



# PULSE

THE QUARTERLY PUBLICATION OF THE AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS

SPRING • 2015

## Registration is Open! DOing Pediatric Education Together: Keeping our Children Safe

Interested in sunshine, warmth, quality education and more than 25 category 1-A CME credits in a warm climate?

It is not too late to attend the “DOing Pediatric Education Together: Keeping Our Children Safe” educational conference in Fort Lauderdale, FL. This is a joint conference of the ACOP and AAP-SOOPe that focuses on patient safety and recent scientific advances in clinical pediatrics. The sessions are specifically designed to update today’s pediatric provider through interactive small group sessions, traditional lectures and academic Q&A sessions. The conference also celebrates the 75th Anniversary of the



ACOP, the Anniversary Gala and honors Arnold Melnick, DO, FACOP, who will give the James

Watson Memorial Lecture.

It is not too late to register. Discounted ACOP group hotel rates are available until March 30, 2015. Full conference registration information and program brochures can be found at <http://www.acopeds.org/cme.iphtml>. Still hesitating? Check out the Ft. Lauderdale live webcam.

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### what's inside ...

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President's Message .....	2
Melnick at Large .....	3
Thank you to our Sponsors .....	3
Osteopathic Education .....	4
From the Editor's Desk .....	5
Support the PRES Fund .....	5
Pestilence Paragraphs .....	6
Members in the News .....	6
Tales from Adolescent Medicine .....	7
Mark Your Calendar .....	7
Single GME Accreditation and Committee Updates .....	8
In the Journals .....	8
ACOP 75th Anniversary Gala .....	8
Welcome New Members .....	9
Member Spotlight .....	10
Historical Highlights .....	11
mPINC Scores .....	11
Register Now! .....	12



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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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## President's Message

Scott S. Cyrus, DO, FACOP  
ACOP President

The ACOP is the organization that represents the osteopathic pediatricians nationwide. The college reflects the excellence and diversity each member brings to the organization and strives to maintain that excellence. The ACOP works with numerous other colleges and organizations to bring the best opportunities to the membership. This Spring Conference in Fort Lauderdale mirrors that commitment to present a continuing medical educational conference for the osteopathic pediatricians regardless of training background. Along with our commitment for excellent medical education, the ACOP strives for assisting all members to be the best for their patients.

This year marks the 75th Anniversary of the ACOP. We continue to evolve from where we started as a small unknown specialty in the 1940's to full professional recognition in the 1990's. We continue to strive for national understanding of the uniqueness of Osteopathic Pediatricians. Our thanks and admiration goes to James Milton Watson, DO, and Evangenne Percival, DO, who together founded the ACOP and the many outstanding pediatricians who have come after them to make this an outstanding organization. The black tie (optional) gala celebration of 75 years will take place on Saturday night during the Spring Conference in Fort Lauderdale. There, the ACOP Harold H. Finkel, DO, and Arnold Melnick, DO, Community Pediatrician of the Year Award will be presented and a wonderful evening of festivities is planned. During the conference, Past President, Arnold Melnick, DO, will present the Watson Lecture and the American Academy of Pediatrics has joined the CME program to provide all pediatricians an unmatched didactic educational experience. Please make plans to attend.

The ACOP is proud to be working with the AOA and the Accreditation Council for Graduate Medical Education towards the single accreditation system to open all educational avenues to our residents. This requires having representation on the Resident Review Committee. The ACOP nominated four members to be selected for the committee. Carl Backes, DO, was select-

ed to represent the ACOP and the DO pediatricians on the ACGME Resident Review Committee.

As our incoming President, Dr. Backes will have a unique perspective on the needs of our residents and he can work towards communicating with the ACGME through the RRC. Dr. Backes is from Ohio and is the program director of a large dual pediatric residency. He is a neonatologist and trains residents daily. He understands the requirements for both the AOA and the ACGME pediatric residency programs. He helped to develop a manual for his program to meet the ACGME standards while maintaining the distinctiveness of our osteopathic training. There are numerous hurdles to overcome for other pediatric programs to become accredited by a single accreditation system but the leadership the ACOP has put forth will help focus all our efforts to assist all pediatric residency programs to reach this goal of accreditation without the loss of our osteopathic training.

The single accreditation system will phase into pediatric programs over the next five years as programs apply for accreditation. The AOA and the American Association of Colleges of Osteopathic Medicine are actively involved during the transition and the ACOP is vigorously working with pediatric programs to make the transition as smooth as possible. There are four osteopathic representatives on the ACGME Board of Directors and I believe you should be familiar with them. They are Karen J. Nichols, DO, and David A. Forstein, DO, Gary Slick, DO, and Clinton Adams, DO. They have a great responsibility to oversee the change while maintaining the historic workforce that the osteopathic profession has produced over the years. The ACOP has



Scott S. Cyrus, DO,  
FACOP

*Continued on page 11*



# MELNICK at Large

## A Quotation Worth Remembering

By Arnold Melnick, DO, FACOP

I recently came across a quotation from Dorothy Canfield Fisher, an educational reformer from the early 20th Century, best known for her children's books. It impressed me as a teaching tool for pediatricians. She said, "A mother is not a person to lean on, but a person to make leaning unnecessary."

What a brilliant summary of what motherhood (and fatherhood) is all about. What a tremendous goal for all parents. After all, what greater gift can parents give a child than to teach him independence, and prepare him for it.

But I saw this quotation as something extra-- a teaching tool. This is a one-liner that pediatricians (and others who teach parents) can use to emphasize all the instructions and suggestions that we are called on to make--these are but details in the management of children and their problems.

What impresses me is the depth of philosophy contained therein. When you read that line, it provokes a certain amount of deep thought, no matter how stubborn or recalcitrant a parent might be. Of, course, there is no guarantee that it will turn parents' behavior 180 degrees but I feel that its impact will somehow come though for many people.

I can almost visualize myself in a counseling session with a parent and finding deep resistance -- I whip out a small card with this quotation on it and read it to the parent. And then present it to him or her. I think it adds authority, substance and some conviction to the points I am making.

In sixteen words, it expresses a world of good sense:

*"A mother is not a person to lean on,  
but a person to make leaning unnecessary"*

*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](mailto:melnick5050@comcast.net) and be sure to include your name and address (street or e-mail). They will be appreciated.*

# It's polite to brag!

Osteopathic Student Pediatric Club and Residency Programs – Are you doing something exciting? Making a difference? Share your success with colleagues. Let us know what you are doing at your Student Pediatric Club. We'll highlight it in the PULSE. It is polite to brag -- if you share it in the PULSE. Write to [Kim@ACOPeds.org](mailto:Kim@ACOPeds.org) or [ACOPublications@gmail.com](mailto:ACOPublications@gmail.com) with any questions or submissions.



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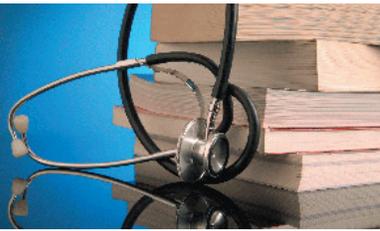
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# Osteopathic Education



## ACOP Awards and Honors

## OPC Versus OOC

By Tami Hendriksz, DO, FACOP

“Jerry’s been throwing up for the past 20 hours (with no diarrhea). Does he have a brain tumor?” That was the frantic text that I received 2 nights ago.

“Is he eating?” “Like a champ.”

“Is he lethargic or not acting like himself?” “No, he’s really happy, and then just suddenly throws up. It doesn’t seem to bother him.”

Jerry does not have a brain tumor. What he does have is both a blessing and a curse; he has a pediatrician as a parent. Pediatrician parents are a special breed. As pediatricians, we know that the vast majority of ailments in pediatric patients are temporary and relatively minor. We trust our training, our experience, our colleagues, and sometimes our intuition, to find those cases that deviate from the norm. Those dangerous, worst case scenarios; the diagnoses that cannot be missed.

The internet is filled with those stories. No one writes a blog post about the time that their child was throwing up and it turned out to be a virus that every other kid has had a half dozen times (or if they do, no one reads it). The parents who write blogs, respond to message boards, comment on medical articles, etc. – tend to be the parents whose child turned out to have a brain tumor.

Even as an educated professional, I have been driven to anxiety by those online stories. Last summer my then three-year old daughter was running as fast as she could outside of a science museum. She tripped on a sign post, flew into the air and landed with full force impact of her forehead onto the concrete ground. I still have flashbacks of the sound and image of her head hitting the ground. She cried for over 20 minutes and developed a huge, erythematous soft tissue swelling over her forehead. I watched as the swelling and discoloration slowly tracked down her face around her eye.

It was a traumatic event. For both of us. I checked her pupils, monitored her mental status as best I could, and then couldn’t stop myself from doing a quick google search. Of

course I found post after post of depressed skull fractures, hidden intracranial hemorrhages, etc. from falls just like hers. Written, not by medical experts, but by frantic parents who felt the need to warn (and quite clearly to scare) the rest of us. I immediately texted Jerry’s father with pictures of my child, a description of what had happened, and my worst fears. He double-checked all of the important features of my case, and then reassured me. Because that’s what we do. That’s our pediatrician parent pact.

When it comes to OPC (other people’s children), our brains work the way that they have been trained. We can analyze the data, run it against the illness scripts that we have built up over our years of experience, and discuss calmly what the most likely cause is. When it comes to OOC (our own children), our brains don’t always work in the reliable ways that they should. Instead of moving to the most likely scenarios, our thoughts jump to the most dangerous: the rare and frightening diagnoses that we saw in residency.

My husband has a great way of retuning my OOC thoughts. He simply asks “what would you tell the parents of one of your patients who were experiencing this exact same thing?” I can then go into pediatrician mode, and deliver a calm and lucid explanation. It’s brilliant, really. He has found a way of making me counsel and reassure myself.

Maybe as pediatrician parents, we need to start our own blogs and chat forums in which we discuss the common everyday ailments of our children. In these posts, we could reveal that each and every one of these ailments had a common, everyday cause. For now, I’ll have to stick with contacting my circle of pediatrician parent friends and relying on them to uphold our pact.

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*Tami Hendriksz can be found on twitter @drhendriksz. Send her a tweet about your most difficult patients, your most rewarding patients, why you love pediatrics, or anything.*

The American College of Osteopathic Pediatricians will present several awards and honor special members at the DOing Pediatric Education Together: Keeping Our Children Safe conference in Fort Lauderdale, April 30-May 3, 2015.

During the ACOP Member Business Lunch on Friday, May 2, 2015, the following awards will be presented:

- Best Poster – Research
- Best Poster – Case Study
- Best Poster – Student Club
- Student Club of the Year

Don’t miss the James M. Watson Memorial Lecture on Saturday, May 2, 2015. Arnold Melnick, DO, FACOP, will present “The ACOP: 70 Years from Rejection to Acceptance.” Dr. Melnick will discuss the progress of the osteopathic



Arnold Melnick, DO,  
FACOP

profession and the contributions of the ACOP.

Please join your colleagues to celebrate the history, accomplishments and future of the ACOP at the 75th Anniversary Gala on Saturday, May 2, 2015. During the Gala, we will honor the following members:



Harold H. Finkel, DO and Arnold Melnick, DO Community Pediatrician of the Year Award to Robert W. Hostoffer, Jr., DO, FACOP (above left)

Career Achievement Award (formerly the Distinguished Service Award) to Martin P. Finkel, DO, FACOP, FAAP (above right)

Emeritus Honors – All ACOP Emeritus Members will receive special recognition.

# From the **EDITOR'S DESK**



By Robert Locke DO, MPH, FACOP  
PULSE Editor

## Osteopathic Continuing (OCC) Education - Ongoing Debate and Growing Uncertainty

From corner tables to elite medical journals, OCC/MOC has been a source of agitation and debate. The intent to provide encouragement of life-long learning and quality improvement and related objective assessment was good, but the unresolved question remains whether there is sufficient science to support benefit, especially benefit in excess of burden on physicians and certifying organizations. On February 3, 2014, the current status of OCC/MOC was thrown into doubt when one of the largest medical boards in the world, the American Board of Internal Medicine (ABIM), which covers internal medicine and twenty medical subspecialties, suspended a large portion of their MOC requirements. In an open letter the ABIM stated, "ABIM clearly got it wrong. We launched programs that weren't ready and we didn't deliver an MOC program that physicians found meaningful. We want to change that... We got it wrong and sincerely apologize." (<http://www.abim.org/news/abim-announces-immediate-changes-to-moc-program.aspx>).

There are opportunities to get it right, given additional pause and study. For osteopathically-boarded pediatricians, there may be additional complicating factors. Osteopathic general and subspecialty pediatricians comprise a small fraction of the AOA community. The American Osteopathic Board of Pediatrics (AOBP) fully understands pediatric and pediatric subspecialties and is sensitive to their needs and needs for proper certification and recertification. Unlike the American Board of Pediatrics (ABP), which is independent from the AMA, the AOBP is governed by the AOA. In this changing climate of ACGME and OCC changes, it is not always clear whether the AOA and AOA Board of Specialties is sensitive to, able to understand needs of pediatricians or much less separate out global politics from pediatric-specific OCC. More to follow. (The comments of this author represent this author's opinion and not that of any organization.)

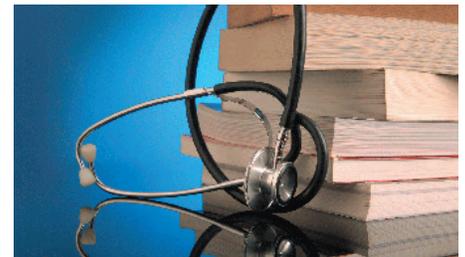
## Raising the Minimum Wage: Saving Money and Improving Health Outcomes

Walmart recently raised its minimum worker wage to \$9/hour or \$360/week for the lowest wage earners. Full-time employment (40 hours/week employment) at \$9/hr is still below the federal poverty level for a family of three. Families can work full-time at a major profitable employer and require subsidized healthcare in addition to food and other benefits. An unsubstantiated concern has been that higher wages at this very low end of the income scale will lead to lower employment. Research evidence supports the opposite. The majority of small business owners believe that reduced employee turnover and increased consumer spending offset higher wage costs.

Why should pediatricians care about higher family income? Family income is directly related to pediatric health and well-being. One of the single most important determinants of pediatric health, health utilization and future health status beyond the pediatric time period is family income at or below the poverty level. The clear link between income, social determinants of health, health outcome, health-related behaviors and intergenerational health have helped make increasing the minimal wage a priority for many pediatricians and family care physicians. Increasing the minimum wage would bring four hundred thousand children out of poverty. For those dubious of the evidence on health outcomes and wish to focus on the taxpayer economics, a small increase the federal minimum wage to \$10/hour would save \$2,500,000,000.00 alone in taxes for state-related subsidized healthcare. At the very low end of the wage scale, small increases are highly meaningful for the children involved and yield a dual win of improved health and reduced taxpayer burden.

Support Our Students  
Donate to the  
**PRES FUND**

Please consider making a donation to the ACOP Pediatric Research & Education for Students (PRES) Fund. The purpose of the fund is to provide a formal mechanism to support student research.



The ACOP has always been committed to its students and student clubs by keeping dues and registration fees at an absolute minimum. Once the corpus of the new fund reaches its target, the ACOP will institute an application and award system to fund students' research. All board members have already contributed to the fund and it is hoped that there will be a very high participation rate from the members at large no matter what the amounts.

The American College of Osteopathic Pediatricians is a 501(c)6 organization. Donations to the PRES Fund may be tax deductible as allowed by law and will be acknowledged by the ACOP. Why wait? Make your donation today.

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# PESTILENCE PARAGRAPHS: Pediatric Infectious Disease

## Measles Misery

By Jessica Mondani, DO

The United States declared measles an eliminated disease in the year 2000. What exactly does that mean? An eliminated disease is defined as the absence of continuous disease transmission for 12 months or more in a specific geographic area. However, as you may have noticed, last year we experienced a record number of measles cases and this year we are experiencing another multi-state outbreak with the number of cases already over 150. What can we as physicians do to help stop the spread of measles?

One, we need to raise our level of suspicion, and remind ourselves of how measles presents (as most of us have never seen a case of measles). Ah, yes, recall those medical school days when you knew that measles presents with fever and the 3c's (cough, coryza, and conjunctivitis) followed by a maculo-

papular rash that starts on the face and spreads to the trunk and extremities. Envision that picture on your exam of tiny white spots called Koplik spots that occur on the inside of the cheeks early in the illness. Keep in mind that measles is one of the most infectious diseases around, and that the virus can live in the air and on surfaces for up to two hours after an infected person cough or sneezes. It will infect 90% of susceptible individuals. Symptoms do not start to appear until 10-14 days post exposure. This virus's hardiness, high infection rate, and prolonged latent period all contribute the spread of the disease.

Two, we can make sure that all are up to date with their MMR vaccine. It is our job as physicians to educate our patients on vaccine preventable illnesses and their potential complications.

Remind individuals that the complications include ear infections that may lead to permanent deafness and diarrhea, each occurring in 1:10 individual who contract the disease. Additionally 1:20 children who contract measles will suffer from pneumonia, the most common cause of measles-associated death, while 1:1000 children will suffer from encephalitis, which may cause seizures and permanent neurological deficits. The best form of treatment for measles remains prevention in the form of the MMR vaccine.

If you suspect that one of your patients may be infected with the measles, please refer to the CDC website and contact your local health department for information on testing, indications for treatment with IVIG, and quarantine guidance.

For a link to images of various signs of measles click: <http://www.immunize.org/photos/measles-photos.asp>



Celebrating **75** Years!  
1940 - 2015

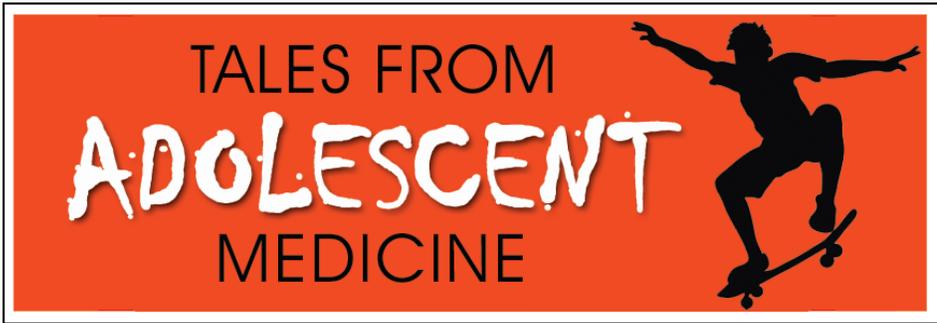
## MEMBERS ...in the News!

### Measles Advice Given

Stanley Grogg, DO, FACOP, was interviewed by the AOA February 5th, 2015, concerning the recent measles outbreak. Dr. Grogg is AOA's liaison to the CDC Advisory Committee on Immunization Practices. On AOA's website, he provides practical advice for the primary care physician concerning the recognition and diagnosis of measles on the AOA website. (<http://www.osteopathic.org/inside-aoa/Pages/2-5-2015-measles.aspx>). Dr. Grogg also suggests that parents "bring patients who could be infected through the back door and straight into an exam room, rather than having them wait in the waiting room and risk exposing other patients. This practice is especially important in pediatric practices, since infants must be 12 to 15 months old before they're recommended to receive the MMR vaccine. If you don't have a back door, have the patient and anyone accompanying them wear a face mask in the waiting room and common areas."

**2015 ACOP/AAP  
CONFERENCE  
April 30-May 3, 2015  
CONVENIENT ONLINE  
REGISTRATION!**

To register online and book your hotel reservations, visit [www.acoped.org/conference](http://www.acoped.org/conference). Registration rates increase after March 27, 2015. If you prefer to fax your form, printable forms are also available at [www.acoped.org/conference](http://www.acoped.org/conference) and can be faxed to (804) 282-0090.



## We Can Learn from Our Patients

By Jessica S. Castonguay, DO, MPH

*“Give me your tired, your poor,  
Your huddled masses yearning to breathe free.”*  
– Emma Lazarus

We are a melting pot in the United States. Just come sit in the lobby of my office where we see many refugees. Regardless of the language, when a mother tells her teen to stand up straight, she still gets the ubiquitous eye roll. I suppose some things transcend culture and time. These families often come to the doctor with many questions. They want the same for their children as we want for ours: competent, compassionate care. In order to provide that care, however, some barriers must be addressed.

Many patients are referred to primary care from the health department or other providers. Getting records from providers outside a home institution is sometimes difficult, but is crucial for patients new to the country or who do not speak English. Sometimes the records provided are incomplete, out of order, or even mixed with a sibling’s chart. The best way to help coordinate care in this situation is to have a contact at the referral agency. Work with that person so the information you need is sent with the referral...not an hour after the patient leaves the office.

Many hospitals employ interpreters for the languages most frequently encountered in their area. Others use community-based interpreters as needed. Still others may use agencies that utilize video chat or telephone. Each of these has pros and cons, but I prefer the living, breathing interpreter almost every time. The downside to the live interpreter is that many refugee communities are small and close knit. Often the interpreter is part of that community. When there is a sensitive issue such as vaginal discharge, it may be preferable to phone your friendly non-neighborhood interpreter.

A fair number of our patients come to us with a diagnosis of latent tuberculosis. Discussing the diagnosis and treatment becomes difficult. Sometimes they were given medicine before they came to the US, but they do not remember the name. Sometimes we get a report of a normal chest x-ray in their home country, but have no evidence of antibiotic treatment. Sometimes patients are resistant to medications when there are no symptoms. Non-compliance can be an

issue. It may be more related to poor understanding than anything else. I remember a patient followed up after six weeks on INH for latent TB. We came to find out that he had been off the INH for two weeks because the family did not know they needed to get refills at the pharmacy. Lesson learned.

Refugees need frequent visits for immunizations. Many are on the typical catch-up schedule. Be clear about whether the patient will receive their vaccinations with you or with the health department. Fill out an immunization card for the patients and tell them to bring it to every appointment. Just printing it on the after-visit summary that your electronic medical record spits out may not be sufficient. On the plus side, you rarely have to convince these families about the scientific research supporting vaccines. They don’t even know who Jenny McCarthy is.

I enjoy working with refugee families. The transformation from the new, shy patient to a more confident one trying to communicate in English is amazing. They seize every opportunity to learn and be involved, joining activities at school and in their communities. They are appreciative of small things that many of us take for granted. I had a patient come in with various muscle aches. It turned out she was sleeping on a blanket in the two-bedroom apartment she shared with six other family members. I suggested she get a mattress so she could sleep more comfortably. She wouldn’t hear of it. In her home country, she slept on the ground. She was so thankful for a blanket and a roof that she couldn’t imagine asking for a bed. Teaching a patient something is good. Bringing a patient closer to health makes it better. But the best thing, for me, is when a patient teaches me or helps me to see the world in a new way. This patient did that for me. Despite the barriers, working with refugee populations is rewarding.

**Mark Your Calendar!**

**UPCOMING  
ACOP  
EVENTS**

**AOA/ACOP Pediatric Track  
at OMED 2015**

October 17-20, 2015 • Orlando, FL

**ACOP 2016 Spring Conference**

April 14-17, 2016

Sheraton Phoenix Downtown Hotel • Phoenix, AZ

## Single GME Accreditation and Committee Updates

On February 16, 2014, the AOA and AACOM joined the ACGME Board of Directors as full member organizations. The ACGME has approved the Osteopathic Neuromusculoskeletal Review Committee's standards. The tenets of osteopathic medicine will be incorporated into the ACGME core competencies through the Osteopathic Recognition Review Committee. Your AOA representatives to the ACGME Board are Karen Nichols, DO, and Clint Adams, DO. Your AACOM representatives to the ACGME are Clint Adams, DO, and Gary Slick, DO.

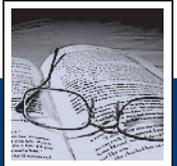


Carl Backes, DO

In excellent news for osteopathic pediatricians during this crucial moment of transition, Carl Backes, DO, Vice President of the ACOP, has been selected as the osteopathic representative to the ACGME Pediatrics Review Committee. A full listing of all osteopathic members of the combined ACGME can be found at <http://www.osteopathic.org/inside-aoa/single-gme-accreditation-system/Pages/2-13-15-do-rrc-appointees.aspx>

## In the JOURNALS

### ACOP Members in Print



### Effects of Advanced Maternal Age and Race/Ethnicity on Placental Weight and Placental Weight/Birthweight Ratio in Very Low Birthweight Infants

Maternal and Child Health Journal January 2015.

<http://dx.doi.org/10.1007/s10995-014-1662-1>

Robert Locke, DO, MPH, FACOP and colleagues.

*If you or someone you know has an article in print, share the good news and let us know at [ACOPublications@gmail.com](mailto:ACOPublications@gmail.com).*



AMERICAN COLLEGE OF  
OSTEOPATHIC PEDIATRICIANS



1940-2015

Celebrating **75** Years!

American College of Osteopathic Pediatricians

## 75th Anniversary Gala

Saturday, May 2, 2015 • 6:00-9:00 pm

\$75 per ticket • Black Tie Optional

Tickets may be purchased online through the conference registration form.

*Join your friends and colleagues to celebrate the 75th Anniversary of the American College of Osteopathic Pediatricians. Enjoy a reception, dinner and entertainment while reminiscing about our past and looking forward to the future of the College and the osteopathic pediatric profession.*

# Welcome New Members!

## Fellow

Lisa Ferreira, DO.....Jupiter, FL  
 Andrea Mann, DO, FACOP.....Holly Springs, NC

## Fellow-in-Training

Jacob Porter, DO.....Broken Arrow, OK

## Intern

Mary L. Dolan, DO.....Detroit, MI

## Resident

Omar R. Beckett, DO.....Brooklyn, NY  
 Santana Bruno, DO.....Brooklyn, NY  
 Caitlin Felks, DO.....Brooklyn, NY  
 Monal Patel, DO.....Brooklyn, NY  
 Moina Snyder, DO.....Corpus Christi, TX  
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## Pediatric Student Club

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 James R. Bardw.....Erie, PA  
 Mohga Behairy.....Davie, FL  
 Ashmit D. Bhatt.....Naples, FL  
 Kelsey A. Binau.....Davie, FL  
 Sara M. Bloom.....Davie, FL  
 Daniel Bral.....Hollywood, FL  
 Trevor T. Brue.....Bradenton, FL  
 Joshua S. Brunton.....Lynchburg, VA  
 Rashaeda N. Bryant.....Christiansburg, VA  
 Thy Hoang Bu.....Middlesboro, KY  
 Paisley Butski Cadiz.....Bradenton, FL  
 Sarah J. Camper.....Cumberland Gap, TN  
 Adriana M. Carpenter.....Bradenton, FL  
 Jonathan K. Chandler.....Shawnee Mission, KS  
 Tejasri Chandrabhatta.....Blacksburg, VA  
 Nadia Chaudhry-Waterman.....South Riding, VA  
 Autumn C. Chisenhall.....Cumberland Gap, TN  
 Elisa M. Chiu.....Holmdel, NJ  
 Kenneth C. Chow.....Chicago, IL  
 Ravi M. Choxi.....Blacksburg, VA  
 Srdeep N. Chugari.....Davie, FL  
 Elizabeth A. Collier.....Springfield, MO  
 Stephanie Cormier.....Bangor, ME  
 Ana L. Cortez.....Lynchburg, VA  
 Gregory Wayne Cox.....Knoxville, TN  
 Elaine F. Crone.....Blacksburg, VA  
 Katrina F. Culmer.....Forest, VA  
 Aseel Dabbagh.....Raytown, MO  
 Andrea Dager.....Miami Beach, FL  
 Hina Dalal.....Carol Stream, IL  
 Leila H. DeWitt.....Greenville, SC  
 Alexandra A. Dias.....Cumberland Gap, TN

Kelley N. Dilliard.....Lynchburg, VA  
 Tuong Vi C., DO.....Cumberland Gap, TN  
 Andrea Eisenhart.....Erie, PA  
 Farhad Eroghlian.....Davie, FL  
 Jessica B. Eubanks.....Lynchburg, VA  
 Sara Fawaz.....Erie, PA  
 Pamela A. Fazio.....Cross River, NY  
 Maura C. Fitzpatrick.....Cumberland Gap, TN  
 Lindsey Foran.....Erie, PA  
 Kelli L. Fox.....Lakewood Ranch, FL  
 Julia W. Frankel.....Blacksburg, VA  
 Steven Galkin.....North Miami Beach, FL  
 Eva V. Gandhi.....Kansas City, MO  
 Paige K. Ganem.....Cumberland Gap, TN  
 Tory P. Garling.....Kansas City, MO  
 Garrett L. Gilmore.....Kansas City, MO  
 Taylor D. Gohman.....Kansas City, MO  
 Kate E. Griewisch.....Lynchburg, VA  
 Lesya A. Gvozdenkaya.....Blacksburg, VA  
 My Dung T. Ha.....Blacksburg, VA  
 Marissa Haberlach, MS, MPH.....Vallejo, CA  
 Rupali R. Harpale.....Plantation, FL  
 Kayla R. Heidbrink.....Kansas City, MO  
 Amanda K. Hess.....Blacksburg, VA  
 Megan Hoffer.....Lynchburg, VA  
 Melissa Hubley.....Erie, PA  
 Jacob M. Humphrey.....Kansas City, MO  
 Amanda N. Hunter.....Davie, FL  
 Reem Ichoa.....Davie, FL  
 Mark T. Inda.....Blacksburg, VA  
 Dana L. Ionel.....Kansas City, MO  
 Eboselummen S. Jaswal.....Davie, FL  
 Kalen N. Jockisch.....Speedwell, TN  
 Ashton M. Johnson.....Croquet, MN  
 Katie E. Kaepler.....Kansas City, MO  
 Courtney Lynn Kantzler.....Blacksburg, VA  
 William J. Kaplan.....Davie, FL  
 Taylor C. Kassiotis.....Bradenton, FL  
 Kshiya Kaydash.....Aventura, FL  
 Timothy R. Keegun.....Blacksburg, VA  
 Mariana L. Keener.....Blacksburg, VA  
 Kelli A. Kegarise.....Christiansburg, VA  
 Shannon S. Kelley.....Lynchburg, VA  
 Casey P. Kernan.....Kansas City, MO  
 Charanpreet K. Khangura.....Jupiter, FL  
 Marshal Khant.....Duluth, GA  
 Zachary D. Kirkland.....Middlesboro, KY  
 Heather Lee Kligfeld.....Pompano Beach, FL  
 Leah K. Klink.....Kansas City, MO  
 Emily Klosterman.....Williamsvil, NY  
 Matthew R. Koster.....Kansas City, MO  
 Amanda L. Kovar.....Kansas City, MO  
 Kortnee M. Koziara.....Blacksburg, VA  
 Melissa Ann Kramer.....Blacksburg, VA  
 Erin E. Kretovics.....Kansas City, MO  
 Nicole Kuhar.....Blacksburg, VA  
 Chloe Kupelian.....Erie, PA  
 Adam M. Kusic.....Kansas City, MO  
 Clint A. LaFrance.....Blacksburg, VA

*Continued on page 10*

# Member Spotlight: Dalal Taha, DO

Column Editor – Katherine Locke

**Editor Comment:** Dr. Taha recently joined the faculty at Children’s Hospital of Philadelphia (CHOP)/University of Pennsylvania School of Medicine, after completing her neonatology fellowship (combined program at Christiana Care Health System/A.I. duPont Hospital for Children/Thomas Jefferson University) where she served as Chief Fellow. Dr. Taha completed her DO degree at Rowen University (formally known as UMDNJ-SOM). Her work web page can be found at: <http://www.chop.edu/doctors/taha-dalal#.VPZWVVPF-Ww>

**Can you tell us a little about what you are doing now since moving to CHOP?**

My official title is attending neonatologist and assistant professor of clinical pediatrics. In addition to completing my research projects from fellowship, my position at CHOP is a mostly clinical one, taking care of patients in the neonatal intensive care unit. In addition to my clinical responsibilities, I participate in educating residents and fellows.



Dalal Taha, DO

**How was your transition from fellowship to attending?**

The transition was surreal. After so many years of attending school and training programs, I couldn’t believe I was finally an attending. I realized quickly that becoming an attending doesn’t mean you are practicing alone - I have relied on the advice and guidance of my colleagues at CHOP as well as my mentors from my fellowship program. Training and education doesn’t end once you become an attending.

**Tell us about being a DO at a large academic and mainly allopathic organization like CHOP.**

I wasn’t sure how I would feel being the only DO in my division - however, the transition has been very smooth. No one seems to notice whether you are a DO or MD. In fact, after I started the call schedule was updated to say “MD/DO” instead of “MD”. Osteopathic physicians should not hesitate when applying for a position in a large allopathic academic institution.

**What are your future plans?**

I plan to complete the research projects I began in fellowship. In addition, I would like to become involved in resident and fellow education. I am also a member of the IVH Reduction Quality Improvement Committee at the Hospital of the University of Pennsylvania as my other interest is in the prevention of intraventricular hemorrhage in premature infants.

**Any advice to DO’s who are in residency or fellowship training at this time?**

Always work hard - the physicians you meet during training are your future colleagues and can help shape your career.

**Can you share something that your fellow ACOP members might not know about you?**

I recently started taking horseback riding lessons - it’s a nice break from living and working in Philadelphia!

## New Members

Continued from page 9

Jennifer L. Leavy.....	Davie, FL
Caitlin E. LeClair.....	Coral Springs, FL
Chelsea L. Ledgerwood.....	Blacksburg, VA
Imsook Lee.....	Miami, FL
Cindy J. Lee.....	Cumberland Gap, TN
Rykiel H. Levine.....	Fort Lauderdale, FL
Yujie Linda.....	LiErie, PA
Jennifer K. Li Wong.....	Blacksburg, VA
Andrea Rubi Linares.....	Miami, FL
Victoria N. Lomas.....	Blacksburg, VA
Roshni A. Marballi.....	Davie, FL
Ashley Markowski.....	Copley, OH
Christine C. Marrero.....	Miami, FL
Rana Masoud.....	Erie, PA, VA
Corey J. Mayer.....	Middlesboro, KY
Mariam J. Mayet.....	Plantation, FL
Kathryn L. McAndrew.....	Lynchbur, VA
Tabitha M. Michaud.....	Dothan, AL
Cassandra E. Moison.....	Lynchburg, VA
Stephanie S. Montarroyos.....	Sunny Isles, FL
Andrew W.O. Moore.....	Leawood, KS
Laura A. Morrison.....	Davie, FL
Misty T. Moyle.....	Blacksburg, VA
Caleb D. Murray.....	Lynchburg, VA
Gregory H. Nalesnik.....	Pikeville, KY
Christine Nguyen.....	Kansas City, MO
Cassandra M. Nicotra.....	Bradenton, FL
Estefaniel R. Niev Zikowski.....	Fort Lauderdale, FL
Daniel M. Ortega.....	Vallejo, CA, FL
Anya-Faye R. Pacleb.....	Lynchburg, VA
Archana Pai.....	Davie, FL
Amy Park.....	Plantation, FL
Hiral R. Patel.....	Blacksburg, VA
Anjali P. Patel.....	Blacksburg, VA
Dannie Lynn Perdomo.....	Erie, PA
Mayra A. Perez.....	Forest, VA
Kristen J. Phillips.....	Harrogate, TN
Rachel Anne K. Pontemayor.....	Yakima, WA
Reza M. Razvi.....	Blacksburg, VA
Abigail J. Reed.....	Wexford, PA
Julian C. Remouns.....	Cumberland Gap, TN
Dalton M. Renick.....	Blacksburg, VA
Julia C. Ronecker.....	Kansas City, MO
Cassie E. Rutherford.....	Carthage, TN
Leslie M. Sachon.....	Christiansburg, VA
Hannah C. Salapch.....	Blacksburg, VA
Rebecca M. Scalabrino.....	Bradenton, FL
Jamie N. Scharfschwerdt.....	Cumberland Gap, TN
Kristina Schmitt.....	Erie, PA
Tanyan L. Schuknecht.....	Kansas City, MO
Lisa M. Seattle.....	Kansas City, MO
Pinkey S. Shah.....	Cumberland Gap, TN
Saamia Shaikh.....	Davie, FL
Zeehat N. Shameem.....	Canyon Country, CA
Sarah D. Shay.....	Lee’s Summit, MO
Jaclyn L. Siegel.....	Weston, FL
Brittany L. Siegel.....	Weston, FL
Amy L. Silverio.....	Kansas City, MO
Zachary R. Smith.....	Plantation, FL
Esther H. Son.....	Davie, FL
Nicholas W. Sullivan.....	Kansas City, MO
Anam Syed.....	Kansas City, MO
Viet-Thi Ta.....	Daly City, CA
Stephanie A. Taing.....	Cumberland Gap, TN

Catherine M. Teskin .....	Blacksburg, VA
Nikki Thaker .....	Blacksburg, VA
Lindsay A. Trachsel .....	North Kansas City, MO
Claudia Vallin .....	Miami, FL
Ashley J. Van Putten .....	Miami Lakes, FL
Lily Anne Voth .....	Lynchburg, VA
Chelsea L. Weiland .....	Fort Lauderdale, FL
Stephanie C. Wesley .....	Centreville, VA
Amy N. Whitaker .....	Kansas City, MO
Casey R. Wojtera .....	Radford, VA
Elise S. Wolff .....	Kansas City, MO
Marien Yanes .....	Miami, FL
Antora Yazdan .....	Davie, FL
David A. Yecha .....	Yakima, WA
Elizabeth J. York .....	Ozark, MO
Katelyn Young .....	Erie, PA
Rida N. Zahir .....	Harrogate, TN
Glenda Zamora .....	Miami, FL

## President's Message

*Continued from page 2*

been monitoring the process and will continue to ask the tough questions to ensure our pediatric residency program survive this transition.

ICD-10 was delayed last year when an amendment was placed on a congressional bill and signed into law. It directed the Secretary of Health and Human Service to delay the use of ICD-10 nomenclature until October 1, 2015. As you can know, that is not too far into the distant future. ICD-10 is a complicated nomenclature being used throughout the world and the United States medical community is one of the last to adopt it. There are a number of downsides to the use of the nomenclature, but on the other hand the transition could be fairly painless. Preparation for ICD-10 is a must, but I was quite frustrated when I spent many hours preparing last year just to have it postponed. Our institution had physicians spending hours on modules to prepare for ICD-10, which was then delayed and now they ask physicians to start again. I have been our local representative on the ICD-10 Committee and was selected as one of ten physicians to work with the Noblis Company and Center for Medicaid and Medicare on the implementation of ICD-10. Their focus is to have physicians know the importance of the proper documentation to support the more detailed code. If you're familiar with the "E" codes of ICD-9 you will begin to understand why more documentation will be needed. The nomenclature has different codes for "right and left", "acute verse recurrent" and more specifics on the gestational age of a baby. The ICD-10 coding will bring a major change, but one I'm confident that can be mastered. I recommend not delaying and preparing now. Contact your coders, vendors and insurance companies to make them understand their plans to ready themselves for the transition. It might be another "dry run" but if you're not ready, the transition will catch you off guard. That could create a delay in your payments and increase demand on your time in medical records.

As my tenure as the ACOP President comes to a close, I reflect back on the past two years and recognize it has been a true honor to serve as your President. I would like to thank the members who served on the committees because without their tireless effort, the ACOP would not be where it is today. I appreciate the service that the Past Presidents have given to the ACOP and for their advice during my presidential years. The presidential theme for the past two years has been "The Toxic Societal Effects that Impact Children." Over the last two years, the educational focus has been to make you aware of the noxious effects facing and affecting the pediatric population throughout, not only our nation, but also the world. Awareness is the first step to changing the lives of the pediatric patients we serve. Touching our patients with an osteopathic distinctiveness and an improved educational awareness makes us unique and qualified to bring our pediatric patients a better hope for their future outcomes. I will continue to serve the ACOP and look forward to Carl Backes, DO, as he will be inaugurated as the next ACOP President.

God bless you and the ACOP as you continue to serve.



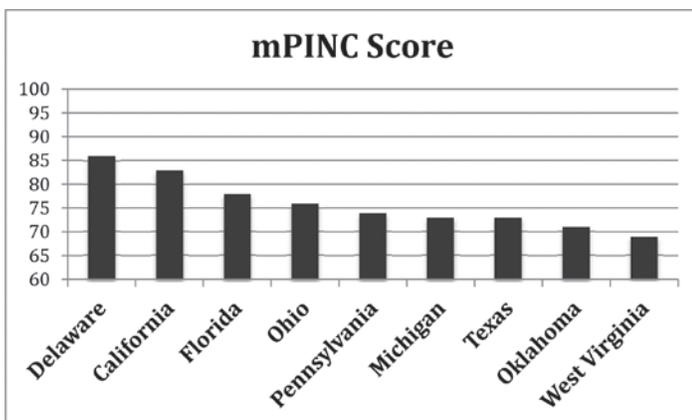
*Historical Highlights*

In ACOP history, there have been 63 presidents; the term of office was one year up until 1998, when it became a two-year term. Of the 63 past presidents, only 12 have been females, and 7 of them were in the first 10 years of our existence. From 1952 on, only 5 women out of those 52 past presidents were women. I (Arnold Melnick) am proud to say I personally knew 45 of the 63, spread all over the list.

## mPINC Scores Where Does Your State Rank?

The Maternity Practices in Infant Nutrition and Care (mPINC) Survey is a national survey from the Centers for Disease Control and Prevention (CDC) that assesses infant feeding care processes, policies and staffing expectations in maternal care settings.

It is an excellent marker statewide systems of care to support optimal infant nutritional practices at birth. Higher scores are better. A few select states are listed below. A full listing of states, detailed scoring explanations and more about mPINC can be found at <http://www.cdc.gov/breastfeeding/data/mpinc/index.htm>



# DOing Pediatric Education Together: Keeping our Children Safe

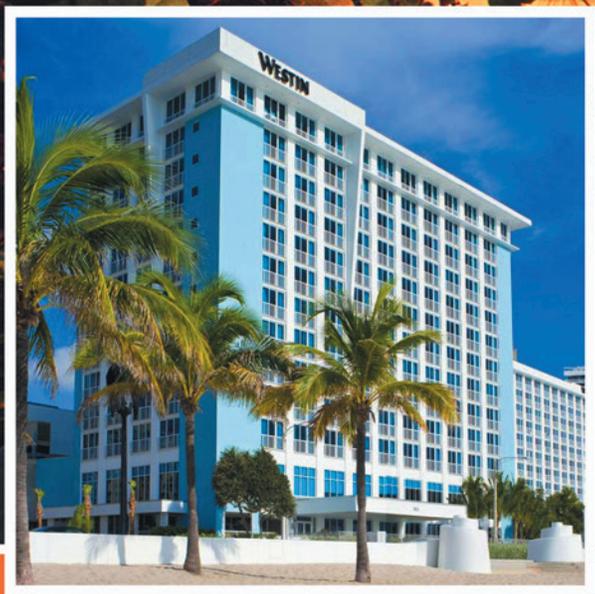


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