Mythstoppers

As he usually does, Dr. Stan Grogg collected a crowd for his mythstopper program, held during the wine and cheese party at our most recent meeting. He addressed the false information that prevents some of our parents from allowing their children to receive immunizations.

His program was divided into two parts. The first was a PowerPoint talk addressing each of the most popular myths. The second part of the presentation took the form of a quiz. The audience was asked to identify pictures of vaccine-related diseases. He exhibited 12 pictures. The quiz papers were collected and placed into a sack, and three papers were selected at random. These three winners were given a Mickey Mouse doll, a Minnie Mouse doll and a Goofy doll. Everyone had fun while learning.

Continued on page 6
President’s Message

Robert W. Hostoffer, Jr., DO, FACOP

The ACOP has moved into a new level. From a close knit CME organization, the ACOP has morphed into a national organization with influence in both AAP and AOA, as well as influence in all osteopathic residencies and colleges. Yes, we have grown.

With this growth, an inherent responsibility has been placed within our reach. We are now responsible for protecting the health of children and young adults in the world. We have become their advocate. Through our influence, we take on this most sacred of societal concerns, our young.

Moving pediatric issues through the AOA and AAP will take careful thought on resolution formation by our members. We will also need to work closely with our brothers and sisters in the AOA and the osteopathic section in the AAP.

Our publication, eJACOP, must reflect our responsibilities as well. We must coordinate our efforts to educate our membership, the AOA, AAP and ACOP about our responsibilities and direct them through this resource to make the most of our efforts.

Our students and residents share in this responsibility. They serve as the energy and strength of our college. Their grasp of our responsibilities and level of commitment is key to the overall success of our mission. They are the heart and arteries that has kept the college vibrant.

We must be selfless in our journey of growth. This may at times require us to sacrifice time and on occasions our hard earned money, in the form of dues and sponsorship. We can fulfill our destiny as a major osteopathic pediatric influence in the world, but only with the full commitment of our members.

With this, I leave you in most capable hands. They look to you, they look to us. Our responsibilities look for action, passion and commitment. Thank you for allowing me to serve.

Visit www.acopeds.org for the latest ACOP Information!
DNA... Some Good Advice

DNA? Yes. You mean deoxyribo-nucleic acid? No, not that DNA. I mean another DNA: Do Not Abbreviate. Good advice to save everyone a lot of headaches.

I have written before about the subject and railed against the use of abbreviations (The DO, last year). But I was reminded about it again recently when I received my copy of the 14th edition of a book by Neil M. Davis, MS, PharmD, FASHP, titled Medical Abbreviations – 30,000 Conveniences at the Expense of Communication and Safety. (One of my prize possessions is a copy of Dr. Davis’ first edition (1983), a tiny 4” x 6” size with 46 pages and 1700 abbreviations – a real treasure that I have kept reachable in my library for the past 25 years.) The new edition contains 384 pages and 30,000 abbreviations.

In his introduction, Dr. Davis writes, “Abbreviations are a convenience, a time saver, and a way of avoiding the possibility of misspelling words. However, a price can be paid for their use. Abbreviations are sometimes not understood. They can be misread, or are interpreted incorrectly. Their use lengthens the time needed to train individuals in the health fields, wastes the time of healthcare workers in tracking down their meaning, at times delays the patient’s care, and occasionally results in patient harm.”

Convenience? Yes. But if they cause death or harm, they become valueless, as the sub-title suggests. Misread and ambiguous abbreviations have certainly contributed to the thousands of medication deaths reported every year – in addition to many thousands of harmful and dangerous effects. I do not think he intended for every doctor to memorize all abbreviations; his book is an alarm/alert button. Abbreviations must be understood by every, that’s every, person who may come in contact with them – and be 100% clear.

In his chapter on ‘Dangerous, Contradictory, and/or Ambiguous Abbreviations”, he lists 40 actual examples. Some of them are:

- “On several occasions pediatric strength diphtheria-tetanus toxoids (DT) have been confused with adult strength tetanus-diphtheria toxoids (Td)”
- “…in some hospitals, it [DPT] is also used as shorthand for a sedative cocktail of Demerol, Thorazine, and Phenergan. Several cases have occurred where a child was vaccinated rather than given the sedative mixture.”
- “The abbreviation “U” for unit is the most dangerous one in the book, having caused numerous ten-fold insulin and heparin overdoses. The word unit should never be abbreviated. The handwritten U for unit has been mistaken for a zero, causing tenfold errors.”

I have noticed recently that several hospitals have begun to list right on the Doctor’s Order Sheet instructions for eliminating the “U” and requiring additional precautions with abbreviations. I hope this practice spreads to other institutions – and to doctors’ offices.

As an aside, there’s even subtle humor in this morbid subject. Dr. Davis presents the most interesting abbreviation of all: DO, DO, DO (one drop, right eye, once daily). - My DO article on abbreviations was titled F.U.N.E.M.N.X. (Have you any Ham and Eggs?).

Dr. Davis, Emeritus Professor at Temple University School of Pharmacy and Editor Emeritus of Hospital Pharmacy, drew from his long experience such examples as these:

- SSE – could be saline solution enema or soap suds enema
- DW – dextrose in water or distilled water or deionized water
- I & D – incision and drainage or irrigation and debridement

What a world of difference between the options – sometimes life-threatening or simply endangerment to the patient.

Browsing his long list of abbreviations, you can find that AM has 27 different meanings and MM has 21, among the leaders. Just imagine how danger multiplies if sloppy handwriting makes someone mistake AM for MM. Plus the book contains many other multiple meanings for abbreviations. Deadly!

Perhaps the most dangerous abbreviations are the ones individual doctors create for their own convenience. But that convenience can turn into terror if you are asked in court by an opposition attorney or judge to explain details of that abbreviation, especially if it becomes a key point in a lawsuit.

Medical Abbreviations deserves a spot in every doctor’s medical library. Not only is it fascinating to browse through, but there may come a day when its’ important information may save a life. Each copy comes with a free access to the Internet version of the book.

Habits are hard to give up. But, and that’s a big BUT; if you insist on keeping at least one abbreviation, make it DNA—Do Not Abbreviate! – and rest easier when you go to sleep at night. You will avoid a great number of possible medical errors, perhaps save a life and certainly keep out of court.
Some pediatricians have moved their attention to areas tangential to or complementing the practice of Pediatrics. This is one of a series.

### Stanley E. Grogg, DO, FACOP, Trots the Globe for Kids’ Health

Pinned to the wall of OSU pediatrician Dr. Stan Grogg’s office is a map of the world, with its estimated 190-plus countries. For him it is more than a map. It also is a reminder of the 136 countries he has visited (most recently Afghanistan).

When he was a child growing up in Ohio, Grogg was intrigued by Mt. Everest after reading a book about the site. He wanted to see it and caught a travel bug to see the world that he never has shaken. In October, 1999, he boarded a plane in Katmandu and saw Mt. Everest’s peak and base camps from the air, some 44 years after he first read about it. Making trips as a physician lets him achieve his childhood aim while furthering better health care for children.

In October, he visited to Kabul Medical University through In His Image, International, lecturing on gastroenteritis, dermatology and pediatric cardiology. He also consulted at Kabul’s CURE International Family Health Clinic newborn nursery and pediatrics, making rounds with another pediatrician and teaching family practice residents.

He says medical care there often deals with harsh realities. Tuberculosis is common; treatment for Group B strep (which can cause premature births) is not affordable; and one-quarter of premature newborns with immature lungs will die because there are no respirators available. He then added that often a family of five is not able to afford approximately 25 cents for chlorine to make safe drinking water for three weeks.

Medical education in Afghanistan differs in some ways from the curriculum in the United States, he said. For example, practicing physicians can own a pharmacy, medical students do not receive training in medical ethics, there is no health insurance and preventive medicine is uncommon, he said. Grogg is hopeful about the future of health care in Afghanistan, as the country slowly mends.
**John Graneto Interviewed**

John Graneto, DO, FACOP, Secretary-Treasurer of ACOP, was interviewed on a widely-distributed AOA audio news release produced for this past Halloween season. In response to the interviewer’s questions, Dr. Graneto discussed Halloween candies and obesity, with an eye to childhood nutrition. He also made some practical suggestions about how parents should manage the “goodies” children bring home from trick-or-treating. The entire transcript is available on www.prnewswire.com/broadcast/35415/press.html.

**Garvin Family Active in Show Business**

ACOP Past President Gregory Garvin, DO, FACOP, and his wife Donna, are the proud parents of several rising stars in various aspects of show business. Daughter Gretchen recently opened off-Broadway in a new musical *Calling: An Opera of Forgiveness*, a story of 9/11 and for the benefit of 9/11. She is a graduate of the Boston Conservatory of Music and has performed in *Annie Get Your Gun* and other well-known shows, and has sung with the Boston Pops orchestra. Not to be outdone, her husband is a producer for MSNBC. Greg’s oldest son, Greg II, has been a script coordinator for several popular television series, including *ER* and *Mad Men*. He holds a degree in Cinematography from Columbia College. Greg II.’s wife is a psychologist in Los Angeles.

**Stuart Friedman Honored**

Stuart Friedman, DO, FACOP, was honored by the Phoenix Children’s Hospital as one of its founders, who were individually honored recently and presented plaques. Dr. Friedman, who practiced in the Phoenix area for 35 years, saw our profession grow in Arizona from being unwanted to active participants equally accepted — and he played a role in that growth. During his practice years, he served as an officer of the Phoenix Pediatric Society and the Arizona Chapter of the AAP. Currently he is on the Emeritus Staff at PCH, and Clinical Professor of Pediatrics at the Arizona College of Osteopathic Medicine of Midwestern University.

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**Christmas Disease**

**Hemophilia B – a deficiency of blood-clotting Factor IX**

**Stephen Christmas**

Stephen Christmas was born in London in 1947 and with his family moved to Toronto. At age 2, he became ill and was admitted to Toronto Hospital for Sick Children. While hemophilia was suspected, it was discovered not to be a deficiency in Factor VII.

His family moved back to London. At age 5 he was admitted to the hospital where medical scientists in Oxford could further define his disease. There it was identified as a deficiency in clotting Factor IX. This discovery laid the foundation for the classification of two distinct types of Hemophilia (A and B).

The British Medical Journal, coincidentally in its “Christmas edition” in 1952, first published the absence of clotting Factor IX, named not after the Christian holiday but after the young man in whom the discovery was made.

Stephen Christmas contracted the HIV virus in the 1980s through a blood transfusion. He spent most of his time living in Canada and fighting for improved treatments for hemophiliacs, with the Canadian Haemophilia Society. He worked as a taxi cab driver but studied photography as a hobby. Later, he enrolled in formal training as a medical photographer, and then worked as a medical photographer at the Toronto Hospital for Sick Children, where he was originally diagnosed as a young boy.

He died in 1993 at the age of 46 from AIDS-related complications, coincidentally just five days before Christmas.

- John W. Graneto, DO, FACOP
A View from Israel

By Irving Portnoy, DO, FACP
Netanya, Israel

I graduated from the Chicago College of Osteopathic Medicine in 1963, and trained in Pediatrics at the Harrisburg Osteopathic Hospital under the late George Stineman, DO, FACP. On occasion, I think about my 40 years in Pediatrics and realize that I have done a lot in Pediatrics and Medicine. Here is a capsule of that recollection and some views of practice in Israel.

Had I stayed in the States, I would have gone for certification in Allergy because I did a lot of work in that field in Israel. Initially, I spent six years as head of the neonatal ICU at Laniado Hospital in Netanya, Israel. Then, I went to work in one of the health funds. I would say that 98% of the practice of medicine here is in the sick funds. There are very few, if any, pure pediatric private practices. Those physicians who open a clinic for pediatrics are usually associated with several health funds.

Many doctors in hospitals do see private patients, but it costs the patient more to see a doctor in this manner. On the other hand, if you have to be hospitalized for an elective procedure, he can cut the waiting time. There is a lot of government control so that certain drugs are not in the “drug basket”, that is, your sick fund insurance does not cover them or you have to buy it privately from a pharmacy or import it. Also, if I were to hospitalize a patient, I would not take care of him; all orders are done by the hospital doctors.

Subsequently, I was working night call with the NICU once a week, while working at the health fund. That stopped when there was a doctors’ strike. I’m sure a doctors’ strike would not occur in the United States. Then I did night call on the intensive care ambulance for 17 years -- enjoyable, sometimes tiresome (sometimes I would start at 1600 and would eat supper at 2300).and sometimes frustrating (you can’t save them all no matter how hard you try). During all this time, I did my army duty. I am now a Major in the Air Force Reserves in a special unit.

There are only a handful of DOs practicing in Israel and I am the only DO pediatrician. When I first came to Israel, I had to go before a special board to get my medical license and pediatric certification. After a few questions on how I would treat various illnesses, they still didn’t really understand the difference between a DO and MD. I explained it to them and received both certificates. I do not believe that anyone really knows I am a DO; I have been accepted for my knowledge, not who I am.

I have missed meeting with my ACOP colleagues and I’m sorry that I was not able to be more active. Kind of hard from Israel.

(Ed. Note: Dr. Portnoy, who has lived and practiced in Israel for more than 30 years, has remained a member in good standing for all that time—even though he was “isolated”. What a fine example of dedication to ACOP. Irv, thanks for your great loyalty. He can be reached at 10 Sharet, Netanya 42245 or sandyirv@netvision.net.il)

More students attended than were expected. Those schools sending representatives were from our western schools. They attended their student meeting led by our own board representative Cassidy Foley. During their meeting, they had the opportunity to ask questions of various residents and fellows concerning residencies. Following their meeting, they had the opportunity to ask questions of various residents and fellows concerning residencies. Following their meeting, they had the opportunity to ask questions of various residents and fellows concerning residencies.

For three years, the conduit has been featured at the ACOP meetings. It has been, as its name suggests a success. Every level of osteopathic pediatric education took part in the event.

More students attended than were expected. Those schools sending representatives were from our western schools. They attended their student meeting led by our own board representative Cassidy Foley. During their meeting, they had the opportunity to ask questions of various residents and fellows concerning residencies. Following their meeting, they listened to residency directors present their programs. The students were treated to dinner by the ACOP Board.

The Conduit accomplished what it was structured to do, bring us all together talking and walking to the same tune. We are very proud of our students, residents and fellows. We look forward to see them all again at our next conduit.

Report Available

For pediatricians interested in obesity in children, the Agency for Healthcare Research and Quality has released its new report *Effectiveness of Weight Management Programs in Children and Adolescents*.

The report can be obtained at [www.ahrq.gov](http://www.ahrq.gov) or directly from the AHRQ Clearinghouse, Attn: 08-E014, P.O. Box 8547, Silver Spring, MD 20907 (800-358-9295).

AHRQ also has a free DVD for families and children aged 5 to 9 called *Max’s Magical Delivery: Fit for Kids* (No. 04-0088-DVD). It teaches children about smart eating and physical activity. It can be ordered at [www.ahrq.gov/child/dvdo-besity.htm](http://www.ahrq.gov/child/dvdo-besity.htm) or from the Clearinghouse.

Pediatricians Show Less Race Bias Than Others

Pediatricians are less likely to harbor attitudes that favor white Americans than other physicians and individuals. Implicit bias and medical care were evaluated.

More details in *Physician Implicit Attitudes*” by Sabin et al. in the July, 2008 issue of *Medical Care*.

More Children Getting Government Dental Insurance


**Bright Moments from the Joint AAP / ACOP Conference**

Continued from page 1

**FYI STAY IN THE KNOW!**
Immunization Update

By Stanley E. Grogg, DO, FACOP
AOA/ACOP Representative to the Advisory Committee on Immunization Practices of the National Institute of Health

1. Pneumococcal polysaccharide 23 valent vaccine (PPSV23-Pneumovax by Merck) should be administered
   a. To asthmatics over 19 years of age (i.e. college students)
   b. To all smokers 19-64 years of age as well as smoking cessation counseling

2. Investigational 13-valent pneumococcal conjugate vaccine will add 6 serotypes to the Prevnar (by Wyeth) (Prevnar serotypes + 1, 2, 5, 6A, 7F, 19A). Preliminary data shows a good response to the vaccine. OSU-Pediatrics is part of the study.

3. Needle length – local reactions can be reduced by using longer needles (5/8 to 1 inch depending on age) for immunizations

4. Human Papilloma Vaccine (HPV4-Gardasil) by Merck is safe and shows only a temporal association and no causal relationship to Guillain-Barre Syndrome (GBS)

5. 2009 Childhood Vaccine Schedule significant changes
   a. Rotavirus vaccine (RV5-Rotateq by Merck, RV1-Rotarix by GSK): Minimum age of vaccination is 6 weeks of age and should not be started after 15 weeks of age
   b. Influenza vaccine: recommended for all patients 6 months to 18 years

6. Rotavirus (RV5) vaccination is working (CDC surveillance in 2007-8 versus 2000-6 seasons)
   a. Season was shortened
   b. Number of cases significantly decreased

7. National Vaccine Advisory Committee (NVAC) is recommending financing administration of vaccines included in Vaccine for Children (VFC). This is needed for pediatricians to continue to afford to give immunizations

8. Vaccine supplies continue to have some limitations with the following vaccines:
   a. MMRV (ProQuad by Merck)
   b. Hib
   c. Varicella (Varivax by Merck)
      i. Continue to use Measles, Mumps, Rubella (MMR) + Varicella (V)
      ii. Waive Hib booster except in high risk groups
ADHD
By Duane Allyn, DO, FACP

1845
First described as “Fidgety Phil” by Heinrich Hoffman

2000
ADHD described as Disruptive Behavior Disorder

3
Symptoms: Inattentive, Hyperactive, Impulsive

8
Percent of general population with ADHD

6
Years with symptoms before diagnosis

60
Percent have co-morbidity (ODD, conduct and mood disorders)

Usual medications: (Methylphenidate, amphetamines, atomoxetine)

3
Times more likely to have an automobile accident

4
Percent of childhood/adolescent cases carry ADHD symptoms in to adulthood

8
Percent of childhood/adolescent cases carry ADHD symptoms in to adulthood

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Girls Who Disclose Sexual Abuse: Urogenital Symptoms and Signs after Genital Contact

This is a study from Dr. Finkel’s CARES Institute, analyzing 161 medical charts. They found that girls who experienced genital contact frequently reported symptoms, especially with genital-to-genital contact, shedding some light on the mechanism of injury.

(This paper may be found on page 281 of the August, 2008, issue.)

I Can Tell You Because You’re a Doctor

This is Dr. Finkel’s pithy Commentary on the previous article, explaining why the physician holds a unique position for collecting information from children about sexual abuse, particularly since fewer than 5% of abused children have physical findings. It requires special skills, but skills that are critical for diagnosing child sexual abuse.

(Doctor’s paper may be found on page 442 of the August, 2008, issue.)

Medical Diagnoses Commonly Associated with Pediatric Malpractice Lawsuits in the United States

An excellent review of the most common lawsuits involving pediatricians, this article gives careful explanation of several conditions — including birth damaged infants, meningitis, child health check, newborn respiratory problems, and appendicitis among others — and offers practical and highly-recommended risk-management suggestions. Statistical data, legal costs and other pertinent information about each are included. ACOP member Dr. McAbee and his co-authors are members of the AAP Committee on Medical Liability and Risk Management.

(Doctor’s article may be found on pages 1282-1286 of the December, 2008, issue.)

Type 2 Diabetes in Childhood: Obesity and Insulin Resistance

The serious complications associated with type 2 diabetes make it essential for physicians to be aware of risk errors and screening guidelines for earlier diagnosis and treatment. Dr. Schwartz’s review article spells out for physicians the treatment options including weight control through diet and exercise, as well as pharmacotherapeutic options.

(Doctor’s article may be found on pages 518-524 of the September, 2008, issue.)

Counseling Adolescents about Health Decision Making: The Opportunity HVP Vaccine Offers

As Supplement co-Editor for the April, 2008, issue of JAOA, Dr. Marino comments on the public health aspects of the HVP Vaccine, the subject of the Supplement. Dr. Marino, a New York pediatrician, is a past president of the ACP. In his conclusion, he states, “The time is now. Carpe diem! Every adolescent female patient and her parents deserve to hear about and receive HVP Vaccine before the inception of sexual activity. The long-term benefit clearly makes the case for this conversation!”

In addition to being a member of the JAOA’s Editorial Advisory Board, he is clinical professor of pediatrics at the New York and at State University of New York Medical School in Stoney Brook. He also serves as associate chairman of pediatrics at Winthrop Hospital in Mineola, NY. He was the first winner of the ACP Pediatrician of the Year Award.

(Doctor’s editorial may be found on page 51 of the Supplement.)

Update on Pediatric Bone Health

This is a review of normal bone development in children, risk factors for low bone mineral density, prevention and treatment. The authors put emphasis on children and adolescents with chronic illness, primary bone disease and poor nutrition. Numerous applicable charts and a vast list of references are included.

(This article may be found on pages 5-12 of the January, 2009, issue.)
Welcome to our New Members!

Fellow
Megan C. McBride, DO, FACOP .......................... Pealllin, MO

Intern
Bradley Goldstein, DO, MPH .......................... Greenacres, FL
Gina R. Thompson, DO .......................... Columbus, OH

Pediatric Student Club
Aysun Azimi .......................... Vallejo, CA
Stephanie N. Barbadora .......................... Philadelphia, PA
Christopher L. Bass .......................... Tulsa, OK
Baige Bian .......................... Tulsa, OK
Matthew J. Brownell .......................... Christiansburg, VA
Danica M. Buzniak .......................... Phoenix, AZ
Jennifer Byfuglien .......................... Broken Arrow, OK
Celeste A. Camacho .......................... Tulsa, OK
Daniel S. Cannone .......................... Arden, NC
Susan A. Chapman .......................... Tulsa, OK
David W. Chester .......................... Blacksburg, VA
Bill Chou .......................... Vallejo, CA
Elaine Chu .......................... San Francisco, CA
Lindsi A. DeArment .......................... Pikeville, KY
Danielle A. Deines .......................... Christiansburg, VA
Dan T. Dometita .......................... Blacksburg, VA
Jennifer L. Dorr .......................... Philadelphia, PA
Kristin A. D’orsi .......................... Stoneham, MA
Sheena D. Duncan .......................... Blacksburg, VA
Jacob Duong .......................... Vallejo, CA
Natalie Eiland .......................... Tulsa, OK
Patience N. Ekperi .......................... Philadelphia, PA
Mary Elias .......................... Tulsa, OK
Ann F. Evans .......................... Tulsa, OK
Jenna L. Fine .......................... Wynnewood, PA
Laura M. Fluke .......................... Tulsa, OK
Phillip A. Friesen .......................... Tulsa, OK
Keith S. Fuleki .......................... Middleville, MI
Jamie M. Furlong-Dillard .......................... Christiansburg, VA
Nichole R. Gadd .......................... Tulsa, OK
Theresa B. Gallo .......................... Glendale, AZ
Candice M. Goh .......................... Pikeville, KY
Keyaria D. Gray .......................... Tulsa, OK
Stephanie A. Guido .......................... Blacksburg, VA
Erandhi Hall .......................... Berkeley, CA
Brynne L. Hancock .......................... Blacksburg, VA
Mirissa J. Harmon .......................... Pikeville, KY
Tucker J. Harrison .......................... Tulsa, OK
Jacinda L. M. Hays .......................... Blacksburg, VA
James M. Herrington .......................... Tulsa, OK
Jennifer M. Hinds .......................... Blacksburg, VA
Lindy Hong .......................... Elk Grove, CA
Jessica L. Howard .......................... Pikeville, KY
Tracy Hume .......................... Vallejo, CA
Jessica Huskey .......................... Vallejo, CA
Arch C. Johnson .......................... Pikeville, KY
Martin P. Kane .......................... Philadelphia, PA
Meghan S. Kessler .......................... Pikeville, KY
Roohi Khanna .......................... Christiansburg, VA
Glenn M. Klucka .......................... Philadelphia, PA
Emily L. Kollmann .......................... City?, OK
Sean M. Krahenbuhl .......................... Tulsa, OK
Adam Krouse .......................... Vallejo, CA
Tyler M. Lamphere .......................... Tulsa, OK
David M. Landis .......................... Blacksburg, VA
Alex Lion .......................... American Canyon, CA
Katherine Luthey .......................... Tulsa, OK
Laurie A. Malia .......................... Christiansburg, VA
Amanda Marchica .......................... Philadelphia, PA
Corey Marrs .......................... Tulsa, OK
Lacey L. Matthews .......................... Tulsa, OK
Ashley L. McCarty .......................... Pikeville KY
Christa M. McCray .......................... Philadelphia, PA
Kristin R. McElveya .......................... Tulsa, OK
Leah B. McKay .......................... Christiansburg, VA
Ashley C. Meganck .......................... Yakima, WA
Abbie L. Merrifield .......................... York, PA
Lauren N. Mientkiewicz .......................... Blacksburg, VA
Mary L. Mier .......................... Okemos, MI
Brian R. Miller .......................... Bala Cynwyd PA
Stephanie M. Miller .......................... Philadelphia, PA
Wallis A. Molchen .......................... Philadelphia, PA
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Katelyn S. Muenker .......................... Philadelphia, PA
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Jelaun Newsome .......................... New York, NY
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Joshua L. Prince .......................... Christiansburg, VA
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Shelly Singh .......................... Blacksburg, VA
Kristina L. Smith .......................... Tulsa, OK
Tamra A. Stearns .......................... Blacksburg, VA
Edward Sun .......................... Vallejo, CA
Mehal A. Suthar .......................... Blacksburg, VA
Kimberly Tan .......................... Vallejo, CA
Alyssa K. Tomsey .......................... Philadelphia, PA
Regina K. Valentine .......................... Pikeville, KY
Anna Veach .......................... Vallejo, CA
Thomas B. Vincent .......................... Pikeville, KY
Christina M. Warwick .......................... Blacksburg, VA
Cindy West .......................... Tulsa, OK
Lisa A. Wherley .......................... Littlestown, PA
Jason T. Williams .......................... Christians, VA
Christine Yankowski .......................... Medford, NJ
Shalia M. Yi .......................... Philadelphia, PA

Resident
Renee A. Caslow, DO .......................... Galloway, OH
Shani H. Cunningham, DO .......................... Houston, TX
Nichole K. Ellis, DO .......................... Glen Ridge, NJ
Casandra L. Grube, DO .......................... Galloway, OH
Ashley R. B. Sarb, DO .......................... Columbus, OH
David A. Swender, DO .......................... Pickerington, OH
Tyre Winters, DO .......................... Columbus, OH
News from the ACOP Board of Trustees Meeting
February 27, 2009
By Stewart A. Hinckley
Executive Director

The ACOP Board of Trustees met in Anaheim, CA, on February 27, 2009. Much of the discussion centered on balancing the 2009 budget. Following are some of the actions approved by the board.

The PULSE will become an e-newsletter effective immediately. It is anticipated that this will save the ACOP approximately $10,500 in printing and postage. Members will receive a broadcast e-mail with a link to the issue. Since not all members have a good e-mail address on file, a postcard will be mailed to the members for at least the next four issues notifying them of the current issue availability. The new e-PULSE will have an easy-to-navigate table of contents so that you just point and click on the article you wish to read. All members are encouraged to provide the ACOP office with a current e-mail address. Broadcast e-mails will be used very sparingly for ACOP business and member e-mails will never be released to any third party.

For all ACOP meetings, the syllabus will be a CD ROM and not a printed piece. The CD ROM syllabus will be searchable and plans are under way to archive them in the members’ section of the ACOP website.

In order to save on the printing of membership cards, management is looking into ways of having members be able to create their own cards on line and print them.

The student dues will increase to $60 for the entire four years of medical school. It will be possible to prorate dues from new members who may not be members for the entire term. The ACOP office will be asking all students, residents and fellows for two e-mail addresses to include a personal one that they may keep as they transition through their training.

Finally, the ACOP will reinstitute a membership drive to recruit AAP members who have either never belonged to the ACOP or who wish to be reinstated after a prolonged absence.
AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS
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