CARING FOR AMERICA'S CHILDREN

Summer • 2007

pulse

THE QUARTERLY PUBLICATION OF THE AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS

inside...

Future of Pediatrics CONFERENCE

By Stewart A. Hinckley
Executive Director

The ACOP recently concluded its first joint meeting with the American Academy of Pediatrics in Orlando, Florida, June 29 – July 1. There were 89 ACOP members, 330 AAP members, 61 non-member physicians, and 220 allied health professionals out of a total attendance of 607 attendees.

The conference was designed for the practicing pediatrician, but also emphasized the need for a multidisciplinary approach to patient care. Conference highlights included resources and strategies to enhance community involvement and partnerships, as well as opportunities to present and discuss successful projects and ideas.

The osteopathic sessions included two cultural lectures by Lee Pachter, DO, *Cultural Competency: Working with Diversity, and Communications and Negotiating Across Cultures*. Dr. Pachter also presented a session on *Case Studies in Cross Cultural Medicine*. Julia Pillsbury, DO, presented three sessions on *Coding: Basic, Advanced and New Codes*. Ali Carine, DO, delivered an extremely popular hands-on session on *Osteopathic Medicine: Theory and Application in Pediatric Practice*, and Stan Grogg, DO, gave an outstanding talk on *International Adoptees*.

Neil Levy, DO, served as the ACOP Program Chair and was joined on the conference planning group by Ronald Marino, DO. The AAP welcomed the ACOP in the planning process, and both the AAP and ACOP staff worked harmoniously to produce a successful meeting. DOs who attended all 11 osteopathic sessions and exhibits were awarded 18 AOA Category 1-A credits.

In addition to the scientific sessions, the ACOP formally introduced the Conduit for Success, featuring sessions where Program Directors presented to students, residents presented to students, Department Chairs met, Residency Program Directors met, a Pediatric OMT module (POMT) was introduced, and there was a special AOBP question writing session. All ACOP members attending the meeting were given the first *Conduit for Success* CD-ROM, which was generously sponsored by Mead Johnson Nutritionals. Members who did not attend the meeting will receive their CD in the mail.

While the 2008 spring meeting will be an ACOP-only meeting in Savannah, GA, April 10-13, there is talk of having another joint meeting with the AAP in 2009.

HAROLD H. FINKEL, DO, PEDIATRICIAN OF THE YEAR
NOMINATION DEADLINE SEPT. 15, 2007
Visit www.ACOPeds.org for the submission form

CALL FOR NOMINATIONS

Harold H. Finkel, DO, Pediatrician of the Year Award

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

Please submit possible names to the ACOP office for the Harold H. Finkel, DO, Pediatrician of the Year Award. This award is given to an ACOP member who has given his/her time as an advocate for children. In addition, it should be given to a pediatrician who has made an outstanding impact upon his/her community in regard to child healthcare issues, emphasizing humanitarianism in pediatrics. Examples of such activities include community health issue advocacy or work on behalf of a special population of children with needs not always addressed adequately by the community. The Board recently renamed this award in honor of Harold H. Finkel, DO, an outstanding ACOP member for many years.

Nominations may be submitted to the Awards Committee by an ACOP member or by a community group. A statement from that group, along with your nomination letter, will then be subject to 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 Savannah, GA, April 10-13, 2008, if a viable candidate is 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

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PULSE is published four times a year in conjunction with the American College of Osteopathic Pediatricians, 2209 Dickens Road, Richmond, VA 23230-2005; 877-231-ACOP or fax (804) 282-0090.

President's Message

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

I would like to take this opportunity to thank the members of the Board of the American College of Osteopathic Pediatricians for their dedication and work in several projects. Without the Board and, of course, all of our membership, we would not be able to advance our dedication to osteopathic pediatrics.

The joint spring meeting with the AAP in Orlando went wonderfully. I was very pleased to see that we could carry on our own program while in conjunction with another major pediatric association. Such things as our individual CME programs were well attended. Our poster session well represented our profession. And our poster winner was Nathaniel Brady, a resident in our osteopathic program in Columbus.

The *Conduit for Success* functioned well at the meeting. Over 60 students attended the meetings given by the residency directors, residents and faculty. Several residents attended the residency panel.

The meeting also previewed the Pediatric Osteopathic Manipulative Treatment modules (POMT). Several people received certificates of completion for the initial POMT training. The development of POMT will assist our residencies in acquiring pediatric osteopathic manipulative treatment requirements.

I am also pleased to announce that membership cards will be sent to all members. They will have important contact information to our headquarters in Virginia as well as hot lines to several needed organizations.

Three new grants will be funded by the American College of Osteopathic Pediatricians. The Board decided to award $500 grants each of three residents to help them accomplish their research. The grant applications will soon be available on the website. The grant award deadline will be in December, with the awards determined in January. The resident will present his/her work at the Savannah meeting in the spring of 2008.

At the Spring meeting, it was determined by the Board that a National Residency Club will be started. Nathaniel Brady, DO, will be moving this project forward. An application to the national osteopathic residency club, as as well as an application for the grant, and advertisement for the spring Savannah meeting will be sent out to all osteopathic and allopathic residency programs in the United States.

The Board has decided that the next CME meeting will be held in San Diego with the AOA in the Fall. Our Spring meeting in 2008 will be held in Savannah. The title of our program will be *Coming Home*. There will be a section for memorabilia of the ACOP of the past. There will also be a gala. The gala will have a black tie masquerade antebellum ambiance. The guest speaker during the dinner will be Dr. Martin Finkel, DO, who will present the Watson lecture. Several awards including the Harold Finkel, DO, Pediatrician of the Year Award, the Student Club Award as well as the Distinguished Service Award will be given at this ceremony. We hope that everyone will be able to attend and enjoy these festivities.

The student clubs, chaired by Amy Sweigart, have progressed very nicely. Amy has agreed to continue another year on the Board with us. An award will be given to the best student club at our 2008 spring meeting. The criteria for this has been published and is available on the website.

The Board is also committed to establish themes for the ACOP on a yearly basis. The theme this year will be *Nutrition and Obesity*. The scientific theme will be presented at the Savannah meeting in lecture form. In addition, there will be an emeritus breakfast meeting every morning, where our distinguished emeritus members will regale us with their memories of the past and hopes for the future.

On a more somber note, the ACOP has replied to a letter posted in the *Journal of Pediatrics* by F. Bruder Stapleton, MD. of the Children's Hospital and Regional

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MELNICK at large

By Arnold Melnick, DO, FACOP

Why? Why? Why?

Here are some random questions that keep bothering me:

WHY… have we not made it compulsory for babies to be securely strapped into seats while flying in airplanes (instead of held in parents' arms), if it's important to do so for riding in automobiles?

WHY… haven't we doubled the penalty on drivers for not having a child strapped in a car, if that child is injured in an accident?

WHY… haven't we made it compulsory for institutions to have classes or lectures or question-and-answer periods for mothers of newborns while in the hospital (as many jurisdictions are trying to mandate for pre-marital counseling)?

WHY… have we not created a 24/7 telephone resource for new mothers, especially those who have no support system to call on, as has been started in Miami-Dade County?

WHY… have our public health departments not instituted a "big sister" movement for pregnant girls under their care, to provide support and encouragement?

WHY… has the government not instituted a penalty for off-label prescribing, since many harmful reactions arise from this?

WHY… have they not introduced a "hot line" for physicians to contact when they think there is need to prescribe something off-label?

WHY… has there never been a strong movement to get rid of old houses that contain so much lead (paint) that it is killing our children?

WHY… have we not mandated special training before owners get pool permits, since so many of our children drown each year?

WHY… hasn't someone mandated having weight and diagnosis (in addition to age) on every child's prescription, as a double check to avoid errors in prescribing?

WHY… hasn't anyone introduced into high school curricula some preventive classes in adolescent suicide, since the rate is so high in teen-agers?

WHY… has no one figured out a plan to eliminate early morning class for teen-agers (so out of sync with their circadian clocks)?

WHY… don't other states institute universal registration of children's immunizations (as Florida is now doing), making records available wherever the patient goes, or whoever the physician?

George Bernard Shaw said it best: "You see things and you say, 'Why?' But I dream things that never were; and I say, 'Why not?'"

Welcome to ACOP New Members!

Fellow

Duane R. Copenheaver, DO, FACOP
Blacklick, OH

David B. Magoolaghan, DO, FACOP
Akron, OH

Pediatric Student Club

Christina M. DaSilva
Des Moines, IA

Brian Hansen
Des Moines, IA

Sophia G. Le
Westminster, CA

Amy Little
King of Prussia, PA

Christina Navarro
Secaucus, NJ

Rima Zahr
Biddeford, ME

Associate

Ardrea T. Murphy, DO
Southfield, MI

APPELLATION ??????? Answers… Whose name is it?

Tetralogy of Fallot

Congenital condition characterized by pulmonary artery stenosis, interventricular septal defect, dextroposition of the aorta and hypertrophy of the right ventricle

Etienne-Louis Arthur Fallot, MD

Originally described by Stenson (discoverer of the parotid duct) in 1671, this set of four malformations causing "blue baby" syndrome, was described in pathological detail by Fallot in 1888. Other syndromes attributed to him are Fallot's pentalogy and Fallot's trilogy. He is remembered for his description of this malady, his demonstration that it could be diagnosed during the baby's life and his feeling that these malformations were common, rather than rare.

Fallot was born in 1850 near Marseilles, where he received his MD from Ecole de Medicine, and then spent most of his professional life. Ultimately he served as Professor of Hygiene and Legal Medicine at the University of Marseilles. He reported on other important cases in addition to cardiology ones: congenital pectoral dysplasia, hysterical hemiplegia, encephalitis and cholera, among others.

He was known as a fine clinician, noted for his minute physical examinations. It is said that he possessed an impressive ability to draw conclusions. He had much compassion for the patients and true emotions for the "weak and miserable of society."

Fallot forbade the publication of any eulogy after his death. He did not publish any medical articles during his last ten years of life, and after a "period of purifying loneliness," he died in 1911, at the age of 61.

Recommendations on Influenza Vaccine

By Stanley E. Grogg, DO, FACOP

Following the Advisory Committee on Immunization Practices (ACIP) in June, where I served as the representative of the AOA and the ACOP, I suggested that the ACOP endorse the letter supporting a recommendation to ACIP for influenza virus vaccination for all school-age children through 18 years of age. That letter was signed by 120 organizations, including AOAO and ACOP. The ACOP Board of Trustees approved the recommendation.

PROCEDURES

The ACIP is an advisory group to the CDC. It is made up of appointed members from the medical community, one of whom is appointed Chairman. Also on the ACIP are several ex-officio members, mostly drawn from appropriate governmental agencies. Meeting with the ACIP are a number of Liaison Representatives drawn from organizations representing all aspects of medicine and public health. I now represent ACOP and AOA at these meetings. APIC makes recommendations to the CDC which either accepts them or denies them. I have never known them to be denied, but it is possible. Once the CDC meets and accepts ACIP recommendations, they are then approved as the CDC recommendations in the MMWR.

This process takes about six months. Once approved, the AAP and other organizations and agencies usually present the recommendation to their membership. After this, insurance companies start "paying" for the vaccines.

I asked the ACOP to sign on to a letter endorsed by several agencies and sent to the ACIP encouraging them to recommend that all children age six months to 18 years receive the influenza vaccine.

Additional information may be obtained at the ACIP website: www.cdc.gov/vaccine/recs/acip/meeting.htm.

ACOP members may direct questions to Dr. Stan Grogg at sgroggdo@travelmedicine.com.

SUMMARY OF REPORT

The Advisory Committee for Immunization Practices (ACIP) met at the CDC in Atlanta on June 27-28, 2007. The committee did not endorse a universal influenza vaccination, but stayed with their previous recommendation to vaccinate all children six months to five years of age and those older children and adolescents who want to reduce the risk of becoming ill with influenza or of transmitting influenza to others. This year's recommendation includes administering two doses of the influenza vaccine to children six months to eight years of age who had only received one dose in their first year of vaccination. The complete 2007 CDC's recommendations for the prevention and control of influenza can be found at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr56e629a1.htm.

In other actions, the ACIP recommended that the Hepatitis A vaccine could be used as post-exposure prophylaxis for persons 12 months to 18 years rather than immunoglobulin (IG). For the 2008 schedule, new combination vaccines such as a DTaP-IPV-Hib and DTaP-IPV may be recommended. FluMist will most likely be recommended for younger children. The new vaccines require FDA approval before the ACIP can make their recommendations.

Safety data was reviewed for the Meningococcal Conjugate vaccine (Menactra-MCV4 by Sanofi), Rotavirus vaccine (RotaTeq by Merck) and Human Papillomavirus (HPV by Merck). The incidence of adverse events did not appear to be greater than expected and there were no significant changes from previous recommendations.

For a summary and complete report of the meeting, please go to the ACOP website at http://www.acopeds.org/.

President's Message

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Medical Center in Seattle, Washington. A response was sent to the editor of the *Journal of Pediatrics* and is published below.

A lot has been accomplished, and there is a lot more to be done. Please join a committee and help steer our college to be a prominent player in pediatrics in the United States.

Sirs:

We were disappointed to read an editorial by F. Bruder Stapleton, M.D., published in your *Journal* on June of 2007. The American College of Osteopathic Pediatricians (ACOP) represents a large population of osteopathic pediatricians that are boarded by the American Osteopathic Board of Pediatricians (AOBP). The editorial written by Dr. Stapleton suggests that the only true way of measuring a pediatrician is by Board certification through the American Board of Pediatrics (ABP). The ACOP prides itself in developing outstanding pediatricians, both general and subspecialty trained. Our boarding procedures are similar to that of the ABP. Several hundred osteopathic pediatricians and pediatric subspecialists have been certified and recertified by our board.

Members of the ACOP represent department chairs in our osteopathic institutions who encourage a high level of postgraduate pediatric training. The ACOP represents Pediatric Student Clubs in all of our osteopathic medical schools. Each pediatric club is engaged in projects to heighten community awareness and issues in pediatrics. The ACOP also represents several residency programs that graduate osteopathic pediatricians in such facilities as Rainbow Babies and Children's Hospital, Cleveland, Ohio; Columbus Children's Hospital, Columbus, Ohio; Detroit Children's Hospital, Michigan; Geisinger Medical Center, Pennsylvania ; Oklahoma State University; Maimonedes Hospital, New York, and others. These residencies produce high quality

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SITES FOR SORE EYES

Thank Goodness for Google!

By Gregory Garvin, DO, FACOP
Associate Editor

You are contacted by your local hospital PR department and they want to know if you will be willing to talk with a reporter from one of your local newspapers about something for which they are trying to get more information. In this particular case, the reporter wanted to know if our pediatric group office provided information about the safety of eating fresh fish from the Mississippi River. Thank goodness there is Google and the Internet. Right? Because of situations that arise like this, being able to get information quickly is essential and is not only informative and helpful for your patients but for you as well.

I was able to determine quickly the facts on this issue about eating fresh fish, as fish from all sources can contain contaminants. I already knew that women who are pregnant or planning pregnancy need to be careful. Women who are breastfeeding or have children need to be monitoring the amount of certain types of fish eaten, based on mercury and PCB levels. My first web site from my Google search was through the Minnesota Department of Health at www.health.state.mn.divs/eh/fish/eating/index.html. Now I won't go into all of the details but this website discusses the types of fish caught in Minnesota as well as the amounts of fish that are "commercial fish." Fish that are not to be eaten by children under 15, or pregnant women or women who may become pregnant include Walleyes over 20 inches and Northern Pike over 30 inches, as well as commercial fish including shark, swordfish, tile fish and king mackerel. Most of the commericial fish including salmon, cod, canned "light" tuna (6oz), catfish, tilapia, herring, sardines, shrimp, crab, scallops and oysters are allowed for no more than 2 meals a week but canned white tuna (6oz), tuna steak, halibut and lobster should only be consumed 2 meals a month.

I think what started all this issue about fresh-water fish consumption for the reporter was the concept that in the summertime and at least here in the Midwest, many people's vacations include trips to local lakes and rivers specifically to enjoy the nice weather and also to catch a few fresh-water fish for immediate consumption. Then, with the press release about unsafe fish in Lake Calhoun and its tributaries (including parts of the Mississippi), is it safe to eat fish that is not "commercial," especially by children and pregnant women? I found a website www.emaxhealth.com that had a title of "Fish Consumption Advice for Mississippi and Chain of Lakes in Minneapolis," where the chemical, Perfluoroctane Sulfonate, was found in fish taken from those waters. There was a published restriction on eating blue gill sunfish from the lakes and their tributaries around the Minneapolis area. And since some of those tributaries are draining into the Mississippi, was this going to extend down as far as Iowa where I live, near the banks of the Mississippi River?

Also, because I live in Iowa, I found a website about healthy fish consumption and went to the Iowa Department of Natural Resources (IDNR) www.iowaadnr.com/fish/news/consump.html, where safe fish consumption advisories are listed for this state. Here, I was able to find out that all Iowa fresh fish are safe to eat.

Often, as many of you are aware, one website often "links" to other informative websites and some of those links led me to the FDA/EPA websites to get more advice about what I needed to know about mercury in fish and shellfish at www.cfsan.fda.gov/%7Edms/admehg3.html. Here, I was able to learn of the five most commonly eaten fish that are low in mercury. There are some nice Frequently Asked Questions (FAQ's) about Mercury in Fish and Shellfish on this site. Also, this site mentioned to be sure to check the local advisories, as I did at the IDNR. I'm sure many other states will have similar websites that publish their own information, so check it out. I was able to find similar information about Missouri.

I learned that the large predator fish are more likely to contain the higher levels of mercury. It seems that the older the fish are and the larger they are, the more likely they can be harmful if eaten in larger quantities. Shark, for example, is one of the fish listed. I had just returned from my summer vacation to the French West Indies where I ate a large amount of "fresh" fish including shark but it also mentioned in the FAQ's that one week of higher consumption of these types of fish is OK, especially for men and for adult women who are not pregnant and not of child-bearing age.

All this information was obtained "in between patient encounters" which is what most of us have to do. It was obtained quickly and I was able to handle this interview with no problem and I felt like an "expert," even if I'm not an avid and knowledgeable fisherman.

I know many of you in ACOP have similar situations where you need to have information at your fingertips. I found this exercise using Google made it easy to find out what I needed to know about fish consumption and I hope that this might tweak someone's interest the next time a local reporter or TV newscaster calls wanting to do an interview. I had already included something about fish consumption (mainly tuna) in some of my anticipatory guidance handouts, but now I know a little bit more about the facts.

If any one out there has had a similar experience or has a web site I should go to and review for the other members of ACOP, please email me at garving@genesishealth.com.

Happy surfing…

Future of Pediatrics CONFERENCE

AAP/ACOP Joint Conference

June 29 - July 1, 2007 • Orlando, FL

CONFERENCE HIGHLIGHTS

Scott Cyrus, DO, (left) receives an award for his service as CME Director from ACOP President, Robert W. Hostoffer, Jr., DO, FACOP.

Ali Carine, DO

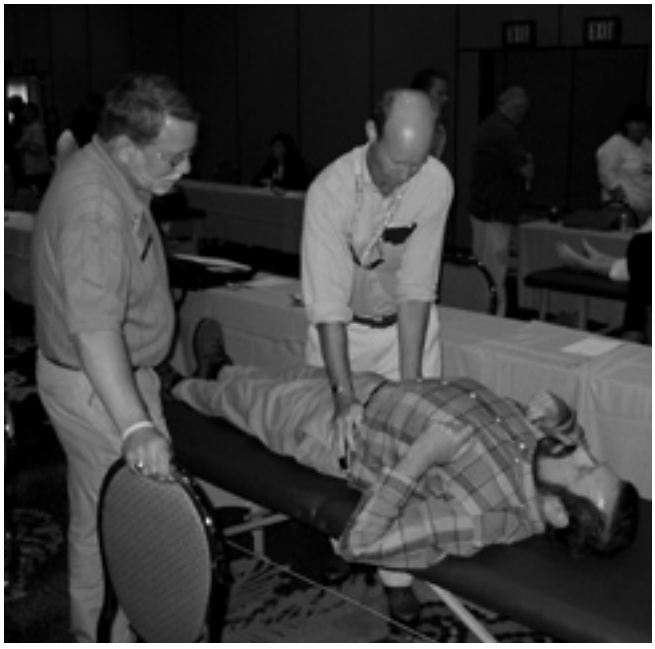
ACOP Board of Trustees Dinner.

ACOP students enjoyed the meeting.

Cheers from Abe Bressler, DO, and Michael Hunt, DO!

Al Cassady, of Mead Johnson Nutritionals, is greeted by Dr. Hostoffer, ACOP President.

Neil Levy, DO, Nancy Beery, DO, Ted Waugaman and Carlos Quirch, Mead Johnson Pharmaceutical Representatives.



ACOP Thanks the Supporters of the

ACOP/AOA 2007 Future of Pediatrics Conference

Orlando, Florida

June 29 - July 1, 2007

PLATINUM

Mead Johnson Nutritionals

Also Supporting the Conduit for Success CD Project

GOLD

Ross Products Division, Abbott Laboratories, Inc.

Genzyme Therapeutics

To support an upcoming ACOP meeting or for exhibitor information, contact Matt Van Wie.

Email: MattV@societyhq.com
Phone: (804) 565-6310

Highlights from the ACOP Board of Trustees Meeting - June 28, 2007

- The College's Board of Trustees recently met in Orlando, Florida during the joint meeting with the AAP. Several bold new initiatives have been launched. Following is a summary:
- The College will continue to support the US Breastfeeding Committee and make other contributions to causes that members feel are worthwhile. Please email suggestions for contributions to acop@acopeds.org
- Future membership voting will be done both electronically and by paper ballot. Board member biographies will be provided through links and in the PULSE.
- Three new research grants of $500 each will be available for residents yearly. Two are for DO residents in osteopathic programs and one is for DO residents in either osteopathic or allopathic programs. The application will be available soon on the website.
- All members will soon receive the highly acclaimed *Conduit for Success* CD-Rom, a member benefit designed to provide important information for DOs. Plans are already underway for a second version to be unveiled in Savannah at the 2008 Spring Conference.
- National residency clubs will be launched (similar to the student clubs) whereby they are encouraged to be part of the *Conduit for Success*. These are open to osteopathic and allopathic residents and the request will be made for program directors to pay their member dues.
- The theme for the 2008 Spring Conference in Savannah will be *Coming Home*, a theme proposed by Dr. Hostoffer to welcome DO pediatricians to the ACOP-only meeting. The featured scientific theme will be *Obesity and Nutrition*. Members are encouraged to submit suggested themes for future meetings.
- The *Pediatrician of the Year Award* has been renamed the *Harold H. Finkel, DO, Pediatrician of the Year Award.* The Awards Committee will be meeting soon to nominate a recipient, who will receive the award at the 2008 Spring Conference in Savannah. Dr. Martin Finkel will deliver the Watson Lecture and Dr. Arnold Melnick will be presented the Distinguished Service Award at the Savannah Conference.
- Dr. Michael Hunt has been tapped to work with management on a complete website redesign to include content, navigation and graphics.
- A *Student Club of the Year Award* will be presented annually. It will be based on criteria developed by the students. More information will be available on the website. The deadline for portfolio submission is December 31, 2007, with notification of the winner by January 31, 2008. The winner will be recognized in the PULSE, on the website, and at the 2008 Spring Conference.
- Ms. Sweigart and Dr. Brady, the student and resident Board members, respectively, were asked to remain on the Board for one additional year. Two "junior" postitions were created on the Board: one for a student and one for a resident. This will prepare the next two representatives for their service on the Board the following year. The bylaws will be changed to afford two positions on the ACOP Board: one for a Department Chair and the other for a Residency Program Director. Currently, there is one of each serving, but it is possible that these two groups would not be represented unless these Board positions are specified in the bylaws.
- A third student survey will be initiated by Dr. Foy with the help of ACOP staff. New membership cards will be created, giving members useful hotline numbers as well as their ACOP website member login information.
- For the past few years, the ACOP has not had any requests from MDs for CME. Therefore, the College will not seek re-accreditation by the ACCME to provide CME for MDs. The ACOP will continue to provide CME credits for DOs through the AOA.

PEDIATRICS... and then some!

Some pediatricians have moved their attention to areas tangential to or complementing the practice of Pediatrics. This is one of a series.

Lee J. Herskowitz, DO, FAAP, FACOP

Combining his love for pediatrics and medicine with a strong bent for administration and finance, Lee J. Herskowitz has carved out a fascinating career for himself

Today, he is Medical Director of Tuality Health Plan and Tuality Community Hospital, both in Oregon. His is a multi-task position: evaluating utilization, overseeing case management and procedures and, one of the most important to him, counseling with physicians in providing quality patient care.

Lee, Immediate Past President of ACOP and long active in ACOP affairs, previously served for over five years as Medical Director of PacifiCare Health Plan, which eventually was purchased by United Health Plan, where he had similar duties to his present position.

His slightly different path started with being Pediatric Director and then Managing Partner of a Family Practice Residency at the University of California Davis. Along the way, he earned an MBA degree in Health Care at University of California Irvine.

But don't think Lee has lost his deep feeling for clinical pediatrics. He has arranged, in addition to his job, to work two nights a week in a charity pediatrics clinic supported by his health hospital. Still in there working directly with children.

Lee is driven by the question, "What can physicians do to improve health care today?" And driven he is. You can tell it in his voice – and by what he has done. .

ACOP Response Letter

Continued from page 4

osteopathic pediatricians that eventually take the board produced by the AOBP. Our residents do progress to subspecialty work in all fields.

In addition, osteopathic pediatricians who have been boarded by the AOBP have been accepted for membership in the AAP. We have also partnered with the AAP recently in a joint meeting in Orlando, Florida. The title of this conference is *The Future of Pediatrics*.

Some forty years ago, a family doctor in a rural coal mining town, in an upstairs apartment, sat next to a small child's bed as he awaited the resolution of a fever. The child recovered. The family doctor was not certified by the ABP, but he was an osteopath and, as all good stories end and begin anew, his young patient later sat for the AOBP exam. Let us not forget what truly certifies and marks a pediatrician, not a test of words, but a test of heart and commitment to their patient. We, as marked board-certified osteopathic pediatricians, will continue to give our hearts and our commitment to our patients in all areas of pediatric medicine in all areas of the United States and foreign countries. We plan to continue to work with our pediatric brethren who treat children, to support pediatric causes and represent our profession philosophically and in action.

Sincerely,
Robert W. Hostoffer, DO, FACOP, FCCP, FAAP
President, ACOP

Fernando Gonzalez, DO, FACOP
Chairman, AOBP

By the NUMBERS

Diabetes and Obesity

By Malcolm S. Schwartz, DO, FACOP

30	Body Mass Index that determines obesity
15	approximate percent of children, age 6-19, with BMI >95%
35	percent of Hispanic and Afro-American children with BMI over 85%
20	percent of Caucasian children with BMI over 85%
127	million dollars—cost of childhood obesity annually
18	percent of children 6-12 years of age are obese
11	million children are obese
30-50	percent of children in pediatric endocrinology practice are obese
33	percent of all newly diagnosed diabetes patients are 10-19 years old
39	percent of patients with diabetes have at least one parent with the disease

MEMBERSPEAK

Does the Emperor Have Clothes?

Providing Health Maintenance within the Routine Office Visit

By Robert G. Locke, DO, FACOP, FAAP
Co-Editor, PULSE

General pediatricians have a daunting task: They must recognize every disease state and formulate a treatment plan within a seven-minute visit. At the same time, the pediatric practitioner must address and advise about all public health concerns, regardless of the social milieu.

Prevention and health maintenance are essential and laudable cornerstones of pediatrics. However, the increasing amount of information, knowledge, and responsibility placed upon pediatricians in the ambulatory setting, coupled with increasing time restrictions and declining reimbursement allotments reflects a health system that has unrealistic expectations.

It has been estimated recently that the AAP recommended health prevention maintenances exceed practical time constraints. Even if physically possibly, is it realistic to ask a patient or parent to retain information at a greater density than we are expected to absorb ourselves when attending a full-hour CME? With this in mind, I found the Bruce Bedingfield, DO, an ACOP member, commentary in *Pediatrics* entitled "Pediatric Health Maintenance in the 21st Century: A View From the Trenches" (www.pediatrics.org/cgi/doi/10.1542/peds.2006-0500) to be refreshingly honest and realistic.

Dr. Bedingfield in his commentary focuses on achieving a balance between care, guidance, teaching, and practicality within an ambulatory visit. He finds "teachable moments," which he defines as situations that "put families into a vulnerable state that leaves them open to our advice and guidance." He cautions against overloading the parents with information and instead favors selecting key items that can be discussed directly or combined with the use of handouts and other resources. He discusses the need to individualize the approach for different families and structure the visit to allow parents to voice their concerns. This approach permits the patient and parents to express their concerns and ask their questions, and allows sufficient time to provide focused health instruction in an efficient manner. He also advocates that the medical home not be viewed as a relationship with one primary care physician but the entire pediatric practice. The most important question is to ask, "Does that answer all your questions and accomplish everything you wanted to today?"

The PULSE asked three highly respected ACOP members to provide their thoughts on Dr. Bedingfield's commentary. These physicians include a resident-in-training, an Academic Chair of Pediatrics, and a private practice pediatrician.

Maureen Leffler, MPH, DO, is a 3rd year pediatric resident at A.I. duPont Hospital for Children/Thomas Jefferson University: Dr. Bedingfield articulates challenges to the provision of pediatric health maintenance, while suggesting certain approaches to improve the efficiency and effectiveness of teaching and anticipatory guidance. One piece of advice offered by Dr. Bedingfield is to ask "Does that answer all your questions and accomplish everything you wanted to today?" at the end of a visit, and he states that families typically respond "No, that pretty much covers it."

I believe that there are equally practical approaches to eliciting a family's concerns that may better serve everyone's needs. My clinical preceptor has taught us to start every visit by eliciting parents' questions and concerns. Establishing this "list" of issues at the onset of a visit makes families aware that their input is as important as ours, while reassuring them that their concerns will be addressed.

Waiting until our agenda has been completed to elicit familial concerns may be a disservice to our patients. If asked about concerns at the end of a visit, families may bring up an important, and time-consuming, issue, thus forcing the provider either to rush to address it or to reschedule another time to meet with the family. At the completion of a visit, parents may forget the issues that they wanted to discuss. Parents may dismiss their own concerns as unimportant if the provider has not initiated conversation about that particular topic. Finally, families may be eager to please, not wanting to delay seemingly busy physicians with more questions.

Although I do agree that we need to approach the critically important area of health maintenance in an organized manner, it is equally important to view families as our partners in this mission, eliciting their agenda at the onset of a clinical visit.

Edward E. Packer, DO, FAAP, FACOP, is the Chair of the Department of Pediatrics for Nova Southeastern University/College of Osteopathic Medicine: An important component of regular preventive pediatric health care is providing our families with anticipatory guidance for issues that will be affecting the growing and developing child. As an educator of osteopathic medical students and residents, I make anticipatory guidance and behavioral counseling an important component of our training program. At the beginning of the clinical rotation, the students are given instruction on the techniques and goals of anticipatory guidance and behavioral counseling. Each student or resident is given a handout with a grid outlining the age-appropriate objectives for the domains of anticipatory guidance that should be covered at the health maintenance visit and given added resources to achieve knowledge in that domain. All students and residents are required to present the items they will review with a family, and after these topics are approved by an attending they educate the parents on specific subjects. By making guidance and counseling a specific component of the pediatric clinical curriculum, we are able to help emphasize the educational role that physicians must assume in providing effective health care for children.

Initially, when students or residents are asked questions from parents regarding behavioral or developmental concerns such as thumb-sucking, bed-time resistance, or sibling rivalry they will draw upon what I like to call "community - acquired knowledge". It is important for physicians in training to differentiate between family lore and evidence-based guidelines for behavioral counseling, just as there are evidence-based guidelines for care of illnesses such as a Streptococcal pharyngitis. I teach the stu-

dents and residents to find reputable sources for all behavioral counseling that they offer to patients before providing answers to parents. Ultimately by reinforcing the practice of utilizing evidence-based guidelines for anticipatory guidance and behavioral counseling, students and residents improve their skills of incorporating patient education into routine pediatric health care.

Kienan F. Murphy, DO, FACOP, FAAP, is in Private Practice in Flint, Michigan: I read with interest and agreement Dr. Bruce Bedingfield's article on pediatric health maintenance. I am also a Pediatrician in the trenches for 27 years. We have been overwhelmed with the amount of documentation, education and examination to be completed in an office visit and still be productive and complete. I have also tried many of the techniques that Dr. Bedingfield suggested. I try to give a few concise topics for guidance on the well visit and even try to add some during a short, simple illness visit. As a group, we also hand out a booklet written by the group, the AAP's *The First Year of Life*, and instructional sheets on the various topics covered.

Similar to the section on Let's Emphasize the Medical Home, we also need to stress the importance of continuity of care. I find most disappointing the number of patients who go to after-hours clinics for not only sick visits but well check-ups and sports physicals. These do not help our ability to provide good care but also time for guidance.

In addition to the shared parental responsibility of seeking care within a consistent medical home, is the shared parental responsibility to read and follow the materials and information given. Many of these topics are in the booklets or instructional sheets that I have given out but were never read. Pediatricians have a big responsibility for the future of our children and we must keep this in mind even as the work load increases.

(Dr.Locke): Achieving proper health maintenance is clearly an issue of importance and passion. It is interesting to note the difference of opinion between those in private practice and those in academia and training. One aspect unifying all the commentaries is the commitment to provide excellence in pediatric health care and education and to the future of our children. The question, possibly still unresolved, is "What is the most realistic and effective course to achieve that common goal?"

CATCHING UP WITH...

...Fernando Gonzalez, DO, FACOP

Recently, PULSE caught up with Fernando Gonzalez and got an earful about the great progress being made by the American Osteopathic Board of Pediatrics. Gonzalez, serving his second term on the Board and chairman since 2005, is a fountain of knowledge about its accomplishments, with an equal amount of enthusiasm for what it has done.

A true Texan, he was born in Texas, earned his BS in Biology (University of Texas), received his DO degree (Texas College of Osteopathic Medicine, 1979, cum laude) and has been practicing in that state ever since. He left only to take a pediatrics residency at Tulsa Regional Medical Center (under Stan Grogg).

He had splendid osteopathic motivation. He was delivered by a DO, and his uncle, Carlos Rocha, was a DO. To top it off, his wife, Dawn, is a DO internist, and he has now passed this osteopathic heritage down to two younger brothers – both DOs – Roberto and Hector.

But Fernando really gets going when he talks about the AOBP. His believes the major achievements during his leadership tenure have been getting the sub-specialty certification examinations up to speed and updating the general pediatrics certification examinations, making them valid, current and proper. In the last year and a half, the Board has successfully examined all of its sub-specialty candidates.

Having served as Associate Professor of Pediatrics at TCOM, and as pediatrics department chairman at several hospitals, he, along with his wife, yearned for a slower pace with more direct patient contact, so they moved to San Angelo, where they both practice. They have two daughters, Sabrina and Elise.

The most interesting moment in his Pediatrics career? He laughed - because it was so personal. When his oldest daughter was born, with some complications, none of the doctors got there in time - neither the obstetrician nor Fernando's pediatric partner...giving him something noteworthy to remember.

Questioned about how he got into pediatrics in the first place, he indicated that even in medical school, it was the subject that interested him most. On a pediatric externship at TCOM, pediatrics drew his attention, and he knew "that pediatrics was what I was supposed to do - something that I enjoyed doing." And he added, "I've never regretted it for a moment. I love taking care of kids."

You can tell that from the joy in his voice as he spoke of Pediatrics - and about the AOBP, also a love in his life. The AOBP, and the ACOP, have benefited greatly from that joyful enthusiasm.

Call for Nominations

Continued from page 1

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. Please send all nominations to Bob Specht at ACOP headquarters, bob@ACOPeds.org or mail to ACOP Headquarters, 2209 Dickens Rd., Richmond, VA 23230.

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