CARING FOR AMERICA'S CHILDREN

Fall • 2005

pulse

THE QUARTERLY PUBLICATION OF THE AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS

inside...

- Healthy Tips
- Melnick at Large
- Sites for Sore Eyes
- MemberSpeak
- Student Corner
- Student Clubs
- 2005 Fall Meeting
- New Members

Call for Nominations

Deadline Dec. 1, 2005

Pediatrician of the Year Award

By Greg Garvin, DO, FACOP
Chairman, ACOP Awards Committee

Please submit possible names to the ACOP office for the ACOP Osteopathic Pediatrician of the Year Award. This award is given to an ACOP member who has given his/her time as an advocate for children. This award should be given to a pediatrician who has made an outstanding impact upon his/her community in regard to child health-care issues, emphasizing humanitarianism in pediatrics. Examples of such activities include community health issue advocacy or work on behalf of special populations of children with needs not always addressed adequately by the community.

Nominations may be submitted to the Awards Committee by an ACOP member or

Continued on page 3

Recipients of Osteopathic Pediatrician of the Year Award

2003
Margaret A. Orcutt-Tuddenham, DO, Capt., MC, USN-Ret.

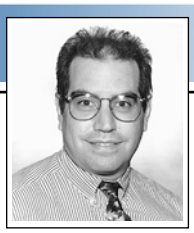
2000
RIchard C. Simmers, DO, FACOP

1999
Ronald V. Marino, DO, FACOP

1998
Martin A. Finkel, DO, FACOP

CATCHING UP WITH...

...Steven Snyder, DO, FACOP



Recently, *Pulse* caught up with Past President Steven Snyder shortly after he finished a long shift at his day job — neonatology.

When you know his family history, you no longer wonder why Steven Snyder became an osteopathic physician. But it almost didn't happen.

He was born at PCOM during the time his father, Sidney Snyder, DO, a family practitioner, was attending PCOM. And then there were his uncles: Arthur Snyder, DO (a one-time pediatrician and former ACOP member), and Martin Weber, DO, also a family doctor. Plus his brother-in-law Neal Brandoff, a psychiatrist. So his exposure started early.

But beside his burgeoning interest in medicine, he had an outstanding predilection for art and illustrations. In high school and college, he exercised his skills in drawing — to everyone's delight, a very talented artist. Pouring over his father's books and literature, he became a huge fan of the famed medical illustrator, Frank Netter, and wanted to emulate him. At PCOM he continued this interest, illustrating his anatomy professor's textbook. Fortunately for us, the special training he wanted was not available, so the would-be medical illustrator became a talented and respected — pediatrician.

His preparation was fulsome: a Temple University degree in education, his DO degree from PCOM, internship at Parkview Hospital, a pediatric residency at PCOM and the capping neonatology fellowship under the combined aegis of Albert Einstein Hospital, Temple University and St. Christopher's Hospital for Children, all in Philadelphia.

But he owes even more to PCOM. Bonnie, his wife, is a neonatal nurse practitioner and they met when both worked at PCOM. He has three daughters: Samantha, 26, Julia, 23, and Sarah, 8.

Currently, he serves as Attending Neonatologist at Abington Memorial Hospital (PA) and also as Medical Director for Special Care Nursery at Doylestown Hospital. Combined, they service about 6500 newborns yearly.

He slid naturally into pediatrics because, as he says, "I was drawn to children. I got along so well with them. I enjoyed them when I was teaching, I saw their problems and I saw myself as teaching in a medical school. Neonatology gave me the chance to combine all these drives."

Today, Steven counts more DO relatives: younger brother Jerrold, an obstetrician-gynecologist, and cousin Samuel Snyder, a nephrologist.

PULSE asked Steven about his accomplishments during his two years as ACOP president. Without hesitation, and with modesty, he said, "Creating Student Chapters and starting an ACOP Website. Both were talked about for years, and we brought them to fruition." On the total ACOP picture, he felt our greatest

Continued on page 8

The Pulse is published four times a year in conjunction with the American College of Osteopathic Pediatricians, P.O. Box 11086, 2209 Dickens Road, Richmond, VA 23230-1086; 877-231-ACOP or fax (804) 282-0090.

HEALTHY TIPS

Back-to-School...Back-to-Sleep

As children throughout the country awake to a new school year, parents contemplate whether their child's summer sleeping schedule will be saved by the bell. According to a recent survey conducted by the National Sleep Foundation, 60 percent of children under the age of 18 complained of being tired during the day and 15 percent of children reported falling asleep at school during the past year. Teenagers are more likely to complain of being tired during the day than are younger children, according to the study.

"Biological changes during puberty affect adolescents' sleep patterns making them physiologically unable to fall asleep until at least 11:00 p.m.," explains Burton Mark, DO, an osteopathic psychiatrist at the University Services Sleep Center in West Chester, Pa. "This may be fne during the summer when they can sleep later in the morning, but it's not fne during the school year."

While the average teen needs approximately nine hours of sleep, a bedtime of 11:00 pm means he or she only gets an estimated seven hours of sleep because of current school schedules. As a result, many teens experience fatigue throughout the school day.

Some effects of sleep deprivation may include:

- Limited ability to learn, listen and concentrate
- Acne and other skin problems
- Increased likelihood of illness
- Aggressive or inappropriate behavior such as yelling or being impatient with teachers or family members
- Overeating or unhealthy eating that may lead to weight gain
- Increased use of caffeine and nicotine

"The most frightening consequences of sleepiness are injuries related to attention lapses and delayed response times at critical moments, such as while driving," explains Dr. Mark.

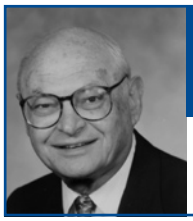
Drowsiness was reported as the most frequent cause in at least 100,000 police-reported traffc crashes each year, killing more than 1,500 Americans and injuring another 71,000, according to the National Highway Traffc Safety Administration. Drivers under the age of 25 are involved in more than 50 percent of these crashes. Dr. Mark suggests following a few sleeping tips to improve sleep patterns:

- **Prioritize sleep**: Decide what you need to change to get enough sleep. For instance, make an earlier bedtime to allow for an earlier wake up.
- **Keep it consistent**: Decide on times for going to bed and waking up. Try to stay as close as you can to the times on the weekends. A consistent sleep schedule allows the body to get in sync with its natural pattern.
- **Prepare your body**: Don't eat, drink, or exercise within a few hours of your bedtime. Stick to quiet, calm activities.
- **Create a bedtime ritual**: Do the same things every night before going to sleep to teach your body the signals of bedtime.
- **Create a sleep sanctuary**: A bedroom should be cool, quiet and dark.
- **Nap right**: While a good nap can be benefcial, a nap that is too long or too close to bedtime can interfere with a regular sleep schedule.
- **Don't replace sleep**: Pills, vitamins or drinks cannot replace a good night's sleep. Caffeine can hurt sleep if it is consumed too close to bedtime. Nicotine and alcohol also interfere with sleep.

He further explains that obtaining enough sleep is a vital part of maintaining a healthy lifestyle.

Preventive medicine is just one element of the spectrum of care that osteopathic physicians provide. As complete physicians, DOs are able to prescribe medication, perform surgery and can be found practicing in all areas of medicine. DOs can also use their hands to help diagnose and treat injury and illness and to encourage the body's natural tendency toward good health through the use of Osteopathic Manipulative Treatment (OMT).

The American Osteopathic Association supports programs to promote the education and understanding of sleep and its impact on health.



MELNICK at large

By Arnold Melnick, DO, FACOP

Melnick-isms

Melnick-isms? Does he mean mechanisms? Or what?

Those little tid-bits of practice, diagnosis, treatment and philosophy that I have crystallized throughout my professional life, I call Melnick-isms (with apologies). I am sure many of my colleagues have accumulated such maxims or expressions of their own. They often serve as parameters or guidelines for all of us. So here are some of mine.

First, let me tell you a story. On our honeymoon (just before starting my internship), my wife, Anita, saw a new book by Fred Allen, MD, founder of child guidance and director of the Philadelphia Child Guidance Clinic. She bought it for me because she knew my deep interest in the subject. I read it – every word. I went on to finish my pediatrics training. When I went into practice, I concentrated a great deal on children's mental and behavioral problems. Doing a great deal of child therapy, I developed "my own theory," my own approach. I called it rapport therapy – that the treatment of children did not depend on which school of psychiatry or psychology you practiced but on the rapport that you develop with the child. But I did not dare to announce it, or write about it, or talk about it—after all, I had no specialized training and could take no authoritative position. Leap forward in time. Fred Allen passed away many years later and someone published an anthology of his works. My wife bought it for me. I read it—every word. There, quoted from his original work, was his belief in what he called "relationship therapy". Little had I realized how deep this theory was in my subconscious, to the extent I believed I had chanced upon it. How often do all of us take this kind of leap — and forget where we learned something.

With this keenly in mind, I dare to offer what I think are Melnick-isms developed over years of practice and writing and living. If some of them come from a long-ago source, I apologize and thank the source, but I do believe that many of them are my own.

In lead poisoning, by the time you see overt signs and symptoms, it is probably too late to prevent damage. Symptoms show up late and are often irreversible.

History and physical examination are the most important bulwarks of diagnosis—you'll never have a mother come into your office and say, "I think my child has pheochromocytoma." You have to search for and find the interesting cases; otherwise, you'll never see them.

Every child deserves a complete history and physical examination at each visit even if he comes in with just a sore toe. You never know what you will find; I once diagnosed Nail-Patella Syndrome in a child brought in for a minor complaint.

Every child, at each visit, should get a head circumference measurement or a blood pressure reading. That helps me – and maybe you – remember to do BPs early enough.

Asking about sex and drugs while examining the belly of a teen-ager often elicits more honest answers. It is amazing that many children – and some parents—attribute to the physician so much power to divine hidden diagnoses with our hands. They will be more frank about alcohol, sex and drugs.

*Our great gift is not memory (*which is important*), but our ability to forget*. Just suppose we daily remembered every hurtful remark and painful situation we encountered.

Post hoc, ergo propter hoc. Literally: after this, therefore because of this. Not everything that temporally follows something is a result of it, but much of medicine is practiced this way. Give a child with a cold a shot of Vitamin B and his respiratory infection will go away in two weeks.

Grandparents have two major functions in the life of the child—to baby sit and to spoil hell out of the child. Totally self-explanatory. And how wonderful grandparents are for those children!

Sometimes, more medicine is learned in the halls at a convention than from the platforms. Those "social" case comparisons and clinical discussions are great sources of information and stimulation.

Subscription journals are the ones you put on public display but do not read; a controlled-circulation publication (throw-away journals) you read but throw away. But we always protest that we treat them the reverse.

And last, but maybe most important, is one I did not create. I stole it from Will the Shake:

"This above all, to thine own self be true, and it must follow as the night the day that thou canst not then be false to any man."

I didn't write it but I love it and do try to live by it. Such great and overriding advice!

(Maybe you'd like to share some of your maxims with us. We would like to publish them, with attribution of course. Send them to amelnick@nova.edu or to 3675 N. Country Club Drive, #2206, Aventura, FL 33180.)

Call for Nominations

Continued from page 1

by a community group. A statement from that group, along with your nomination letter, will then be subject for review. Once the Awards Committee has chosen a recipient, it must then be confirmed by the ACOP Executive Committee. This award will be presented at the ACOP annual business meeting in Phoenix on April 21-23, 2006, if a viable candidate if chosen.

Include in your letter the nominee's name and describe in detail the nominee's contribution to the community (e.g. community, area, state, region, nation) regarding child health issues and why you support the nomination. Describe the measured impact on the community and any tangible evidence supporting the impact (e.g. published studies, reports, media coverage, community, public or professional recognition or awards, etc.) of the nominee's efforts. List independent confirming sources and describe your experiences with the nominee's contribution. Please disclose your personal, professional and business relationship to the individual you nominate.

Nominations should not exceed two pages. **DEADLINE FOR SUBMISSION IS DECEMBER 1, 2005.** Please send all nominations to Stewart Hinckley at ACOP headquarters, stewart@acopeds.org.

Find Help for the Needy

By Gregory Garvin, DO, FACOP

Over the past few issues of the PULSE, I must admit I've gotten side-tracked writing about Voice Recognition and using a Smartphone to also function as a pager. In this issue, I want to give the readership some sites to add to your "Favorites." I'll try to keep things brief and to the point.

I read an article in *Pediatrics* about care for immigrant, homeless, and migrant children and the appendix at the end provided a nice list of web sites to help the pediatrician in addressing the health needs and basic subsistence needs of children and families who are poor and underserved.
(*Pediatrics* Vol. 115 No. 4 April 2005 Appendix: pg. 1099-1100).

Here are some of the Web Sites from the Appendix:

- ***Migrant Clinician Network:*** a national organization of health care professionals who promote the health of migrant farm works: www.migrantclinician.org. It has a nice set of "links" that you can assess about TB, pesticides, lead, and water and sanitation just to mention a few.
- ***Food and Nutrition Service:*** Food Stamps/WIC: www.fns.usda.gov/fns I liked this site because it had a link for professionals with information about the new food pyramid (MyPramid Web site.) It also has a link to the school lunch program with some information about food safety and good handwashing techniques for kids.
- ***Cash Assistance Resources:*** www.acf.hhs.gov. This site is from the US Department of HHS specifically the Administration for Children and Families and has nice links for areas such as Head Start.
- ***Legal Resources:*** www.nilc.org The National Immigration Law Center is a web site devoted to promotion of the rights and opportunities of low income immigrant's and their families. It helps inform you on the rights of migrant workers when they are here in the US. (For a more complete listing see the article.)

These sites might come in handy and I would have never guessed the web addresses. BTW, if anyone out there has a helpful web site that they use regularly, please email me (garving@genesishealth.com) the address. I'll put it in a future column. Until next issue, happy surfing!

MemberSpeak

MemberSpeak is a column devoted to comments from our membership. I work closely with a Ped/Med specialist in my community. Here are some of his thoughts.

- Greg Garvin, DO, FACOP

A View from Peds/Med

By Lorenzo Boccuzzi, DO

"So, you're a family doctor?"
"Oh, ah, so you're a baby doctor?"

These were the kind of responses I received from prospective employers in the spring of 1994 when I was job interviewing, while finishing my combined Internal Medicine and Pediatrics residency in Cleveland. I chose a combined Medicine/Pediatrics residency over a traditional Family Practice residency because I was not interested in doing obstetrics -- too scary! I was not aware that combined residencies even existed until I met a Medicine/Pediatrics resident at Loyola University in Chicago while on an elective cardiology rotation as a medical student.

As I began the process of finding "a place to land" after completing my residency, I quickly realized that many health care professionals were unaware of the combined program, just as I was as a medical student. In fact, at the time I was looking for a training program, the only osteopathic combined program was in Olympia Fields, Illinois, and it had not yet been accredited by the AOA. Currently there are only two accredited osteopathic Medicine/Pediatric residencies and 19 AOA-accredited DOs practicing with this training in the US (I'm not one of them).

Needless to say, when it came to finding work, trying to find "a place to land" was rather difficult. The most common assumption made by most people is that we are family practice doctors, which isn't really correct, especially when it comes down to the call schedule. Nights get really busy when you're both medical and pediatrics back-up for the Emergency Department. Trying to stay on top of the medical advances in two specialties, attaining re-certification for two separate boards and the cost in association dues (especially if you're a DO trained in a MD world) can really suck up time and money.

The AAP created a Med/Ped section within the academy a number of years ago to try to address the special concerns of those of us who "chose the path least traveled." I'm not sure how much of an impact this has made in helping my brethren find a "place to land" but it sure is nice knowing that someone realizes we are out there and that we are "special." Not special enough to give us a break in our yearly association dues -- oh well. I honestly feel that the ACOP probably doesn't need to create a "special" place for us in the organization but just remember that we are here and that we are "special". Maybe the ACOP might see how "special" we are and cut us a break in our association dues.

ACOP 2005 Fall CME Conference

2005 Conference Sessions and Hotel Reservation must be made through the AOA at www.do-online.org

Scientific Program

Sunday, October 23, 2005

7:00 am – 6:00 pm	Registration
8:00 am – 4:30 pm	**Joint Neonatology/ OB-GYN**
8:00 – 8:30 am	**C/S on Demand** Robert Debbs, DO, FACOOG
8:30 – 9:00 am	**First Trimester Screening** Ronald J. Librizzi, DO, FACOOG
9:00 – 9:30 am	**Prenatal Prediction of Neurologically Impaired Neonate** Robert Debbs, DO, FACOOG
9:30 – 10:00 am	**Preterm Labor/Fetal Fibrinectin** Ronald J. Librizzi, DO, FACOOG
10:00 – 10:30 am	*Break with Exhibits*
10:30 – 11:15 am	**Shoulder Dystocia** Stephanie Martin, DO
11:15 am – 12:00 n	**Limits of Viability** Michelle Bez, DO, FACOP
12:00 n – 12:30 pm	**Panel Discussion** Michelle Bez, DO, FACOP; Robert Debbs, DO, FACOOG; Ronald J. Librizzi, DO, FACOOG; Stephanie Martin, DO
12:45 – 1:45 pm	**Luncheon Session: Alternatives to Transfusion** Stephanie Martin, DO
1:45 – 2:15 pm	*Break with Exhibits*
2:15 – 3:10 pm	**Neonatal Sepsis** Reese H. Clark, MD
3:10 – 4:05 pm	**Respiratory Failure in the Near-term Infant** Reese H. Clark, MD
4:05 – 5:00 pm	**Jaundice Revisited** Neil M. Kantor, DO, FAAP, FACOP
5:00 – 8:00 pm	**ACOP Board of Trustees Dinner Meeting**

Monday, October 24, 2005

7:00 – 8:00 am	**Meningitis Update** Michael E. Ryan, DO, FACOP
8:00 – 9:30 am	Opening Session of the First Unified Osteopathic Convention
9:30 – 10:30 am	**Immunizations: What's Up Doc?** Stanley E. Grogg, DO, FACOP
10:30 – 11:30 am	**Pediatric Influenza New Concepts** David Berman, DO
11:30 am – 12 n	*Break with Exhibits*
12 n – 1:00 pm	**Pediatric Tropical Diseases** Cyril Blavo, DO, MPH, FACOP
1:15 – 2:30 pm	*Alumni Luncheons*
2:30 – 3:30 pm	**Cutaneous Syndromes** Janice Lima-Maribona, DO
3:30 – 5:30 pm	**Radiology Workshop** William Shiels, II, DO
6:00 pm	*ACOP Reception*

Tuesday, October 25, 2005

6:30 – 7:45 am	*AOA Breakfast Seminar*
7:00 – 8:00 am	**Facilitation of the Move to the Electronic Health Record through DOQ-IT** Joseph Schlecht, DO
8:00 – 10:00 am	**Coding Update Pediatric Emphasis** Don Self
10:00 – 10:30 am	*Break with Exhibits*
10:30 – 12:30 am	**Dermatology Workshop**
12:30 – 1:30 pm	*Luncheon*
1:30 – 2:30 pm	**Post Head Trauma Evaluation and Treatment** Manny Gonzalez-Brito, DO
1:30 – 2:30 pm	**Post Head Trauma Evaluation and Treatment** Manny Gonzalez-Brito, DO
2:30 – 3:30 pm	**Pediatric Cardiac Rhythm Disorders** Maria Estrada, DO
3:30 – 4:30 am	**Pediatric Cataracts and Use of Intraocular Lens Implantation** Garima Lal, MD
4:30 am – 5:30 pm	**Hearing Loss Evaluation and Treatment in Children** Louis Chanin, DO
7:00 – 10:00 pm	*AOA President's Reception*

Wednesday, October 26, 2005

6:30 – 7:45 am	AOA Breakfast Seminar
7:00 – 8:00 am	**Resident Presentation**
8:00 – 9:00 am	**"Fear Not...Do the Right Thing: Delivering Excellence in Primary Care"** Ronald V. Marino, DO, MPH, FACOP
9:00 – 10:00 am	**Changing Concepts in Autism** Barbara L. Baldwin, DO, FACOP
10:00 – 11:00 am	**Spasticity in Children: Early Recognition and Treatment** Kevan Z. Craig, DO
11:00 am – 12:00 n	**Counterstrain Techniques in Children** Hilda DeGaetano, DO, FACOP
12:00 n – 1:30 pm	**Luncheon Presentation - Vision and Reality** Joseph Chiaro, MD
1:30 – 3:00 pm	**Spirometry Workshop** Rich Rosenthal
3:00 – 5:00 pm	**OMM Workshop** Ann Mary Fernandez-Soto, DO

Local Community Health Fair During AOA Convention in Orlando, October 2005

By Bruce Peters, DO, FACOP, FAAP

During the upcoming AOA national convention in Orlando, Florida, the National Osteopathic Medical Association (NOMA) will be offering a community health fair at the Orlando Union Rescue Mission on Saturday, October 22, 2005 from 10:00 am – 2:00 pm. NOMA, with support from the American College of Osteopathic Pediatricians (ACOP) and other local organizations, will be providing health education and health screening at one of Orlando's largest homeless shelters, the Orlando Union Rescue Mission. Although most services will be geared toward the local homeless population, any underserved members of the community will be welcomed to take advantage of this opportunity.

We are hoping to provide lots of health education, blood pressure and other health screenings, immunizations through the local health department, and many other services from a variety of different organizations. Some of our goals during this health fair include creating opportunities for medical houses for anyone that needs them, raising health awareness, and teaching people how to advocate for their own health and other services that they need.

Over 45 million people have no adequate health care coverage. Over half of these individuals are children with poor access to health care, no medical home, poor nutrition, and overall poor health which puts them at risk for increased morbidity and mortality. The sad part is that this can be prevented with adequate quality health care coverage and a good medical home which primary care providers and pediatricians provide.

NOMA is a strong advocate for increasing access to health care and establishing a medical home for everyone, especially the underserved. It is also strongly behind decreasing health disparities that pull resources from the underserved populations. NOMA, along with the ACOP, is in favor of improving quality of health care to children, establishing medical homes for children, removing any environmental or other social constraints that limit the growth and development of children and keeps them from reaching their fullest potential in life.

The Orlando Union Rescue Mission Community Health Fair is open to the general public and Orlando's homeless community. Along with NOMA and ACOP, other organizations, local businesses, churches, and members of the Orlando community will be assisting in this endeavor to impact as many people as possible on that day. The month of October has been designated as "Child Health Month" and is a wonderful time to give back to the community and raise health awareness, increase access to health care, and do what we can to decrease health disparities for the underserved while attending the AOA annual convention.

Contact Information:

Orlando Union Rescue Mission
Ms. Cortecia Boyd
Volunteer Coordinator
1521 W. Washington Street
Orlando, Florida 32805
(407) 422-4855 ext. 116

LeeDawn Carpenter
Director of Public Relations
407-422-4855 ext. 116

You are invited to attend

"Pay for Performance and Quality Trends"

by Alice Gosfield, JD and Richard J. Snow, DO, MPH

October 23, 2005 from 1:00-3:30 pm

Orlando Convention Center – Auditorium

The program will feature:

- The fundamental models of pay for performance
- Strategies for approaching payors
- The relationship of pay for performance and managed care contracts

You will also learn how the AOA's Clinical Assessment Program (CAP) can help prepare osteopathic physicians for participation in pay for performance programs.

The program is sponsored by the American Osteopathic Association Committee on Socio-economic Affairs and Bureau of Osteopathic Clinical Education and Research, the Council of Young Physicians, American College of Family Physicians, American College of Osteopathic Internists, American College of Osteopathic Pediatricians, the American College of Osteopathic Neurologists and Psychiatrists and the Osteopathic Academy of Medical Informatics.

The AOA anticipates being approved for 2.5 hours of Category 1A CME credits pending approval by the AOA CCME.

American College of Osteopathic Pediatricians
P.O. Box 11086 / 2209 Dickens Road
Richmond,VA 23230-1086

FIRST CLASS
US Postage
PAID
Permit No. 304
Richmond, VA

Welcome New Members

Rhett A. Barrett, DO ..... *Chesapeake,VA*
Jessica L. Brown, DO, MPH .. *Gainesville, FL*
Jason W. Caldwell, DO ..... *St. Petersburg, FL*
Paul H. Chu, DO ..... *Rowland Heights, CA*
Arlen R. Foulks, DO ..... *Tulsa, OK*
Stephen E. Greefkens, DO ..... *Santa Rosa, CA*
Tammi M. Lahr, DO..... *Tulsa, OK*
Whitney L. Latham, DO ..... *Tulsa, OK*
Maureen G. Leffer, DO..... *Wilmington, DE*
Elizabeth B. Murray, DO ..... *Rochester, NY*
Micaela B. Powell, DO ..... *Tulsa, OK*
Thomas A. Seck, DO .*Richmond Heights, MO*
Jennifer D. Skelton, DO..... *Tulsa, OK*
Anthony P. Zeimet, DO ..... *Kansas City, MO*

Student Members

Juliette Asuncion ..... *Pomona, CA*
Erin Barker ..... *South Pasadena, CA*
Rosina Chen ..... *Temple City, CA*
Stella Chen ..... *Temple City, CA*
Susanna N. Chen ..... *Chino, CA*
Christopher M. Cielo .....*Voorhees, NJ*
Morag N. Day .....*Chino, CA*
Gen Dmitriy ..... *Studio City, CA*
Stephen Douglas Field .....*Chino, CA*
Kristin A. Gaffney..... *Blacksburg, VA*
Megan Haldy..... *Upland, CA*
John Hammack ..... *Huntington, WV*
Erik Henninger ..... *Rancho Cacamonga, CA*
Karen Hong ..... *Corona, CA*
Karisa Jahn ..... *Rancho Cucamonga, CA*
Heather M. Kranitz ..... *Fremont, CA*
Ryan Mascio ..... *Lindenwold, NJ*
Amy Pearcy..... *Brea, CA*
Anna Ryabets-Lienhard ..... *Hollywood, CA*
Kristen Setliff ..... *Pomona, CA*
Anita Singh ..... *Chino Hills, CA*
Cynthia Wilson .....*Chino, CA*
Julie Wachtel ..... *La Verne, CA*

Catching Up With...

Continued from page 1

advances were in enhancing the quality of our educational programs, improving relationships with the AOA and with the American Academy of Pediatrics, and becoming involved with the United States Breast Feeding Committee.

Steven credits a number of mentors that he encountered. He names Harold H. Finkel, DO, and Arnold Melnick, DO, both of whom tutored him in student pediatric rotations. The late Robert Berger, DO and Joseph Dieterle, DO were mentors during his residency. Dr. Berger, says Steven, urged him to "enjoy what you are doing." Dr. Dieterle, taught him to "dream big and make things bigger and better."

Most of all, his mother taught him to try always to make things better and try to help people, even though it may take hard work.

He obviously took all that advice and became Steven Snyder — affable, studious, concerned, helpful, hard-working and ambitious. And for us, it helped make him an outstanding ACOP president.