

District VII Resident Newsletter

DECEMBER 2008



Back from Boston! AAP NCE Highlights

We had an awesome time in Boston! The NCE opened with a great session on Oral Health.



The next day, our resident section entitled "Growing up in the AAP" opened with two keynote speakers, David Keller and Julie Meyers, on the power of mentoring.

At our district 7 break out session we created resolutions to submit at the annual leadership forum. Kristine Falcon's resolution for Smoke Free Children's Hospitals was chosen as one of the top ten to send on by the entire resident section.

The resident section offered sessions including Meet the Redbook, Meet Bright Futures, International Electives, and Life after Residency.

Two California pediatric residents won the Dyson Child Advocacy awards for their awesome projects of "Providing Medical Homes for Youth Exiting Juvenile Detention" and "Bulletproof: Media Advocacy for Youth Affected by Community Violence."

Then we had our choice of all of the amazing sessions at the NCE, including the game show type face-off "Pediatric Bowl" between three Boston pediatrics residency programs: Mass General, Floating Children's Hospital at Tufts, and Children's Hospital Boston. My favorite series of questions involved identifying popular medical sitcoms from their theme songs.

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ANNUAL ADVOCACY CAMPAIGN: *Smoking Cessation*

"Even brief tobacco dependence treatment is effective and should be offered to every patient who uses tobacco."

The Section on Residents, Medical Students and Fellowship Trainees will focus on tobacco prevention and control. Your delegates will be presenting our PowerPoint on this during morning report. Feel free to use this PowerPoint in the community as well. We have attached the US Dept. of Health and Human Service's Guide, pg 5:

HELPING SMOKERS QUIT. This guide uses the 5 A's:

Ask- "ask about tobacco at every visit"

Advise- "advise all tobacco users to quit", using clear strong, personal language.

Assess- "assess readiness to quit" -willing?—Yes: provide assistance.

—No: why? build confidence!

Assist- "assist tobacco users with a quit plan" 1-800-QUIT NOW

Arrange- "arrange follow up visits to review progress"

if relapsed—id reasons and encourage renewed attempt!

In the Wake of Ike: UTMB Pediatrics Update

"We stop for no storm!" These days, the atmosphere at UTMB is beginning to resemble business as usual. The hallways are brimming with traffic, the nurseries are full of babies, and recruitment season is here once again! We are indescribably grateful for the outreach of our community in the aftermath of the storm. Not only have countless resources been donated to residents in need, but several institutions have opened their doors, allowing us to continue our residency training. As an added bonus, almost all of us will return to Galveston in time for Christmas! During the aftermath of Ike, I grew incredibly proud of both UTMB and the Department of Pediatrics. From the provisional triage/ER/inpatient unit created by the faculty and staff in the days immediately after Ike, to the establishment of out-lying clinics in primary and specialty pediatric care, the Pediatric Department has shown incredible resilience in the weeks following the storm. With incredible efficacy and creativity, our department has successfully accelerated the pre-Ike plans for creation of a 24/7 Pediatric Acute Care Center, and is moving rapidly towards establishing inpatient services. As residents, while we will be feeling growing pains, we are very excited about the direction our program is headed. With steadfast dedication to continued improvement (in accordance to required changes), we will prove to emerge even stronger! Hurricane Ike will undoubtedly be remembered by historians for its majestic destruction, changing the face of Galveston forever. However, in the Department of Pediatrics, we stand by our post-Ike motto...we stop for no storm!

-Shilpa K. Shah, UTMB

Edited by [Rayne Rouce](#)

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*Pediatrics in Review and
Journals start in January
for interns.*

*This way, the AAP will
provide these resources
even after residency
graduation, while we are
still studying for the
boards.*

Pediatric Care Online & Bright Futures PDA for Residents

For the 08/09 academic year, all pediatric residents will receive access to Pediatric Care Online (PCO) where the *Bright Futures* for PDA can be downloaded along with a host of great resources from the Academy. Mead Johnson Nutritionals' sponsored your access to this great resource. By now, most of the Mead Johnson representatives should have visited your program to drop off the access cards. Once you have your access card, follow these simple instructions on how to access the PCO and more specifically, the Bright Futures PDA download. www.pediatriccareonline.org (<http://www.pediatriccareonline.org/pco/ub>)

Log in (upper right corner) ...Click on Mobile on the top toolbar

Left side has reader downloads for palm and windows Mobile ...Once that is complete, click which portions of the site you want on your PDA, download and synchronize.

New Section Name –SOMSRFT

This past October, the Section on Residents officially changed its name to the Section on Medical Students, Residents and Fellowship Trainees (SOMSRFT) to more accurately reflect the pediatricians in training who comprise our membership. The name change formalizes our desire to provide a home within the Academy for pediatricians in all stages of their careers. Be on the look out for new and exciting opportunities and resources coming this year.**2008-2009**

Spotlight on Baylor's International Elective

DECEMBER 2008

This past September I had the opportunity to participate in an away elective in Maseru, Lesotho at the Baylor International Pediatric Aids Initiative clinic. Lesotho has a very high percentage of HIV positive children and the doctors there see as many as 90 plus patients a day. The resources are somewhat limited but they do an excellent job with what they have. I experienced first hand the positive impact that the clinic has on the community. Every month they have a Teen Club in which teens who are HIV positive get together and participate in activities to help promote self esteem and friendship and to further education and awareness of the disease. This truly was a life changing experience for me and I am very grateful I had the opportunity to get to know the people of Lesotho. -Callie Anne Byrd



Texas Resident Activities

UT San Antonio:

Dorothy Dow, DO PGY3 had a fundraiser on Nov. 15, 2008 for the "Malaika Project." It is a grass-roots organization in Western Tanzania helping AIDS orphans. She also participated in our UTHSCSA- International Elective in Brownsville, TX and Tamaulipas, Mexico working with Promotoras de Salud for 4 wks.

Other projects at UTSA include:

- Christmas Angel Tree to provide gifts to children with incarcerated family members.
- Medical-Legal Partnership in which Legal Aid lawyers work with pediatrics to help patient's obtain SSI, government benefits, section 8 housing, and compliance with IDEA testing.
- SUPPORT: This is a partnership with child psychiatry, mental health counselors, and pediatrics to provide counseling and cognitive behavioral therapy to our Medicaid patients, as well as coping skills, parenting classes/discipline patterns to our families.
- Happy Lungs and Little Lungs: Asthma educators, RT, and pediatrics to educate families, see proper use of resources, and provide reinforcement and support. -Ana Perez

TX Tech-Lubbock

We've just received a CATCH grant to go forward in a partnership with My Father's House, a local charity organization that "provides a way out for women who are poverty-impacted, homeless, abused or at risk, but want to take a new direction in their lives", to teach these mothers about what a medical home is and why it's important to their children's health and additionally matching their children up with one of our residents who will serve as their "medical home" PCP. -Robert Simek

Driscoll-Children's Hospital- Corpus Christi, TX

Residents give monthly parenting lectures to pregnant teens and visit homes of children with chronic illnesses (Project DOCC). This summer we had many residents volunteering at Diabetes camp as well as Camp Rock'n for our kids with ESRD. Residents volunteer at yearly health fairs, screenings and do sports physicals for summer camps for underprivileged kids. We also have about 15 residents run a relay marathon every year sponsored by our attending called "Beach to Bay" that benefits charities. Our residents also have been able to participate in UTSA's International Texas-Mexico Border Elective called "Community for Children" and with Baylor's International Pediatric Aids Initiative in Lesotho. -Ann Thyssen



Sister Marisa Revert, Driscoll PGY3 Resident, with her patients in Lesotho

Univ of Texas Medical Branch at Galveston

We are planning to have a bone marrow drive in the Spring, spearheaded by Rayne Rouse MD, a second year resident in our program who plans on specializing in heme-onc. We plan to expand this into the medical school. -Shilpa Shah

NEW DISTRICT VII LEADERSHIP!

DISTRICT COORDINATOR, DC



District Coordinator: Julia Conlon MD
 Email Address: jconlon@utmb.edu
 Residency Program: UTMB Galveston, TX
 Medical School: University of TX, Houston
 Undergrad School: Rice University, Houston, TX
 Home City/State: Houston, TX
 Hobbies: Reading, sleeping, advocating for kids!

ASSISTANT DISTRICT COORDINATOR, ADC



Assistant District Coordinator: Elizabeth "Ann" Thyssen, DO
 Email Address: elizabeth.thyssen@dchctx.org
 Residency Program: Driscoll Children's Hospital
 Medical School: Texas College of Osteopathic Medicine
 Undergrad School:
 Home City/State: Houston, TX
 Hobbies: Hiking, Camping, Running, Reading, Studying Spanish & Sign Language

Tobacco Cessation Counseling Pocket Guide:

<http://www.ahrq.gov/clinic/tobacco/clnhlpsmksqt.pdf>

Smoke Free Toolkit:

http://www.uams.edu/coph/reports/SmokeFree_Toolkit/

Int'l Health Resources:

<http://www.aap.org/sections/ich/resources.htm>

First Steps to a Healthy Smile Pamphlet:

http://aap.org/publiced/BR_firststepshealthysmile.pdf

Who is your Program Delegate?

Baylor College of Medicine -
Lucy Marquez

Driscoll Children's Hospital -
Jennifer Evans

Louisiana State University -
Kristine Falcon

Texas A&M Scott and White -
Denise Pautler

Texas Tech Amarillo -
Samer Kaylani

Texas Tech El Paso -
Jianzhong Ji Jian

Tulane University
Briana Spooner

Texas Tech Lubbock
Robert Simek

University of Arkansas
Andrew Martin

University of Oklahoma Tulsa
Lieuuko Nguyen

Univ of Oklahoma HSC
Laura Haws, Ami Bax

Univ of Texas at Houston
Emma Archibong

Univ of Texas Austin
Daniel Howard

University of Texas Galveston
Shilpa Shah

Univ of Texas Southwestern
Diana Dickschat

Univ of Texas San Antonio
Ana Paez

NO DELEGATE:
Louisiana State Shreveport
OSU Medical Center
University of Mississippi

Opportunities and Deadlines!



AAP Legislative Conference - Scholarships

The Academy's 2008 Legislative Conference is **March 30-April 1** Washington, D.C.

The conference prepares child advocates to participate in the political process by offering training in skills necessary to advance child health through legislation and regulation on both the state and federal levels. Partial scholarships are available for residents that would like to attend. For more information, please contact Katy Matthews at kmatthews@aap.org.



Secondhand Tobacco Smoke Research Opportunity

The Medical Association (AMA) Foundation is calling for proposals from medical students, residents and fellowship trainees in accredited US medical schools or other US training institutions for the Seed Grant Research Program. Grants of \$5,000 will help young investigators conduct basic science or clinical research projects in the area of secondhand tobacco smoke exposure. Projects can include professional and/or public education activities. Grants are supported by the Flight Attendant Medical Research Institute (FAMRI), which also supports the AAP Julius B. Richmond Center.

Applications due by Dec. 12, 2008, Recipients will be announced in March 2009. Apply @AMA Foundation web site: <http://www.ama-assn.org/ama/pub/category/3119.h>

CATCH GRANTS!! The 2009 CATCH Cycle 2 Resident Funds Call For Proposals is now live! Online applications dues **January 30, 2009**. Contact your local catch facilitator for assistance by **Jan. 15th**. They can help you develop a proposal from a single paragraph!

<http://www.aap.org/catch/residentgrants.htm>



Pediatric Heroes!!

Nominate your attending!!

Send the AAP stories of pediatricians & pediatric healthcare providers making momentous changes for kids! Someone who has provided exemplary care impacting patients, parents, and their community...who fights for the underserved and underprivileged. 4 "Heroes" will have their travel expenses paid to be honored at the NCE- Oct 09 in DC.

Applications due Jan.16th, 2009 : www.AAPexperIENCE.org



Ask about tobacco use at every visit.

Even brief tobacco dependence treatment is effective and should be offered to every patient who uses tobacco.



Assist tobacco users with a quit plan.

Assist the smoker to:

- ▶ Set a quit date, ideally within 2 weeks.
- ▶ Remove tobacco products from their environment.
- ▶ Get support from family, friends, and coworkers.
- ▶ Review past quit attempts—what helped, what led to relapse.
- ▶ Anticipate challenges, particularly during the critical first few weeks, including nicotine withdrawal.
- ▶ Identify reasons for quitting and benefits of quitting.

(more)

Advise all tobacco users to quit.

Use clear, strong, and personalized language. For example,

"Quitting tobacco is the most important thing you can do to protect your health."

Give advice on successful quitting:

- ▶ Total abstinence is essential—not even a single puff.
- ▶ Drinking alcohol is strongly associated with relapse.
- ▶ Allowing others to smoke in the household hinders successful quitting.

Encourage use of medication:

- ▶ Recommend use of over-the-counter nicotine patch, gum, or lozenge; or give prescription for varenicline, bupropion SR, nicotine inhaler, or nasal spray, unless contraindicated.

Provide resources:

- ▶ Recommend toll free 1-800-QUIT NOW (784-8669), the national access number to State-based quitline services.
- ▶ Refer to Web sites for free materials:
 - Agency for Healthcare Research and Quality: www.ahrq.gov/path/tobacco.htm
 - U.S. Department of Health and Human Services: www.smokefree.gov

Assess readiness to quit.

Ask every tobacco user if he/she is willing to quit at this time.

- ▶ If willing to quit, provide resources and assistance (see *Assist* section).
- ▶ If unwilling to quit at this time, help motivate the patient:
 - Identify reasons to quit in a supportive manner.
 - Build patient's confidence about quitting.

Arrange followup visits.

Schedule followup visits to review progress toward quitting.

If a relapse occurs, encourage repeat quit attempt.

- ▶ Review circumstances that caused relapse. Use relapse as a learning experience.
- ▶ Review medication use and problems.
- ▶ Refer to 1-800-QUIT NOW (784-8669).

For more information on prescribing, precautions, and side effects, see the Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence: 2008 Update*, www.ahrq.gov/path/tobacco.htm.

Suggestions for the Clinical Use of Medications for Tobacco Dependence Treatment[†]

Medication	Precautions/Contraindications	Side Effects	Dosage	Duration	Availability
Nicotine Patch		Local skin reaction Insomnia	21 mg/24 hours 14 mg/24 hours 7 mg/24 hours	4 weeks then 2 weeks then 2 weeks	Prescription and OTC ^b
Nicotine Gum		Mouth soreness Dyspepsia	1-24 cigs/day-2mg gum (up to 24 pcs/day) 25+ cigs/day-4 mg gum (up to 24 pcs/day)	Up to 12 weeks	OTC ^b only
Nicotine Nasal Spray		Nasal irritation	8-40 doses/day	3-6 months	Prescription only
Nicotine Inhaler		Local irritation of mouth and throat	6-16 cartridges/day	Up to 6 months	Prescription only
Nicotine Lozenge		Local irritation of throat Hiccups Heartburn/Indigestion Nausea	First am cigarette after 30 minutes from waking: 2 mg (up to 20 pcs/day) First am cigarette before 30 minutes from waking: 4 mg (up to 20 pcs/day)	12 weeks	OTC ^b only
Bupropion SR	History of seizure History of eating disorder Use of MAO inhibitors in past 14 days	Insomnia Dry mouth	150 mg every morning for 3 days then 150 mg twice daily (Begin treatment 1-2 weeks pre-quit)	7-12 weeks maintenance up to 6 months	Prescription only
Varenicline	Monitor for changes in mood, behavior, psychiatric symptoms, and suicidal ideation	Nausea Trouble sleeping	0.5 mg once daily for days 5-7 before quit date 0.5 mg twice daily for days 1-4 before quit date 1 mg twice daily starting on quit date	3 months, maintenance up to 6 months	Prescription only

[†]The information contained within this table is not comprehensive.

Please see medication package inserts for additional information.