



PULSE

THE QUARTERLY PUBLICATION OF THE AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS

SUMMER • 2011

Foy Ascends to ACOP Presidency

By Arnold Melnick, DO, FACOP

James E. Foy, DO, FACOP, was installed as the 63rd President of the ACOP at the Spring Meeting in April. He rose to that position after a number of years of devoted service to the ACOP, culminating in his rise to Secretary-Treasurer and Vice President.

Presently, he is Associate Professor and Chairman, Division of Pediatrics, Touro University College of Osteopathic Medicine, Vallejo, CA. Prior to that, he was Medical Director for Touro's Ambulatory Care.

With BA and MS degrees in Biology, he matriculated at the Des Moines College of Osteopathic Medicine and Surgery. He followed with an internship and pediatric residency at Doctors Hospital in Columbus.

Rising to Chairman of the Department

of Pediatrics at Doctors Hospital, he developed a brilliant career in teaching and administration, lecturing in several osteopathic colleges and serving on multiple boards and committees. His particular interest in immunization has attracted a great number of specialized committee appointments, both local and national.



James E. Foy, DO, FACOP

A tireless worker, "Jim" promises a number of exiting things during his administration, which lasts two years.

2011 AOA/ACOP PEDIATRIC TRACK

October 30 -
November 2, 2011
Orlando Convention Center

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Remember to check the PEDS box on the registration in order to receive your syllabus.

IN YOUR CORNER

Fernanco Gonzalez Receives the 2011 Harold H. Finkel, DO, Pediatrician of the Year Award

By Robert G. Locke, DO, MPH, FACOP

Fernando Gonzalez, DO, FACOP, is the outstanding recipient of the coveted ACOP 2011 Harold H. Finkel, DO, Pediatrician of the Year Award. Dr. Gonzalez was born in Alice, Texas. He graduated from the Texas College of Osteopathic Medicine/University of North Texas Health Science Center and subsequently completed his pediatric residency at Tulsa Regional Medical Center. He is married to Dawn Gonzalez, DO, (Internal Medicine) and has two wonderful children, Sabrina and Elise.

Dr. Gonzalez is as talented as he is modest. In addition to his stellar primary care pediatric practice, he is active in community healthcare activities. Dr. Gonzalez is also an avid fan of boxing, both as a

competitor and a ringside medical provider, once serving at the U.S. Olympic Trials.

Fernando is the Chair and guiding force of the American Osteopathic Board of Pediatrics (AOBP). Under his guidance, the AOBP has become the premier quality specialty osteopathic board. As maintenance of certification (MOC) and other licensure changes are being enacted, there is no better physician for the ACOP and osteopathic pediatricians nationwide to have in their corner than Fernando Gonzalez DO, FACOP. Modest, talented, compassionate, and a role model physician, he is a participant and leader. The ACOP congratulates Fernando Gonzalez, DO, FACOP, on receiving this honor.

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2011-2013

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2011 Award Winners

The following awards were presented at the ACOP 2011 Spring Conference held on April 7-10 in Pittsburgh. Congratulations from ACOP!



Harold H. Finkel, DO, Pediatrician of the Year Fernando Gonzalez, DO, FACOP

Dr. Gonzalez was presented with his award by outgoing President, Margaret A. Orcutt Tuddenham, DO, FACOP, FACEP.



Student Chapter of the Year Touro COM NY

Touro College of Osteopathic Medicine-New York, Student Club of the Year winners, incoming President, James E. Foy, DO, FACOP.

Distinguished Service Award Robert W. Hostoffer, Jr., DO, FACOP

Dr. Hostoffer was presented with his award by outgoing President, Margaret A. Orcutt Tuddenham, DO, FACOP, FACEP.



Best Poster Winner Claudia Clarke

Ms. Clarke, student at UMDNJ-SOM, was presented with her award by Martin A. Finkle, DO, FACOP, her mentor.



NEW ACOP Committee Chairs

GME Committee – Robert W. Hostoffer, Jr., DO, FACOP

Vaccine Committee – James E. Foy, DO, FACOP

Finance Committee – Carl R. Backes, DO, FACOP

CME Committee – Co-Chairs: Marta Diaz-Pupek, DO, FACOP
and R. Edwin Spitzmiller, DO, FACOP

Minority Committee – Tyree Winters, DO

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2011 Spring Conference Highlights



Three presidents gathered and talked at the meeting. They are (left to right) James E. Foy, DO, newly installed ACOP President, Karen Nichols, DO, President of AOA, and Margaret A. Orcutt-Tuddenham, DO, who just completed her term as ACOP President.



Pictured (left to right) Judy Thierry, DO, Susan Cracraft, DO, and Carrie Campanelli, DO, enjoy lite fare and conversation at the ACOP Annual Business Meeting.



The Next Generation of Osteopathic Pediatricians strike a winning pose.



Eric Langenau, DO, Board of Trustees member and Research Committee Chair discusses the outstanding research abstracts and student posters.



Congratulations to Tami Hendriks, DO, Chair of the 2011 ACOP Spring Conference, for a job well done.



AOA President, Karen Nichols, DO, outlines the AOA Vision and Strategic Plan as her keynote address.



Robert Hostoffer, DO, (center) recipient of the Distinguished Service Award, celebrates with a group of his protégés.



President's Message

James E. Foy, DO, FACOP
ACOP President

Our 2011 Spring Conference in Pittsburgh proved to be a tremendous success, both from a participation and scientific standpoint. We had more poster and abstract presentations from our students, residents and fellows than ever before. Now, as we look forward to warmer weather and summer vacations, let me recount our recent progress.

As always, change has been taking place. Peg Orcutt Tuddenham completed her two-year Presidency, and passed the baton to me. Kudos to Peg! Bob Hostoffer assumed leadership of the GME Committee, after years of stalwart leadership by Michael Ryan. Many thanks to Mike for his years of dedicated leadership. Our CME role has expanded with our participation in the Regional Osteopathic Medical Education (ROME) program, sponsored by the AOA. Thus, we have decided to have co-chairs replace the able former chair, Neil Levy. My thanks to Neil, and welcome to our new CME Committee Co-chairs, Marta

Diaz-Pupek and Ed Spitzmiller. Finally, association management of the ACOP has passed from the able hands of Bob Specht, who will continue to work with the ACOP, to those of Kim Battle, our former membership manager. Welcome Kim!

With Bob taking over GME Committee stewardship, he will now be unable to continue his roles in multiple other ACOP Committees. This opens opportunities for other members to participate in our committee structure. Go to our website, pick the committee of your choice, and let Kim or me know of your interest. Additionally, any members interested in participating in the ROME program should contact Ed or Marta.

As your new ACOP President, let me thank you and the ACOP Board for entrusting me with the leadership of our osteopathic specialty society. My experiences over the past thirty years have included resident and student teaching, community initiatives, including the creation and supervision

of school-based health centers, national, state and hospital leadership positions, and, of course, my true passion, clinical pediatrics. It is from this background that I will approach my presidency.

Interwoven in my past experiences has been the topic of immunizations, from a clinical, teaching, education, compliance, monitoring, and administrative perspective. I know that it is a big part of the professional lives of most of

our membership. Thus, I have chosen Immunization Education as my presidential theme.

Other topics that I intend to address during the next two years include clarifying and strengthening the relationship between the ACOP and our osteopathic educational institutions, including the Colleges of Osteopathic Medicine and the National Board of Osteopathic Medical Examiners. Our Colleges continue to multiply, and many of our members play dual roles with the ACOP and the Colleges. These roles need to be recognized. Similarly, the roles of the NBOME continue to multiply as well. Consider the addition of COMLEX-USA Level 2-PE, our objective structured clinical examination (OSCE) component to licensure. Our involvement with this institution needs to be emphasized. Finally, my attention will also be directed towards insuring our financial security, AAP relations, continuous certification support and charting progress on our Strategic Plan.

I need your input and participation. My door is always open.

And Now...

By Margaret A. Orcutt Tuddenham, DO, FACOP, FACEP
ACOP Immediate Past President

Saturday, April 9th marked the end of my tenure as President of ACOP. The past two years have been very satisfying and I believe productive for the College. Stepping down was made much easier knowing my successor is Dr. Jim Foy. Jim has been on the Board of Trustees and has served as both Secretary/Treasurer and Vice President over the past eight years. We go back way further than that. Jim and I graduated from Des Moines together in 1976 and completed our pediatric residency together at Doctor's Hospital in Columbus, Ohio in 1979. Jim stayed in Columbus in private practice, teaching residents and raising a family. After almost 30 years in Columbus, Jim and his wife Sue made the difficult decision to return to California where they had grown up, gone to college, and married. They now make their home in the Bay area where Jim is Chairman of the Department of Pediatrics at Touro University. Jim will be an energetic, thoughtful and fully engaged President and will continue to keep our College ahead of the curve as THE professional organization for osteopathic pediatricians.



Passing of the Gavel: James Foy, DO the incoming ACOP President, presents an appreciation gavel to Margaret Orcutt-Tuddenham, DO, for her tireless and excellent work as ACOP's Past President.



MELNICK at large

By Arnold Melnick, DO, FACOP

Leaving Children Alone at Home

Recently, a *Miami Herald* columnist, Carmen Caldwell, a Crime Watch specialist, offered some advice for parents to give their children who are at home alone or elsewhere. Her recommendations are described below and are worth repeating – and worth providing to doctors to pass on to parents. The advice is good for any age.

1. Always check with your parents or a trusted adult in charge before you go anywhere or do anything. Check in regularly with your parents.
2. If you have a cellphone, keep all important numbers saved in it, including the police numbers.
3. Don't be tricked by people who offer special gifts or treats – or accept anything without your parents' permission.
4. When home alone, keep the doors locked and do not open them or talk to anyone who stops by unless that person is a trusted adult and the visit has been approved by your parents. Never tell anyone who calls that you are home alone.
5. Never enter a public restroom – anywhere – by yourself.
6. If you go to a mall, movie or anywhere else, always take a friend and let your parents know where you are going, including your route to and from.
7. Do not accept rides from people you barely know.
8. Do not get into a vehicle or go near one with anyone in it unless you are with parents or a trusted adult.
9. Do not be afraid to say "NO" or to get away from any situation that scares you or makes you uncomfortable.

In addition, parents should be certain that children know at all times how and where to contact them immediately if something occurs.

Many more details and other suggestions may be found at the National Center for Missing and Exploited Children site at www.missingkids.com or at the National Crime Prevention Council site at www.nepc.org

Good advice! And worth creating a handout for your patients' parents.



Historical Highlights

Starting in 1968, a new publication, *Maternal and Child Health*, was founded and co-sponsored by the ACOP and the American College of Osteopathic Obstetricians and Gynecologists. To alleviate financial impact on the organizations, it was started as a private enterprise by Arnold Melnick, DO, FACOP, and Harold Finkel, DO, FACOP, with Dr. Melnick as Editor and Dr. Finkel as Business Manager (i.e., solicitor of advertising). A multi-color 24-48 page monthly, it flourished for five years and then ceased publication.

By THE NUMBERS

Environmental Toxins

By Robert G. Locke, DO, MPH, FACOP

\$76 Billion	Cost of children's health problems from toxic chemicals and other environmental pollutants in 2008.
25%	Rise in the cost of children's health problems from environmental toxins over the past decade.
\$51 Billion	Cost of lead poisoning.
\$5 Billion	Cost of prenatal methylmercury poisoning.
\$2 Billion	Cost of asthma.
0.09 Billion	Cost in dollars of childhood cancer.
58%	Percent of Detroit Public Schools children performing below grade level who had elevated blood lead levels.
23	Total number of Detroit Public Schools children with no detectable lead in the blood out of 39,199 students
Last	Where Detroit 4th and 8th grade students rank nationally on standardized tests
60 - 100%	Reduction in federal, state, and city funding for lead/healthy home programs in Philadelphia in upcoming fiscal year



The Finkels (Harold and Martin)

Alike? Well, yes and no. However, both the father, Harold H. Finkel, DO, FACOP, and the son, Martin A Finkel, DO, FACOP, served as President of ACOP (1960 and 1997) and both were honored with the Watson Memorial Lecture (1967 and 2008).

Harold graduated from Franklin and Marshall College and the Philadelphia College of Pharmacy and Science, and from PCOM in 1946. Practicing while training, as was the case for many in those days, he became Chairman of Pediatrics at Lancaster Osteopathic Hospital and served from 1953 until 1993 – a 40-year record. He was known to set clear expectations, but was an excellent teacher, with personal interest in all his students. He supervised students on rotation from PCOM for 50 years. In 1963, he received the ACOP Distinguished Service Award (then known as FACOP).

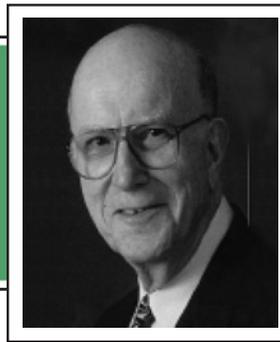
In our organization, he was active for many years after his presidency. Harold was the key player in the five-year convention partnership with the American College of Osteopathic Obstetricians and Gynecologists, almost personally financing it by his ability to secure exhibitors. Also, he provided ACOP (with Arnold Melnick, DO, FACOP) with the monthly glossy magazine *Maternal and Child Health*, financing it with his weekly trips to obtain advertising. Plus, he regularly took part in a variety of other ACOP activities. He retired in 1993, and died in 2007.

As active as both were in ACOP, Martin took a different fork in the road. He devoted his professional life to the problem of Child Abuse. He graduated from Millersville State College, Millersville, PA, in 1970 and received his DO degree from Michigan State College of Osteopathic Medicine in 1974. He then served an internship and pediatric residency at Doctors Hospital, Columbus, OH, becoming certified in 1981. In 1997, he was ACOP's Pediatrician of the Year.

Shortly after finishing his residency, he developed a great interest in Child Abuse, and has carved out a successful career. He founded and presently serves as Co-director of the CARES Institute (Child Abuse Research Education and Service) of the School of Osteopathic Medicine of the University of Medicine and Dentistry of New Jersey. Along the way, he has achieved multiple recognitions from many organizations.

Martin has published more than 40 professional scientific articles (many in "name" journals) and has contributed many chapters to books on the subject. He has lectured in more than a dozen foreign countries (and at major institutions in the US), served as an officer and on committees of a variety of child abuse organizations; and has achieved acceptance as an international authority in the field.

Meanwhile, back at home, Martin has been Professor of Pediatrics and was twice Acting Chairman of the Pediatrics Department at UMDNJ-COM. He was Chief of Pediatrics Service at Kennedy Memorial Hospital, as well as spending time on numerous committees in both institutions.



Harold H. Finkel
DO, FACOP



Martin A. Finkel,
DO, FACOP

Community service is one of his many achievements. He has been Chairman of the Governor's Task Force on Child Abuse and Neglect for more than 20 years, having been appointed by 8 successive governors of New Jersey. In addition, he holds many other governmental appointments. He has invited to CARES – and trained – multiple physicians from foreign countries, such as China, Hungary, Netherlands and others.

One of the first people to introduce colposcopy in sexual abuse cases, Martin's landmark book *Medical Evaluation of Child Sexual Abuse*, now in its third edition and published by the American Academy of Pediatrics, has already been translated into Chinese.

Martin and the ACOP established the Harold H. Finkel, DO, Pediatrician of the Year Award a few years ago to honor Harold.

Martin remembers Harold as "an exceptional father and a role model for excellence in medicine. He demonstrated honesty, integrity and a work ethic that inspired his children and those who had an opportunity to be mentored by him."

Both Harold and Martin were exceptional achievers, and the ACOP is deeply appreciative of their time and contributions.



Don't Miss the July Issue!

The next exciting edition of the ACOP *eJournal* is hitting the streets in July. Get it while it's hot! Sowhamini (Mini) Wallace, DO, *eJournal's* Hospitalist Editor, takes this edition back to the hospital with the following:

- Management of the febrile urinary tract infections in hospitalized young infants.
- An overview of principles of nutrition for the hospitalized child and for failure to thrive.
- Management of complicated pneumonia in hospitalized children.
- Michael Reed, PharmD, will discuss appropriate antibiotic choices in the hospitalized infant and child.

In addition:

Try to outwit James Marshall, DO, in his corner of diagnostic dilemmas. Look for more *By the Sidelines* hints for handling sports injuries in the pediatric population. And don't sneeze at some of the allergic cases found in the allergy sections. **Earn free CME's by taking the quiz!**

Disaster Preparedness: Are You Ready?

Approximately one-half of Americans do not have a disaster plan. Less than five percent of Americans are at the full Red Cross readiness quotient preparedness level.

1. Do you have a disaster plan for your office?
2. Do you know what the disaster plan is for your children's childcare center or school?
3. Do you know the disaster plan for your county, city and state in which you work?
4. Do you have a disaster plan for your pet?
5. Can you advise any of your parents or teenage parents on the above if they ask you?

Many good resources are available from your state, federal (CDC: <http://www.bt.cdc.gov/>) and private/NGO websites (Red Cross: Red Cross Business/Employer Readiness).

The American Public Health Association (APHA) has support aimed for children and families as part of their "Get Ready" campaign:

- Games for kids: <http://action.apha.org/site/R?i=GAgTXPn-i5QoZB-MorL3jw>.
- Kid's Video Story: <http://www.getreadyforflu.org/GetReadyVideo.htm>
- Preparedness fact sheets for earthquakes, floods, tornadoes, power outages, etc: http://www.getreadyforflu.org/new_pg_facts.htm

ATTENTION ALL STUDENT CLUBS!

PULSE wants to know about your club activities. If you would like to publicize what you are doing to inspire others, please send a short article, photos (no more than two) and be sure to include captions for any photos sent in. These can be sent to the PULSE editor by email at acopublications@gmail.com.

Takebacks

Estimates say that one-third of prescriptions and over-the-counter medications go unused and thereby raises questions on how to dispose of them safely.

Left-over prescriptions create a hazard for children. In 2009, 30% of accidental poisoning deaths of children involve ingestion of prescription or OTC medication.

A new federal law, signed by President Obama, allows states to create takeback programs for safe and legal disposal of unused medications

Members should be alert for these programs, in order to advise the parents about safe disposal.

Obesity Epidemic

In the past three decades, the rate of obesity in the two to five year age group has increased 54%.

A new book of standards for preventing excessive weight gain was recently released. It is *Preventing Childhood Obesity in Early Care and Education Programs*, co-developed by the American Public Health Association. The book helps teachers and caregivers in early care and education programs to build healthy lifestyles for generations to come.

Both "Takebacks" and "Obesity Epidemic" are abstracted from The Nation's Health (APHA).

APPELLATION ANSWERS ... Whose name is it?

Wilms' Tumor

Embryonal carcinosarcoma of the kidney

Carl Max Wilhelm Wilms (1867-1918)

Wilms was born in Germany and, unlike many European physicians whose parents were physicians, Wilms was born the son of a lawyer. He initially considered law as his career, but instead studied medicine at the University of Bonn.

He earned his medical degree in 1890, and afterwards considered surgery to be his specialty of choice. However, he first studied pathology as an assistant to a pathologist. As a pathologist, his initial work was in describing his theory that all tumor cells originated during embryonic development. He is credited with being the first to describe tumor cells as originating from a common undifferentiated germ cell. His particular interest in renal tumors led him to focus on a better understanding of nephroblastoma with which his name is most frequently associated.

After pathology, he completed his surgical training and subsequently became chair of surgery at the University of Heidelberg in 1910.

During his career as a surgeon, Wilms made several contributions to operative techniques, and is credited with introducing partial rib resection as a treatment of pulmonary tuberculosis. He is also credited with developing the technique used to measure cerebrospinal fluid pressure with the use of a manometer.

In 1918, during World War 1, he cared for a French prisoner of war who had laryngeal swelling and subsequently needed a cricothyrotomy and ultimately survived. The swelling was secondary to diphtheria and Wilms acquired the disease, developed sepsis and died a few days later at the age of 51.

-John Graneto, DO, FACOP

IN MEMORIAM

Martyn E. Richardson, DO, FACOP

One of ACOP's oldest living Past Presidents, Martyn E. Richardson, DO, FACOP, died at his home in February, at the age of 90. He led the ACOP in 1963.

Born into an osteopathic family (his father was Martyn L. Richardson, DO), Mike attended William and Mary College and matriculated at the Kirksville College of Osteopathic Medicine, receiving his DO degree in 1945. There, he met his wife-to-be Nelda, a nurse at the school. He interned in Maine, then took his pediatric training at KCOM.

Moving to St. Louis, he ran a thriving pediatric practice for 27 years, meanwhile serving at Normandy Osteopathic Hospital in many executive and administrative positions including Chairman of the Pediatrics Department, Chief of Staff. He was also a community activist, including school board member and city health officer.

Throughout his career, he maintained membership on the Board of Trustees of KCOM, serving as chairman for four years and then Chairman Emeritus.

After 30 years of practice, he became Associate Dean at the West Virginia College of Osteopathic Medicine, serving three years. Mike then was appointed Dean of the New England College of Osteopathic Medicine in Portland, ME, where he served for an additional three years.

Throughout his professional life, he maintained his interest and activity in ACOP. As he went through the chairs, the ACOP changed its fiscal year and meeting time. That meant one year had to be shortened. Mike, who had already been elected President, volunteered to have his term cut short; thus, he became the only ACOP President who served less than a year. In 1964, Mike was honored with the ACOP's prestigious Watson Memorial Lectureship. In the same year, he was awarded ACOP's Distinguished Service Award (then called the FACOP).

Mike simultaneously was active in American Osteopathic Association affairs and with activity in other related organizations. One of his loves was his work in accreditation of hospitals and setting standards. He was honored with the Scott Memorial Lectureship of the American Academy of Osteopathy.

Mike is survived by his wife of 65 years, Nelda, a son Don (Diane), a daughter-in-law Patti Richardson, and several grandchildren.

Arnold Melnick Comments

I first met Mike at an ACOP meeting in 1947 – 64 years ago. It was friendship at first sight, and it never changed. Geography kept us apart most of our lives, but our friendship never diminished. When we each married, our wives, Anita and Nelda, became part of that link. I shall, and already do, miss him.

In my eyes, Mike never "joined" any organization; he enlisted in order to work. And work he did. He could always be counted on, and I don't know of any task he ever refused. His quiet, efficient manner and style led him into innumerable important position and titles, but he always had his feet on the ground. He was dedicated and hard-working.

Even though he was a complete man, if I wanted one word to describe Mike, I would choose "teacher." During his entire life, he taught, formally and informally, at every level. He worked at every level, from bedside to deanships (two of them).

His record in Pediatrics was unimpeachable. He contributed so much to ACOP, his pride and principal organization, long before he was President and continuing long after. He held almost every position and did well at all.

It's hard to say good-bye after 65 years, but I am comforted by this memory: a life well spent, a career well-served and an outstanding human being. ACOP lost a dedicated and accomplished Past President, and I lost a dear, dear friend.



FYI STAY
IN THE
KNOW!

Kidney Stones On Rise in Children

In a survey of select pediatric hospitals, a rise in number of admissions for kidney stones was noted to be an average of 11 per cent annually.

Although this is usually a middle-age malady, it has increased in children over the past ten years.

A major factor in this increase is obesity and diets high in sodium content.

These findings were reported in *Journal of Urology*, September, 2010, pp. 1100-1105.

Medical Home Improves Screening

In a survey of over 21,000 children by University of Washington School of Public Health, 49 percent reported having a medical home.

Most important, if children had a medical home, they were significantly more likely to have their height and weight measured (90-93 percent) and their blood pressure checked (63-66 percent) than children without a medical home.

They were also more likely to receive advice about dental check-ups, diet, exercise, and car and bicycle safety.

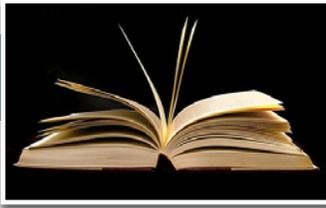
More information can be found in *Academic Pediatrics*, September/October, 2010, pp. 338-345.

ATTENTION, ALL RESIDENTS & STUDENTS!

Do you need a list of all osteopathic pediatric residencies? Do you want details about any or all of them?

Visit www.ACOPeds.org, then click on STUDENTS, and then on RESIDENCY PROGRAMS. Do it now. Start collecting all the information you can; it will make your decision-making much easier.

For more specific, pertinent information, contact those programs directly.



BOOK REVIEW

by Arnold Melnick, DO, FACOP

Medical Abbreviations: 32,000 Conveniences at the Expense of Communication and Safety

Author: Neil M. Davis, PharmD. 423 pp., 2011

Do you know that the abbreviation PRN means plaque reduction neutralization (among other things)? Or that DO means diet order? Does an order containing OD mean right eye or once daily? What is the difference between PC and p.c.? Does OS mean mouth or left eye?

It comes down to this: Do you want your orders misinterpreted because of multiple meanings, misunderstood translations or sloppy handwriting? And are you willing to accept the consequences of such mistakes?

It is estimated that thousands of patients suffer (and many die) each year in the U.S. because of medication errors -- and many of them are abbreviation mistakes.

Dr. Davis, emeritus professor at Temple University School of Pharmacy, has just produced the 15th Edition of his marvelous book. (His first edition, in 1983, containing only about 2,000 abbreviations in a pocket-size format, is a prize of my personal library.)

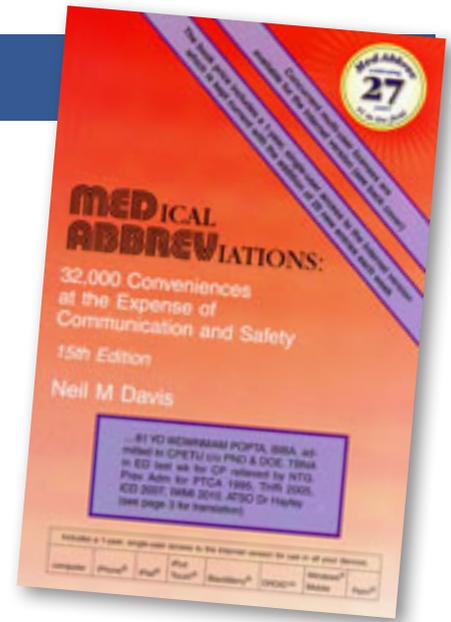
This is no mere listing of abbreviations. It shows how many of those convenience things have multiple (sometimes conflicting) meanings. In addition to the list, he presents 45 specific Dangerous Abbreviations (all actual cases), such as, "On several occasions, pediatric strength diphtheria-tetanus toxoids (DT)

have been confused with adult strength tetanus-diphtheria toxoids (Td)." Dr. Davis includes specific remedies for such errors.

A number of hospitals have already set up rules on abbreviations in doctors' orders and prescriptions and posted them at their nursing stations. In fact, the Joint Commission now requires hospitals to begin programs to eliminate the use of abbreviations.

Physicians should concentrate on the danger of many abbreviations, as they can lead to tragic endings. I recommend this book highly; it will not stop our dangerous practices, but will alert you to the dangers.

Perhaps a second sub-title should have been "How to Avoid Patient Endangerment and Possible Litigation." That might get more of our attention. It is a valuable reference that everyone in medicine should possess.



In the JOURNALS



ACOP Members in Print

Increased Odds of Necrotizing Enterocolitis After Transfusion of Red Blood Cells in Premature Infants

Robert Locke, DO MPH FACOP
(Co-Author)

Pediatrics, Apr 2011; 127: 635 - 641.

Forgotten Parent: NICU Paternal Emotional Response

Robert Locke, DO MPH FACOP
(Co-Author)

Advanced Neonatal Care, 2010 Aug;10(4):200-3.

Do you know of an ACOP member who has been in the news, on the radio, or in the journals? We also want to know. Send the link or information to the PULSE c/o acopublications@gmail.com.

A Note from the Editor

A Vision Statement reflects what an organization seeks to be. ACOP's Vision and Vision Fulfillment Statements are:

ACOP Vision Statement:

The vision of the ACOP is to serve as the preferred professional membership organization for all osteopathic pediatricians.

ACOP Vision Fulfillment Statements:

To speak on behalf of osteopathic physicians regarding policies and social issues focusing on the health and well-being of all children.

To provide high quality, member responsive CME programming to allow members to maintain certification in osteopathic pediatrics.

To serve members through a collegial organization that is sensitive to the professional needs of osteopathic pediatricians; that is based on the principles of integrity, ethical conduct and inclusiveness; and demonstrates a regard for tradition.

RESIDENT ViewPoint

By Steven DeMeo, DO, Chief Resident
A.I. duPont Hospital for Children

Pediatric Chief Residents around the country are currently rearranging schedules as hospital administrators redistribute staff to deal with the new resident work hour regulations. These were recommended by the Institute of Medicine, implemented by the ACGME, and currently under debate within the AOA. They have implications for all pediatric training programs.

The stated goal of the new duty hour regulations is to address the deleterious effects of physician fatigue and an over-worked house staff. This period of change is causing anxiety about the new realities of residency training, as well as stress for the pediatric chief residents who are tasked with staffing their hospitals.

With respect to the specific shift restrictions proposed, many residents worry that their experience and education will be limited by the lack of traditional 24-hour call periods in the intern year. Furthermore, in most cases, the same patient workloads will need to be handled in shorter work shifts. Some have noted “a busier, rushed trainee may be more prone to errors, counterbalancing any benefits of a reduction in fatigue.”¹ An additional worrisome effect in my mind is that the need to move towards “shift” or “night float” work schedules reduces opportunities for traditional didactic learning such as conferences and other formal teaching. This throws the “work/education” balance stressed by the ACGME off kilter.

Many chief residents, like myself, are concerned that the IOM and ACGME are not adequately considering the detrimental effects that increased handoffs have on patient care. The new work hour restrictions create shift work staffing leading to more frequent hand-offs between different care providers within a single 24-hour period. While the new guidelines suggest formal education on proper hand-offs and mentions attending observation of resident-to-resident hand-off, these recommendations are vague and I doubt many institutions have enough staff (e.g. attending physicians or seasoned nurse practitioners) to monitor all hand-offs. Errors resulting from an increased frequency of hand-offs may negate the potential beneficial effects of less fatigued learners.

Regardless of personal opinions, the resident work hours are being reduced. Pediatric residency programs around the country must adapt to ensure proper training and education of young physicians, while adhering to the mandated duty hour restrictions.

Resources:

Summary of Changes: <http://www.nejm.org/doi/full/10.1056/NEJMs1005800>

1. Horwitz, L. “Why have working hour restrictions apparently not improved patient safety?” *BMJ* 2011; 342:d1200
2. Drolet, B., Spalluto, L., and Fischer, S. “Residents’ Perspectives on ACGME Regulation of Supervision and Duty Hours; A National Survey” *NEJM*, published online, December 2, 2010.

Osteopathic Education



Osteopathic Pediatric Education

By Edward E. Packer, DO, FAAP, FACOP

I have been asked to write the first article for a new column dedicated to osteopathic pediatric education. I both hope and anticipate that this space will serve as a sounding board for current and new ideas in training future physicians that will care for children.

Abraham Flexner presented his famous “Bulletin Number Four, Medical Education in The United States and Canada” to the Carnegie Foundation on April 16, 1910. The Flexner report demonstrated that medical education was seriously flawed with major inconsistencies between each of the 155 schools that were in existence. Ultimately, this report led to the current structure of 2 years of didactics and 2 years of clinical studies used in modern medical education.

Modern medical education now faces the challenge of restructuring itself for the needs of the twenty-first century. The Carnegie Foundation has recently completed a new study of medical education titled “Educating Physicians, A Call for Reform of Medical School and Residency.” Although the book specifically states that it did not visit osteopathic institutions, this publication highlights challenges and opportunities for our own osteopathic training centers.

Many new modalities have been introduced in our training institutions in recent years including web-based modules, small group learning, problem-based learning, and simulation labs. These methods have improved the effectiveness of medical training. Other issues continue to require improvement. The new Carnegie report states that modern medical education is “inflexible, excessively long, and not learner-centered.” It also notes that students have a lack of understanding of the “holistic view of patients” and do not devote adequate attention to the modern “healthcare needs of the U.S. population.” Another noted barrier facing modern education is that the “commercial nature of health care” creates difficulties in funding the needs of a robust clinical education.

The new Carnegie report recommends the following four goals for the modernization of medical education:

1. Standardization of learning outcomes and individualization of the learning process.
2. Integration of formal knowledge and clinical experience.
3. Development of habits of inquiry and innovation.
4. Focus on professional identity formation.

As osteopathic physicians we have the added concern of incorporating osteopathic principles and practices into our student’s training. Often our medical students study in environments with minimal exposure to osteopathic practitioners. Our students continue to be faced with a limited number of opportunities to receive postgraduate pediatric osteopathic training.

I hope we can start to look for solutions. You are all invited to attend our workshops on pediatric educational issues that are held biannually at each of our national ACOP conferences in the Pediatric Educational Leadership Committee meetings. Please help to make this a robust section in the Pulse that we can all use as a resource for further development of our educational centers for osteopathic pediatric education.

ACOP COMMITTEE

Spotlight

ACOP Research Committee Update

By Erik Langenau, DO, FAAP, FACOP
Chair, ACOP Research Committee

During the 2011 ACOP Spring Conference in Pittsburgh, PA, 23 research abstracts were presented as posters by students, residents, faculty and program directors. With one pediatrics club poster, 14 case reports, and 8 original research projects, the volume and quality of research continues to increase every year.

Research Abstracts & Awards

Amidst the great didactic sessions at this year's conference, participants enjoyed reviewing the many posters and discussing projects with the primary investigators. The projects were innovative and informational. Students, residents and faculty should be congratulated for their efforts on putting together such great projects, and their faculty advisors deserve special recognition as they mentor, cultivate and motivate young researchers.

With many quality projects and submissions, the selection committee struggled with selecting one clear winner. Because of this project's topic, clarity, organization, and design, the following project was awarded first place for the competition:

Urogenital Symptom-Reporting After Sexual Abuse vs. Genital Irritant Contact in Pre-Menarchal Girls

Claudia A. Clarke, OMS 3;
Cynthia DeLago, MD; Esther Deblinger, PhD; Martin Finkel, DO, Albert Einstein Medical Center, Dept of Pediatrics and UMDNJ-School of Osteopathic Medicine, CARES Institute

The objective of the study was to investigate the frequency and quality of urogenital symptom-reporting by girls after genital contact with irritants compared to contact after sexual abuse. Among the 251 girls enrolled in the study, 89% in the abuse group (n=64) reported that their genitalia hurt, felt bad, uncomfortable, funny, etc; 28% in the control group (n=187) reported the same. While both groups of girls described urogenital symptoms temporally related to the genital contact (sexual abuse or irritant), more girls from the abuse group reported genital soreness, dysuria, and bleeding; and more described their symptoms with an emotional component. Findings from this study provide direction for clinicians evaluating girls for sexual abuse and support the need for future research.

The project highlights the complexity of conducting research related to a sensitive topic: sexual abuse among 5-12 year old girls. Claudia Clarke, OMS3 from UMDNJ, graciously accepted the award for "Best Poster" at this year's ACOP Spring Meeting Awards Ceremony, where she gave a brief oral summary of her project to the ACOP meeting participants. She reported that she enjoyed working closely with her mentors (Cynthia DeLago, MD; Esther Deblinger, PhD; Martin Finkel, DO) throughout the project, and felt that the topic was an important one—one that requires addressing a sensitive, but tremendously important, clinical topic.

How the ACOP Can Help Researchers

Members of the ACOP Research Committee are eager to help. We look forward to promoting collaborative projects and osteopathic pediatric research. Please feel free to contact Erik Langenau, DO, FAAP, FACOP (Chair, ACOP Research Committee) at 610-825-6551 for:

- Advice or research support.
- Opportunities for collaboration (such as multi-center projects)
- Volunteer opportunities to participate on the ACOP Research Committee

Best of luck with your research projects and please let us know how the ACOP can assist you.

CLICK HERE

to view the winning poster

IMPORTANT NEWS!

ACOP Poster Presentation at the Upcoming 2011 AOA-ACOP Pediatric Track Meeting

Now accepting abstract submissions for ACOP's poster competition for the upcoming AOA/ACOP Pediatric Track in Orlando, FL being held October 30 - November 2, 2011.

The deadline for submitting abstracts is

September 1, 2011

For abstract submission information visit
<http://www.acoped.org/cme.iphtml>.



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ACOP would like to thank the following companies for providing an educational grant:

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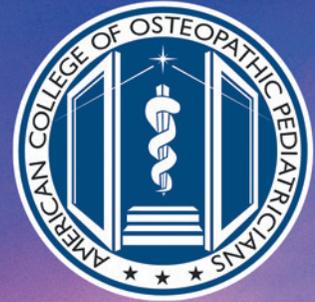
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MEMBER NEWS?

If you have information about your own or other ACOP member's activities that you wish to share, send it to ACOPublications@gmail.com.

AOA/ACOP PEDIATRIC TRACK



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Registration is available at
www.osteopathic.org/inside-aoa/events/omed-2011

You must check the **Pediatricians Box** when you register
in order to receive your syllabus.

October 30 - November 2, 2011
Orlando Convention Center