Recently, Pulse caught up with Past President Stanley E. Grogg…and it didn’t take long to realize that he was a person dedicated to his goals and following them to achievement.

As a youth, one of his major desires was to become a physician and he headed to University of Cincinnati where he majored in Zoology. Inspired and motivated by his cousin, an osteopathic surgeon with whom he was very close, he matriculated at the Kirksville College of Osteopathic Medicine and Surgery – and on a full scholarship. He graduated in 1971. Again, he was driven — now by his interest in Pediatrics. While interning at the former Still Osteopathic Hospital in Jefferson, MO, he managed to exchange services with other interns in order to rotate through the pediatrics department at the University of Missouri. From there, it was a natural for him to enter a pediatrics residency at Oklahoma Osteopathic Hospital, now the Tulsa Regional Medical Center.

As Stan likes to say, “They never let me out. I’m still there.” Today he is full-time Professor of Pediatrics at Oklahoma State University Center for Health Sciences and Pediatric Residency Director for Tulsa Regional Medical Center. Recently, his goal-oriented talents led to his appointment as Director of the Osteopathic Educational Consortium at Oklahoma (OMECO) where he oversees 200 residents. To his chagrin, they are not all pediatric residents but he is enthusiastic about the educational and training programs.

Active for many years in the ACOP, including a successful term as President in 2000-2002, Stan is proud of the advancements of our organization over the past several years or so. He sees one of those high points as the great improvements in communication among ACOP members, our leadership and the association’s management. He also has high regard for the ACOP’s revitalized affiliation with the AOA. In fact, at the end of his presidential term, the AOA appointed him Chairman of its Council on Osteopathic Specialty Societies. He has presided over intensive efforts to increase cooperation between the 23 participating specialty groups and the AOA.

Asked what he liked best about ACOP meetings, Stan replied instantaneously, “The CME and the camaraderie.” His desire for diagnostic challenges, especially for working with children who could not give you their history, drew him to Pediatrics in the first place. Does he still like Pediatrics? Enthusiastically and with fervor, he replied, “I love it!”

One of the guiding stars leading him to his goals, and one of his idols, was John Rutherford, DO, who was his trainer during his residency. “He taught me practical Pediatrics and provided common sense in working with families—something not found in text-books.”

Continued on page 7
ACOP joins the 2005 AOA Unity Conference

By Scott S. Cyrus, DO, FACOP

This past October the ACOP joined the other twenty-two AOA colleges for the AOA Unity Conference in Orlando, FL. The conference epitomized Dr. George Thomas’s statement in which he said “Collaboration is the key to our success.” The conference began on Sunday with the perinatal section joining with the American College of Osteopathic Obstetricians and Gynecologists. They engaged in lectures over caesarian section priorities, medical screenings in the first trimester and predicting perinatal outcomes in the neurologically impaired neonate. Sunday was finished with lectures on Shoulder Dystocia, Alternatives to Blood Transfusions, Neonatal Sepsis, Respiratory Failure in the Near-term Infant and Jaundice. The sessions were very well attended despite the looming threat from hurricane Wilma.

Over the next three days the weather encompassed the winds from Wilma on Monday morning followed by beautiful Florida sunshine for the rest of the Conference. Michael Ryan, DO, started the stormy morning off with a Meningitis Update and the Conference continued with Immunization Update by Stan Grogg, DO. Updates on Pediatric Influenza by David Berman, DO, and Pediatric Tropical Diseases by Cyril Blavo, DO, highlighted the afternoon. The day ended with a Radiology Workshop given by the President of the American College of Osteopathic Radiologists, William Shielis, DO.

As Tuesday came and went, the conference proved to be everything the CME committee had planned. The lectures were well attended and the workshops were a big hit. Joe Schlecht, DO, started the morning off with lecture on DOQ-IT, followed by a two-hour session on Practice Management sponsored by the AOA and ACOP and given by Mr. Don Self that allowed the participants to learn more about Pediatric Coding and to discover potential areas of lost revenue. In Tuesday’s Dermatology Workshop, the participants could sharpen their skills on skin biopsy techniques and suturing. Dr. Yob, a member of the American College of Osteopathic Dermatologists, lectured and supervised the workshop. The afternoon ended with lectures on Pediatric Cardiology given by Maria Estrada, DO, and Evaluation of Hearing Loss in Children by Thomas Nunn, DO.

Ron Marino, DO, began Wednesday morning with a lecture on Delivering Excellence in Pediatrics, followed by a lecture on Autism presented by Barbara Baldwin, DO. Kevan Craig, DO, gave a talk on Spasticity in Children and the Spirometry Workshop completed the day. Some of the lectures were rearranged due to the after-effects left by Hurricane Wilma. We would like to extend our thoughts and prayers to those affected by this disaster and all of the disasters of 2005.

The ACOP committee would like to thank all the participants and speakers for attending and making this a very educationally successful conference.
MELNICK at large

By Arnold Melnick, DO, FACOP

About Dog Bites

I sincerely invite you to read my article “Dog Bites” in the December issue of Contemporary Pediatrics.

No, this is not a “plug” for the article or the magazine. This column provides me the opportunity to share some opinions and thoughts with you — and all of you are really involved in this problem. You see, in a standard article, we do not editorialize or express opinions or raise controversial issues. Here, I can discuss things fully with my ACOP friends and colleagues.

The two major points of my article (and mind-boggling they are): there are 4.7 million dog bites a year in the United States (more than half of them are children) and the number of bites has increased 33% over the past ten years, while the number of dogs has increased only 2%. The overwhelming scare is that most physicians are not aware of this problem — and our literature is very scant.

Recently, someone in Philadelphia asked me, “What are the politics of doctors’ decisions – like the morning-after pill or like the lack of information reaching doctors that you just described?” Leaving alone the politically-hot issue of the “morning-after pill” I do wonder why there has not been more publicity from health departments or public health agencies or other sources for such a huge problem. I must commend the American Veterinary Medical Association for its activity in spreading word about the problem, but human doctors are missing it.

I submit that it is because of the great love of American people for dogs. It must be, because there are 68 million canine pets. As I pointed out in the article, there are certain benefits to dog lovers – an extreme example is the seeing-eye dog, but there are values for the ordinary person, too. The huge number of dog owners makes up a strong and influential block of “satisfied customers,” most of whom would oppose “defaming” their pets. The problem is so ubiquitous that any “negative” publicity would set off an avalanche of opposition: “Not my dog”, “That’s only a small fraction of dogs” and so forth. Never mind that the majority of dog bites are from family pets or neighbors’ pets, that is, from known, normal and friendly pets.

(Incidentally, I was in Philadelphia to escape Hurricane Wilma. But as I watched news reports there, I saw hundreds – maybe thousands – of fellow Floridians left homeless or foodless or water less. A major reason was their failure to heed warnings, defying common sense or denying or ignoring known hurricane statistics: “Not my house.” “Not my neighborhood.” What a truly amazing analogy!)

Illustrative of this great loyalty of dog owners, I recall a story told to me (steroids) by one of the country’s well-known allergists in New York. He had treated a child for asthma for a year or two with no results. The parents resisted getting rid of the causative agent — their pet dog. He suggested what was a last-ditch management popular at that time, called parentectomy — sending the child away from his parents to a special allergy hospital in Denver for both further treatment and separation from the parents for periods as long as a year, with no parental visitation. The parents returned a week later and said, “We have been thinking about your suggestion but we would rather send our son away for a year than give up our dog.”

Since there is a great deal of important anticipatory guidance about dogs that pediatricians can pass on to the parents of their patients — even if just the distribution of a handout — I wonder why these startling numbers seem to be kept so hush-hush.

I remember, in the heyday of measles, an outbreak of 50,000 cases impelled Congress to appropriate quickly several million dollars for the purchase of vaccine. That’s 50,000 cases, nowhere near 4.7 million. So why is the message — and the preventive information — not getting out to the public and not even to physicians?

As pediatricians, shouldn’t we be doing something about the problem—at least something more than we are doing now? Shouldn’t we be teaching our children protective behavior with dogs (such as my Guide for Parents in Contemporary Pediatrics)? Shouldn’t we be training our students and our residents to give appropriate anticipatory guidance?

Indeed, what are the politics of doctors’ decisions?

Ah, yes, one more thing. The one job the pediatrician should reserve for himself with the parents — all parents — is to say, face to face: “Never, never, never allow an infant, a baby, a child under nine years to stay alone with a dog even for moment, no matter what size the dog or breed or amount of domestication.”

Every child is worth that much.

Some Quick Facts About Children

1 year of age, the child should be able to sit alone and should walk by the age of two years

7.5 pounds is the average birth weight of an infant, with the large majority weighing between 5 ½ and 10 pounds. Babies’ birth weights usually double at 5 months of age, and triple at one year

1 year of age, the child can say “Mama” and “Dada”

20 inches is the average length of a newborn, with a range of 18 to 22 inches. By one year, the baby will be about 30 inches

3 years of age, the child can repeat simple rhymes

13.5 inches is the usual head circumference of a newborn. The head should measure about 17 inches by 6 months and 18 inches by one year

4 years of age, the child should be playing group games with other children
Our Residents... Our Future

By Edward E. Packer, DO, FACOP

Building a dedicated and growing membership in the American College of Osteopathic Pediatricians is vital for our future. One of the most important sources of new college members are our residents in the various national postgraduate training programs. Yet our college does not seem to make the necessary effort to court these future osteopathic pediatricians.

I became painfully aware of the discrepancy of recruitment over this past year with the residency program that I direct. I was contacted shortly into the year by the American Academy of Pediatrics, and I was asked if I would allow them to meet with my new residents. A representative came to our facility, met with all of the residents and handed them packages with books and materials detailing the benefits of membership in the American Academy of Pediatrics. As a result of this meeting, all of my residents joined the Academy, received membership packets and membership cards, and started subscriptions with the Academy’s monthly journal. The Academy mails materials to all of my residents every month detailing upcoming events and available publications.

All of my residents joined the American College of Osteopathic Pediatricians both because I told them it was required and that our program paid their annual membership dues. No representative of the College has contacted my residents to recruit their membership. No packages of materials were mailed to my residents to detail the benefits of membership in the American College of Osteopathic Pediatricians. None of the residents have received any acknowledgment that they are members of the College. We have not mailed any letters, membership cards, certificates, or publications that my residents can see as tangible evidence that they belong to our professional organization.

We need to do a much better job of recruitment if we intend to develop life-long relationships with our future pediatricians. Our college must promote membership through outreach programs in both our osteopathic and allopathic pediatric residencies. We need to develop membership application packets that promote the benefit of membership. All new and continuing members need to receive some type of certificate or membership card so they can at least have some concrete evidence of membership.

The future of our College is in the hands of our future pediatricians in training. Let us all try to develop effective ways of contacting and promoting membership with all of these potential members.

Career Opportunities

The ACOP Spring Conference program is available and we encourage residents to register. This meeting promises to be invaluable to residents as the College is offering a special opportunity for residents to meet with Department Chairs of many hospitals to discuss career opportunities. As always, we provide discounted registration for all candidate members.

Job Opportunities

The College just recently added the posting of employment opportunities on our website. Look for available positions under the Public Access portion of the site. Members may now post available positions through the “Members Only” section.

Resident Dues Extension

If you have completed your residency in 2005, please make sure you have received the special extension of the resident member fee. The College will extend the resident member fee for six months. Contact Joye Stewart, ACOP Membership Coordinator, for details.

PGY Training

The College has been making efforts to streamline the process by which you document your PGY training. Updated forms for the Residency Program Directors Report and the Residents Report will be available soon on the College website, www.acopeds.org in the Residents section. Remember, you are required to complete these forms after each year of training.

New Residents

New Resident members receive a welcome letter from the College’s Membership Coordinator, Joye Stewart. The welcome letter encourages Residents to update their contact information, provides them with their user name and password for access to the Members Only section of the website, and encourages them to contact the office for any assistance.

The College always welcomes comments and suggestions from all our members. Please forward your suggestions or comments to Joye@acopeds.org at any time.

ACOP Membership Numbers

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* A total of 103 AAP Members renewed and are included in the Fellow, General and Candidate (Resident) totals for 2005. Those who have not yet renewed are not included in the total member numbers for 2005.

Questions to Joye Stewart at 877-231-2267 or by email at joye@acopeds.org

Direct Your Membership
Once again in my “random” review of journal articles I came across some web sites that I thought you might want to have in your “Favorites.” In the March 2005 issue of *Contemporary Pediatrics*, I enjoyed reading an article about the pediatricians’ roles in preventing abductions. It had a list of web sites which I then evaluated and they are:

1. [www.missingkids.com](http://www.missingkids.com) which has a telephone hotline (1-800-THE-LOST) and a “push” button on the web page that allows you to “talk” to the Web Site if you have a microphone. Pretty nifty! It also has a nice set of links…
   - CyberCilpeline - which deals with “Types of Child Exploitation”
   - ID Event” link that allows parents to put pertinent information on a disc or in a booklet.
   - The “Picture Them Home” link is used to raise awareness of the importance of having pictures available in recovering a missing child. Another link is “Amber Alert” which was created in 1977 because of nine-year-old Amber Hagerman, who was abducted in Texas and brutally murdered. This site also has nice resources for: Parents & Guardians, Law Enforcement, Attorneys and Media. It also contains FAQ’s and a link to “Sex Offender Laws.”

2. [www.netsmartz.org](http://www.netsmartz.org) is the site for the “National Center for Missing and Exploited Children” (NCMEEC) that was established in 1984 and created as a clearing house federally mandated by the US Congress to assist law enforcement and families in cases of missing and exploitations. There is a link on this site for kids [www.netsmartzkids.org](http://www.netsmartzkids.org) where children can go to see “real life” stories. The site has something called “activity cards” which are age-appropriate. This site deals with “safety on the internet” and is very informational. I recommend it highly.

3. [www.klaaskids.org](http://www.klaaskids.org) is the web page for the “Foundation” page of [www.beyondmissing.com](http://www.beyondmissing.com) which is a web site for missing kids alerts. It was founded by Marc Klaas in June, 2001. This site provides law enforcement agencies with a secure internet-based system to create and distribute missing children flyers to law enforcement, media, public and private parties and allows parents to create a missing child flyer. It is partially funded by a US Department of Justice grant.

4. [http://www.fbi.gov/hq/cid/cac/cracmesmain.html](http://www.fbi.gov/hq/cid/cac/cracmesmain.html) is the FBI’s web site for “Crimes Against Children.” It has some nice links for children with “kids pages” for both kindergarten through fifth grades and sixth through twelfth grades and has “Tips for Parents” with links to information about “club drugs and internet safety.” It also contains general information about the FBI.

5. [http://mcgruff-safe-kids.com](http://mcgruff-safe-kids.com) is the home page for “McGruff the Dog - Take a Bite Out of Crime.” This is what I call a storefront where you can order materials either individually or in “bulk” such as their: Fingerprint Kit, Internet Safety Kit, Halloween Safety Kit and another informational kit called Kids on Wheels. Price for these handouts are based on the number purchased. ($2.50 for 1-49; $1.75 for 50-99; etc.)

Well that rounds out my picks for this issue of the PULSE. Happy computing. If anyone finds a suitable site or sites to share with the membership, send me an email at: garving@genesishealth.com.

Greg Garvin, DO, FACOP
Associate Editor
ACOP Welcomes New Members

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American College of Osteopathic Pediatricians: Contributions to United States Breastfeeding Success

by Steven Snyder and Robert Locke

The ACOP continues to provide strong support for breastfeeding initiatives at the national and local levels. ACOP organization and members have been advocates with legislatures and employers in improving conditions and support for breastfeeding initiation and continuation.

The ACOP has provided emphasis for breastfeeding education and promotion in its national CME meetings and resource connections. Members of the ACOP Board of Trustees and leadership participate as local-resource experts, active board members of milk banks, educators, and research investigators, in addition to their commitment to the USBC. The dedication at the leadership level both reflects and stimulates the general ACOP membership’s commitment and interest in breastfeeding.

As a follow-up, the initiative to increase medical student awareness and understanding of the importance of breastfeeding, has continued to improve through an improved network of active student pediatric groups. The effort toward unifying consistency of breastfeeding information at the medical school education level continues to be an ongoing process worthy of attention.

With the new ACOP website and organizational management, linkage from the ACOP home page to breastfeeding resources is planned over the upcoming year.

Invitation to Members

ACOP Members are invited to share their views, opinions, questions, experiences and ideas about coding. Send your thoughts to Pulse by email at stewart@ACOPeds.com.

Catching Up With....

Continued from page 1

Stan’s immediate family consists of his wife, Barbara, and three sons, David, Kelly and Steven, a DO jointly certified in Internal Medicine/Pediatrics. Planning for the future, Barbara just a few years ago went back to school to study nursing and is now enrolled in a program for Pediatric Nurse Practitioners. Their ultimate goal: In a few years, to visit third world countries as medical missionaries.

Goal-oriented? Stan certainly is. The best part is that through all his years of service, he constantly achieves his goals. And we know he will reach his “mission” successfully. Good luck, Stan.
NYCOM

NYCOM has been hard at work serving its community. At Halloween, they were able to visit with a local hospital and spend the afternoon making Halloween crafts with some of the patients and distributing them along with candy to patients.

Another thing that NYCOM has planned is a Toy Drive for the organization MPK, (MPowering Kids), a nonprofit organization close to NYCOM that supports underprivileged children. This organization seeks out children who are enthusiastic about learning and offers tutoring, enrichment and guidance to these children, grades 4-12. MPK had the children draw up wish lists and the NYCOM’s ACOP chapter distributed gifts on December 16, 2005 to all of the kids! Excellent idea!

VCOM

VCOM has started a project called Friday Night Friends, based on a project started in Texas, to support children with special needs. This project is a fun night out once a month for children with all types of special needs and any of their siblings. It allows parents to have a break from the constant care that they provide every day. This is an ongoing project, held the first Friday of every month. This project began in July, 2005, and hopefully will continue for years to come.

Thank you to the ACOP Members

The students are very appreciative of all that the ACOP members have done to support them. The money donated to help students attend the spring conferences allows more students to become active and involved with their ACOP chapter. By encouraging this excitement and involvement in ACOP at the student level, it will help to insure active participation as residents, and later as physicians. My sincerest thanks to all of you who have helped keep the support the students with your generosity.

PCSOM

PCSOM is still in the early stages of its club, but is getting the ball rolling already. They have organized a journal club that meets every month and are organizing a toy drive for their local hospital’s pediatrics unit. Great job on all of the hard work!!

Student Chapter Update

By Heidi Leftwich, Student Representative