2012 OMED Pediatric Track

By Marta Diaz, DO, FACOP and Richard D. Magie, DO

Join us in San Diego Oct 7-10 for an exciting pediatric educational program.

Highlights of this CME program include:
• New for this year: “OCC Essentials,” a two-hour mini board review to help you prepare for your general pediatrics certification or recertification.
• Interactive sessions including Simulation Competition (from the Naval Hospital San Diego Simulation Lab) and a medical interactive game.
• A subspecialty day of perinatal/neonatal lectures.
• Infections Diseases lectures by Larry K. Pickering, MD (Editor of the Red Book) and Denise Bratcher, DO.
• Allergy and immunology lectures by Amy Marks, DO, and Robert Hostoffer, DO.
• Osteopathic Continuous Recertification update by Fernando Gonzalez, DO, Chair of AOBP.
• Stay fit by participating in the AOA 5K Fun Run/Walk.
• Join your former classmates in the sponsored college alumni functions while you enjoy attending the OMED conference.
• CME - 24.5 Pediatric Category A-1 Credits available.

To Register Now
Be sure to check the Pediatrician box when registering in order to receive your syllabus.

ACOP Wants to Know Your News

Proud of your pediatric practice? Know someone who did something special? We want to know and share your good news. Send your story to acopublications@gmail.org.

DID YOU KNOW?

The subject of the most commonly sold poster in the US is:
1. Periodic Table
2. Albert Einstein
3. Uncle Sam Recruiting Poster, “I Want You”
4. Anti-tobacco campaign ad
5. Snellen Optotypes

See page 7 for the answer.
President’s Message

James E. Foy, DO, FACOP
ACOP President

Building Relationships

My recent trip to Chicago for the AOA House of Delegates (HOD) meeting, and our ongoing meetings with the American Osteopathic Board of Pediatrics (AOBP) and National Board of Osteopathic Medical Examiners (NBOME), brings to mind the importance of building and maintaining relationships. This is an ongoing process, and like a garden, needs tender care and attention, particularly with our osteopathic partners.

At the HOD meeting, we received an update on AOA meetings with the Accreditation Council for Graduate Medical Education (ACGME) concerning their Fall, 2011, proposal. Briefly, the ACGME proposal would change their common program requirements for all ACGME residencies and fellowships to require ACGME-approved training exclusively as prerequisites for admission to their residencies and fellowships. No credit would be given for AOA-approved rotating internships (required for osteopathic licensure in four states), and AOA-approved residencies would not serve as a valid prerequisite for ACGME fellowships. If this proposal were to be implemented, it would have a profound effect on osteopathic graduate medical education.

In response to this proposal, the AOA has formed an ACGME task force with the American Association of Colleges of Osteopathic Medicine. This task force has met several times with the ACGME. All three institutions are reassessing competencies and looking for commonalities. The ACGME proposal has been put on hold, as negotiations continue, and the ACGME task force will be making presentations at the ACGME Board meeting in late September and the AOA Board meeting in October.

Our resolutions from the ACOP Vaccine Committee, concerning the new universal meningococcal vaccine booster recommendation and the use of the meningococcal vaccine in patients with sickle cell anemia, were accepted by the AOA HOD, but not without a challenge from the AOA Board and Resolutions Subcommittee. It was their opinion that we should rewrite the resolutions to simply recommend approval of all ACIP recommendations.

I pointed out to the subcommittee that the ACOP and its Vaccine Committee serve as the filter for the AOA in reference to significant ACIP recommendations that affect our primary care providers, and that the resolutions serve as talking points for media and patient consideration, as well as serving an educational role for all of our osteopathic primary care physicians. I reaffirmed that the ACOP provides the AOA with osteopathic review of pediatric issues, and keeps the focus on significant recommendations. They accepted this rationale and the resolutions were passed unanimously (see ACOP web site).

This encounter points out that we need to continue to maintain our role with the AOA as the experts on pediatric immunization and pediatric public affairs in general.

Our discussions with the AOBP and NBOME continue to address our taking residency in-service assessment to a new level. We propose combining our current pediatric OMM and pediatric in-service examinations into one examination and administering the exam electronically, with implementing and assessing assistance from the NBOME and AOBP.

If we are able to accomplish this, we will have the first electronic pediatric in-service examination in the nation. We will be able to document and track the progression of our residents more closely during their training and focus individual resident and residency program’s educational interventions more effectively. Additionally, we will be able to mute the allopathic critics of our in-service examination. More to come.

Our program for OMED 2012 being held in San Deigo is in place. Our next conference in April 2013 will be the first time that the ACOP has visited Columbus, Ohio. Peg Orcutt and Carl Backes are putting together some wonderful events, in concert with Doctors Hospital. Plan to be there! Until then, enjoy the rest of your summer.
Anecdotes-- how we love ‘em! Some are comedic. Some are cute. Some are insightful. Some are sad. Some are ludicrous. They run all shapes and styles and colors.

But almost all of us have them-- many from our own life experiences or from relatives. And so many of them come from our children or children we know. What mother doesn’t remember the laughable thing her son said when he was 4 years old? Or what father doesn’t constantly repeat the brilliant retort of his son at age 6? And how many of these clever things have we pediatricians been witness to, particularly in our offices-- and frequently repeat them? All because they are interesting to us and, most of the time, to others.

The popularity of anecdotes about children is evidenced by the use of jokes created by a number of comedians about children; these stories are very popular with audiences. The late Sam Levenson, a genial family comic of an older generation, told many such stories, among them was the mother who found her young son, immediately after coming home from Sunday School, furiously scribbling-- drawing something on a large piece of paper. Confused, she asked him, “What are you drawing?” His answer, “I’m drawing a picture of God.” Mother immediately replied, “But nobody knows what God looks like.” Undaunted, the child said, “They will when I get through.” And in many cases, the differentiation between true occurrences and comedian’s jokes eventually gets very blurred.

These anecdotes are often a picture of our lives. Often, long after specific times, dates and events are forgotten, the anecdote will remain vivid. And they add color, and sometimes importance, to our lives. Often, they have an uncanny way of helping us remember these specific events or dates from our past, otherwise forgotten.

Let’s sample a few more:

In an interesting and resourceful compilation The Little, Brown Book of Anecdotes (Little, Brown, 1985), author Clifton Fadiman reports that Jack Benny, the famed comedian, visited the school in Waukegan that was named in his honor. When Benny asked for questions, one 12-year old asked, “Mr. Benny, why did they name you after our school?”

Looking for poignant? Fadiman tells this one about the French statesman Charles De Gaulle. His daughter was retarded from birth and required all kinds of attention, including dressing, feeding and assistance with speaking, and the famed general spent countless hours attending to her. When she died at age 20, De Gaulle turned to his wife and said, “Now, at last our child is just like all children.”

I have collected a number of true examples culled from my years of practice and from personal contacts. The first two are from among the 20 or so in my book Parenthood: Laugh and Understand Your Child (PublishAmerica, 2006).

One was the comment of a little girl, sitting next to me on our porch when I was in medical school and as I was studying anatomy. The page I was holding open had an outline of a human body, no detail and no sex definition-- just a simple outline. This 8-year-old looked at the book, then looked at me and asked, “What are you doing?” I replied, “Some of my school homework.” After a thoughtful moment staring at me, she emphatically commented, “You go to a dirty school!”

In another instance, a very pregnant mother was striving to explain her huge abdomen to her small son. “That’s your brother in there and I love him very much just like I love you.” Without hesitation, the child replied, “If you love my brother so much, why did you swallow him?”

Of course, there were many that I did not publish. Here are a couple such stories.

This was a true one. A day or two after being taught “the facts of life” by his mother, a young boy barged into his parents’ bedroom early one morning and immediately announced, “Go ahead. It’s OK. Now that I know all about sex, you don’t have to be bashful.”

Another youngster, with a mind of his own, and a certain sophistication in eating out, was having dinner in a restaurant with his parents. When the waiter came to take their orders, this independent chap said, “I’ll have rare roast beef-- and pour some blood on it.”

Anecdotes are not just amusement or the spice of life. Actually, when you think about it, they are life itself.

(Do you have some favorite anecdotes? Personal? Office? Are you willing to share them with me? I’d like to collect them and maybe share them with others. Please send them to melnick5050@comcast.net and be sure to include your name and address [street or e-mail]. I will appreciate them.)
**BOOK REVIEW**

By Arnold Melnick, DO, Msc, DHL (Hon.), FACOP

**Parents, Speak Up!**

*A publication of the Office of Population Affairs, U.S. Department of Health and Human Services*

This is not a new book. It is five years old, but I recently re-discovered it. Astoundingly, in my opinion, it is the best book written to help parents talk to their children about sex and abstinence. It is written in simple prose, often giving the exact wording for aiding you child or for starting a conversation. No jargon, no jibberish, no theories. It has a number of “Conversation Starters” to aid parents. One example:

“I was listening to the radio and heard a commercial about condoms. Do you know what a condom is? What can I tell you about them?”

Laced throughout are simple, but fascinating and important, facts about sex, pregnancy, STDs, healthy relationships, nice refusal skills and other salient facts – again, all providing the exact language parents can be comfortable with and use successfully.

Other features include several “Talking Tips” and two acronyms to assist parents in organizing their thoughts on sexual subjects.

I recommend this highly, but don’t take my word for it. Download it (it is no longer available in printed version) and see for yourself. Visit [http://www.utahpta.org/files/docs/Parents_Speak_Up_booklet.pdf](http://www.utahpta.org/files/docs/Parents_Speak_Up_booklet.pdf). It is only 16 pages including the covers, but is a treasure trove of straightforward, down-to-earth information for parents.

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**BACK TO SCHOOL**

Advising Parents in How to Have Constructive Conversations with Teachers

By Robert Locke, DO, MPH, FACOP

When advising parents how to engage in a constructive conversation with their child’s teacher, it is good to start with the basics. What is the goal of the conversation? What constructive actions can be undertaken to increase the likelihood of achieving that goal? Without a clear understanding of the goal alignment of actions that permit success in achieving that goal, it is unlikely that success will be achieved. Focusing on the goal – what a parent wants to achieve in the conversation with their child’s teacher – permits the parent to be focused, practical and more likely to be successful. These are good rules to follow in any professional conversation.

There are specific aspects that will increase the odds that your parent will have a successful conversation with a teacher.

1. Find the right place and time to have a conversation. A short conversation may work at pick-up/drop-off times, but this is a poor time for an extended conversation. An extended discussion should be scheduled at a time that works for both the parents and teacher;
2. Focus the discussion on what matters most. Having specific data is helpful;
3. Notes and email/phone messages: Be concise. A short single-focused note is likely to be effective. If you don’t hear back from the teacher, first check that the message was received;
4. Education is a two-way street. Accusatory statements are unlikely to achieve benefit. Ask to participate in the solution. Expect and accept that there may be differences in style and personalities.
Resident/Fellow Experience: Neonatal Fellowship

By Katherine Ziegler, DO

As I embark on my third year as a neonatal Fellow, I can’t believe how fast the time has gone. I always remember my mentors telling me that the time would fly, but I didn’t believe them until I sat down to write this piece. The process of becoming a neonatologist has been a complete blur. Why has the time flown? Maybe it’s the intensity of caring for critically ill infants, maybe it’s the anguish over telling a mother that her baby is going to die, maybe it’s the stress of teaching our residents and trying to impress our attendings or maybe it’s because we have made innumerable sacrifices for this job and very few people in our lives understand the complexity of what we do.

Being a neonatal Fellow is exciting; we fly on helicopters, ride with lights and sirens in ambulances and save helpless babies’ lives. We do it humbly because we know it may not always go our way. We do it carefully because we know that the wrong stroke of a computer key can overdose our micropreemie. We do it passionately because it is who we have become.

Being a neonatal Fellow is challenging. Every baby has its own course that is unpredictable and fraught with variability. We are challenged to treat the baby with the highest standard of care and then we must explain to the parents that we will be putting their child on a machine to bypass its heart and lungs. We are challenged to know the standard of care and to make sense of ever-changing evidence-based medicine.

Being a neonatal Fellow is collegial. It is a team sport. I have made friends that will last a lifetime. They are the nurses and the pharmacists, the respiratory therapists and the nutritionists, the nurse practitioners and the attendings and, of course, the other Fellows. They are lifelong friends because they have taught me everything I know, they have stood by my side as we code babies, they have hugged me when we couldn’t save them and they have made me laugh for countless hours on our many all-nighters.

Being a neonatal Fellow is exactly where I need to be. I am grateful that I have one more year to figure this all out. I love waking up and going to work. It is fun and exciting and I work with my best friends. Maybe it’s been such a blur because its been such an amazing experience and we never want the best parts of our lives to end, but those are the moments that always seem to end too soon.

Editor’s Note - Katie Ziegler, DO, is the Chief Fellow for the combined Neonatology/Neonatal-Perinatal Medicine Program at Jefferson Medical College, A.I. duPont Hospital for Children at Christiana Care Health System and a very wicked softball player.
Reflections by Past Presidents of the ACOP
Edited by Steven Snyder, DO, FACOP

By Joseph A. Dieterle, DO, FACOP
Past President, 1987-1988

My presidency of the American College of Osteopathic Pediatricians (ACOP) was from 1987 to 1988. As I recall, our major concern during those years was maintaining viability of student interest in pediatrics, viability of our residency programs and, indeed, viability of ACOP itself.

Our membership was small and declining. Residency programs were closing due to lack of inpatient numbers and interest in pediatrics seemed to be waning. In an effort to overcome this, the executive committee encouraged the formation of student pediatric clubs. There were Pediatric Clubs at some of the bigger and older schools. These formed models for the other schools to follow. Another area that aided in the erosion of the College was the issue of the comparison of AAP residency programs and our programs. During this time, there was a tremendous increase in the number of foreign medical graduates. Allopathic programs suddenly found that osteopathic trainees performed on the same par as allopathic trainees. In an effort to improve our programs, they were closely modeled to mirror the ACGME programs. Although this helped, a bigger issue arose. How do we bring back to the ACOP and the AOA the significant talent and, ultimately, membership of DO graduates who matriculated in allopathic programs? This issue will continue to pose problems for our future leaders.

I also attempted to protect the College from other specialties encroaching in areas such as adolescent medicine and pediatric emergency medicine. I worked hard and diligently with AAP to share ideas and initiatives. I served on the Committee on Osteopathic Postdoctoral Training (COPT), which elevated the ACOP’s visibility within the AOA. Adolescent Medicine and Pediatric Emergency Medicine remained under Pediatric control within the AOA for many years.

The issue of our rotating internship arose at the AOA level and eventually led to specialty tract internships, making our residency programs more in line with ACGME and meeting the needs of our trainees. This allowed the ACOP to start to actively recruit for our residencies and attract ACGME-trained pediatricians back into our schools to improve the education of our students.

The quality and content of our CME programs was enhanced throughout these years to be as good as any out there. This was all being done within the DO/MD ratio guidelines set forth by the AOA. This quality, I believe, began with Dr. Tom Santucci, Jr.’s program in Williamsburg, VA. He did a masterful job of balancing that ratio and provided a great program with Samuel Katz, MD. From that point on, the programs got better and better attracting more and more DO’s. During my time, I was able to bring Waldo Nelson, MD, to speak at the ACOP conference.

The continued effort of ACOP officers in these areas led to a proliferation of conjoint programs, i.e., jointly approved (ACGME/AOA), with a multitude of new DO graduates who, in turn, are joining ACOP in record numbers.

Most frustrating for me was the inability to get the American Board of Pediatrics to administer subspecialty board examinations to DO’s who completed DO residencies and went on to train in MD subspecialties (neonatology, pulmonary, infectious disease and cardiology to name a few). To this day, I believe this problem still exists.

A lot of what was addressed during my presidency was also addressed in the years prior to and following me. The time and effort made by the Board during my tenure helped to set the stage for a stronger, more viable ACOP. All in all, I see enormous growth and prosperity for our college in the years to come.

DID YOU KNOW?

Critical Blood Lead Level Lowered

The critical blood lead level for children has been lowered by federal health officials.

Since 1991, a level of 10 or more micrograms per deciliter was the recommended “level of concern.”

The new recommendation is now 5 micrograms.

CDC officials predicted that this will likely mean more children will be identified as having lead exposure and parents and doctors will need to take action earlier.

Additional information on this new recommendation may be found at www.cdc.gov/nceh.

Well-Child Visits Boost School Readiness

A study in Preventing Chronic Diseases showed that children who received recommended age-specific, well-child visits had 23 percent higher readiness for school at the end of kindergarten than those with fewer visits.

Although only 27 percent had the recommended number of visits in their second year, they were much more likely to show higher school readiness.

The successful group showed that increased health education and risk-avoidance guidance, cognitive development, emotional health and social development made a major difference.
Herman Snellen was born February 19, 1834 in the central Netherlands city of Zeist. Like many physicians, he was the son of physician, likely influencing his career choice. He attended college in the nearby city of Utrecht, graduating with his medical degree from that program in 1858. After graduating, he remained in Utrecht and turned his attention to ophthalmology.

He was hired as an assistant physician at the Netherlands Hospital for Eye Patients. He ultimately became the director of the Eye Clinic in 1884. His concentration of research activities included glaucoma and astigmatism. Correcting visual acuity and the use of eyeglasses were special areas of concentration for him. In 1877, he was appointed as a full professor of ophthalmology at Utrecht University. In 1899, he directed an International Congress of Ophthalmologists in Utrecht.

Dr. Snellen is best known for the Snellen Eye Chart that is commonly used by healthcare practitioners around the world and bears his name. Prior to Dr. Snellen’s chart, other physicians had developed their own versions of testing visual acuity. It was Snellen’s unique design that standardized the size and grid of the letters, which he called optotypes. This design was important during the early 1900’s, it provided printers with a standardized format for duplicating the chart for use.

Dr. Snellen died January 18, 1908, leaving behind a very wide-ranging collection of works in ophthalmology that focused on diseases of the retina as well as corrective vision. Counting production from its inception, the Snellen Eye Chart is the most commonly sold poster in the United States.

-John Graneto, DO, FACOP

In 1941, the first American Osteopathic Board of Pediatrics was established, with Evangeline Percival, DO (Los Angeles), as its Chair. Other members appointed were Fred Stone, DO (Los Angeles), as Secretary/Treasurer, Margaret Barnes, DO (Chicago), Dorothy Connet, DO (Kansas City), and Ruth Tinley, DO (Philadelphia). They gave their first certification examination on July 26, 1941, in Atlantic City.
Be sure to check the Pediatrician Box when you register in order to receive your syllabus.
Welcome to the AOA/ACOP Pediatric Track at OMED 2012

The CME committee would like to warmly welcome you to beautiful San Diego! The ACOP Pediatric Track conference at OMED 2012 will provide great speakers and topics for your learning experience and enjoyment. The topics include updates on immunizations, what is just around the corner and peeks at unusual infectious diseases as well as visiting with some of our common infections masquerading as less common infectious processes. On top of all that, we will revisit old infectious friends from our past now presenting themselves again across America.

The week will begin on Sunday, appropriately, with our peri-natal/neonatal section with lectures aimed at providing updates on prevention of prematurity and the overall theme of prevention of long-term sequelae in the neonate.

As we all face the potential need to review for certification exams, there will be two mini-review sessions for those of us in need. We all face hard situations with patients and their families; we have a pair of helpful lectures on moral distress and cultural awareness. For those who desire interactive learning, you will not be disappointed. There will be an exciting Sim Wars session featuring the simulation equipment and staff from the San Diego Naval Hospital. We will also continue to provide updated information on the changes just ahead for re-certification requirements (Osteopathic Continuous Certification) which will in some form affect most of us.

We will wrap up the week with a day of head scratching as there will be an allergy section to ponder and a lecture on contact dermatitis. In addition to all of this, a sports medicine section on recognition of growth plate injuries and a lecture on prevention of sports related injury.

The CME committee proudly invites students and student chapters to attend and become acquainted with their future comrades, plus hopefully take home some updated information to amaze their faculty and fellow students.

There is something for everyone, including the beautiful San Diego weather and beaches. Plan to join your Osteopathic Pediatric colleagues for a great time in California.

Richard Magie, DO, FACOP - Program Chair
Margaret Orcutt-Tuddenham, DO, FACOP - Program Co-Chair
Marta Diaz-Pupek, DO, FACOP, FAAP - CME Committee Co-Chair
Ed Spitzmiller, DO, FACOP - CME Committee Co-Chair

Education Mission Statement

The ACOP’s Continuing Medical Education (CME) is designed to meet the objectives and purposes of the College and the needs of the membership.

The objective of the ACOP is “to foster measures and conduct activities to increase the effectiveness of the specialty of pediatrics and pediatric education at all levels.” The ACOP Committee on CME has as its main function the implementation of programs that will improve the quality of health care for children. Through surveys of its members during the year and at the CME Meeting, educational needs are identified. The scope of pediatric topics presented in the CME programs is based on these surveys.

Accreditation and Designation

During OMED 2012, DOs will be able to earn up to 24.5 hours of Category 1-A CME credit for attending the didactic programs of the specialty colleges and the conference’s closing joint session. However, it is possible to earn extra credit(s) by attending the Sunday sessions, breakfast sessions, and the AOA dinner session. ACOP sessions comprise a total of 24.5 Category 1-A Credit Hours as follows:

- **Sunday, October 7** ............ 6.5 credit hours (We anticipate being approved for 6.5 AOA Category A-1 CME credits for Sunday’s program.)
- **Monday, October 8** .......... 5.5 credit hours
- **Tuesday, October 9** .......... 5.5 credit hours
- **Wednesday, October 10** .... 7 credit hours

Please contact ACOP at (804) 565-6333 or email kim@ACOP-Peds.org with questions regarding this conference.

Americans with Disabilities Act

The American College of Osteopathic Pediatricians has fully complied with the legal requirements of the ADA and the rules and regulations thereof. If any participant in this educational activity is in need of special accommodations, please contact ACOP headquarters at (804) 565-6333 or via email to kim@ACOPeds.org.

Accommodations

The American Osteopathic Association (AOA) has arranged for special group rates during this Conference with a variety of hotels located close to Orange County Convention Center. To view hotels and make your reservation, please visit http://www.osteopathic.org/inside-aoa/events/omed-2012/Pages/Travel-and-Hotel.aspx. Discounted flights are available through United Airlines. To book, call (800) 521-4041 and use discount code 550KM.
SUNDAY, OCTOBER 7, 2012

PERINATAL/NEONATAL
Co-Chairs: Shannon Jenkins, DO, FACOP, FAAP
Adam Bressler, DO, FACOP

6:30 am – 7:45 am  AOA Breakfast Seminar (must sign in)
7:00 am – 5:00 pm  AOA Registration
8:00 am – 8:45 am  Prevention of Prematurity
                   James T. Kurtzman, MD (Perinatologist)
8:45 am – 9:30 am  Rescue Antenatal Corticosteroids Effects on Improving Neonatal Outcomes
                   James T. Kurtzman, MD (Perinatologist)
9:30 am – 10:00 am Break
10:00 am – 4:00 pm AOA Exhibits
10:00 am – 11:00 am Pulse-Oximetry Screening for Congenital Heart Disease
                   Ashish Shah, MD
11:00 am – 12:00 noon CHD Prenatal Diagnosis and Counseling
               Amy Svenson, MD
12:00 noon – 1:30 pm AOA Lunch and Learn
                   (Lunch and Learn seating is limited with pre-registration available prior to OMED 2012. For those not attending Lunch and Learn sessions, lunch can be purchased in the Exhibit Hall.)
1:00 pm – 4:00 pm AOA Residency Fair in Exhibit Hall
1:30 pm – 2:30 pm Improving Neonatal Outcomes with Early Intervention
               Cathleen Roberts, DO
2:30 pm – 3:30 pm Preventing Central Line Infections in the Intensive Care Nursery
               Abraham Bressler, DO, FACOP
3:30 pm – 4:30 pm Neonatal Chronic Lung Disease with a Focus on Prevention
               Henry Wojtczak, MD
ACOP Board of Trustees Meeting
AOA Opening Reception

MONDAY, OCTOBER 8, 2012

6:30 am – 7:45 am  AOA Breakfast Seminar
7:00 am – 4:30 pm  AOA Registration
8:00 am – 9:30 am  AOA Opening Session - Keynote Speaker
9:30 am – 4:30 pm  AOA Exhibits
10:00 am – 11:00 am  Osteopathic Continuous Certification
           Fernando Gonzalez, DO, FACOP
11:00 am – 12:00 n  Old Diseases, New Again
           Philip Malouf, MD
12:00 n – 1:00 pm  AOA Lunch and Learn
                   (Lunch and Learn seating is limited with pre-registration available prior to OMED 2012. For those not attending Lunch and Learn sessions, lunch can be purchased in the Exhibit Hall.)
1:00 pm – 2:00 pm  OCC Essentials
                   Two 30-minute review sessions
2:00 pm – 3:00 pm  OCC Essentials
                   Two 30-minute review sessions
3:00 pm – 3:30 pm  Break
3:30 pm – 4:15 pm  Cultural Awareness
           Alissa Swota, PhD
4:15 pm – 5:00 pm  Moral Distress
           Alissa Swota, PhD
5:00 pm – 7:00 pm  Committee Meetings
Evening:  AOA Affiliated Organizations Events

TUESDAY, OCTOBER 9, 2012

6:00 am  AOA Still fit for Life 5K Fun Run/Walk
6:30 am – 7:45 am  AOA Breakfast Seminar
7:30 am – 3:30 pm  AOA Registration
8:00 am – 10:00 pm  AOA Town Hall Meeting
8:00 am – 9:30 am  Simulation Competition
           Margaret Orcutt Tuddenham, DO, FACOP;
           Mary Patterson, MD and staff from the Naval
           Hospital San Diego Simulation Lab
9:00 am – 3:00 am  Exhibits - Final Day
9:30 am – 10:00 am  Break
10:00 am – 11:00 am  Update on Immunizations
           Larry K. Pickering, MD
11:00 am – 12:00 n  Uncommon Infectious Disease in Kids
           Denise Bratcher, DO
12:00 n – 1:00 pm  AOA Lunch and Learn
                   (Lunch and Learn seating is limited with pre-registration available prior to OMED 2012. For those not attending Lunch and Learn sessions, lunch can be purchased in the Exhibit Hall.)
TUESDAY, OCTOBER 9, 2012

12:00 n – 1:00 pm  Alumni Luncheons
1:30 pm – 2:30 pm  What Lies Ahead in Disease Prevention?
                    Lary K. Pickering, DO
2:30 pm – 3:30 pm  Unusual Presentation of
                    Common Infectious Diseases
                    Denise Bratcher, DO
4:00 pm – 5:30 pm  Committee Meetings
                    Alumni Events

WEDNESDAY, OCTOBER 10, 2012

6:30 am – 7:45 am  AOA Breakfast Seminar
8:00 am – 12:00 pm  AOA Registration
8:00 am – 9:00 am  OMED 2012 Final Speaker
                    Amy L. Marks, DO, FACOP
9:00 am – 10:00 am  Contact Dermatitis
                    Amy L. Marks, DO, FACOP
10:00 am – 10:30 am  Break
10:30 am – 11:30 am  Medical Interactive Session
                    Marta Diaz-Pupek, DO, FACOP, FAAP
11:30 am – 12:30 pm  Pollen 101
                    Robert W. Hostoffer, Jr., DO, FACOP
12:30 pm – 2:00 pm  ACOP Lunch/Posters
2:00 pm – 3:00 pm  Growth Plate Injury in Pediatric Sports
                    Richard Parker, DO, FAOASM
3:00 pm – 4:00 pm  Review of Primary Immunodeficiencies
                    Robert W. Hostoffer, Jr., DO, FACOP
4:00 pm – 5:00 pm  Injury Prevention in the Adolescent
                    Mary L. Soloman, DO

FACULTY

Amy L. Svenson, MD
Arizona Pediatric Cardiology Consultants
Phoenix, AZ

Alissa Swota, PhD
Bioethicist, Wolfson Children’s Hospital
University of North Florida
Jacksonville, FL

Capt. Henry Wojtczak, MD
Naval Medical Center
San Diego, CA

Registration is available at
www.osteopathic.org/inside-aoa/events/omed-2012

You must check the
Pediatricians Box
when you register
in order to receive
your syllabus and
specialty CME credit.

24.5
Category 1-A
Credit Hours
Prevention of Prematurity
James T. Kurtzman, MD (Perinatologist)
Upon completion of this lecture, the participant will be able to:
- 
- 

Rescue Antenatal Corticosteroids Effects on Improving Neonatal Outcomes
James T. Kurtzman, MD (Perinatologist)
Upon completion of this lecture, the participant will be able to:
- 
- 

Pulse-Oximetry Screening for Congenital Heart Disease
Ashish Shah, MD
Upon completion of this lecture, the participant will be able to:
- Understand the scientific basis for pulse oximetry screening.
- Recognize the impact politics and media have on pulse oximetry screening.
- Lay the foundation for programmatic development in institutions.

CHD Prenatal Diagnosis and Counseling
Amy Svenson, MD
Upon completion of this lecture, the participant will be able to:
- List the indications for obtaining a fetal echocardiogram.
- Discuss the advantages of prenatal diagnosis of congenital heart disease.
- Understand postnatal outcomes following the prenatal diagnosis of congenital heart disease.

Improving Neonatal Outcomes with Early Intervention
Cathleen Roberts, DO
Upon completion of this lecture, the participant will be able to:
- Describe the rationale and evidence base available for developmental care in the neonatal intensive care unit.
- Understand the origins of early intervention, its influence on early and late outcomes for infants born prematurely, and available resources.
- Discuss factors that influence the effectiveness of early childhood intervention.

Preventing Central Line Infections in the Intensive Care Nursery
Abraham Bressler, DO, FACOP
Upon completion of this lecture, the participant will be able to:
- Understand the effects of Catheter Associated Blood Stream Infections(CABSI) in the Neonatal Intensive Care Unit(NICU).
- Understand the causes of CABSI in the NICU.
- Understand the main techniques that can be used to reduce NICU CABSI.
- Understand additional techniques that can reduce NICU CABSI.

Neonatal Chronic Lung Disease with a Focus on Prevention
Henry Wojtczak, MD
Upon completion of this lecture, the participant will be able to:
- Define and Diagnose Chronic Lung Disease of Infancy.
- Explain the proposed pathophysiologic processes that lead to CLDI.
- Discuss NICU management strategies to prevent CLDI.
- List the long term complications of CLDI.
- Understand the role of the Primary Care Provider in managing CLDI.

Osteopathic Continuous Certification
Fernando Gonzalez, DO, FACOP
Upon completion of this lecture, the participant will be able to:
- Define OCC.
- Outline the five components of OCC.
- Learn the individual requirements of OCC.
- Learn the “Go Live” date for OCC.

Old Diseases, New Again
Philip Malouf, MD
Upon completion of this lecture, the participant will be able to:
- Describe the current national and global epidemiology of Measles, Polio, Mumps, and Tuberculosis.
- List risk factors for the development of infectious disease outbreaks in the United States.
- Appropriately diagnose and manage patients with Measles, Polio, and Mumps.
- Implement primary prevention measures to reduce the risk of vaccine-preventable infectious outbreaks.

Cultural Awareness
Alissa Swota, PhD
Upon completion of this lecture, the participant will be able to:
- Recognize the profound influence of culture on health care decision making.
- Gain an appreciation for the ways in which increasing cultural awareness can help to avoid conflict in the clinical setting.
- Identify areas where further education in communicating across cultures would be possible.

Moral Distress
Alissa Swota, PhD
Upon completion of this lecture, the participant will be able to:
- Define the concept of moral distress.
- Recognize situations in which moral distress is encountered.
- Identify ways to deal with moral distress in the clinical setting.
SIM Wars
Margaret Orcutt Tuddenham, DO, FACOP; Mary Patterson, MD; and staff from the Naval Hospital San Diego Simulation Lab
Upon completion of this lecture, the participant will be able to:
• Identify two ways in which simulation improves patient safety.
• Understand how simulation promotes teamwork and communication in healthcare teams.
• Understand how simulation improves performance in high risk and infrequent situations.

Update on Immunizations
Larry K. Pickering, MD
Upon completion of this lecture, the participant will be able to:
• Review how immunization recommendations are made in the United States.
• Highlight recent changes to the childhood and adolescent immunization schedule.
• Summarize vaccines recommended for health care professionals.
• Discuss specific recommendations for pertussis, HPV, and meningococcal vaccines.

Uncommon Infectious Disease in Kids
Denise Bratcher, DO
Upon completion of this lecture, the participant will be able to:
• Recognize clinical features associated with certain infections uncommon to children in the United States, such as tularemia, brucellosis, and others.
• Describe treatment options for the same uncommon pediatric infections.
• Identify epidemiologic sources for transmission and potential control measure for these pediatric infections.

What Lies Ahead in Disease Prevention?
Larry K. Pickering, MD
Upon completion of this lecture, the participant will be able to:
• Highlight uses of IM and IV immunoglobulin preparations.
• Discuss prevention of group B streptococcal disease.
• Summarize antimicrobial prophylaxis in children.
• Review prevention of foodborne diseases.

Unusual Presentation of Common Infectious Diseases
Denise Bratcher, DO
Upon completion of this lecture, the participant will be able to:
• Recognize unusual manifestations of hand, foot, and mouth diseases.
• Identify features of disseminated staphylococcal disease.
• Recall varied clinical manifestations of tuberculosis.
• Recognize clinical features of invasive group A streptococcal infections.

On Wednesday, October 10, 2012:

Anaphylaxis
Amy L. Marks, DO, FACOP
Upon completion of this lecture, the participant will be able to:
• Diagnosis of anaphylaxis
• Evaluate common triggers of anaphylaxis.
• Summarize the basic workup for anaphylaxis.
• Develop a rational treatment regimen for anaphylaxis.
• Understand the immunologic mechanisms involving anaphylaxis.
• Identify indications for referral to an allergist for further treatment and diagnostics.

Contact Dermatitis
Amy L. Marks, DO, FACOP
Upon completion of this lecture, the participant will be able to:
• Diagnosis of Contact Dermatitis
• Evaluate common triggers of contact dermatitis.
• Summarize a basic workup for contact dermatitis.
• Develop a rational treatment regimen for contact dermatitis.
• Understand the immunologic mechanisms involving contact dermatitis.
• Identify indications for referral to an allergist for further treatment and diagnostics.

Medical Interactive Session
Marta Diaz-Pupek, DO, FACOP, FAAP
Upon completion of this lecture, the participant will be able to:
• Identify pathogens that may be responsible for fever in a particular age group.
• Review fever evaluation for a particular age group.

Pollen 101
Robert W. Hostoffer, Jr., DO, FACOP
Upon completion of this lecture, the participant will be able to:
• Understand the seasonality of pollen.
• Understand pollen counting.
• Identify pollen characteristics.

Growth Plate Injury in Pediatric Sports
Richard Parker, DO, FAOASM
Upon completion of this lecture, the participant will be able to:

• Review of Primary Immunodeficiencies
Robert W. Hostoffer, Jr., DO, FACOP
Upon completion of this lecture, the participant will be able to:
• Understand the basic science of primary immunodeficiencies.
• Understand the clinical spectrum and diagnostics of primary immunodeficiencies.
• Identify the appropriate treatment of primary immunodeficiencies.

Injury Prevention in the Adolescent
Mary L. Solomon, DO
Upon completion of this lecture, the participant will be able to:
• Know common sport injuries among adolescents.
• Be familiar with programs designed to prevent soccer injuries.
• Identify exercise programs to prevent basketball injuries.
• Understand hockey and football regulations in relation to sport injuries.
• Discuss the impact sport equipment has had on athlete safety.
### Membership Application

**American College of Osteopathic Pediatricians**
2209 Dickens Rd., Richmond, VA 23230-2005 • Phone: 804-565-6333 • Fax: 804-282-0090
E-mail: greg@acopeds.org • www.acopeds.org

### Memberships

**Fellow**
Licensed osteopathic physicians certified in pediatrics by the American Osteopathic Board of Pediatrics or the American Board of Pediatrics. Fellows may vote on all governance issues, hold elective office, and serve on all ACOP committees.

**Associate**
Licensed osteopathic physicians who have completed a pediatric training program acceptable to the ACOP Executive Council. Associate members may vote on all governance matters, hold elective office, and serve on all ACOP committees.

**General**
Licensed osteopathic physicians who have a personal interest in pediatrics. General members may not vote or hold elective office, but may serve on all ACOP committees.

**Candidate**
Interns, Residents or Fellows-in-Training participating in an approved training program. Candidate members may not vote or hold elective office, but may serve on all ACOP Committees.

**Student Membership**
Students must complete the Student Membership Application.

### DOCTORAL AND POSTDOCTORAL TRAINING

All applications are reviewed by the ACOP Membership Committee and Board of Trustees. Please allow 3-4 weeks for the approval process and to receive confirmation in writing. Please note: Failure to provide a completed membership application (including information below) may result in denial of membership in the ACOP.

**Undergraduate Education:**

**Graduate Education:**

**Osteopathic Medical School:**

**Internship Institution:**

**Residency/Fellowship Institution:**

**Academic Affiliation(s):**

**Primary Institutions and Locations:**

**Specialty**

**Subspecialty**

### Membership Criteria

All applicants will be reviewed by ACOP, and applicants will receive prompt notice when approved. The process takes approximately two months.

- **Fellow**
  
- **Associate**
  
- **General**
  
- **Intern**
  
- **Resident**
  
- **Fellow-in-Training**

\*Please provide: Copy of state license and proof of board certification, if applicable.

**For Interns, Residents and Fellow-in-Training:** Note from program director indicating participation in a training program.

### Payment Options

- **Check** or **Money Order Enclosed (US Funds)** Made Payable to: ACOP, 2209 Dickens Rd., Richmond, VA 23230-2005.
- **AmEx**
- **Mastercard**
- **Visa**
- **Discover**

### Billing Address

**Printed Name on Card**

**Card Number**

**Exp. Date**

**Zip Code**

**Signature**

**CVV Security Code**

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*CVV code is the three digit number on the back of VISA or MC or 4 digit number on the front of AMEX card above the account number.*
SAVE THE DATES!

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April 25-28, 2013

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Columbus, Ohio

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Visit www.ACOPeds.org for registration information

PLAN NOW TO ATTEND!