



# AAP Resident Section

## District ONE

WINTER NEWSLETTER

JANUARY 2008

### YOUR REPRESENTATIVES



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Atlantic Provinces, Quebec, Maine, Vermont, New Ham Hampshire, Connecticut, Massachusetts, Rhode Island, Uniformed Services Chapter East

Happy New Year from your Resident Section District One Representatives! We are looking forward to serving you this year. We have a few goals for our district this year.

The first is to make sure you all know all the benefits available to you as a member of the AAP. The second is to ensure we have representation to all of our chapters in the larger AAP.

We had a great meeting at the National Conference and Exhi-

bitation in San Francisco this October. We submitted three resolutions to the Resident Section about PICU staff and fellow coverage, standardizing medical documentation, and coping with death and dying. Each year the Resident Section submit the top ten resolutions to the Annual



Alcatraz,  
View From Ferry

Leadership Forum, so stay tuned.....

We also discussed current resident issues at the NCE.

For example loan deferment legislations, increasing

documentation with RRC requirements, and maternity/paternity leave. Please continue to voice your concerns to your Program Delegate, so the AAP can help.

Again, we look forward to working with you this year and please feel free to contact us with any questions, concerns or ideas.

Devon and Ashley

Don't forget about our resident website:

[www.aap.org/sections/ypn/r](http://www.aap.org/sections/ypn/r)

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## Let the AAP Support YOU.....

The AAP resident section offers many grants, scholarships and awards to help you finance your interests.

Among these are the NCE Travel Grants which are awarded to program delegates to aid in their ability to attend the national conference.

Others are based on scholarly activities. A new tradition supported by the resident section is Case Presentations, which is a poster session at the NCE on Friday night, where residents are chosen for there unusual cases,

or usual cases presenting unusually. Cases are chosen to be included in a future article of Pediatrics in Review, in the Index of Suspicion column, so this is truly a great honor. The next round opens in February of 2008, so don't miss it!

The Residency Research Grant, CATCH Grants, and Resident Initiative Fund help residents to pursue activities beyond clinical medicine, including basic or clinical research, and advocacy. RIF applications are due on February 29th, so don't miss it!

The ability to pursue medicine in another country is also supported by the AAP, w/ approx 15 yearly International Travel Grants. See some of the excitement highlighted in later articles.

Not to be forgotten is the AAPs hope to help defer the economic hardship placed on residents, by providing a number of need based scholarships. This round is due Feb 29th.

Please see [http://www.aap.org/sections/ypn/r/funding\\_awards/](http://www.aap.org/sections/ypn/r/funding_awards/) for more information.

## Legislation—SCHIP

Continuation of SCHIP was a major initiative for the AAP during 2007. After months of debate and two presidential vetoes, Congress finally successfully extended the State Children's Health Insurance program until April 2009.

With 2,000 newly uninsured children every day, and states facing unprecedented SCHIP funding shortfalls in 2008, millions of children are at risk of losing access to the health care coverage that keeps them healthy.

On December 11, the American Academy of Pediatrics along with 50 national, state, and local organizations urged Congress for immediate enactment of legislation that would reauthorize the program or at the very least address shortfall funding.

The President signed the legislation for SCHIP extension on December 29th. Additionally, the bill addressed Medicare physician reimbursement and long-term care hospitals.

The extension of SCHIP was a major success for the AAP and demonstrates the importance of AAP involvement in legislation.

### What else?

The AAP will be addressing a wide variety of issues critical to children's health during the 110th Congress. The AAP will strive for the reintroduction of the Medikids Health Insurance Act, a bill which envisions a health care system that would achieve the Academy's goal of health insurance for all children regardless of family income. The Best Pharmaceuticals for Children Act (BPCA) and the Pediatric Research Equity Act (PREA), both important pediatric drug research and labeling legislation, must also be renewed.

## Legislation: What's on the Frontier? What can you do?

The American Academy of Pediatrics -- Washington office -- has maintained a successful internship program since 1981. The internship program is primarily designed for those interested in learning about child health issues, the legislative process, and public affairs activities.

An individualized program, opportunities include:

**Congressional hearings:** Interns attend congressional hearings on a variety of child health issues. Upon returning to the office a report would be communicated by the intern to the person responsible for the issue covered. These hearings would include markups, general oversight hear-

ings and those on specific issues.

**Department of Health and Human Services:** Interns become familiar with the legislative activities of the Academy's Washington office and attend meetings and/or hearings whenever possible.

**Research:** Interns assist with the preparation of background material for use with Congress and for Academy staff and member distribution on the issues(s) assigned.

**Coalitions:** Interns learn the value of forming useful unions with other organizations which have similar goals. These coalitions enable the advocates to present a stronger voice.

**Association work:** Interns have the opportunity to learn how an association works internally as well as with outside organizations. Attendance at Academy meetings will be arranged whenever possible.

**Media:** Interns with an interest in journalism can work with public affairs staff in communicating legislative issues effectively to reporters, AAP members and the general public.

**For more information please see:**

**<http://www.aap.org/advocacy/washing/intern.html>**



**Picture yourself here, making a difference!**

# Advocacy: 2007 Residency Project



Good Mental Health According to Kids

(From NHS Direct)

Each year the Section on Residents (SORE) picks an advocacy project that they feel strongly about, and develops a program, or campaign, to get other residents involved. This years project is a mental health initiative.

Each program delegate at the AAP National Conference and Exhibition received a CD w/ information and a power point presentation to be given to their local chapters. If you still

have not heard from them, please ask!

Alternatively, please go to <http://www.aap.org/sections/ypn/r/advocacy/> to learn more.

There are 5 easy steps to becoming involved in this project.

1. Read the AAP Mental Health Brief to get a better understanding of the issues.
2. Listen to, or give, the

Mental Health ppt presentation.

3. Start a letter writing campaign for the Mental Health Parity Act.
4. Discuss the Mental Health Chapter Action Kit, as a resource for residents.
5. Sign up to become a key contact in FAAN.

Get involved today!

## Federal Advocacy Action Network: FAAN

*Be a child advocate in just 5 minutes!*

The Federal Advocacy Action Network (FAAN) is comprised of all AAP members for whom the Academy has an email address. FAAN alerts are sent when federal legislative efforts require large-scale advocacy efforts by the Academy's entire membership.

Coordinated by the AAP Department of Federal Affairs, FAAN is a network of AAP members who help support federal legislative and regulatory activities from

their position as constituents. FAAN members play an important role in passing federal legislation that benefits children and pediatricians.

The AAP Department of Federal Affairs gives FAAN members the information and tools needed to persuade their legislators. Find the names of your congressional representatives, contact legislators via e-mail, read about congressional activity, and register to become a Key Contact. To see

the latest info from the FAAN, visit the Members Only Channel (<http://www.aap.org/moc>) and click on "Federal Affairs".



## Be A Key Contact

If you want to do more federal advocacy than responding to the FAAN alerts, we encourage you to join the AAP Key Contact program. Key Contacts have an interest in developing a stronger working relationship with their congressional delegation, and usually work on several AAP legislative issues. Key Contacts are contacted on a regular basis (approximately once a month when Congress is in session).

Key Contacts receive all the latest information and news, advocacy tips and tools, suggestions for improving relationships with members of Congress and more sophisticated advocacy assignments, such as media work and congressional visits (all with help from AAP staff). To sign up to be an AAP Key Contact, log on to <http://www.aap.org/moc> and click on "Federal Affairs".



Jennifer Linebarger, MD  
Resident Section

# Update from New Hampshire:



Dartmouth residents have been enjoying the beginning of recruitment with dinners at each others houses, or out on the town. The snow is falling, and making Hanover a winter wonderland again. You might find residents out snowshoeing, cross country or down hill skiing.

This year we have started a book club entitled "Helping us Help Families" where we read books we think we might want to recommend to our families, or that our families might already be reading. We were lucky to have the author of our first book, Jennifer Shu, come and join us for our first discussion. Our second book was one on children with chronic illness, and one



of our attendings who was both a child with a chronic illness, and has a child with special needs come speak with us and bring her own books she likes.

Earlier this year we continued to mix work with fun, and enjoyed our annual residency wide retreat up in the white mountains. This year was marked by warm enough weather to swim, and another look at the Myers-Briggs Personality Inventory, where we learned who truly was the "perfect pediatrician."



And then there was also time just for fun this fall, spending time up on the Canadian border canoeing and camping.

We have also continued our advocacy project, where we spend a dinner question and answer session with families living at a local

shelter called the Haven. All families living at this shelter have children, and they can accommodate up to eight families. The parents all really enjoy are visits and ask great questions.

Recently we celebrated the retirement of a great general pediatrician, Dr. Allen Rozycki. We are looking forward to adding to our wonderful group of pediatricians in the next year, with an outside chief, Dr. Rachel Cramton from Brown University. Our residency program director search is also well underway. We have been able to enjoy meeting some very inspirational people and hope to welcome one of them soon.



Stay tuned for more adventures from the Upper Valley, and check out one of our own in "Global Healing."

-Ashley Brunelle, MD

## Who was Hezekiah Beardsley?



Stay tuned to our next issue for the answer..... Or ask a Connecticut resident.....Do they know?

# Update from Across the border:

I wanted to tell you about something fun we do every year in July. We have a lobster dinner on the patio of our hospital. The lobsters are shipped from Iles de la



Madeleine (Island in the east coast) and prepared Dr Lallier, a pediatric surgeon!  
-Karine Khatchadourian, MD  
Hopital Saint Justin, Montreal, Canada



# Global Healing: Dr. Sarah Normandin, Honduras



As a 3rd year resident electives seem abundant, so I decided to get a slightly different spin on things and opted to learn a thing or two from the children of another country. I found my opportunity

through a non-profit organization based out of Oakland, California. Global Healing has been conducting a pediatric outpatient clinic on Roatan, Honduras for several years now. Roatan is one of the Bay Islands approximately 60 km from the northeast coast of Honduras. The island is 60 km long and 8 km wide at the widest point. The clinic is staffed by a Honduran trained physician hired by Global Healing and a volunteer attending or 3rd year pediatric resident. Patients check in to a busy pre-clinic in the

main lobby of the hospital, and patiently wait up to 3 hours (on a busy day) to be seen. In a typical day we saw 15-25 patients. Diagnoses were quite variable from the standard URI or asthma exacerbation to dengue fever and parasitic infections. It was a very interesting lesson in cultural diversity and a test of my very mediocre Spanish skills. One of the most difficult and challenging aspects of this experience was learning the standard of care for this hospital based on availability of labs, medications and



*One mother states that her child hasn't been "de-parasited" for 6 months and it is time to do that... do we do that?*



**This afternoon we hiked way up in the hills to go to the home a little boy who was palliative care for an abdominal tumor.**

supplies. One mother states that her child hasn't been "de-parasited" for 6 months and it is time to do that... do we do that? Is that the standard of care here? Turns out it is not, but sometimes mothers can be very persuasive! Here is your lab slip for a stool exam. We are out of penicillin... what is an appropriate alternative? Some of these questions are ones that I have

never had to consider in my experiences thusfar. Of course, it is not all work and no play. In between the torrential downpours of the Caribbean rainy season, there is plenty of beach, sunshine and scuba diving to be enjoyed. The reef off the island is the second largest in the world, and there is an abundance of aquatic wildlife to appreciate. Overall my international medi-

cal experience was outstanding and I would highly encourage all others who have the opportunity to participate in this type of activity to get out of your comfort zone and enjoy the world!



## Golden Weekend?

My fiancée and I are developing a networking website for doctors called Golden Weekend...it's found at [www.goldenweekend.com](http://www.goldenweekend.com) and is a place where medical students and physicians can track their career, find who they're connected to through



friends, share interesting articles and cases, and share pearls of wisdom.—Lisa Charo, MD



**Nirali Shah, 4th year MGH med peds resident, ran the 2007 Boston Marathon and raised funds for the MGH for Children; and spent time in India helping sick children.**



# Global Health Equity: Dr. Phuoc Le, Haiti



**"Ki jan ou ye - how are you"**

trying to keep up with the lively, barefoot, eight year-old local boy who seemed to be skipping along up the forty-five degree slope. I could not think of a better way

sister organization in Haiti; at five in the morning we set out to conduct a day-long mobile clinic at a remote hilltop village called Gwo Moulen. When we finally reached the clinic site, the village leaders had already assembled several hundred people of all ages, patiently waiting under a relentless sun, to receive services like vaccinations, family planning,

"Ki jan ou ye - how are you," I greeted with a forced smile while my muscles strained against the steep incline of the hillside. As I looked ahead at the single file line of my co-residents, together with our Haitian colleagues and friends, everyone was drenched in sweat and

to spend our Global Health Equity orientation trip, or "GHE Boot-camp," as it came to be known. It was the fourth day of our weeklong introduction to Zanmi Lasante (ZL), the Partners In Health



and general medical consultation. The Zanmi Lasante doctors informed

*I could not think of a better way to spend our Global Health Equity orientation trip, or "GHE Boot-camp," as it came to be known.*

us that, for some of the villagers, this was their first encounter with any health care provider, aside from traditional healers. For the next several hours, we separated into small groups of doctors with interpreters, frantically interviewing, examining, counseling, and prescribing. Most of the patients complained of non-urgent symptoms such as back pain or heartburn, but we also came across people with untreated and dangerously high blood pressure,



and even had to transport a severely dehydrated child back to our hospital for resuscitation. We worked at a frenzied pace, with more patient volume in one hour than we would see in a day back in Boston. By the time we started trekking back down the mountain in the late afternoon, we had served nearly 800 people. Despite the satisfaction that we had alleviated by some degree

the burden of disease in Gwo Moulen with our mobile clinic that day, we realize the tremendous inadequacy of such a response to the actual need of their community. Each day of our trip in Haiti, like the mobile clinic event, was spent bringing us face to face with the major struggles that will be central to our training as Global Health Equity residents. The orientation was an inspirational and emotional reminder of the roots of health care inequity - poverty, prejudice, politics - which we will continue to fight against during our training and beyond. - Dr. Phuoc Lee

## CHaD New Parent Elective:

Where better to learn about babies than in your own home? And how better to learn about answering new parent's questions than by asking them yourself, about your own baby?

Dartmouth has found a way to make being a new parent and continuing your education as a pediatric resident not only possible, but exceptional. As pediatricians we value family. We try to practice family centered care and

we try to balance our lives with our own families. Residency is a hard time to have a new baby, but many feel that they have put off being parents for too long already, and that now is the time.

To assure ACGME criteria were met the following were included: medical knowledge, communication skills, professionalism, and the health care system through the eyes of a parent. Documentation occurs through journaling and



**Parenting is an around the clock job.**

essay writing that the new parent completes during their elective. The journal is kept daily and is reflective on how that day has changed them as a pediatrician. The journal is personal and not turned in.

Further work includes reflection in 4 essays to be handed in, and an evidenced based presentation on a relevant pediatric topic, to fellow residents at noon conference. Mothers may receive up to 6wks, and fathers 2wks.

For more information please contact Dr. Brunelle at [ashley.brunelle@dhmc.org](mailto:ashley.brunelle@dhmc.org).

# Heme/Onc Overseas: Dr. Chadi El Saleeby, Lebanon



I traveled to Lebanon for a month last August, and stayed with family. I worked at the Children Cancer Center of Lebanon

(CCCL). Established in Beirut on April 12, 2002, CCCL is a non-profit medical institution dedicated to the comprehensive treatment of pediatric cancer. An affiliate of St. Jude Children's Research Hospital in Memphis, Tennessee, the center works in association with the American University of Beirut Medical Center (AUBMC). The center has both an inpatient and an

outpatient unit. The outpatient unit sees up to 50 patients daily from all parts of Lebanon and all care is provided free of charge. The center serves Lebanese children but also children from neighboring Syria and Jordan. I worked mainly in the outpatient department under the supervision of Dr Miguel Abboud. Dr Abboud was in the US before going back to Lebanon and becoming head of the unit. He is a renowned expert in SCD but also in hematological malignancies. The center treats patients with blood and BM malignancies, solid tumors, SCD and diseases of the bone marrow. They have also started recently to do autologous BMT. My



day would typically start at 8 or 9. I usually finish at 5 but some-

times had to stay one or more hours to finish work. I would see between 5 and 10 patients daily but would have the weekend free. The atmosphere is friendly and care is provided efficiently. It is a well oiled machine but I understand that the patient volume continues to rise putting some strain on resources.

Dr. El Saleeby is a third year resident at Mass General Hospital.

*The outpatient unit sees up to 50 patients daily from all parts of Lebanon and all care is provided free of charge.*

## Update from Connecticut:

Yale pediatrics has continued to remain busy this fall. We have recently been fortunate enough to have a new liver transplant surgeon join the faculty, and the residents are now able to gain experience caring for these transplant patients on the floor rotation ROLR- Respiratory, Oncology, Liver, and Research. Reach Out and Read is going strong with each continuity clinic patient between the ages of 6 months and 6 years receiving a book with every well child visit. The Intern Retreat at the Hole in the Wall Gang camp in Ashford, CT was a great time for the interns to spend time together outside the hospital, receive financial aid counseling, practice suturing



and splinting techniques courtesy of the Pediatric Emergency faculty,

and participate in a rock climbing and zip line experience.

New applicants are having the opportunity to meet the current residents in

an informal setting in our new bi-weekly happy hours.

We are gearing up for the holidays as well. A group of residents recently went to see the local New Haven tree lighting together. The pediatric residency program will be having a holiday party this



week where the payment will be an unwrapped book or toy to give to children in need this holiday season. A recent holiday cocktail party put together by the Med Peds residents with help from community groups raised \$3300 and several bags of children's clothes to address the health care and other needs of Burmese refugees and their children who have recently immigrated to the New Haven area. There will also be a holiday party for all the pediatric clinic patients and their parents, complete with a resident dressed as Santa Claus.

-Catherine Harris, MD

# Upcoming Conferences:

## Annual Dartmouth Pediatrics Conference:

Contemporary Issues in Office Pediatrics

Feb 28-March 2, Woodstock, VT

Contact: [Karen.Lee@hitchcock.org](mailto:Karen.Lee@hitchcock.org)

## 2008 Legislative Conference:

March 30-April 1, 2008, Washington, D.C. Further develop your training as a child advocate. Limited number of partial scholarships available.

Contact: [kmatthews@aap.org](mailto:kmatthews@aap.org) for more information.

## Northern New England Rural Pediatric Health:

April 25, Bethel, ME

Contact: [DDorsey@dhhs.state.nh.us](mailto:DDorsey@dhhs.state.nh.us)



## National Conference and Exhibition 2008:

Oct 10-14, Boston, MA

In our own backyard, don't miss it!

## District I

### Your Delegates:

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