AOA/ACOP Pediatric Track was a Huge Success!

In recognition of ACOP’s excellent Perinatal/Neonatal kick-off program, the opening day AOA Convention Newsletter featured lectures by Stephanie Martin, DO, concerning viral infections and other maternal conditions affecting neonatal outcomes. Dr. Martin’s *Pregnancy after Bariatric Surgery* was a fascinating lecture on a new area of concern. Neil Levy, DO, ACOP’s CME Chairperson, in conjunction with Matthew Abrams, MD, discussed optimizing neonatal nutritional as a precursor for a lunch statistical lecture. In a fitting post-lunch lecture, Steven Snyder, DO, reviewed controversies and concerns of neonatal gastroesophageal reflux disease. Alison Cook, DO, a new member of ACOP’s neonatology faculty, discussed the recently approved intervention of utilizing head cooling to treat neonatal hypoxic ischemic encephalopathy. Dr. Cook also reviewed the complex interaction of maternal chorioamnionitis, inflammatory mediators, and neonatal outcomes. Kudos to Barbara Ianni, DO, for once again providing ACOP members with a stellar Perinatal/Neonatal Educational Program and a great start to ACOP’s Fall Convention.

The Monday morning lectures were four independent presentations on obesity in children in the United States, and suggested protocols for managing the problem in the office and the community. The opening lecture by Linda Jones-Hicks, DO, provided an overview of the problem, emphasized the critical nature of an escalating epidemic, provided some direction for further investigation, and outlined the theoretical types of measures that should be taken by pediatricians.

The following lecture entitled, *Growing With EASE: Prevention of Obesity in Pre-K Children*, presented jointly by JoAnn Engelbrecht, PhD, David Nichols, PhD, and Luba Levy, MA, MBA, described an approach they had developed to intervene in the cycle of progressive excessive weight gain and decrease in activity in preschool children. Many of the interventions and suggestions for parents were applicable to brief office preventive counseling.

Two subsequent lectures by Adarsh Gupta, DO, MS, *Treatment of Obesity in the Pediatric Office Setting, and Diagnosis and Treatment of Obesity in the Adolescent*, described the office equipment necessary for assessment, the importance of the Body Mass Index as an assessment and monitoring tool, and a hands-on approach to directing a therapeutic program in the office. For

*Continued on back cover*
President’s Message

Robert W. Hostoffer, Jr., DO, FACOP

The Fall has come and gone, but not our memories of the Fall CME program in Las Vegas with the AOA at Venetian/Palazzo Hotel. The program was an awesome success thanks to our wonderful CME Committee.

The inaugural edition of our electronic journal (eJA-COP) is currently on the website. It is truly a professional and academic statement of our college. Dr. Michael Hunt was key in its inception and is serving as Editor-in-Chief. If you haven’t already seen it, check it out at http://www.acopeds.org/ejacop/2008october/ and send the link to a friend.

Our dedication to the use of immunizations continues with the leadership of our own Dr. Stan Grogg through the ACIP and Immunization Alliance. We are moving forward with our “Myth Stoppers” campaign. We will have a reception at the AAP/ACOP Future of Pediatrics Conference 2009, from February 27-March 1, 2009 in Anaheim, CA presenting more information about this initiative. Also at that meeting, the Conduit for Success will be held, with a combined student, resident and fellow meeting on Saturday evening.

At the urging of many of our members, we have removed the music and the rotation on the website, making it easier to navigate our website.

A new training forum on the website is designed for our Student, Resident and Fellow in Training (FIT) members. This is designed for all Students, Residents and Fellows in Training to be able talk to each other about courses, residency and fellowships.

A new development for our residents is in the works. The AOBP will be offering a mandatory OMT Inservice for all second year residents. An optional Pediatric Inservice will be offered as well.

Look for the new Resident Newsletter, the Fontanelle. It will be a one pager with short blurbs on items of interest for our Resident members. Hope you enjoy it.

A new Fellows in Training Club has been established named FIT. A meeting of the fellows was held in Cleveland, Ohio, and officers were selected. If you are a Fellow in training, email Dr. Nate Brady for information at dnbrady@gmail.com.

Keep in touch, keep involved. The ACOP needs all of you to continue to ensure that our children are receiving only the finest care and that we are providing the most up to date information for our fellow Pediatricians.
Love - Kid’s Style

I can’t help it. I still get a little chill pausing to admire a cute little child – and they’re all cute – on the street, in a restaurant, in the mall or in our condo. A kitschy-coo. A soft word. A loving touch. A chin-chuck. I haven’t lost my deep love for kids.

And what about the clever – and cute – things they say? I never tire of talking to our charming condo neighbor, age 3. Whenever she sees me in the hall, she stops and says, “I want chocolate” and heads for our apartment door. (She knows where we keep the stuff.) I love it.

There are so many clever sayings that we could write about them every month in this column. But let me share a few more.

When a group of 4-8 year old children were asked, “What does love mean?” here is what some of them replied:

Rebecca, age 8: “When my grandmother got arthritis, she couldn’t bend over and paint her toenails any more. So my grandfather does it for her all the time, even when his hands got arthritis, too. That’s love.”

Chrisy, age 6: “When you go out to eat and give somebody most of your French Fries without making them give you any of theirs.”

Terri, age 4: “Love is what makes you smile when you’re tired.”

Bobby, age 7: “Love is what’s in the room with you at Christmas if you stop opening presents and listen.”

Nikki, age 6: “If you want to learn to love better, start with a friend who you hate.”

Tommy, age 6: “Love is like a little old woman and a little old man who are still friends even after they know each other so well.”

Cindy, age 8: “During my piano recital, I was on a stage and I was scared. I looked at all the people watching me and saw my Daddy waving and smiling. He was the only one doing that. I wasn’t scared any more.”

Clare, age 6: “My Mommy loves me more than anybody. You don’t see anyone else kissing me to sleep at night.”

Elaine, age 5: “Love is when Mommy gives Daddy the best piece of chicken.”

Lauren, age 4: “I know my older sister loves me because she gives me all her old clothes, and has to go out any buy new ones.”

And maybe this takes the prize for the most honest, most philosophic, most insightful, most empathetic and most loving: A four-year-old child saw his next-door neighbor who had just lost his wife. On seeing him cry, the little boy went into the man’s yard, climbed onto his lap and just sat there. When his mother asked him what he had said to the grieving neighbor, he replied, “Nothing. I just sat there and cried with him.”

Aren’t you glad you are a pediatrician? I am.
Communications Messaging

Wednesday, July 16, 2008
American Academy of Pediatrics • Elk Grove Village, IL

By Stanley E. Gregg, DO, FACOP, FAAP

The American Academy of Pediatrics has formed an immunization alliance consisting of leaders with several allied organizations including the American College of Osteopathic Pediatricians. The alliance was formed based on the recommendation of the Center for Disease Control (CDC) and AAP, in response to the increased number of parents refusing to vaccinate their children. On July 16, 2008, the committee focused on “Communications Messaging”. Discussions included what are the most effective ways to disseminate information about vaccine safety and what influences parents. The ACOP’s “Myth Stoppers” stickers and pamphlets were distributed to the alliance members and well received.

The committee thought the target audiences should include parents, news and entertainment media, pediatricians and other health professionals, legislators, insurance carriers, health departments and others associated with children and immunizations. Brainstormings with both proactive and reactive messages were discussed. Disseminating the message of the safety and need for immunizations via newspapers, magazines, newsletters, media, pediatricians and other health professionals, news and entertainment should remain conservative to ultra-conservative between stocks and bonds.

Because of the urgency of the situation, the alliance will develop a list serve for emailing suggestions and continued communication among the groups involved. Specific recommendations will be developed and the next meeting of the group is to be determined.

ACOP is offering a free download of their Myth Stoppers brochure. Visit www.ACOPeds.org to download and print yours.


ACOP Board of Trustees Meets in Las Vegas

By Stewart Hinckley
Executive Director

The ACOP Board of Trustees met on October 26, 2008 in Las Vegas, Nevada.

President Dr. Robert Hostoffer introduced Dr. Erik Langenau as the new Chair of the Research Committee. Dr. Langenau noted that 13 good quality posters were submitted for this conference, and Poster #12 – The AP (Alcohol Perception) Project: A Study of the Perceptions of Adolescents towards Alcohol – Marlow Hernandez, BS, was chosen for the Best Poster Award. Certificates for the Best Poster and Research Grant Awards were presented at the Tuesday annual business meeting lunch.

Dr. Neil Levy presented the CME Committee report. He indicated that Dr. Eileen Hug will serve as Program Chair for the Fall 2009 meeting in New Orleans. Dr. Ali Carine has agreed to Co-Chair the Fall, 2009, meeting and then will be the Chair for Spring, 2010, meeting.

The Board spent a fair amount of time discussing the ACOP’s policy for speaker honoraria. Currently, speakers receive $500 per one hour lecture along with certain reimbursable travel expenses. While there was no action taken by the Board, the matter will be discussed further on the next conference call.

Dr. Steven Snyder delivered an update on the US Breastfeeding Committee (USBC). It was suggested that the ACOP membership should know more about the importance of this organization. The recommendation was made to keep the USBC informed of our activities and to stay involved with them. A motion was approved to have the ACOP collect USBC donations from members.

Dr. Fernando Gonzalez updated the Board on the recent AOBP certification and recertification results. He will provide 6 modules per year for online CME, which will be accessed through the new e-journal, eJACOP. A motion was approved to make it a 10-year cycle for recertification. Dr. Gonzalez was thanked for his efforts.

The Board reviewed the Vanguard investment portfolio. Following a lengthy discussion, it was agreed that the asset allocation should remain conservative to ultra-conservative between stocks and bonds.

Dr. Hostoffer reminded the Board of the three obesity resolutions put forth by the ACOP and approved by the AOA in 2008. It was noted that ACOP will submit immunization and suicide prevention resolutions before the next deadline.

All Board members were encouraged to make phone calls to delinquent members to help retain their membership. There was a discussion on offering a transitional membership dues rate for residents and fellows in training who have just completed their training. A motion approved to offer a 50% discount on dues for members in their first year out of training, whether resident or fellow in training.

Ms. Cassidy Foley presented the Student Representative’s Report, noting that she sends out monthly emails to the student clubs, keeping them current on ACOP activities. She has received positive feedback on the ACOP obesity and mythstopper brochures that have been produced this year. Ms. Foley is pushing to get more articles for Pulse and eJACOP and believes that the students are...
ACOP Welcomes New Members!
Visit www.acopeds.org for a listing!

AAP Approves a New Provisional Section on Osteopathic Pediatricians

By Lisa D. Ryan, DO
Chair, Legislative Committee, Maine Chapter AAP
Chair, Provisional Section on Osteopathic Pediatricians

The American Academy of Pediatrics Board approved the new Provisional Section on Osteopathic Pediatricians at its January, 2007, meeting. The section came about from the grass roots interest of osteopathic pediatricians to have a “home” within the AAP. The Academy staff and Executive Committee of the provisional section have worked closely with the ACOP in the development of the goals and objectives of the section and will continue to work collaboratively to strengthen the osteopathic pediatric community.

The Executive Committee of the provisional section is an energetic committed group of individuals consisting of the following members:

Lisa Ryan, DO, FAAP, FACOP
Chairperson (Bridgton, ME)

Erik Langenau, DO, FAAP, FACOP
(Brooklyn, NY)

Michael Weiss, DO, FAAP
(Coto De Caza, CA)

Nancy Beery, DO, FAAP, FACOP
(Duluth, MN)

Shana Kaznoksi, DO, FAAP
(Lake Havasu City, AZ)

Lee Herskowitz, DO, FAAP, FACOP
(Tigard, OR)

Gary Freed, DO, FAAP (Atlanta, GA)

The Goals of the Section Include:
1. Fostering collaborative working relationships between state osteopathic associations and their allopathic counterparts to unite all pediatricians to become stronger advocates for children;
2. Provide medical students, osteopathic pediatric residents and young physicians the opportunity to take advantage of the AAP resources including education, publications, policy and child advocacy efforts (to name a few);
3. To develop and coordinate with the American College of Osteopathic Pediatricians CME opportunities; and
4. To educate both osteopathic and allopathic pediatricians on osteopathic principles.

The section is hoping to provide educational sessions at the AAP NCE meeting in Washington, DC, in October of 2009. We will be launching a website and have distributed our first newsletter this Spring. This is an exciting opportunity to work together to strengthen pediatrics in our communities and states and between osteopathic and allopathic state associations. We are welcoming new members and looking for energetic members to help us with our goals and objectives. Please feel free to contact me (ryanlisa@bh.cmhc.org) or Jackie Burke (jburke@aap.org) with any questions, suggestions or ideas!

I am looking forward to all the great things we can do together for our profession and for the children and their families that we take care of.
### Residency Positions

*By James Kirk, DO, FACOP*

<table>
<thead>
<tr>
<th>For 2004</th>
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<tbody>
<tr>
<td>2261</td>
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<td>ACGME first-year pediatric positions offered</td>
<td>ACGME first-year pediatric positions offered</td>
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<tr>
<td>AOA pediatric positions filled</td>
<td>AOA pediatric positions filled</td>
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<td>2034</td>
<td>2271</td>
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<tr>
<td>Osteopathic graduates participating in the National Resident Matching Program</td>
<td>Osteopathic graduates participating in the National Resident Matching Program</td>
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### Practice Management Anyone?

*By Gregory Garvin, DO, FACOP*

*Associate Editor*

Because I was given the task of preparing the first article of a series of articles we as editorial staff think the ACOP members will find not only interesting but informative, I chose to post a few websites in “Sites for Sore Eyes” about Practice Management.

http://www.nejmjobs.org/help/career-resources/rc_index.aspx: this site is the homepage of a website maintained by the New England Journal of Medicine and is geared to help the recent graduate of a training program find a job. This page has links to information about the Physician Contract. It, I feel, was very informative on issues like issues like compensation. It has “assembled a wide selection of articles that support physicians in managing career opportunities.” I do think that physicians who may have been in practice for a period of time and just want to learn more about practice management will find this site informative.

http://www.napr.org/default.asp: is the homepage of the National Association of Physician Recruiters. There is a link with members of Physician Recruiting organizations that you can connect to by an email link. There is a link where physicians can register with them and as a benefit for registering you are sent a copy of “Physician Practice Search Guide.” I can’t comment on the contents of the guide. There is also a link to enter your key information (recommended) to search for a job. You can apply to be a member for $50 and would appear to be a one time fee. It even had a link suggesting that if you were a member they would even help you in the interview process. They do list their mission and vision statement and they also have a code of ethics.

http://www.aafp.org/online/en/home/practicemgt/contracts.html: is the website supported by the American Academy of Family Practice. Although this is geared for the FP, the link on Contract Negotiations has a number of articles that deal with similar concepts in a contract negotiation for a primary care provider. Remember, I do belong to a primary care physician’s group of FP’s, IM’s, OB/GYN’s and PED.

http://www.valancy.com/Welcome.html: is the homepage of a consulting firm that helps physicians in their path to entering the work force. They also advertise “seminars” in Practice Management. I can only guess that there are a number of websites like this from other vendors trying to help physicians in making the right decisions. Jack Valency is a private consultant who teaches at Case Western Reserve about practice management issues. I did not include this website as an advertisement for him but I would say though that looking at the site he seems honest and reputable.

http://www.medlawblog.com/archives/cat--physician-contracts.html: I will include this “blog” site from Tuckerlaw. There is an email link to Michael Cassidy: mcassidy@tuckerlaw.com. There is a link to Physician Contracts and when you click on the link it goes over what Mr Cassidy would do to review a Physician’s Contract you might be interested in signing. I could not comment on the lawyers’ skills but would mention that for me personally if I were going to use an attorney’s service for this I would probably choose that individual locally or on recommendation from my own personal attorney who might not feel comfortable reviewing this type of contract as many attorneys today have areas of expertise and this attorney may likewise be best suited to provide the expert consultation and opinion needed.

Well, that’s all for now…

If you do have a web site to recommend please feel free to send it to me or if you have a “topic” you want me to “google” let me know and I’ll check some websites…

Happy surfing…

garving@genesishealth.com
Although not a medical journal, this publication carried a great article about our colleague, Anthony Johnson, DO. In an article “Operating in Utero”, they described his work performing delicate operations on babies in utero, identifying Dr. Johnson as an osteopathic surgeon at Texas Children’s Hospital, who uses a fetoscope with a small camera attached to perform maternal-fetal surgery.

Thousands of fetuses die each year in-utero or shortly thereafter in the neonatal time period from a fetal or placental anomaly. The CDC states that congenital anomalies and complications of the placenta are the first and sixth most common causes of infant mortality respectively. By the earliest age of viability, irreversible damage leading to fetal-infant mortality or significant morbidity occurs, meaning intensive care interventions occurring in the NICU happen too late.

It has long been recognized that for any reasonable hope for these infants, intervention must occur in the womb. Recently, a more comprehensive team approach utilizing fetoscopy and minimal invasive surgical approaches has yielded promise. Anthony Johnson DO, a member of ACOOG, is an exceptionally skilled fetoscopic interventionalist. He and his colleagues at Texas Children’s Hospital have been at the forefront of this promising approach.

Dr. Johnson believes that he has the “coolest job” in medicine. As one of the first osteopathic fetal-medicine specialists, Dr. Johnson found his love and niche in interventional medicine early in his career. He graduated from WVSOM and did his Obstetrical and Gynecology residency at Botsford General Hospital in Michigan. He subsequently completed fellowships in Maternal-Fetal Medicine at the Pennsylvania Hospital and Medical Genetics at Thomas Jefferson University in Philadelphia where early on he developed sub-specialty skills and expert knowledge in maternal-fetal interventional medicine. After stints in Boston, Detroit and North Carolina, he now is a key member of one of the busiest and most comprehensive fetal surgery centers in the country at Texas Children’s Hospital.

Though fetal surgery is still an emerging field, fetoscopic interventions, such as those performed by Dr. Johnson, are at the forefront of fetal surgical interventions that have demonstrated evidence-based medical efficacy. Twin-twin transfusion syndrome (TTTS), which can occur in 15% of monochorionic twins, carries a 90% mortality rate for the recipient twin and high levels of severe neurologic handicaps in the donor twin if evident early in pregnancy. Dr. Johnson and others have demonstrated that using a percutaneous approach and a skilled fetoscopic surgeon, photocoagulation of the aberrant placental vascular system in symptomatic TTTS in < 26 weeks gestation can significantly improve survival and reduce neurologic adverse sequelae. Similarly, in a rare condition of monochorionic twins which there is twin reversed arterial perfusion (TRAP) an acardiac/acephalic twin steals blood from the normally functioning twin. Fetoscopic intervention creating cord occlusion to the acardiac/acephalic twin can improve survival in the normal twin from 50% to 85%.

Future interventions utilizing advanced robotics, improved technologic optics, and combined fetoscopy with minimal invasive approaches in which a condition is approached utilizing a collaborating team of fetal-maternal interventionalists, fetal surgeons, anesthesiologists, neonatologists, and pediatric surgical specialties are being explored by Dr. Johnson and colleagues. Potential disease states remediable to this collaborative combination include airway and thoracic anomalies, genital-urinary anomalies, and valvular cardiac disorders.

There is tricky balance between providing easy access to patients to this growing valuable therapy and diluting the skill, experience, and institutional competence to the point of diminished outcomes. A common problem in medicine, and specifically important in this field wherein operator skill, team knowledge, and teamwork are sensitive determinants of outcome. Dr. Johnson has not only been at the forefront in the operating room, but also in addressing these political-ethical issues through a variety of leadership positions in numerous networks, committees, and academic societies.

The American College of Osteopathic Pediatricians and PULSE congratulate our colleague Anthony Johnson, DO for continued contributions and leadership to the osteopathic community and the frontiers of maternal-fetal medicine.
Pediatric Track

Continued from page 1

the adolescents he discussed some of the indications for bariatric surgery. R. Scott Cook, DO, provided the two afternoon lectures: the first entitled Concussion in the Young Athlete, and the second, Exercise Induced Asthma vs. Bronchospasm. Both lectures were focused on the clinically appropriate assessment and treatment of the respective problems. In the concussion lecture, prevention of long-term consequences was emphasized. In the second lecture, prevention was promoted.

All of the lectures were well attended reflecting favorably on the osteopathic pediatric community’s commitment to addressing current and ongoing issues in the care of our nation’s children.

on the web...

• Welcome New Members
• 2009 Officers & Trustees Candidate Bios
• 2009 Officers & Trustees Election Ballot

Welcome ejACOP!

The editors of PULSE extend a warm welcome to the new born ejACOP, which made a successful entry into the world recently and promises to be a vital force in our College. We especially want to extend congratulations and thanks to Bob Hostoffer, Michael Hunt, Stewart Hinckley, Beverly Bernard and Bob Specht; their ideas and hard work brought this challenging entity into existence.

Arnold Melnick, DO
Robert Locke, DO