



PULSE

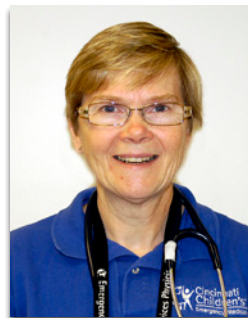
THE QUARTERLY PUBLICATION OF THE AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS

Winter • 2011



President's Message

Margaret A. Orcutt Tuddenham, DO, FACEP, FACOP
ACOP President



Winter is on the horizon and it is a busy time for pediatricians! I was musing the other day on how wonderful life was without H. Flu epiglottitis and wishing fewer families were swayed by misinformed celebrities regarding vaccination. So our work continues, the vaccine committee is strong and will continue to advocate for vaccination education and provision. We all need to be on the lookout for pertussis, re-vaccinate ourselves, and get our flu shots.

ACOP's educational sessions at OMED 2010 were excellent and well attended, some with standing room only. I had the opportunity to deliver a "State of The College Address" and would like to reprise the highlights:

- The College has a vibrant and growing membership with over 400 Fellows and General members, as well as more than 1,500 student members.
- Financially, we are slowly but surely returning to our pre-recession position with our budget balanced and our investment accounts again showing growth. With the increase in annual dues, the first in over five years, we will be able to take a deep breath and move forward with the security of two year's operating expenses in the bank.
- Our committees continue to do the work of the College, but need new energy and I strongly encourage members to get involved! CME, GME, the *e-Journal*, Government Advocacy, Membership, Wellness and Vaccines Committees are all looking for members who wish to take part in the growth and development of ACOP. We continue to seek opportunities to converse with AAP and members of the Section on Osteopathic Pediatricians, realizing that working together may be our most productive option.

Several changes in leadership in the coming months need to be noted: Michael Ryan, DO, FACOP, is stepping down as chair of the GME Committee and will be succeeded by Bob Hostoffer, DO, FACOP. The CME Committee will move to a dual chairmanship in April. Neil Levy, DO, FACOP, will be stepping down at that time and two new Chairs will be announced at the Pittsburgh meeting. Robert Locke, DO, FACOP, is the new Editor of PULSE.

Finally, members of the ACOP Executive Committee will meet with the AAP Section on Osteopathic Pediatricians in early February.

Our upcoming Spring meeting in Pittsburgh is loaded with fabulous speakers, including Dr. Nichols, President of AOA, who will deliver the Watson Lecture. The Harold Finkel, DO, *Pediatrician of the Year* recipient will be announced and several other awards will also be presented.

I look forward to seeing you there.

PLAN NOW!

2011 Spring Conference

April 7-10, 2011

Fairmont Pittsburgh
Pittsburgh, PA

www.acoped.org

what's inside ...

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2009-2011

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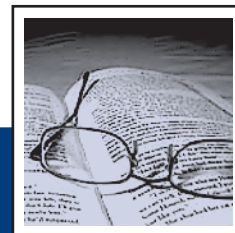
Beverly V. Bernard

PULSE is published four times a year in conjunction with the American College of Osteopathic Pediatricians, 2209 Dickens Road, Richmond, VA 23230-2005; (804) 565-6333 or fax (804) 282-0090.

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In the JOURNALS



ACOP Members in Print

The Haircut

Daniel R. Taylor, DO

JAMA. 2010;304(5):504-505.

A beautiful poignant piece on gun and youth violence.

Evidence-Based Treatment Decisions for Extremely Preterm Newborns

Nehal A. Parikh, DO, et al

Pediatrics Vol. 125 No. 4 April 2010, pp. 813-816

(doi:10.1542/peds.2010-0194)

Policy Statement – Child Fatality Review

Ronald Marino, DO

Dr. Marino is a member of AAP Committee on Child Abuse and Neglect; Committee on Injury, Violence, and Poison Prevention; Council on Community Pediatrics.

Pediatrics 2010 Sep;126(3):592-6.

Reduced Mortality and Increased BPD with Histological Chorioamnionitis and Leukocytosis in Very-Low-Birth-Weight Infants

Robert Locke DO

Co-author

J Perinatol. 2010 Jan;30(1):58-62.

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

For Membership Questions or to Join ACOP

Contact Kim Battle

kim@ACOPeds.org - (804) 565-6323



MELNICK at large

By Arnold Melnick, DO, FACOP

We Love Grandparents

All pediatricians know the importance of grandparents in the life of a child. I'm sure many can recount endless stories about the valuable asset they are in the roles they serve for the children. While there may be a few "bad apples," for the most part they are a positive, helpful, supportive, friendly and loving influence for our tiny tots through adolescence.

And many wise persons have commented about that magical role and here are a few of their observations (thanks to the Internet)

"Grandmas are moms with alot of frosting."
- Author Unknown

"What a bargain grandchildren are. I give them loose change,
and they give me a million dollars worth of pleasure."
- Gene Perret

"Never have children, only grandchildren."
- Gore Vidal

"Grandmas hold our tiny hands for just a little while, but our hearts forever."
- Author Unknown

"One of the most powerful handclasps is that of a new
grandbaby around the finger of a grandfather."
- Jay Hargroves

"Grandchildren are God's way of compensating for growing old."
- Mary H. Waldrip

"I wish I had the energy that my grandchildren have -- if only for self-defense."
- Gene Perret

"Grandmother --a wonderful mother with lots of practice."
- Author Unknown

"If your baby is 'beautiful and perfect, never cries or fusses, sleeps on schedule, and burps on demand, an angel all the time, you're the grandma."
- Teresa Bloomingdale

"Perfect love does not come until the first grandchild."
- Welsh Proverb

"Grandma always made you feel she had been waiting to see
just you all day, and now the day was complete."
- Marcy DeMaree

Finally, as someone once told me,

"Grandparents and grandchildren are so close and loving
because they have a common enemy."

By THE NUMBERS

Osteopathic Factoids

By Lee Lerch, DO, FACOP

1.8 vs 5.2	Percent DOs practicing Pediatrics and Adolescent Medicine 1984 vs 2010
51.5	Percent DOs less than 45 years of age
7	Percent DOs out of all physicians
17,778	Number of DO physicians in 1980
70,480	Number of DO physicians in 2010
18,033	Osteopathic Medical School Enrollment
5,399	Number of DOs in AOA Internships and Residencies
1892	First year females admitted to osteopathic training programs
31.9	Percent of medical students of a minority race or ethnicity
13	Number of states with greater than 10% DO physicians

Source: 2010 Osteopathic Medical Professional Report
Available online at http://www.do-online.org/pdf/aoa_2010_OMP_REPORT.pdf

APPELLATION *Answers* ... Whose name is it?

Kussmaul's Respiration

Rhythmic gasping and very deep respiration usually associated with severe diabetic acidosis

Adolph Kussmaul

By John Graneto, DO, FACOP

Born in 1822, Kussmaul was a German physician, who like many young physicians of this era, was influenced by his father as well as his grandfather, both of whom were surgeons.

He began medical school in 1840 at Heidelberg, Germany. He entered the army after graduation and spent two years as an army surgeon. At that time, Germany was at war with Denmark.

Upon leaving the army, Kussmaul married, then ran a general practice until 1853. There were some reports that he left private practice because of health reasons; he subsequently continued his studies and earned his doctorate in 1855 in Wurzburg. It was during his doctoral studies that he had the opportunity to work with Rudolf Virchow.

He returned to Heidelberg to begin his teaching career as a professor and then moved on to hold various leadership positions in academia, including chair of internal medicine at another school and ultimately ended up teaching as a tenured professor at Strassburg.

His additional contributions to medicine include being the first to describe periarthritis nodosa and writing a book on aphasia using the term "pure word deafness" to describe patients who could read and speak but could not understand the spoken work. Another eponym associated with him is Kussmaul's sign referring to the increase in venous pressure during inspiration that is a sign of cardiac disease. Kussmaul also described two patients who suffered from a muscle paralysis, later to be coined as Guillain-Barre syndrome.

After retirement, he dabbled in poetry with fellow authors. He died in 1902.



MEMBER SPEAK

Refusal to Vaccinate, Difficult to Understand

By Kienan F. Murphy, DO, FACOP

After more than thirty years of practice and witnessing many of the complications, morbidity and mortality of disease, I find it hard to understand not vaccinating one's child. During my training and practice, I have seen cases of congenital rubella, varicella encephalitis, subdural effusions and hemiparesis from H. influenza, epiglottitis, pertussis, as well as seizures, hearing loss, learning disorders and many other secondary complications. All these seemed to be nearly gone until the new onset of vaccination refusal by parents, ill informed by the internet and ignorance. I have spent long periods of time and discussion with parents on the benefits, as well as what I have witnessed in the past, to no avail. We have even had parents with a child afflicted with pertussis and its complications who refuse to have the next newborn vaccinated. Now, recently, a case of streptococcus pneumoniae meningitis was discovered in a non-vaccinated child.

Why has this occurred and was it the fault of the medical field? Why do parents put so much trust on non-medical and unknown sources over the advice of the physician? I cringe when I hear an alternative schedule and how the body can't tolerate more than one shot. I hope this will eventually resolve so that I will not have to see again all the problems of the past.

Fever Rare in Multiple Vaccinations

Research has shown that fever over 100.4 degrees following multiple infant vaccinations is rare.

The increase in recent years from 7 or 8 recommended vaccinations to 15 has not increased febrile risk. The group studied over 37 thousand infants with more than 158 thousand vaccination visits. The rate of fever per thousand vaccinations was 6.4.

The findings provide reassurance that the increase in numbers of vaccinations recommended did not increase the risk of medically attended fever.

The original publication of this research is in *Vaccine* 28, pp 4169-4174, 2010.

Brand vs. Generics Not Better in Epilepsy

Researchers examined sixteen comparative studies (mainly Dilantin, Tegretol and Depakene) and found that these drugs were not superior to generics in controlling epilepsy.

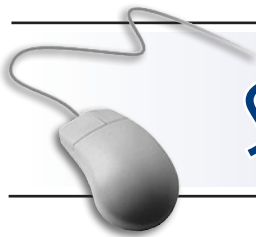
The study also found that patients who switched to generics tended to use healthcare services more frequently. It was suggested that it might be because the physicians wanted to monitor the generics more closely.

The authors felt that neurologists may be more likely to mistrust generic drugs.

This study was published in *Drugs* 70(5), pp. 605-621, Mar. 2006.

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.



SITES FOR SORE EYES

Knowledge of Your State: Children Health, Economic Status and Public Policy

State Health Information

State Health Facts is an excellent website to access information about the effects of national health policy on children, as well as information concerning your own individual state.

Statehealthfacts.org has recently added new and updated data on Demographics & the Economy, Health Status, Medicaid & CHIP, Medicare, Health Insurance & Managed Care, Providers & Service Use, and Women's Health. <http://www.statehealthfacts.org>

The Role of Medicaid and CHIP Information

This fact sheet summarizes the latest coverage data on the nation's children and examines the key role played by two public health coverage programs, Medicaid and CHIP. <http://www.kff.org/uninsured/7698.cfm>

Oral Health Coverage

Oral Health Coverage and Care For Low-Income Children: The Role of Medicaid and CHIP. This policy brief provides an overview of oral health care access and coverage for low-income children <http://www.kff.org/medicaid/7681.cfm>.

Individual State information on children's participation in CHIP, advice on benefits on oral health access for low-income children, influence of PCPFA on children's access to care, as well as other state facts, including employment, foreclosures, and health status. <http://www.statehealthfacts.org/profile.jsp>

Rags-to-Riches

Another great resource for local, state, and regional children's health status is Kids Count (<http://datacenter.kidscount.org/>). Kids Count is one of many projects by the Annie E. Casey Foundation, whose mission is to "help vulnerable families succeed". Kids Count Data for your state can also be found on your mobile at mobile.kidscount.org.

FYI

STAY
IN THE
KNOW!

Vaccine Updates: MenACWY

The ACIP now recommends routine vaccination of adolescents with MenACWY (MCV4) beginning at age 11 through 12 years at the pre-adolescent vaccination visit, with a booster dose at age 16 years.

For adolescents vaccinated at 13 through 15 years, a one-time dose should be given 5 years after the first dose through age 21 years (VFC will cover up to 19 years of age).

KID Database Available

Kids' Inpatient Database, an analysis of pediatric health use trends for 2006 is now available. It provides national trends, charges and outcomes. It can be accessed at www.hcupnet.ahrq.gov free of charge.

State Policies Influence Child Safety in Hospitals

Medicaid patients experienced two fewer adverse events than privately insured patients for every 10,000 comparable cases. State policies also influenced the safety statistics. More about this in *Health Services Research* 42(5), pp. 1981-1998. Reprints are available from AHRQ (Publication No. 08-R018).

Zero Alcohol Tolerance Works in Children

Zero tolerance laws that exact strict penalties for any alcohol use for drivers under 21, enforced since 1998, have reduced drinking and driving among college students. For example, binge drinking was reduced by 3-4 percent and reduced drinking among those who drank dropped by 14-17 percent. Further information is available in *Health Economics*, available at www.interscience.wiley.com.



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AOA/ACOP Pediatric Track Highlights



Melinda F. Greenfield, DO, making her outstanding presentation, "Neonatal Dermatology" on Sunday, October 24, 2010.



Marty Klein, PhD, presenting his well-attended lecture, "Sexual Exploitation-What It Is and What It Isn't" on Monday, October 25, 2010.



Abraham Bressler, DO, FACOP, ACOP Member during a break from the excellent scientific program presented to attendees of the ACOP Pediatric Track 2010 in San Francisco, CA.



Margaret A. Orcutt Tuddenham, DO, FACOP, FACEP, FAAP, ACOP President, presented her "State of the College Address" on Monday, October 25, 2010.



Susan Cislo, DO, providing a fantastic, hands-on workshop on "Craniosacral Intervention in Pediatrics" on Wednesday morning.



Michael G. Hunt, DO, FACOP, FAAP, presenting his well received presentation, "Electronic Medical Records" to attendees on Wednesday, October 27, 2010.

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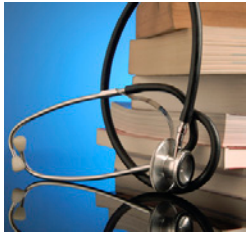
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Residency Program

Highlights

Nationwide Children's Hospital/Doctors Hospital



There's no way around it...residency is hard, no matter where you go. What makes the difference between surviving the next three years and never looking back and surviving the next three years with a smile and lifelong friends is what happens outside the hospital and the people you get to know.

Residents in the Nationwide Children's Hospital/Doctors Hospital (NCH/DH) Program have a distinct advantage of being part of the sizeable, top-rated Children's Hospital while enjoying the intimacy and commitment to excellence of a smaller osteopathic program. Not only do residents get to attend their own unique conferences and special occasions, but they also get to participate as part of the larger Hospital community. They enjoy monthly osteopathic lectures and skills sessions focused on osteopathic manipulation and monthly meetings where residents have a chance to bond with other osteopathic and allopathic residents.

The NCH/DH Pediatric Residency Training Program was established in 2005. It is a three-year program that is dual-accredited by both the American Osteopathic Association (AOA) and the Accreditation Council for Graduate Medical Education (ACGME). The program features a Pediatric Resident Clinic staffed by Osteopathic Pediatricians, an innovative rural osteopathic pediatric rotation, a focused OMM curriculum, a child advocacy experience, rotation experience in an outstanding Level I Pediatric Trauma Center, which is part of one of the busiest Pediatric Emergency Departments in the country, PICU and NICU units and a wealth of learning experiences and all Pediatric subspecialties.

Residents will also benefit from the construction currently in the works at Nationwide Children's and slated to open in 2012. The expansion will result in a new 750,000 square foot, 12-story main hospital, attached to the current facility. The expansion will also feature an additional 148,700 square foot underground parking garage, a new research building consisting of 225,000 square

feet and six-floors of state-of-the-art bench laboratory space, and close to 261,360 square feet of green space.

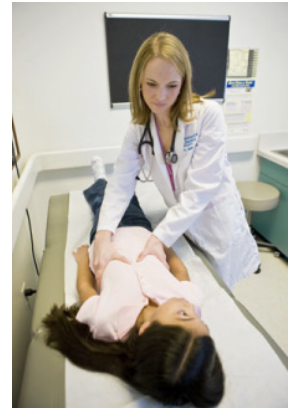
Doctors Hospital is one of the nation's largest osteopathic training facilities, delivering 1,200 babies and seeing more than 68,000 patients in the Emergency Department alone. With Nationwide Children's and Doctors' large volume and diversity of patients, our residents get direct experience treating every type of childhood illness, injury, disease and genetic condition, from head colds to organ transplants.

For more information on the Nationwide Children's Hospital/Doctors Hospital Pediatric Residency Training Program, please call 614-722-4410 or go to <http://www.nationwidechildrens.org/dual-pediatrics-residency-program>.

Program Director

Carl R. Backes, DO

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Palms West Hospital Pediatric Residency



Palms West Hospital offers a three year Pediatric residency accredited by the American Osteopathic Association in a hospital dedicated to providing both graduate and undergraduate medical training. Palms West Hospital is an affiliate of the Palm Beach Centre for Graduate Medical Education.

Palms West Hospital has 29 private pediatric beds, a pediatric hematology/oncology center and an eight bed pediatric intensive care unit staffed by a team of pediatric critical care specialists. The pediatric department has on staff 35 general pediatricians and 29 pediatric subspecialists. This allows the residents the opportunity to work one-on-one with the various subspecialists in daily patient care. The hospital also boasts a pediatric emergency department that is affiliated with and staffed by Miami Children's Hospital Pediatric Emergency Physicians. Neonatal Intensive Care training occurs at two local Level 3 NICUs.

of its extensive outpatient program. Continuity Clinics occur at Florida Community Health Center sites (affiliated with Everglades AHEC) where the residents care for the underserved in a clinic setting supervised by pediatric faculty. The residents spend a full day per week throughout each of their three years.

Pediatric Hospitalist Fellowship Program

The Children's Hospital at Palms West offers the only current osteopathic pediatric hospitalist fellowship providing a certificate of completion. The fellowship will provide the opportunity to develop the skills necessary to be an effective hospitalist and will provide training for careers in academic medicine. The Children's Hospital at Palms West with its busy inpatient pediatric department and PICU is the ideal setting for this program. The hospital also trains future pediatricians and medical students allowing for strengthening of teaching and leadership skills.

For more information on any of our programs please contact Administrative DME, Lil Almonte at 561-784-3127 or via email: Lil.Almonte@HCAhealthcare.com.

Program Director

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Richmond Medical Center



The Allergy Fellowship at Richmond Medical Center was developed three years ago. The goal of the fellowship program is to train expert clinicians who will excel in academic or private practice. The fellowship is a two-year program and is based in pediatrics, although both adult and pediatric patients are evaluated. Two fellows are accepted every other year. In order to be a successful candidate, the applicant must have graduated from an AOA-approved pediatric residency and have successfully passed the AOBP Boards.

During the first year, the fellows are trained in the basic tenets of allergy, including procedures, business and research. Prior to starting the fellowship, the fellow will complete a pollen counting course and a week-long basic immunology course given by the American Academy of Immunology. During their first month, they will attend a daily half-day course at Case Western Reserve University in research protocols. First year Allergy Fellows will attend clinics in general allergy, IVIgG, pediatric ENT, pediatric pulmonary and pediatric dermatology. The second year will include rotations in adult ENT, adult pulmonary, flow cytometry and bone marrow transplantation. Fellow's clinic and reserved procedure days are held weekly. The curriculum includes Middleton allergy textbook review, CD (cluster designation), IL (interleukin) and Journal Clubs, in addition to formal lectures and research opportunities. The fellows will be given a yearly inservice exam.

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A Student's Comments on the Rotation Application Process

By Amy Socie OMS IV (PCOM)

Few things in medical school bring more excitement than the start of clinical rotations. As a medical student looking to pursue a career in pediatrics, I learned a couple things along the way about selecting and applying for pediatric elective rotations. While the search is sometimes a bumpy road, these tips will help students to make a smoother transition into their pediatric electives.

When looking at pediatric clinical rotations, especially as a visiting student, one should pay attention to the university affiliation. Most rotations show preference to their own students, and deadlines and confirmations often reflect this. Home student preference can stall securing the rotation and may also threaten the rotation in general. I have had the experience of being told I had a rotation only to find out a week before its start that I was replaced by other students, both allopathic and from the home school, that had last-minute signed up for the rotation. To prevent similar situations, know the school's policies and get everything in writing, even if it is just an email confirmation. It is also not a bad idea to have a back-up in mind. To maintain consistency, make note of whom you speak with and request to talk to the same person every time.

Once determining how a school handles visiting students, apply as early as possible. Pediatric rotations often require a great deal of forms, background checks, and health related testing and record accumulation. Each facility has its own requirements and trying to find time to get updated immunizations and drug tests can be difficult. If you keep records of your health information, this can often expedite the paperwork.

Keys to achieving a successful pediatric rotation include starting early, documenting and saving records, and maintaining good contact with one person. After having completed all the requirements and surviving the application process, there is nothing holding you back from having a rewarding pediatric rotation.

ATTENTION RESIDENCY PROGRAM DIRECTORS!

PULSE would like to highlight your program. Please send in information on your program, application process, activities, photos, etc. to acopublications@gmail.com.

Welcome to our New Members!

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Jeremy L. Jones, DO Tulsa, OK

Resident

Kari Bradham, DO Mobile, AL

Intern

Bridget Flauding, DO Tulsa, OK
Dana M. Smith, DO Danville, PA

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David W. Ashby Glendale, AZ
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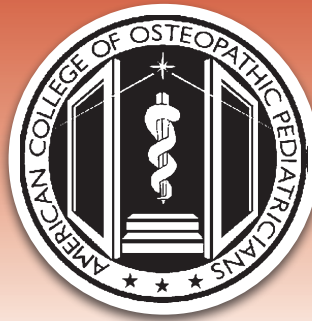
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