

# **DISTRICT 10 RESIDENT NEWSLETTER FEBRUARY 2004**

## **The AAP Resident Section**

The American Academy of Pediatrics Section on Residents was established in 1989 to provide pediatricians in training an opportunity to participate in the organization. In addition to the national section, each chapter and district of the AAP is encouraged to facilitate local representation.

## **American Academy of Pediatrics District X Section on Residents Statement**

The Resident Section is dedicated to the principle of helping pediatricians-in-training promote a meaningful and healthy life for every child. The Section seeks to reach this goal by exposing residents to the benefits of the Academy early in their careers. In an effort to foster early involvement and leadership with the Academy, the section provides educational involvement and leadership with the Academy, the section provides educational resources to its members, a forum for in-training issues to be addressed, a forum for collaboration with other members of the section, and the means to communicate both with other national organizations and with local and national Academy Sections, Committees, Chapters, and Districts. In doing so, the Resident Section aims to help its members learn the value of the Academy in its mission in meeting the overall health needs for infants, children, adolescents, and young adults.

The residencies of Florida fall under AAP District X, which also includes the residency programs of Alabama, Georgia, and Puerto Rico. The residents within District X are represented by elected resident District Coordinators at all meetings of the National and District level (generally 3 annual national meetings and one annual district meeting; elections are at the Fall AAP annual meeting). In addition, the District coordinators are responsible for disseminating information back to the represented programs, as well as helping channel residents to available resources provided by the AAP.

Currently, several new and exciting programs are under way in our district. One program, entitled "Reach and Teach" was established by the Medical College of Georgia Pediatric Residents and is designed to reach out and educate elementary school students on such topics as alcohol/drugs, smoking, nutrition/obesity, safety, and hygiene (as requested by the teachers). The program has been a tremendous success and been popular with the elementary school teachers, students, and pediatric residents. The goal of the Pediatric residents at MCG is to disseminate the Reach and Teach modules to other pediatric residency programs statewide and nationally. For more information about the program, feel free to contact Paige Ward, MD.

***Resident District 10 Coordinator***

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Please check out the Resident Section website [www.aap.org/sections/resident](http://www.aap.org/sections/resident)  
District X representatives are attached to this newsletter. You can always talk to

your rep as to how to **get involved** in the AAP, but some of the ways are:

- Serve as representative for your program, state, or district
- Serve as a liaison between the AAP and the AMA, AMSA, MedPeds, CATCH, and others
  
- Volunteer in your program, community, or with medical students

## **How can the Residents make a difference?**

Each year, full-voting members of the Academy, chapters and districts submit **resolutions** that affect America's children, pediatricians and pediatric subspecialists. All approved resolutions are sent to appropriate AAP committees, councils, sections or departments to find out what work is being done on the subject or what will be addressed in the future. Committee reports then are forwarded to the Board for further actions and recommendations. If the Board agrees, the process continues, and, eventually, AAP policy is defined.

*This year the residents submitted 12 resolutions!*

One resolution is from our district and proposes a further cut in fees for membership to the academy for those residents/fellows that have just finished their training.

**Advocacy:** District X's advocacy topic is **Obesity**. Ways to implement "Increasing Physical Activity/Decreasing the Obesity Epidemic" include

- Present a noon conference re: not only statistics of the obesity "epidemic" among children but ways (even if they are small) to implement them in clinics, practice of pediatrics. This may be done by a resident, chief, or attending.
- Add questions to the Well child care visits regarding diet, exercise, high risk factors such as "family history of cardiovascular disease of early onset (MI prior to 50), presence of TV in bedroom, # hours of tv/videogames per day
- Make handouts for patients and families for various age groups: infancy, preschool, school age, adolescent, special diet groups (vegetarian)

**Suggestions for handout materials include**

- D/C soda: switch to diet soda, Crystal Light, water
- Eat 3 meals per day
- 6-8 glasses of water/day
- 3-5x/week of 30 minutes of aerobic exercise (walking, biking, roller blading, swimming, sports)
- Remove TV from children's bedrooms
- Restrict TV viewing, video games
- Encourage play outside: parks, gyms, YMCA, Boys/Girls Clubs
- GET INVOLVED! In extracurriculars/ sports at school, church, neighborhood

**In the community**

- Perform physicals and identify children who are high risk and monitor their progress/setbacks
- Sponsor fairs at schools, neighborhoods to encourage healthy eating habits, exercise, involvement
- Adopt a class/grade at a local school
- Talk to teachers, PE teachers, students
- Ask about curriculum for PE: Is there actual physical activity or time spent reading about it?
- D/C soda machines from schools
- Examine the menu at schools: Talk to administrators, teachers regarding the amount of FRIED food serves to children
- Consider support groups, exercise groups, "Buddy" system for exercise and healthy eating habits
- Consider an obesity clinic: once a month with a nutritionist available for parents and patients
- Concentrate on FAMILY: children often adopt parents lifestyles-meal planning education can help the whole family
- Consider implementing recommendations in your residency program's advocacy time/month to focus on how pediatricians can best counsel and support children with obesity

**Did you know?** That the AAP funds

- Financial Need Based Scholarships (ranging \$1000-5000)  
<http://www.aap.org/sections/resident/resscholarship.htm> deadline 2/7/04
- Travel Grants to attend the NCE for Program Representatives (\$500)
- International Travel Grants for child health rotations (\$500)
- Resident Research Grants (up to \$3000)  
<http://www.aap.org/sections/resident/resresearchgrant.htm> deadline 2/7/04
- Resident CATCH Grants (\$3000-\$10000)
- Community Advocacy Grants: \$300

# District X Congratulates

CATCH 2004 resident grant recipients (first cycle):

Michelle Rebollo Floyd, M.D. (Miami Beach, FL)  
“Emergency Dept for Primary Care”

Gloria Leavitt, M.D. (San Juan, PR)  
“Breast Feeding Among Adolescent Mothers”

Rene Kuiz, M.D. (Ponce, PR)  
“Special Needs Access Projects of KIDS”

Other **important websites** include:

Women in Pediatrics: [www.aap.org/womenpeds](http://www.aap.org/womenpeds)

American Board of Pediatrics: [www.abp.org](http://www.abp.org)

## How do I communicate?

The District X Listserve is [residents10@listserv.aap.org](mailto:residents10@listserv.aap.org)

Send a message and all members can respond to you individually (if you request) or to the whole list serve.