



April 2003

American Academy of Pediatrics

# Transport Dispatch

Official Newsletter of the AAP Section on Transport Medicine

## Editors

**Newsletter Editor**  
Michael Anderson, MD

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Carolyn Mensching

## Chairman's Corner

Since we have not had a newsletter since the summer of 2002, I would like to welcome all of our new members to the Section on Transport Medicine (SOTM). I would also like to thank Tom Abramo for his contributions to the Executive Committee as he departs after his tenure. He served our section for 2 terms. I would also like to thank Brent King for serving as an Executive Committee Member as well as Program Chair of the 2002 and 2003 NCE Program. Regretfully, he will be stepping down from the Executive Committee this November and we all wish him well in his future endeavors. Drs. Abramo and King's contributions have been innumerable and our section has benefited tremendously from their involvement.

I would like to welcome Michael Anderson as our new Editor of the newsletter. We look forward to the new Transport Dispatch and to all of the contributions that our section members will be forwarding to him.

The 2002 Course on Neonatal/Pediatric Critical Care Transport Medicine, which was the first to be held in conjunction with the National Conference, in Boston, was a huge success. I would like to offer my sincere appreciation and thanks for the hard work that Monica Kleinman and Robert Insoft did in putting this wonderful course together. It was the largest attendance in the history of all of our transport courses; over 250 members and non-members attended. This 2½ day course covered administrative, clinical, and investigative aspects of transport medicine. The off-site simulator sessions that were offered were oversold and were quite a success with the participants. Since this was the first time that the transport course was held

in conjunction with the NCE, there were some minor issues that arose such as registration for both the meeting as well as the offsite sessions. Fortunately, the staff at the Academy were extremely supportive and able to work through all of these issues so that we had a very smooth running and excellent meeting. The evaluations from the participants were excellent and we are very excited that the Academy has approved the Transport Scientific Symposium to be held in conjunction with the San Francisco 2004 NCE. Make sure that you set aside these dates because it will be a great meeting in a great city.

Let the Program Committee know if there are any specific topics that you would like covered at the Transport Medicine Course, you can post your comments on the SOTM Listserv®. The web e-mail address is: [transmedaap@listserv.aap.org](mailto:transmedaap@listserv.aap.org). I encourage everyone to use the Listserv® for interesting cases, questions and topics in Transport Medicine that are important for all of us to share.

Our requested bylaws change was approved by the Academy. The change was designed to encourage physicians in

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## SUPERCME 2003 - CHICAGO

*Pediatricians can strengthen their practice and update their knowledge at SuperCME 2003 May 14-17 at the Hyatt Regency Chicago.*

Now in its fourth year, SuperCME is designed for pediatricians just starting their careers as well as seasoned professionals. For in-depth learning, participants can follow educational tracks in office practice management, clinical topics and cultural diversity, or they can move between the three tracks. The cultural diversity track, which is new this year, will focus on how differences such as race, ethnic heritage, sexual orientation, economic status and religion affect patient care. Course topics include: Culturally Effective Pediatric Care: Tools for Understanding the Hispanic (Culturally Diverse) Patient and The International Adoptee and Infection: What We Need To Know.

Participants who register early can take advantage of another new offering: Questions and Cases for the Professor. Early registrants will be able to submit a question or case in advance to the expert of their choice, and they are guaranteed to have it answered in that session.

Also new for 2003 is online networking. Attendees who add their e-mail addresses to a networking list can view who is registered for SuperCME and correspond with fellow attendees before, during and after the conference.

Other new features of SuperCME 2003 include a learning format called Test Your Knowledge, in which a different dermatology case will be presented each day; more small group sessions; and coding tips from experts.

More than 90 concurrent sessions will be offered at the conference, including Running Your Office Efficiently - Improve Your Bottom Line; Nutritional Supplements: More Home Runs for Everyone?; Child Behavior Problems: Family Approaches; CPT Coding: Beyond the Basics; The New Infant Formulas: Are They Science, Fiction or What?; The eOffice: What's New and Hot; and From El Barrio to East L.A.: Que Pasa? Latino Youth Health Care Needs.

Participants can earn a maximum of 22.25 hours in category 1 credits toward the AMA Physician's Recognition Award.

For more information or to request a brochure, visit <http://www.pedialink.org/cmefinder>, e-mail [cme@aap.org](mailto:cme@aap.org) or call (866) The-AAP1 (866) 843-2271, ext. 5830.

Excerpt from March 2003 *AAP News*



*Every vote counts  
Please vote TODAY!!*



### 2003 SOTM Election

It is time to elect your Executive Committee members for the 2003-2004 year. This year, there are 3 open positions and the successful candidates will each serve a 3-year term beginning in November 2003, immediately following the 2003 NCE. Your candidates for this year's election are:

- ✓ **C. Robert Chambliss, MD, FAAP**  
(incumbent) - Atlanta, GA
- ✓ **Bruce L. Klein, MD, FAAP**  
- Potomac, MD
- ✓ **Monica E. Kleinman, MD, FAAP**  
(incumbent) - Boston, MA
- ✓ **Calvin G. Lowe, MD, FAAP**  
- Fullerton, CA
- ✓ **Laura J. Monahan, MD, FAAP**  
- New York, NY

#### To vote:

- 1) Log into the AAP Members Only Channel ([www.aap.org/moc](http://www.aap.org/moc)). On the left-hand side of the screen, under the heading "Members," you will see the subheading "My Sections" and a list of all sections to which you belong.
- 2) Select the **Section on Transport Medicine**.
- 3) Select the "2003 Election" link at the top of the page and follow the directions on the ballot page to see a candidate biosketch or vote for your candidate of choice.

To log into the Members Only Channel, you will need your AAP ID#. You can find your ID# on your *Pediatrics* mailing label (eliminate the last digit of the 7-digit number) or by calling our Customer Service Center at 1-866-THE-AAP1. If you have other questions about or difficulty using the Members Only Channel, contact the AAP Customer Service Center, at 866/THE-AAP1 or [csc@aap.org](mailto:csc@aap.org).

The SOTM ballot will be available from March 3 through April 30, 2003. If you do not have access to the Internet, or if you would prefer to vote by print ballot, contact Rebecca Marshall at 800/433-9016, ext 4079; by fax at 847/434-8000, or via e-mail at [bmarshall@aap.org](mailto:bmarshall@aap.org).

**All Members and Affiliates Invited!  
2003 National Conference and Exhibition**



The SOTM-sponsored Education Program at the 2003 NCE will be held on Monday, November 3, 2003 at the Academy's National Conference and Exhibition (NCE) in New Orleans. Additional information about the NCE will soon be available at [www.aap.org](http://www.aap.org).

All members and affiliates of the SOTM are invited to attend the SOTM Program. The Program begins at 12:30 pm with a Section Business Meeting and Boxed Lunch. During the Business Meeting, the Executive Committee will brief members about current initiatives and projects that the Section is working on. Members will be invited to bring ideas and announcements to this meeting for discussion. Following the Business Meeting, we will have scientific and poster presentations, an awards presentation, a lively debate, two interesting lectures, and we will close with an open discussion.

Please see the detailed schedule below:

**H360 - Section Program for Section Members  
Monday, November 3, 2003  
12:30 pm - 5:30 pm**

- |                 |  |
|-----------------|--|
| 12:30 - 1:00 pm | SOTM Business Meeting* & Box Lunch<br><i>* All SOTM members are invited to attend the business meeting</i>   |
| 1:00 - 2:30 pm  | Section Scientific Session and Award Presentations   |
| 2:30 - 3:30 pm  | Debate: General Transport Teams vs. Specialty Teams<br>FACULTY:<br>Specialty Teams – <i>Richard Orr, MD, FAAP</i><br>General Teams – <i>Brent King, MD, FAAP</i> |
| 3:30 – 4:30 pm  | Tips on Establishing a Collaborative Research Group<br>FACULTY:<br><i>Douglas Willson, MD</i>  |
| 4:30 – 5:00 pm  | CPT Coding for Transport<br>Discussion Leader – <i>Brent King, MD, FAAP</i>  |
| 5:00 - 5:30 pm  | Open Discussion/Closing Remarks  |

**What a Success!!**

The 2002 Course on Neonatal/ Pediatric Critical Care Transport Medicine occurred on October 17-19, 2002, in Boston, immediately preceding the AAP NCE meeting.

This year's course was the first Section transport course to be organized around the NCE. We had over 200 participants, from 30 states and foreign countries. We were honored to be the Chairs of this national meeting where a full complement of transport topics and issues were discussed using lectures, break out sessions as well as practical training opportunities using simulators for team training. In addition, a lively emotional parent panel discussed the impact on the family of having to transport their critically ill newborns and children.

We acknowledge the services of the over 20 faculty and staff who made this course a tremendous success.

*Robert Insoft, MD*  
Co-Chairperson  
2002 SOTM Course

*Monica Kleinman, MD*  
Co-Chairperson  
2002 SOTM Course



**SECTION ON TRANSPORT MEDICINE EXECUTIVE COMMITTEE**  
**EXECUTIVE SUMMARY**  
**October 20, 2002**

The Executive Committee (EC) of the AAP Section on Transport Medicine (SOTM) met in conjunction with the 2002 National Conference and Exhibition (NCE) on October 20, 2002 in Boston, Massachusetts. The following is a summary of the Section's activities and initiatives discussed during that meeting:

✦ The Advisory Committee to the Board on Strategic Planning is asking Academy leaders to submit important issues to be included in the fiscal year 2004-2005 strategic plan. Dr. Pearson-Shaver suggested that the SOTM propose an increase in educational offerings, with appropriate availability and support, for all who care for children including affiliate members and non-members.

✦ As of September 24, 2002, the SOTM had 230 members and 43 affiliate members - with 24 new members and 5 new affiliates joining the section from October 2001 to September 2002.

✦ Dr. Jaimovich was elected to a second term as the SOTM Chairperson. Drs. Insoft and Pearson-Shaver were elected to second terms as EC members. Dr. Trautman (Indianapolis) was elected to his first term as a SOTM Executive Committee member. Dr. Woodward agreed to serve as the Nominations Chairperson for the 2003 elections (one EC position available).

✦ In early 2002, a proposed bylaw referendum included the

following amendments: 1) Expand the existing section "Fellow" membership; 2) Allow Post-Residency Training Fellows and Candidates Fellows to join the SOTM as full voting members. (SOTM members pay a dues rate of \$25); 3) Allow Resident Fellows to join the SOTM at a reduced dues rate of \$10. (A Resident Fellow shall not have the right to vote or hold office as a member of the EC.) These amendments were approved.

✦ A new bylaw amendment will be proposed to include physician assistants as affiliate members.

✦ SOTM will create an electronic fact sheet similar to the one created by the Section on Emergency Medicine.

✦ Dr. King will serve as the 2003 NCE Program Chairperson and Dr. Insoft will serve as the Program Chairperson for the 2004 NCE.

✦ The 2002 SOTM course, "Course on Neonatal/Pediatric Critical Care Transport Medicine" was held in conjunction with the NCE on October 17-19. The section applied for a stand-alone course but was denied. As an alternate opportunity, the course was given the provision by the Academy's continuing medical education (CME) leadership to convene at the NCE. The course was not assigned a CME manager and any profit or loss from the course would be absorbed by the Academy, not the SOTM.

✦ Drs. Insoft and Kleinman co-directed the course and spoke about the positive and negative reactions from meeting attendees. For the most part, attendees seemed very pleased with content, speakers, venue, and different educational formats. The most frequent criticism was registration issues as well as the high cost for breakfast and boxed lunches. The EC also expressed concern about the lack of staff support on-site.

✦ Since the SOTM course is traditionally held biennially, the EC asked CME staff about holding the course in conjunction with the 2004 NCE. Dr. Jaimovich worked with Ms. Mucha and submitted a course application for the 2004 NCE in early October. The CME leadership will look at the feasibility of offering this course in conjunction with the 2004 NCE from a number of angles including: attendee evaluations, potential audience, registration issues, overall profitability, staff and EC input, staff support, faculty costs, implications of starting the course one day before the NCE officially begins, etc. The EC and staff discussed the future of the course, including establishing its identity as part of the NCE every other year, how to address staffing and registration issues, off-site session complications, profitability for not only the Academy, but the section as well, etc.

✦ (Note: All evaluation results were submitted to CME staff

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## SOTM EXECUTIVE SUMMARY

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on December 4, 2002. The final attendance was 251 - the highest ever in SOTM course history.)

✘ Extra course syllabi will be sold and the profits will have to be shared with the Academy. Profits from the syllabi sales will offset costs of the course covered by the section.

✘ Dr. Jaimovich provided updates about the International Neonatal and Pediatric Transport Committee. The Committee is still looking for representatives from Africa and Australia. The International Committee's goal is to create templates for educational skills, training, and basic equipment needs for developing a transport team. Ideally, those materials will be published in an international journal.

✘ The consensus statement from the 2000 SOTM course was published in *Pediatric Emergency Care*. A PDF file of the article is now available on the SOTM webpage ([www.aap.org/sections/transmed](http://www.aap.org/sections/transmed).)

✘ *Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients* was originally published in 1993 with the second edition published in 1999. The EC felt that the manual should be revised and updated. Dr. Jaimovich recommended that Dr. Woodward should take the lead on this revision and serve as the editor-in-chief.

✘ Dr. Insoft spoke to the EC about continuing efforts towards putting together research projects

for transport medicine. Dr. Insoft plans to use the LISTSERV® to discuss potential research questions or specific projects that can be implemented to address a current issue affecting transport medicine. After the questions are established, a group interested in research efforts will hold conference calls to determine how funding will be sought.

✘ The *Electronic Directory of Pediatric Transport Medicine* was created in 1999 to serve as a resource for pediatric transport users and providers and is available on the Members Only Channel. The SOTM has never really used this database. The EC decided that the directory should be removed.

✘ The following organizational links will be added to the SOTM webpage: CAMTS, Pediatric Critical Care Medicine, American Association of Colleges of Nursing, Emergency Nurses Association, and Emergency Medical Services for Children.

✘ Dr. Abramo was unable to attend the meeting but the EC members and staff expressed thanks for his contributions to the section over the years, with hopes for his continued involvement in the SOTM.

*The next Executive Committee meeting is scheduled for November 1, 2003.*

## NEW POLICY STATEMENT

### Consent for Emergency Medical Services for Children and Adolescents

Committee on Pediatric Emergency Medicine

#### Abstract

Pediatric patients frequently seek medical treatment in the emergency department (ED) unaccompanied by a legal guardian. Current state and federal laws and medical ethics recommendations support the ED treatment of minors with an identified emergency medical condition, regardless of consent issues. Financial reimbursement should not limit the minor patient's access to emergency medical care or result in a breach of patient confidentiality. Every clinic, office practice, and ED should develop policies and guidelines regarding consent for the treatment of minors. The physician should document all discussions of consent and attempt to seek consent for treatment from the family or legal guardian and assent from the pediatric patient. Appropriate medical care for the pediatric patient with an urgent or emergent condition should never be withheld or delayed because of problems with obtaining consent.

*This statement has been endorsed by the American College of Surgeons, the Society of Pediatric Nurses, the Society of Critical Care Medicine, the American College of Emergency Physicians, the Emergency Nurses Association, and the National Association of EMS Physicians.*

PEDIATRICS Vol. 111 No. 3 March 2003, pp. 703-706

The complete text of this statement can be found at [www.pediatrics.org](http://www.pediatrics.org) or [www.aap.org/policy/060241.html](http://www.aap.org/policy/060241.html).

## Chairman's Corner

*continued from page 1*

training to participate in and become members of the Transport Section. There will be a minimal fee for pediatric residents, neonatal, critical care, and emergency medicine fellows in training to join this section. This change will foster the concepts of transport medicine for physicians in training, and allow them to become more familiar with transport medicine within their subspecialties. Our membership continues to grow and currently we have 230 members and 43 affiliate members. We have 24 new members and 5 new affiliates added to our membership list. I encourage all of you to have your colleagues become members of the section. They will have a voice at a national level in this forum. We are currently submitting a bylaws change so that Physician Assistants will also be included as members of the section, since there are programs, which have Physician Assistants as part of their team.

The Academy has approved a new revision of the Transport guidelines. It has been over three years since our guidelines were revised. Tony Woodward is chairing the Guidelines Revision Committee. We look forward to a new updated manuscript, which will bear new concepts in technology, clinical care, and coding and reimbursement.

The new CPT codes for pediatric and neonatal transport for children less than 2 years old have been accepted by CMS and have been published in the new CPT 2003 book. Please be aware that these codes are for physician attendance during the transport of a critically ill neonate or pediatric patient. If

you need a copy of the CPT 2003 book, the AAP sells them on their website. These codes are currently in use and institutions that have attending physicians on transports are encouraged to apply these codes. The codes are 99289 and 99290. You should check with your major carriers to see how they are going to handle the reimbursement of these codes.

Our section continues to have a healthy reserve fund. We will be sponsoring a Best In-Training Award and a Best Paper Award. We are also working on setting up a Distinguished Career Award. This will recognize leaders in the field of transport medicine. Once the Academy has approved the establishment of this award, we will set up a process for the submission of nominees.

I would like to thank Stephanie Mucha and the rest of the staff at the AAP who work so hard to make our section run smoothly and have done so much for us this past year, especially with the SOTM course. Stephanie has been an integral part of our section and has provided us with tremendous support. This support has helped us achieve so much in the last few years.

Finally, I look forward to hearing from each and every one of you with recommendations, ideas, and suggestions in continuing the projects and work that lie ahead of us and continuously improving our section. I look forward to your participation in our future section activities. I hope everyone has a great summer and I look forward to seeing you at the 2003 NCE.

*David Jaimovich, MD*  
Chairman, Section on Transport Medicine

## NEW CLINICAL REPORT

### Physicians' Roles in Coordinating Care of Hospitalized Children

Jack M. Percelay, MD, MPH and the Committee on Hospital Care

#### Abstract

The care of hospitalized children has become increasingly complex and intense and often involves multiple physicians beyond the traditional primary care attending physician. Pediatric and adult subspecialists and surgeons, teaching attending physicians, and hospitalists may all participate in the care of hospitalized children. This report summarizes the responsibilities of the primary care physician, attending physician, and other involved physicians to ensure that children receive appropriate, coordinated, and comprehensive inpatient care that is delivered within the context of their medical home and is appropriately continued on an outpatient basis.

PEDIATRICS Vol. 111 No. 3 March 2003, pp. 707-709

The complete text of this statement can be found at [www.pediatrics.org](http://www.pediatrics.org) or <http://www.aap.org/policy/040134.html>.



Be Informed!!

Get Involved!!

**Join the Section on Transport Medicine  
LISTSERV® Today!**

The LISERSERV® allows SOTM members to communicate through periodic e-mail messages.

If you would like to join the LISERSERV® simply: e-mail Stephanie Mucha at [smucha@aap.org](mailto:smucha@aap.org) with "SOTM LISERSERV" in the subject line. *Be sure to include your name and contact information.*

**SECTION ON EMERGENCY MEDICINE EXECUTIVE COMMITTEE**  
**EXECUTIVE SUMMARY**  
**October 20-21, 2002**

The AAP Section on Emergency Medicine (SOEM) Executive Committee met in conjunction with the AAP National Conference & Exhibition on October 20-21, 2002 in San Francisco. The meeting was chaired by Dr Richard Ruddy. Dr Dan Isaacman is the chair-elect. Dr Joan Shook has been elected as the new chair-elect and Dr Steve Selbst as a new committee member. Current SOEM membership is nearly 1,000. A recruitment letter will be developed and targeted to Pediatric Section members of the American College of Emergency Physicians.

The SOEM educational program for the fall 2002 AAP meeting included abstract and poster presentations, EmergiQuiz, and programs on prehospital pediatrics and the Pediatric Emergency Medicine physician, plastic surgery issues in the emergency department, and enhancing efficiency and reducing medical errors in the emergency department – insight from the business world. A presentation on the study results from the 2000 Ken Graff Young Investigator Research Award, “Interpersonal Violence: Gender Differences in Event Characteristics,” was made by Dr Cynthia Mollen. Since the Graff endowment goal of \$100,000 has been met, the executive committee agreed to raise the goal to \$200,000 to ensure ongoing annual funding of this award. The current endowment balance is \$108,098. The SOEM program for fall 2003 will include sessions on new technology, disaster preparedness, and complementary and alternative therapies. A 1-1/2 day course sponsored by the AAP Section on Critical Care and Council on Sections, for all subspecialty fellows in training, will also be held and is entitled “Preparing Fellows for the Life Ahead in Academics.”

Reports from each SOEM Subcommittee Chairperson were provided, including: administrative/ practice guidelines, emergency medical services, fellowship, pediatric emergency medicine in non-children’s hospitals, and research. A report on the Pediatric Emergency Care Applied Research Network was also provided. The Section spent a considerable amount of time discussing a suggested merger between the Committee and Section on Emergency Medicine. In summary, both groups agreed that they are not in favor of a merger.

The next Fellows Conference will be held in conjunction with the National Association of EMS Physicians meeting, January 15-16, 2003 in Panama City, Florida. A Pediatric Emergency Medicine Leadership Conference is planned for August 21-24, 2003 in Albuquerque, New Mexico. The next PREP-EM course will be held in summer 2004 and has yet to be planned.

Reports were provided on activities of the AAP Central Office, Council on Sections, Council on Sections Management, Committee on Coding and Nomenclature, Committee on Injury, Violence, and Poison Prevention, Committee on Pediatric Emergency Medicine, and the American College of Emergency Physicians. Guests from the Maternal and Child Health Bureau and EMSC National Resource Center also attended the meeting. *Emergency Medicine News* continues to be published biannually. Options for expediting publication and distribution of the SOEM newsletter continue to be explored, and on-line publication only will be reevaluated.

Suzanne Ziemnik, Director, Division of Continuing Medical Education, provided SOEM with a review of the upcoming requirements anticipated by the American Board of Pediatrics and the AAP’s intent to address issues in this regard through the Pediatric Maintenance of Certification Program. The AAP would also like to explore working with sections individually to modify the existing program developed for general pediatricians for a subspecialty audience via the Education in Quality Improvement for Pediatric Practice program.

The Section also discussed development of an on-line pediatric emergency medicine image gallery, to be modeled after the perinatal image gallery – “Neopix.” Dr Craig Huang will work with the Section and the AAP Division of Information Technology as a consultant on this project. The images will be made available, at least initially, to SOEM members only.

Finally, it was suggested that the “What is a Pediatric Emergency Physician?” document be pulled from circulation until editorial recommendations from the American College of Emergency Medicine are considered.

The next SOEM executive committee meeting will be held on February 22-23, 2003. Offsite locations will be explored.

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*For a complete set of minutes or further information on specific items discussed at this meeting, please contact Sue Tellez, Division of Hospital & Surgical Services, at 800/433-9016 (x 7395).*

**SECTION ON CRITICAL CARE EXECUTIVE COMMITTEE**  
**EXECUTIVE SUMMARY**  
**October 19, 2002**

The AAP Section on Critical Care (SOCC) Executive Committee met on October 19, 2002 during the AAP National Conference & Exhibition (NCE) in Boston, MA. Current SOCC membership is 613. The SOCC bylaws recommendation to allow residents and fellows to join the section at a reduced rate of \$10 and to establish a voting seat on the committee for a critical care fellow in training has passed and was approved by the Academy. Drs Barry Markovitz and Donald Vernon have been elected as new executive committee members, effective November 1<sup>st</sup>.

The SOCC educational program for the 2003 NCE has been approved and will follow the same 2 ½ day format as used for the 2002 program. It will include a joint session with Perinatal Pediatrics and Home Health on home care for infants with special needs, and a joint session with Nephrology on renal replacement therapy. In addition, the SOCC proposal for a 1 ½ day course for pediatric subspecialty fellows in-training entitled, "Preparing for Life in Academics," was approved. This course is supported by the Council on Sections. Due to low reserves, the New Investigator Research Award will not be offered in 2003 unless outside funding is obtained. Staff from the Office of Development attended part of the meeting to discuss exploration of outside funding for the Distinguished Career Award, New Investigator Research Award, and publication of scientific abstracts.

The SOCC-sponsored Pediatric Critical Care Coding Course held during the Colloquium on October 2, 2002 in San Diego was a huge success. The course sold out with 108 attendees and 1 no-show. Course evaluations were primarily positive and indicated a need for a repeat of the course. The SOCC will explore venues for repeating the course such as the World Congress in June 2003.

Other issues discussed included the SOCC newsletter, PedsCCM Web site, reimbursement for conscious sedation, Joint Commission efforts to identify hospital-based critical care measures, and the status of the revised statement "Guidelines for Pediatric Intensive Care Units." This statement was approved by the AAP in March, however, it is intended to be a joint statement with the Society of Critical Care Medicine (SCCM) and SCCM approval has not yet been obtained.

Liaison reports were provided by representatives from the: AAP Central Office, Council on Sections, Council on Sections Management, Committee on Pediatric Emergency Medicine, Section on Transport Medicine, and SCCM. Staff from the Division of Continuing Medical Education attended part of the meeting to review the new American Board of Pediatrics maintenance of certification requirements and AAP efforts to address the component on evidence of performance in practice through programs such as the Education in Quality Improvement for Pediatric Practice Program – eQIPP.

The next SOCC executive committee meeting will be held during the SCCM Annual Symposium on January 31, 2003 in San Antonio.

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*For a complete set of minutes or further information on specific items discussed at this meeting, please contact Sue Tellez, Division of Hospital & Surgical Services, at 800/433-9016 (x7395).*



**Pediatric Critical  
Care Coding  
Course  
June 8, 2003**

**Hynes Convention Center  
Boston, MA**

The Pediatric Critical Care Coding Course will be held June 8, 2003 in conjunction with the World Congress on Pediatric Intensive Care in Boston, MA.

The Pediatric Critical Care Coding Course, developed by the American Academy of Pediatrics (AAP) Section on Critical Care, is designed to increase the knowledge, skills, and professional performance of pediatric critical care practitioners and other pediatric professionals who provide critical care services, in the optimal billing and coding for patients in need of critical care services and procedures. By providing the participant with historical background, as well as practical information and performance standards, this course will help the pediatric professional interact with his/her internal/institutional billing and coding experts, as well as external representatives of governmental and private insurers.

Visit the SOCC Web site at <http://www.aap.org/sections/critcare> for more information.

## PEPP UPDATE



The American Academy of Pediatrics (AAP) rolled out the Pediatric Education for Prehospital Professionals (PEPP) course in March 2000. The PEPP program represents a complete source of prehospital medical information for the care of critically ill or injured children. The one-day BLS course is geared toward first responders and EMT-Basics, and the two-day ALS course is geared toward EMT-Intermediate and Paramedic providers. From March 2000 to September 2000, a cadre of PEPP Course Coordinators (instructors) were trained across the country. To date, close to 40,000 providers and 3,700 Course Coordinators worldwide have been trained using the PEPP course. In addition, PEPP was honored with the 2001 National Heroes Award for Innovation in EMSC Product/Program Development.

With unprecedented domestic growth, it was not unexpected that the PEPP course rapidly made its way overseas. Courses have been held in a number of countries including Canada, Great Britain, Iceland, Ireland, Germany, Poland, and Trinidad. Egypt will soon be incorporating PEPP into their new first responder program. In the United Kingdom (UK), PEPP was so well received, that a UK oversight committee was formed to help with implementation of the program. Today, the countries of the UK are most active PEPP training centers outside of the United States.

Since 1998, the PEPP Steering Committee has been chaired by Ron Dieckmann, MD, MPH, FAAP, FACEP, and Tony Woodward, MD,

FAAP has served as the representative from the Section of Transport Medicine (SOTM). Dr. Woodward has been an invaluable asset to the PEPP program and his contributions have undoubtedly been a factor in its success. Member's terms on standing committees inevitably come to an end, and we are sad to see Dr. Woodward's term of service end on June 30, 2003. However, we are pleased to welcome Dr. Bruce Klein as the new SOTM representative to the PEPP Steering Committee. We are confident that his expertise and knowledge will help guide the PEPP program to future successes.

If you are responsible for any aspect of continuing education in which PEPP would be of use, please contact me directly with any questions or comments at 800/433-9016 ext 4324 or via e-mail at [jhummel@aap.org](mailto:jhummel@aap.org). I would be happy to provide you with information on the program and resources to help organize a PEPP course.

Jeff Hummel  
Manager, PEPP  
AAP Division of Life Support  
Services



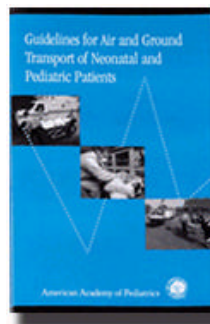
### Pediatric Education for Prehospital Professionals

Children represent a unique subset of EMS

patients, with special issues and problems distinct from adult patients. Now this new national continuing education course, developed by the Academy — the first of its kind — provides a comprehensive source of prehospital professional training in assessing and managing ill or injured children. The PEPP course is a completely integrated teaching and learning system, designed to support both a 1-day BLS and 2-day ALS version.

PEPP materials available from the Academy include: PEPP textbook, resource manual, slide kit, teaching packages with CD-ROM or slides, ToolKit CD-ROM, and a variety of videos.

**To order, call the AAP Customer Service Center at 888/THE-AAP1 or order online, <http://www.aap.org/bst/webpage.cfm?&DID=15>**



### Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients - 2nd Edition

This essential guide provides guidelines and education for all health care professionals who make decisions about the emergency inter-facility transport of children. Includes new chapters on financing neonatal-pediatric transport programs and on marketing the service through benefits communication and training.

**To order, call the AAP Customer Service Center at 888/THE-AAP1 or order online, <http://www.aap.org/bst/webpage.cfm?&DID=15>**



**Have you Visited the SOTM Webpage Lately?**

AAP News and the Department of Committees and Sections are delighted to announce a new feature that began with the January 2003 issue. The Pediatric Subspecialty Page will feature stories about subspecialty pediatric issues and items of particular interest to pediatric medical subspecialists and surgical specialists. While AAP News has always included such content, highlighting the page should garner more attention and attract more content and readers. To make this a success, the enthusiastic involvement of subspecialty sections and committees will be essential. The content of the page will rely, for the most part, on your input.

Below you will find a listing of the types of material that will fit. Other types will also be considered. Please send your ideas for content (or the Page in general) to Anne Hegland, Editor, AAP News ([ahegland@aap.org](mailto:ahegland@aap.org)) or Dr. Modena Wilson, Director of the Department of Committees and Sections ([mwilson@aap.org](mailto:mwilson@aap.org)).

**Content Guidelines for the AAP News Subspecialty Page**

1. The item must be newsworthy. Ask yourself, “What’s the news hook that makes this item of interest to members?”
2. Before submitting, determine whether the item provides information to those beyond the subspecialty addressed in the article?
3. Submissions can be made by an individual within a subspecialty, a section, or a committee (or ghost written by a staff manager) and submitted to Modena Wilson and Anne Hegland for consideration.

All submissions are subject to editing by AAP News staff and/or the publication’s physician reviewers (Drs. Perelman and Suchyta)

4. Submissions may be clinical in nature, but must be written in news style, rather than scientific/medical journal style (See AAP News, Sept. 2002, page 112; Nov. 2001, page 221). Keep in mind, AAP News does not publish references with articles.
5. Abstracted research that reflects noteworthy new findings in a subspecialty will be considered.
6. Relevant coding and reimbursement news will be considered.

**Section Rosters Now Available on the Members Only Channel**

One of your benefits as a member of the **Section on Transport Medicine** is the ability to network with your peers in the field. To make it easier to find and contact your colleagues, the AAP has posted a roster of SOTM members in the Section’s area of the Members Only Channel (MOC). The roster provides mailing address, phone number, fax number, and e-mail, where available.



To find the SOTM MOC home page, log on to the MOC at [www.aap.org/moc](http://www.aap.org/moc) and click on the “Transport Medicine” on the left-hand side of the screen, under the heading “My Sections.” When the home page downloads, you should see links at the top of the page: “Section Membership Roster” and “Executive Committee Roster.”

At <http://www.aap.org/sections/transmed> you will find:

- ⇒ AAP 2003 Call for Abstracts
- ⇒ New and Improved SOTM Best Abstract & Poster Awards
- ⇒ Available for Purchase - Transport Course Syllabi
- ⇒ Introduction/Description
- ⇒ The State of Pediatric Interfacility Transport: Consensus of the Second National Pediatric and Neonatal Interfacility Transport Medicine Leadership Conference (PDF file)
- ⇒ Transport Dispatch Newsletter - Summer 2002 (PDF file)
- ⇒ Transport Dispatch Newsletter - Spring 2001 (PDF file)
- ⇒ Membership Information & Application
- ⇒ ORDER TODAY! “Guidelines for Air and Ground Transport of Neonatal and Pediatric Patients”
- ⇒ AAP Fact Sheet

Helpful Links

- ⇒ American Association of Colleges of Nursing
- ⇒ Commission on Accreditation of Medical Transport Systems
- ⇒ Emergency Medical Services for Children (EMS-C)
- ⇒ Emergency Nurses Association
- ⇒ Pediatric Critical Care Medicine

## PRESIDENT-ELECT CANDIDATES

### How would you increase the diversity of membership as well as leadership of the Academy?



**Francis E. Rushton Jr, MD, FAAP  
Beaufort, SC**

An African-American female friend of mine confessed recently that she had considered the Academy not relevant to her experience and needs. She felt the Academy disconnected from minority pediatricians' issues and the concerns of all children. Fair or not, this is a refrain that echoes among many groups: African-American, Asian-American, Hispanic, young physician, women.

We've achieved some success in bringing women into pediatrics, both as practitioners and as leaders. Currently, over two-thirds of our residents are female. In the over-45 category, which traditionally supplies the AAP leadership, slightly more than a third of our members are female. The leadership is beginning to reflect this gender split: 30% of our AAP Board members now are women, and one-third of the candidates for AAP president-elect over the past three years have been female.

With racial and ethnic diversity, the Academy is doing less well. Diversity in the pediatric workforce is important in solving existing health disparities. Forty-five percent of the children in my community are African-American, 5% are Hispanic, but few of our local pediatricians share the same racial/ethnic backgrounds. Hispanic and African-American individuals are underrepresented as physicians and as members of the Academy, especially at the chapter and national leadership level. It's time to act on the AAP statement: *Enhancing the Racial and Ethnic Diversity of the Pediatric Workforce* with a concerted effort to encourage the participation of pediatricians from every racial/ethnic group at all levels.

Reaching out to underrepresented minorities, women and young physicians requires more than just being inclusive. It means being relevant to the needs of all members and the children they treat. We need to engage in dialogue with diverse communities. There may be overlap in needs of various racial/ethnic groups, but there are significant differences, for instance between Hispanic and African-American populations, that require consideration. The Academy must continue to recognize the different needs of practicing women pediatricians and understand the changing ways younger physicians relate to organizations. Being relevant to all pediatricians is imperative, not just to the Academy, but for the increasingly diverse pool of children we serve.



**Carol D. Berkowitz, MD, FAAP  
Torrance, CA**

The diversity of any group cannot be ascertained simply by looking at the group. As individuals, we each have qualities, characteristics and experiences that shape who we are. The membership of the Academy is already diverse: some of us have been baptized, some bar mitzvahed, some born in the U.S., some abroad, some women, some men, some observe Ramadan, some celebrate Tet. While we cannot ignore the diversity that already exists within the Academy, we need to assure that the AAP membership and leadership are reflective of the broader community of pediatricians.

First, we need to address how the Academy can enhance the involvement of *underrepresented minorities*. The challenge of increased involvement by underrepresented minorities is not unique to the Academy. The entire medical profession is confronted by the disparity between the race and ethnicity of the public and that of physicians, and the role that this disparity plays in measurable health outcomes. The Academy must identify impediments to participation by these individuals in the Academy. The wealth of experience and leadership of our chapters can play a valuable and strategic role. In addition, the Academy should collaborate with other organizations such as the AAMC to explore the obstacles that these individuals face entering the medical profession, and should be proactive in fostering diversity in the medical field. The Academy is ideally situated to encourage young people to pursue careers in health care by sponsoring school programs that encourage minority students to enter medicine.

Additionally, the Academy must ensure that all members have an equal opportunity to participate - in the trenches as well as at the helm, locally as well as nationally. To achieve this goal, the Academy should convene a task force to ascertain the current involvement of our diverse membership in positions of leadership, to explore the barriers that exist within our organization and to determine the steps needed to dismantle these barriers. The Academy can serve as a trailblazer to encourage participation by all physicians caring for children, and to work to make the pediatric workforce more representative of our population as a whole.

*Excerpt from March 2003 AAP News. Candidate biographies, position statements and AAP election rules are available on the Members Only Channel of the AAP Web site, [www.aap.org/moc](http://www.aap.org/moc).*

**SECTION ON TRANSPORT MEDICINE (SOTM)  
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2002-2003**

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**LIAISONS:**

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**Do We Know  
How To Find  
You?**

An important new service has been added to the online Member Directory. The "Membership Information Change Form" located within the Members Only Channel (<http://www.aap.org/moc/memberservices/updatesmemberinfoform.cfm>) has been added to provide you with an opportunity to view your address, demographic, and subspecialty information and update it at your own convenience. We understand that members are changing information more frequently. Now, each time you make a change, simply enter it into the form and our database will be updated the following day. This way, there will be no delay in receiving your member benefits.

The AAP online Member Directory, available through the AAP Members Only Channel at <http://www.aap.org/moc>, has recently been improved. With 15% to 20% of our member contact information in a state of change at any given time, the online Directory should be your primary resource to locate colleagues. Quite simply, it has the most accurate, up-to-the-minute contact information available.

With these new changes and enhancements, we believe we can further improve service to members and the public. However, it is also an important time for our members to check their address and demographic information for accuracy. In the next few weeks, please take the time to visit the Membership Information Change Form (<http://www.aap.org/moc/memberservices/updatesmemberinfoform.cfm>). If you prefer to contact us by phone or fax, you can do this by calling 800/433-9016, extension 5897 and providing one of our service representatives with your updated address information, or faxing your information to 847/228-7035.



# PREPARING FOR LIFE IN ACADEMICS

American Academy of Pediatrics  
National Conference & Exhibition  
October 30-31, 2003  
New Orleans, Louisiana

Sponsored by:  
American Academy of Pediatrics Section on Critical Care  
American Academy of Pediatrics Council on Sections

### Target audience:

Fellows at all levels of training in any subspecialty or post-residency training program expecting to enter academics

Academic faculty in their first few years of appointment

Preparing for Life in Academics is a one and a half day seminar developed specifically for those preparing to enter academic medicine or just starting their academic career. The course brings together academic leaders from a number of medical disciplines to discuss many of the issues not covered during traditional fellowship training. In this course, participants will learn techniques to manage time effectively, develop a curriculum vitae, negotiate effectively, run efficient meetings, and become involved at a national level. Opportunities to improve teaching skills will be offered through interactive sessions on feedback and delivering effective slide presentations.

Practices important to the business and organizational aspects of medicine will be addressed through sessions on coding and compliance, managing grant budgets, and performance improvement. Participants will also learn some of the more challenging areas that confront physicians: disclosing medical errors, preventing malpractice, and coping with malpractice litigation.

### Thursday, October 30

7:30am - 8:00am	Continental Breakfast
8:00am - 8:10am	Welcome
8:10am - 9:00am	Time Management
9:00am - 9:45am	Negotiation Skills
9:45am - 10:00am	Break*
10:00am - 10:30am	Teaching Skills Overview
10:30am - 11:00am	Feedback Breakouts
11:00am - 11:45am	Performance Improvement (CQI)
11:45am - 1:15pm	Lunch Break
1:15pm - 2:00pm	Running an Effective Meeting
2:00pm - 2:45pm	Avoiding Malpractice
2:45pm - 3:00pm	Break*
3:00pm - 3:45pm	Coping with Malpractice
3:45pm - 4:30pm	Becoming Involved Nationally

### Friday, October 31

7:30am - 8:00am	Continental Breakfast
8:00am - 8:45am	Developing your CV
8:45am - 9:30am	Disclosing Medical Errors
9:30am - 9:45am	Break*
9:45am - 10:30am	Grant Budget Management
10:30am - 11:15am	Billing, Coding, and Compliance
11:15am - 12:00pm	Effective Slide Presentations
12:00pm	Adjourn

\* Breaks include soft drinks and coffee

### Faculty

Stephen Schexnayder, MD – Course Director  
Wesley Burks, MD  
E. Stephen Edwards, MD - AAP President  
Debra Fiser, MD  
Gerald Hickson, MD  
Charles Homer, MD  
Gary Noel McAbee, MD, JD  
Sanford Melzer, MD  
Michele Moss, MD  
Vinay Nadkarni, MD  
Rob Squires, MD  
Diana Wara, MD

### Registration Information

To register for this course, look for information on the AAP Web site in June 2003

<http://www.aap.org>

Or call 866/843-2271 for a registration program.



**NOTE:** Course is open to NCE registrants only.  
An additional fee of \$26 is also required.