



# PULSE

THE QUARTERLY PUBLICATION OF THE AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS

Winter • 2012

## AOA-ACOP 2011 Pediatric Track Recap

### Day 1 - Neonatal/Perinatal

By Jim Kirk, DO, FACOP

The ACOP's annual Neonatal/Perinatal Day CME conference was held in Orlando Florida on October 30, 2011 as the first session of the AOA/ACOP Pediatric Track. The first speaker of the day was Joan Meek, MD. In addition to being a national leader in advocating for breastfeeding, Dr. Meek is the Academic Chair at Arnold Palmer Hospital. She discussed breastfeeding the preterm infant. Travis Anschultz, MD, from Madison Memorial Hospital, followed with a very timely discussion of practical uses of NIRS in the NICU. Eric Romiell, DO, a retinal specialist at the Idaho Eye center, then reviewed new treatments for ROP. Next, the controversies surrounding the evaluation and treatment of PDA's were thoroughly reviewed by Marc Belcastro, DO, FACOP, of Miami Valley Hospital.

William Driscoll, DO, associate professor of pediatrics with the University of Florida, began the afternoon session with a very topical discussion of the care of the

late preterm infant. Alissa Swota, PhD, followed with a dynamic and thought provoking talk on ethical dilemmas in the NICU. Completing an excellent day of talks, Kelly Komatz, MD, gave a very affecting talk on neonatal palliative care.

### Day 2 - Recap

by Marta Diaz-Pupek, DO

The cardiology lectures drew a big crowd! The day started great with Frances Zappalla, DO, lecturing on cardiology. There was standing room only at the beginning of her talks, necessitating the opening of a second room to accommodate attendees! During her first lecture, "Screening Athletes for Heart Disease," she discussed recommendations for conditions that required evaluation by a cardiologist prior to sports participation and which conditions required restrictions from sports. During her second lecture, "Lipidemias: Diagnosis and Treatment," she discussed the American Heart Association's recommendations for lipid screening in children. Dr. Zapalla discussed the diagnosis and treatment of

hyperlipidemias and emphasized that being physically active and proper nutrition are the keys to prevention of hyperlipidemias. During her third talk, "Hypertension," she discussed diagnostic criteria for hypertension, prevention and treatment. Lifestyle changes such as weight reduction, daily aerobic exercise, dietary modification and stress reduction techniques are the mainstay treatments for hypertension. All of her lectures stimulated the attendees to ask questions.

*Continued on page 9*

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## PLAN NOW!

OMED has concluded, as has the ACOP CME track. For those not able to attend the meeting, we are going to post the lectures on the website, but there is nothing like attending the lectures, to truly appreciate how good they were.

The next meeting is going to be held in March in Memphis, TN. The theme for the conference is technology. You are not going to want to miss this conference. We will have some great topics ranging from helmet and computer technology used in the prevention and evaluation of concussion, the use of handheld ultrasound in the general pediatric and FP office, two radiology sessions, the electronic medical record and how to best utilize it for meaningful use and several other timely topics. More information will be coming on the ACOP website, [www.acoped.org](http://www.acoped.org).

See you in Memphis! "Thank you, thank you very much."  
 – Ed Spitzmiller, DO, FACOP, CME Committee Co-Chair



## President's Message

James E. Foy, DO, FACOP  
ACOP President



James E. Foy, DO,  
FACOP

### Osteopathic Education and the Practicing Pediatrician

When we entered osteopathic medical school we acknowledged our commitment to lifelong learning. We all expected ongoing continuing medical education (CME) requirements for licensure and certification. However, we could not have anticipated the educational opportunities and proliferation of educational requirements that practicing pediatricians will be facing in the coming years.

On the requirement side, by now we are all cognizant of new maintenance of certification (MOC) requirements and Osteopathic Continuous Certification (OCC). In addition to CME, we will now need to complete educational modules and practice performance assessments. In response to this change in certification maintenance, the ACOP, in collaboration with the AOBP, has developed modules to assist practitioners in meeting the new MOC and OCC requirements, including our new electronic pediatric journal, the *eJACOP*.

Take a look at our most recent *eJACOP* issue and you will find articles on FTT, food allergies, shin splints and the management of febrile UTI in the young infant. You will also find an update on the most recent ACIP meeting from our ACIP representative, Stan Grogg, DO, FACOP.

Additional requirements are currently under discussion at our state medical boards. Coming up next will be new requirements for maintenance of licensure (MOL). MOL and MOC/OCC will intersect in many ways. However, unlike MOC, MOL may vary from state to state. At the most recent AOA House of Delegates meeting, Hank Chaudhry, DO, the president of the Federation of State Medical Boards (FSMB), reassured the AOA delegates that the FSMB will recommend including MOC requirements in state MOL legislation. We all hope that the FSMB and states will both follow that track.

Along with this changing regulatory environment, our colleges of osteopathic medicine (COM) continue to multiply (26 and counting). This places increased

demands on two other osteopathic educational players, the osteopathic post graduate medical education system and the National Board of Osteopathic Medical Examiners (NBOME). This increasing number of COM graduates has opened expanded opportunities (responsibilities??) for practicing osteopathic pediatricians to participate in the education and assessment of our future colleagues.

The NBOME has a need for practicing physicians to become item writers, and participate in the NBOME Committee structure. Opportunities are available in the cognitive medical realm (COMLEX-USA Level 1, 2, and 3), the practice skills realm (COMLEX Level 2 Performance Evaluation), or the diverse area of medical practice/guidelines/ethics/jurisprudence (Health Promotion Disease Prevention, Health Care Delivery [HPDP/HCD] Committee). Other areas needing input include the development of multimedia items, pediatric OMM, and the Pediatric Comprehensive Osteopathic Medical Achievement Test.

The NBOME has a particularly urgent

need for HPDP/HCD participants with experience in risk or practice management, issues in legal medicine, ethics, professionalism or HMO management. The NBOME feels that pediatrics is an important specialty to have on the HPDP/HCD Committee, due to our day-to-day experience in immunization, disease prevention and anticipatory guidance. I suspect that many ACOP members fit this experiential description. Please consider taking part in this interesting and stimulating educational process. If you need for more information, or want to become a member of the NBOME team, contact Candice Pernel, (cpernel@nbome.org), Test Development Specialist or Gerald G. Osborn, DO, (g-osborn@nbome.org), Senior Vice President for Cognitive Testing.

In terms of osteopathic graduate medical education (OGME), including osteopathic pediatric residencies, the ACOP is partnering with the AOA in an effort to identify hospitals interested in starting new OGME programs. As I am sure that you are aware, our future colleagues do not have sufficient osteopathic residency positions available, particularly in the specialty of pediatrics. If you know of a currently non-teaching hospital that may be interested in developing osteopathic residencies, please contact Margaret J. Hardy, JD, Director of Graduate Medical Education Policy and Development at the AOA, at mhardy@osteopathic.org or 202-414-0155.

For questions or comments, I can be reached at james.foy@tu.edu or 707-638-5721.

## Prescription Pads are Available to ACOP Members

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(BODY MASS INDEX)

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\_\_\_\_\_  
SIGNATURE



# MELNICK at large

By Arnold Melnick, DO, FACOP

## So, You Want to Be A Writer

Occasionally, someone will ask me, “How did you become a writer” (I thank those relatives and for giving me that honorable appellation!) For any aspiring writers among my ACOP readers, I will try to answer with a few tid-bits.

I honestly believe that only a few – very few – persons are born with the ability to write. The rest of us work at it and work hard to achieve that status. I will not even delve into what drives the second group to work so diligently to become a writer.

The mechanics for me are: settle on a topic or theme, then run various ideas and wordings through my brain while doing a hundred or more other things (free association), write the first draft and then edit, edit, edit. I’m convinced that I am a better editor than a writer, and that gives me a chance to break even.

That first writing can bring problems. I generally move as fast as possible, with some brief stops to go back (when some late thought strikes me) to delete or rewrite – but not to spend lots of time trying to make it perfect. There are some writers who prefer to get all their ideas down on paper as fast as possible without stopping to make changes, then edit. And this is acceptable. But trying to perfect it in the first writing is usually wasteful and frustrating, and

frequently leads to writer’s block. .

The editing is probably the most important step, for I do not think there are any – maybe a few – writers who get it perfect the first time. Morris Fishbein, MD, long-time editor of *JAMA* and for many years the icon of medical writing, once told me that he went into his office every morning one hour before his two secretaries arrived. He dictated all his articles and columns, and never again looked at them because they were exactly what he wanted. Such writers are few – very few.

So, my advice is write and EDIT, EDIT, EDIT. -- that’s the way to perfection-- or if not perfection, then to the way you want it.

There is one precursor to all this: read, read, read. For in doing so, you absorb (unconsciously many times) the form and style, the use of words and the sequence of ideas. This creates a mental background for your writing. But read the right stuff. You cannot plan to write news articles or feature stories by reading the sports columns – a totally different style. Or vice-versa. But if you want to write scientific medical articles, look to *NEJM* or *JAMA* or the like. And signed columns (like this), because of their nature, are another variety. They permit informality, personal comments (includ-

ing the use of “I” and “me”), evaluations, observations and the like. Study the masters of what you want to do. Don’t try to mimic or copy, but let it guide you subconsciously.

Another important element is having a good editor other than yourself. In some cases, you can get help initially from your spouse or a trained secretary. But ultimately, it has to be the editor at the publication to which you submit your manuscript. I have profited immensely from some of the great AOA editors, and others -- and still do. However, I have run into occasional copy editors or senior editors who believe it is their task to “write it better”. It then sort of becomes their article. Watch out for this. Probably such an editor, because of experience, can write it better than you but then it is not your article or your style or your intent. An editor is there to catch mistakes, correct punctuation and grammar, adhere to the publication’s style and see that there is nothing offensive. And, maybe, an occasional suggestion for more exact wording to help you make your point. You want to keep it yours.

Remember that almost every outstanding writer has a fantastic (but anonymous) editor. J.D. Salinger had one, Hemingway had one. And so did most other successful authors. (We don’t know whether Shakespeare had one!) Editors are the icing on the cake (and they often can help make the cake more delicious) but the cake is yours.

These pointers are not guaranteed to make you a good writer, but they will somewhat smooth the path. So I would advise you to READ, WRITE, AND EDIT... EDIT... EDIT... And good luck!

PS: This article went through seven edits and rewrites. Does it show?

VISIT

[www.ACOPeds.org](http://www.ACOPeds.org)

FOR MEMBER  
INFORMATION!

Contact Greg Leasure  
with any questions at

[greg@acoped.org](mailto:greg@acoped.org)



## Historical Highlights

Early in its existence, the ACOP, then a very small group, met alone and occasionally with the AOA. Much of the 1900s, it met separately. Only two meetings have been outside the continental United States: one in Maui and one in St. Thomas. At the behest of the AOA, ACOP for the past few years has been meeting regularly at the AOA Annual Meeting, but with a second meeting every year independently.

2011-2013

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# THE EDITOR COMMENTS

*This feature is contributed by the ACOP PULSE Editor, Robert G. Locke, DO, MPH, FACOP, to bring attention to feature articles that have caught his eye. Any comments or suggestions are welcome and can be sent to [acopublications@gmail.com](mailto:acopublications@gmail.com).*

## Article: The Uncertain Future of Medicare and Graduate Medical Education

by John K. Iglehart in *N Engl J Med* 2011; 365:1340-1345 October 6, 2011  
(<http://www.nejm.org/toc/nejm/365/14/>)

**Commentary:** Support for graduate medical training has become a target for budget deficit reductions. Medicare provides a 5.5% payment bonus to teaching hospitals. Reducing this payment to 2.2% would save \$60 billion over ten years. In 2010, the federal government contributed \$9.5 billion dollars to help train 100,000 residents. Multiple medical organizations are fighting to preserve training support, claiming, like all other private and public entities, the cuts should come from someone else.

Despite the expected upcoming cutback in support for graduate medical education, medical schools are continuing to expand enrollment. Osteopathic and allopathic medical schools have increased enrollment by 35% in the past 9 years while graduate medical education programs are increasing by less than 1% annually.

Without an increase in revenue to offset the budgetary cuts, there is little opportunity for residency training opportunities to grow to match the medical school graduation rate or expected physician manpower needs.

## Article: Taking a Cue from Big Business: Strategies for Optimizing Pediatric Recruitment

by Helen Fromme, MD, and Heather Fagan, MD  
in the August 2011 *Journal of Pediatrics*  
(<http://www.jpeds.com/article/S0022-3476%2811%2900456-2/fulltext>)

**Commentary:** Pediatrics is the most common specialty choice of first year medical students, yet their interest in the field significantly declines over the next 24 months. Drs. Fromme and Fagan put forth a business case for improving the competitiveness of pediatrics in attracting the best and brightest of medical students.

While this article's intended readers are the directors of medical schools and residency training programs, it offers words of wisdom for students applying for residencies and fellowships in pediatrics and pediatric subspecialties. As a student, your application to a competitive residency or fellowship program should require more than declaring your love of children.

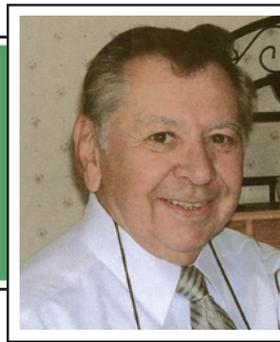
Pediatrics blends together science, clinical skill challenges, and a recognition that "zebras" do happen. Another allure of pediatrics, compared to medicine, should be the intellectual rigor it demands. (For example, the pass rate for pediatric boards is far below medicine boards for medicine-pediatric residents.) The desire and potential to be a pediatrician reflects your capabilities to make a difference both locally and globally.

Pediatrics is fun and offers an attractive life-style choice upon graduation. And yes, it is also all about children and families. Physicians and physician-scientists interested in career-long skills and intellectual challenges are welcome to apply.





## The Lerches (Gordon and Lee)



Gordon L. Lerch, DO, FACOP



G. Lee Lerch, DO, FACOP

By Arnold Melnick, DO, FACOP

Watching his father, Gordon L. Lerch, DO, FACOP, conduct a busy private practice and still become ACOP President (1980) and receive the ACOP Distinguished Service Award (1988) provided his son, G. Lee Lerch, DO, FACOP, with a great role model and the inspiration to follow in his footsteps.

Lee expressed it this way: “He was an enormous influence in my personal and professional life. His integrity, honesty and ethics were evident in his daily life. Watching him care for his patients and family in a time before answering services and cell phones, and without a partner, was simply impressive--for over 38 years.”

The senior Dr. Lerch earned his BS degree from the University of Maryland, then went on to graduate from the Philadelphia College of Osteopathic Medicine in 1953. Following his internship at Bayview Hospital in Ohio, he returned to PCOM to serve a Residency in Pediatrics.

He returned to Ohio and became

affiliated with Brentwood Hospital at its inception. He served as Chairman of Pediatrics and served on innumerable committees, receiving a Certificate of Appreciation for 30 years of accomplishment. He was also recognized by the Ohio University College of Osteopathic Medicine for many years of service and teaching of medical students. Gordon retired in 1991.

Lee started to emulate his dad when he entered PCOM in 1976, having already earned a Bachelor of Science degree from the University of Colorado. Graduating from PCOM in 1980 (the same year his father was ACOP President), he went on to an Internship at Brentwood Hospital, (where his father Gordon was Chief of Pediatrics) and then a Pediatrics residency at Kennedy Memorial Hospital in New Jersey. He currently serves as Assistant Clinical Professor of Pediatrics at the University of Medicine and Dentistry

School of Osteopathic Medicine and as a Clinical Instructor at PCOM.

Following the award-winning pattern of his father, Lee has achieved several on his own, including Top Doc-Pediatrics from the South Jersey Magazine (2010 & 2011), the Patient’s Choice Award (2009 & 2010) and Outstanding Teacher of the Year at PCOM (2004).

Lee summed it all up when he said, “Dad is recognized for the diligent work he has done on behalf of ACOP membership. He was always active and busy for the profession and a staunch supporter of the Osteopathic way, even to this day in his daily life as he meets with other healthcare workers.”

We in ACOP agree.

*Members are invited to submit names of other parents and offspring, with at least one of them a member of ACOP. Write to melnick5050@comcast.net.*

### 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](mailto:ACOPublications@gmail.com).

### ATTENTION! ALL 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](mailto:ACOPublications@gmail.com).

## MEMBERS IN PRINT

### *A Focus on the Negative and Positive Medical-Legal Interactions*

The new 7th edition of *Medicolegal Issues in Pediatrics*, co-edited by Gary McAbee, DO, JD, FACOP, and published by the American Academy of Pediatrics is now available. *Medicolegal Issues in Pediatrics* can be found at many of your favorite online bookstores or through the AAP. One-third of pediatricians will be sued for malpractice during their careers. This book addresses prevention, education and what to expect during malpractice litigation as well as methods of dealing with the psychological impact of being involved with a malpractice situation. Dr. Gary McAbee was the 2004-2008 Chair of the AAP Committee on Medical Liability & Risk Management.

*Medical-Legal Partnerships: Lawyers and Physicians Working Together to Improve Health Outcomes in DMJ* August 2011 83(8)237-244 by Robert Locke, DO, MPH, FACOP. Lawyers and physicians working together – sounds impossible, but over 120 partnerships exist. The original model started in pediatrics and recently has been extended to cancer and other medical models. Medical-legal partnerships improve healthcare, reduce barriers enabling patients/families to adhere to prescribed medical plans and lower health care costs.

# STUDENT CLUB NEWS

## NSU-COM/MPH Updates

By **Brittany Stutzman, OMS-2**

NSU-COM/MPH Candidate Class of 2014

Pediatric Club President



*Current Members of the March of Dimes Student Coalition:  
From left to right (Top: Allison Amore – Student Leader, Jamie Mazzurco-AMWA, Brittany Stutzman-Pediatrics Club, Julie Bemski-MSFC, George Grey-ACFP, Kacie Bhushan – SAOG) (Bottom: Angelina Somoracki – Student Leader, Kat Beditz - MSFC)*

In May, 2011, students at Nova Southeastern University College of Osteopathic Medicine received a generous award from the March of Dimes in support of the P.E.E.D.S. (Prematurity Exposure and Education on Development for Students) community project.

The P.E.E.D.S. project began to take shape in 2010 when Patti Kodish from the March of Dimes reached out to members from five student organizations to form the March of Dimes Student Coalition. The Pediatric Club, together with student representatives from the American Medical Women's Association (AMWA), Medical Students for Choice (MSFC), Student Association of Obstetricians and Gynecologists (SAOG), and the American College of Osteopathic Family Physicians (ACFP), began to address the student population's need for greater awareness regarding issues of premature and preterm birth. The clubs worked together to pass out materials during November's Prematurity Awareness Day, organize a presentation on the importance of genetic testing and counseling and put together a video presentation and guest lecture by speakers from the March of Dimes.

Seeing that the student population needed further exposure and continuing education, research fellow Emily Young, OMS-3, decided to write a grant proposal to March of Dimes in February 2011. Her proposal was rated the highest out of all the Community Award program proposals to the Florida Chapter of March of Dimes and NSU-COM was granted \$3,000 to move forward.

Since Emily has moved on to her third-year rotations, two medical students have taken on the rewarding task of turning this program into a reality. Angelina Somoracki and Allison Amore, both current Pediatric Club officers, have worked since early July to schedule the upcoming events. The Fall 2011 meeting offered extensive education on prematurity issues through a wide variety of means, including panel discussions, interactive kits, and an up-close-and-personal experience in the Broward General NICU. Also, pre- and post-assessment of participants' knowledge were administered to ensure the program has been effective at meeting its goals. Each participant received an award of completion at the close of this grant-funded initiative in November 2011, and interested students will have the opportunity to present some of what they have learned to their peers at scheduled lunch lectures during the Winter 2012 Semester. Overall, the P.E.E.D.S. program aims to reach and educate over 200 medical students.

NSU-COM Pediatric Club members are very excited to work with the other student organizations on this community project and are grateful to have been granted such an amazing opportunity!



### Don't Miss the December Issue!

The next edition of the ACOP *eJournal* is coming your way in December. The edition's theme will deal with preventive medicine and will include the following:

- Robert Cordes, DO, will address *Correct Dog Safety Measures for Children*.
- Lily Wiedrich, DO, will address *Update on Car Seats*.
- David Mandy, DO, will address *ADVOCACY for the Developmentally Challenged Child*.
- *Marshall's Corner* will challenge your diagnostic skills.
- More free CME available.

### Did you miss seeing the last issue of the eJournal?

It is still available at [ACOP Website](http://www.acopeds.org/ejournalarchive.iphtml) or at <http://www.acopeds.org/ejournalarchive.iphtml>

# Arnold Melnick Child Advocacy Award Presented



Dr. Bruno (center) accepts the Arnold Melnick Award from Brittany Stutzman, OMS-2, President of the NSUCOM Pediatric Club and Edward E. Packer, DO, FACOP (right), Chair of Pediatrics.

On Oct. 17, The Pediatric Club at Nova Southeastern University's College of Osteopathic Medicine recognized William E. Bruno, Jr., MD, with the Arnold Melnick Child Advocacy Award for his local contributions to the field of pediatrics.

Dr. Bruno was a pediatrician for nearly 29 years at Pediatric Associates before becoming the Pediatric Medical Director at Memorial Integrated Health. Bruno has also worked very closely with the Broward County Pediatric Society, first as the secretary and vice president and currently as the president-elect. In addition, Bruno is a faculty member at the University of Miami's Miller School of Medicine, as well as NSU's College of Osteopathic Medicine (NSUCOM). He is a very influential pediatrician as well as a teacher and mentor to the many students whose lives he has touched over the years. The Arnold Melnick Child Advocacy award for which he is being recognized was named after the founding dean of the NSUCOM. The award was established by the NSUCOM Pediatric Club and is presented each year to recognize individuals in South Florida who promote children's causes.

Advisor to the group is Edward E. Packer, DO, FACOP, Professor and Chair of Pediatrics at Nova Southeastern.



## NICUs at Risk

Medication errors with babies in NICU's are eight times more likely to take place than in adult settings in the hospital.

Human factors were behind most medication errors, with half of the mistakes during the drug administration phase.

*NICU Medication Errors in Journal of Perinatology* 30, pp.459-468, 2010.

## Parents with Twins More Likely to Divorce

First-time mothers of twins have a 13.7% absolute risk of divorce compared with a 12.7% risk for first-timers who have just one baby.

The authors thus recommend adding discussion of marital discord to the counseling on such other problems as postpartum depression.

See *Association between the birth of twins and parental divorce in Obstetrics and Gynecology*, 117 (4), pp. 892-897.

## Few Drugs Common in Hospitalization

Only two drugs were used in more than 10% of pediatric hospitalizations: acetaminophen (14.7%) and lidocaine (11%).

The researchers found that beyond the 10 most prevalent drugs, another 51 drugs were used in at least 1% but less than 10%.

*Pharmacoepidemiology and Drug Safety* 20 (1), pp. 76-82, 2011

## Crowding in EDs Decreases Asthma Care

Children seen in a crowded emergency department are less likely to receive effective asthma care than when the ED is less crowded, after eliminating other influences on their treatment.

The crowding decreased timely asthma care by 52% to 74% and effective asthma care 9% to 14%. The study was made from a children's hospital electronic records for a period of a year.

See *Annals of Emergency Medicine* 57(30), PP. 191-200 (March, 2011).

### 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](http://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.

### 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](mailto:ACOPublications@gmail.com).

# Welcome to our New Members!

## Associate

Courtney L. Swartz, DO ..... Midwest City, OK

## Fellow in Training

Dennis C. Slagle, DO ..... Fairmont City, PA

## Resident

Misti K. Crawley, DO ..... Tulsa, OK

## Intern

Irwin Benzel, DO ..... Lawrence, NY

Malissa D. Wall, DO ..... Bohemia, NY

## Pediatric Student Club

John M. Alford ..... Edgewood, KY  
 Patricia Almeida ..... Davie, FL  
 Alexandra M. Amaducci ..... Voorhees, NJ  
 Rachel H. Anderson ..... Villa Park, IL  
 Christy Baggett ..... Boca Raton, FL  
 Eric Bankert ..... Speedwell, TN  
 Mia M. Blacconiere ..... Bloomington, IN  
 Matthew J. Boeve ..... Pikeville, KY  
 Myron G. Bontrager ..... Pikeville, KY  
 Laura Boulas ..... Holmdel, NJ  
 Stephanie Bromante ..... Plantation, FL  
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 Chalani D. Ellepola ..... Lawrenceville, TX  
 Elizabeth Feldman ..... Brooklyn, NY  
 Lauren A. Fetsko ..... Greenwood, IN  
 Christine A. Fischer ..... Pikeville, KY  
 Kathryn Fitzgerald ..... Davie, FL  
 Suzanne N. Forman ..... Downers Grove, IL  
 Nicole M. Fortuna ..... Glendale Heights, IL  
 Allison C. Fralick ..... Pikeville, KY  
 Asha Francis ..... Davie, FL  
 Ivana Gagula ..... Boca Raton, FL  
 Jade Gallimore ..... New Tazewell, TN  
 Cristina Gherghina ..... Fort Lauderdale, FL  
 Patricia Goodwin ..... Speedwell, TN  
 Brant Granger ..... Plantation, FL  
 Brian R. Gray ..... Lawrenceville, GA  
 Brendan Green ..... Plantation, FL  
 Kayla Haag ..... Blue Mounds, WI  
 Angelina Hall ..... Cumberland Gap, TN  
 Brittany F. Harlow ..... Langley, KY  
 Sarah Heathcote ..... Davie, FL

Ashley Herrmann ..... Harrogate, TN  
 Aaron Hirsh ..... Davie, FL  
 Megan Hobbs ..... Harrogate, TN  
 Jessica Howard ..... Cumberland Gap, TN  
 Sasha M. Howard-Porter ..... Pikeville, KY  
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 Henry Jeng ..... Davie, FL  
 Manoucheka Jeunes ..... Valley Stream, NY  
 Jonathan D. Jimenez ..... Lindenwood, NJ  
 Marnie G. Kanarek ..... Marlton, NJ  
 Dana Kay ..... Davie, FL  
 Bryan Kerner ..... Fort Lauderdale, FL  
 Kate Kimrey ..... Knoxville, TN  
 Shannon King ..... Arthur, TN  
 Pranam Kokilakumar ..... Alpharetta, GA  
 Nathan Kolterjahn ..... Cumberland Gap, TN  
 Ian Kowalski ..... Weston, FL  
 Emily A. Krauss ..... Voorhees, NJ  
 Jaynee E. Krippel ..... Downers Grove, IL  
 Caitlyn K. Kryston ..... Lawrenceville, GA  
 Angela Kuehn ..... Davie, FL  
 Moshe Kupferstein ..... North Miami Beach, FL  
 Brian Lam ..... Buford, GA  
 Allison Landoll ..... Toledo, OH  
 Robert Lawrence ..... Harrogate, TN  
 Nicole A. Leatherwood ..... Duluth, GA  
 Adam N. Levine ..... Voorhees, NJ  
 Tonya R. Lindenmuth ..... North Wales, PA  
 Thomas A. Loesevitz ..... Pikeville, KY  
 Emily Lynch ..... Harrogate, TN  
 Rebecca Madell ..... Harrogate, TN  
 Julie M. Magalanes-Montone ..... Philadelphia, PA  
 Leila Mansier ..... Fort Lauderdale, FL  
 Britani Martinez ..... Coconut Creek, FL  
 Ashley R. Martz ..... Voorhees, NJ  
 Nicole McFarland ..... Cumberland Gap, TN  
 Lauren McGee ..... Cumberland Gap, TN  
 Avalon Mertens ..... Davie, FL  
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 Amanda M. Romesberg ..... Pikeville, KY

# Welcome New Members!

## Pediatric Student Club

|                            |                      |
|----------------------------|----------------------|
| Leon Rosenberg.....        | Plantation, FL       |
| Megan C. Russell.....      | Northvale, NJ        |
| William Russell.....       | Harrogate, TN        |
| Valerie G. Rygiel.....     | Downers Grove, IL    |
| Jessica Sabau.....         | Miramar, FL          |
| Rochelle Samarasekera..... | Plantation, FL       |
| Fiona Sattaur.....         | Philadelphia, PA     |
| Joel Schoenberg.....       | Davie, FL            |
| Nicholas Scoglio.....      | Fort Lauderdale, FL  |
| Alexandra Scoma.....       | Davie, FL            |
| Kelly Segars.....          | Fort Lauderdale, FL  |
| Christopher Senn.....      | Lombard, IL          |
| Whitney Sharp.....         | North Palm Beach, FL |
| Dana Small.....            | Harrogate, TN        |
| Meghan Soulvie.....        | Plantation, FL       |
| Courtney D. Speck.....     | Pikeville, KY        |
| Marissa A. Spino.....      | Norcross, GA         |
| Emily Stumpf.....          | Davie, FL            |
| Lauren Sturtevant.....     | Cumberland Gap, TN   |
| Leonardo Taarea.....       | Suwanee, GA          |
| Jeanette Taveras.....      | Lindenwold, NJ       |
| Amy B. Triche.....         | Voorhees, NJ         |
| Alexei Trout.....          | Pikeville, KY        |
| Erica Turse.....           | Davie, FL            |
| Steven Von Edwins.....     | Plantation, FL       |
| Kera J. Walter.....        | Pikeville, KY        |
| Lauren A. Walzer.....      | Voorhees, NJ         |
| Christopher Wang.....      | North Wales, PA      |
| Darlene West.....          | Cumberland Gap, TN   |
| Ashleigh Whitehead.....    | Pikeville, KY        |
| Regina D. Yu.....          | Voorhees, NJ         |

## Share Your Memories of the Pediatric Track Conference!

PULSE is looking for photos of the 2011 AOA-ACOP Pediatric Track. We know you have some good ones! Please send photos and captions for our next issue to [acopublications@gmail.com](mailto:acopublications@gmail.com).

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## AOA-ACOP 2011 Pediatric Track

*Continued from page 1*

The lecture of Joan Meek, MD, “Breastfeeding: Victories and Challenges,” was well received. She discussed benefits of breastfeeding and barriers to breastfeeding. She also reviewed what a “baby-friendly” hospital is and what we can do to help our hospitals become baby-friendly.

Michael D. Reed, PharmD, discussed common household and prescribed ingestions. Paul Smith, DO, complemented Dr. Reed’s lectures by discussing medical management of common poisons.

For the children and those who are children at heart, a highlight of Monday was a trick-or-treat activity at the convention Exhibition Hall. Exhibitors provided trick-or-treaters with treats and other child friendly treats.

### Day 3 - Recap

By **Ed Spitzmiller, DO, FACOP**

The third day of the ACOP meeting started with a great overview of pediatric palliative care given by Cassandra Hirsch, DO. Maureen Leffler, DO, then gave two lectures, first a great review of common rheumatologic conditions seen in the pediatric population and then an update on some of the new medications to come into use in this population. Robert W. Hostoffer, Jr., DO, FACOP, followed this up with a rousing and very complete talk on food allergies. After the alumni luncheons, Marta Diaz-Pupek, DO, used an audience response system in her talk titled “Do you see what I see? The day concluded with a mixed didactic and hands-on OMT session given by Dave Boesler, DO. What a great day!!

### Day 4 - Recap

by **Michael G. Hunt, DO, FACOP**

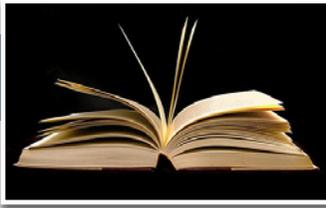
The topics were simply outstanding. Drs. Allshouse, Erhard, Gonzalez, and Solomon presented topics including acute abdomen, maintenance of certification, update UTI and vesicoureteral reflux, and concussion/traumatic brain injury. These world-class specialists spoke to a large audience that represented pediatricians, urologists, emergency and family physicians. The speakers were received well and the audience was impressed with the information.

Fernando Gonzalez, DO, articulated in detail the five components of continuous certification and how that process will occur. He stressed that using the *eJournal* will significantly help to achieve the goals without the expense that our allopathic colleagues face. The obvious take home message was that the cost to continuous certification would be much less expensive in the osteopathic compared to the allopathic pathway.

Michael Allshouse, DO, presented two great talks covering anorectal anomalies and the acute abdomen. The presentations were clear, concise, and informative. He empowered the pediatrician with information that could easily be implemented in practice.

Michael Erhard, MD, updated us on the changes to the practice guidelines for UTIs and urinary reflux. He took the guidelines and made them easy to understand. His presentation on genitourinary anomalies was informative and stimulated the audience to participate.

Mary Solomon, DO, presented topics in sport injury. The audience enjoyed her comments on treating concussion real-time. The talk was a great precursor to our next CME in Memphis that will present Impact, the software to follow athletes with concussion clinically.



# BOOK REVIEW

By Robert Locke, DO, MPH, FACOP

## The Immortal Life of Henrietta Lacks

Author: Rebecca Skloot

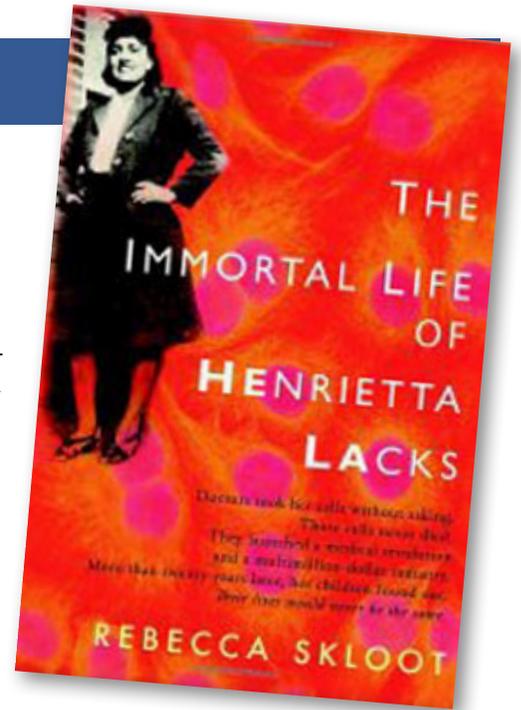
HeLa cells: immortal and essential. Unlike normal cells, HeLa cancer cells continuously reproduce; in the sixty years since researchers obtained the first two dime-sized samples, scientists have grown over 50 million metric tons of HeLa cells. These cells have helped identify the 46 chromosomes in normal human cells, flown into space, and contributed to the underpinnings of modern biology. HeLa cells have been involved in over 60,000 scientific publications, and nearly 300 new articles every month.

The original cells, as well as their name, were taken without informed consent from Ms. Henrietta Lacks. In 1951, Ms. Lacks was undergoing treatment for cervical cancer at Johns Hopkins, then the only Baltimore hospital accepting African-American patients. Seeking only to progress scientific research, researchers at Hopkins grew HeLa cells and distributed cultures freely to other researchers around the world. While John Hopkins as an institution never profited from Ms. Lacks' cells, others patented discoveries derived from the cultures made millions. Decades later, Ms. Lacks' family remains distrustful of the predominantly white medical community, and angry that they cannot pay for their most fundamental health care needs, while others have grown wealthy off their mother's cells. Ms. Lacks' daughter states, "Truth be told, I can't get mad at science, because it helps people live...but I won't lie, I would like some health insurance so I don't got to pay all that money every month for drugs my mother's cells probably helped make."

The history and culture surrounding the story of HeLa cells proves even more fascinating than the science behind it. The disassociation between Henrietta Lacks and her family and medical research community could not be more startling or disheartening. This book provides an important case study for current clinicians and researchers who provide care across socially diverse populations. Due to the hospital's miscommunication, and a lack of education among family members, Ms. Lacks' kin believed that the continued existence of her cells meant that their mother was artificially being kept alive and suffering from the medical experiments. While there, the scientists had undoubtedly excellent intentions, they ultimately separated the cells from their human origin and context.

Lest one think that this is a story of ancient and irrelevant history, in the 21st century, US labs possess 300 million tissue samples taken from 180 million citizens. Scientific control and monetary rights from the use of those tissues reside with the medical-scientific-corporate community and not with the individuals who provided those tissues as part of clinical care and surgical procedures.

Rebecca Skloot has written a balanced and insightful look into the story of the immortal HeLa cells, a story of racial politics, medical ethics, and cultural misunderstanding. Similar to the classic book, *The Spirit Catches You and You Fall Down*, which some medical schools have included in the curriculum, *The Immortal Life of Henrietta Lacks* offers an intriguing tale and an eye-opening lesson on the complex intersections of medicine and the real world. For medical students and scholars of medicine alike, *The Immortal Life of Henrietta Lacks* is an essential read.



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