kasia Kolodziejczak	Hicksville, NY	Alexandra Remus	Biddeford, ME
Christine Koyithara	Glen Cove, NY	Jennifer Reppucci	Lawrenceville, GA
Linzi Kramer	Oceanside, NY	Courtney Repogle	Lawrenceville, GA
Brian Kramer.....	Media, PA	Ryan Robalino	Woodbury, NY
Andrew Kreger.....	Erie, PA	Maliya Robison	Philadelphia, PA
Julia Kuznetsova.....	Vallejo, CA	Jaclyn Rodriguez	Toms River, NJ
Samantha Lake	Spartanburg, SC	Christa Root	Vallejo, CA
Fayha Lakhani.....	Vallejo, CA	Laurenv Rosenblum	Lindenwold, NJ
Danielle LaSalandra	Stamford, CT	Michele Rossi	Boiling Springs, SC
Deanna Lau.....	Vallejo, CA	Kristen Ruby.....	Erie, PA
Megan Leary.....	East Williston, NY	Steven Russo	Suwanee, GA
Mary Lee.....	Spartanburg, SC	Justin Rutherford	Pikeville, KY
Jocelyn Lee.....	Vallejo, CA	Elaine SanJuan.....	Lindenwold, NJ
Jason Lee	Vallejo, CA	Stephanie Santoro.....	Erie, PA
Stefanie Lewis	Biddeford, ME	Adora Tricia Santos.....	Hewlett, NY
Jason Lewis.....	Erie, PA	Simon Sarkisian.....	Vallejo, CA
Michelle Lewis	Erie, PA	Kathleen Savio.....	Erie, PA
Kerry Li	Brooklyn, NY	Paulina Sayegh	New York, NY
Felicia Ma	Vallejo, CA	Adrienne Schlatter.....	Stratford, NJ
Jean Mandat	New York, NY	Carrie Schmitt.....	Spartanburg, SC
Jonah Mandell	New York, NY	Danielle Schwartz.....	Old Westbury, NY
John Marson	Spartanburg, SC	Andrea Seid	Vallejo, CA
Carly Martiniano	Glen Cove, NY	Louisa Sethi	Glen Cove, NY
Kari McKechnie	Pikeville, KY	Jhill Shah	Biddeford, ME
Jacqueline McMahon	Lindenhurst, NY	Roanak Shah	Lawrenceville, GA
Stacy Meeks.....	Pikeville, KY	Katrina Sham	Forest Hills, NY
Trent Milligan.....	Loveland, CO	Hao Shen.....	Suwanee, GA
Seerat Mission	Vallejo, CA	Eugenia Shevchenko	Vallejo, CA
Sara Moghaddam-Taaheri	Blacksburg, VA	Hina Siddiqui	Spartanburg, SC
Colleen Moreland	Glen Cove, NY	Elizabeth Silvey.....	Pikeville, KY
Benjamin Morgan.....	Christiansburg, VA	Alexander Simao, Jr.	Biddeford, ME
Jessica Mormando	Lawrenceville, GA	Reema Simon.....	Lawrenceville, GA
Preeya Nandkumar	East Northport, NY	Jessica Simpson.....	Pikeville, KY
Jillian Nard	Boiling Springs, SC	Ayushi Singh.....	Old Bethpage, NY
Dinh Ngoc.....	Vallejo, CA	Gauri Singh.....	Hoover, AL
Madeline Nguyen	Vallejo, CA		
Melissa Ortiz.....	Spartanburg, SC		

Continued on page 10

New Members

Continued from page 9

Gregory Smith	New York, NY
Audrey Smith.....	Pikeville, KY
Mia Snapp.....	Spartanburg, SC
Greta Snow	Lawrenceville, GA
Gayathry Sooriyakumar	Biddeford, ME
Manasa Sridhar	Philadelphia, PA
Lindsay Stafford.....	Bloomington, IN
Mark Starnes.....	Spartanburg, SC
Nicholas Stetkevich.....	Vallejo, CA
Lauren Strady	Pikeville, KY
Amanda Sullivan	Pikeville, KY
Zachary Sumpter	Pikeville, KY
Shanna Swaringen.....	Erie, PA
Fatima Syed	Brooklyn, NY
Jenny Szmegalski.....	Erie, PA
Danielle Tamburrini.....	Spartanburg, SC
Jennifer Tan	Vallejo, CA
Carli Thomas	Pikeville, KY
John Tivnan.....	Biddeford, ME
Sarah Tomasz.....	Biddeford, ME
John Tyree.....	Pikeville, KY
Rosie Valant.....	New York, NY
Heather Vannoy	Spartanburg, SC
Kaitlin Verdone.....	Port Washington, NY
Rosmery Victoria.....	Spartanburg, SC
Sharmilee Vuyyuru.....	Spartanburg, SC
Andrew Wallace	Spartanburg, SC
Megan Watson	Boiling Springs, SC
Kara Weichler.....	Philadelphia, PA
Courtney Wein, MS.....	Wilton, CT
Katherine Wentworth.....	Sanford, ME
Candice Williams	Glen Cove, NY
Elizabeth Williams	Spartanburg, SC
Jenny Williams	Pikeville, KY
Jessica Wolfe	Pikeville, KY
Caroline Wolveaon.....	Pikeville, KY
Joey Wong	Pikeville, KY
Clay Wu.....	Vallejo, CA
Katherine Yanagisawa.....	Biddeford, ME
Brett Yoder.....	Pikeville, KY
Bailey Young	Piedmont, SC

For Membership Questions or to Join ACOP

Contact Greg Leasure

greg@ACOPeds.org - (804) 565-6305



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Infants Bill of Rights

(Ten Commandments)

Author Unkown



1. I am a newborn infant, unique and different from all other persons, entitled to the full protection of society, with the opportunity to reach my potential and take my rightful place in our world.
2. I should have received the finest prenatal care available, free of harmful drugs, with adequate nutrition and the best medical care.
3. If I have been born prematurely, I am entitled to all the necessary support to survive and flourish: superior medical care, supportive nutrition, and the opportunity to grow and develop into a normal child.
4. I am entitled to total access to whatever health care I may need without regard to costs or prior conditions.
5. I am entitled to complete immunizations at appropriate age-levels to protect me from deadly illnesses and damaging diseases.
6. I am entitled to full access to adequate nutrition in order to grow, to develop and to become a normal child and adult.
7. I am entitled to freedom from Child Abuse – physical, mental and sexual – either from those close to me or from strangers by having readily accessible health and protective services.
8. I am entitled to an infancy free of shaking and other bodily violence, to protect my mental and physical normality.
9. I am entitled to a stimulating environment, including being read to and talked to on a regular basis from birth on.
10. I am entitled to reach school age physically, mentally and educationally ready and prepared, without any interfering factors.



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