



AAP District VIII Resident Newsletter

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Section Overview What is the Resident Section?



The Resident Section of the American Academy of Pediatrics is comprised of over 9,000 pediatric residents, making it the largest section within the AAP. It was established in 1989 with the purpose of providing a forum for discussion of common interests and challenges among pediatricians in training.

The Resident Section is made up of 10 Districts based on geographic location. District VIII is the largest district and includes all of the western states from Alaska to Hawaii with the exception of California. We invite you to communicate with residents in our section via your District Coordinator, Assistant District Coordinator and the District VIII Newsletter!

CATCH Update: Community Access to Child Health

Want to write a CATCH Grant but don't know where to start?

Want ideas for a Community-Based Advocacy Project?

Check out the new database at the AAP Section on Community Pediatrics Website! This database allows you to review information on all funded grants from the Section on Community Pediatrics including CATCH grants and more. You can search by topic, year, or even by "resident" vs. "adult" grants. This database might just help you develop an idea for your own project, or help you further clarify an idea you already

have! To locate this database, go to the AAP Section on Community Pediatrics Website at www.aap.org/commpecs and click the **red tab** at the top entitled “**Grant/Project Search**”.



Pediatric Residents: Grant Money Specifically For You

The Community Access to Child Health (CATCH) Program of the American Academy of Pediatrics encourages residents to work with local pediatricians in the development of community-based efforts for children. Each year approximately 25 residents are awarded up to \$3,000 in grant money to plan and implement projects that improves children’s access to medical care not otherwise available. The mission of CATCH is to support pediatricians and pediatric residents who work with communities to assure that all children have a medical home and other needed services to reach optimal health and well-being

The next grant cycle application is due in January 2005, so starting thinking about your ideas! For further information on Resident CATCH grants please contact your District VIII Resident CATCH Liaison, Dana Hargunani (mooreda@ohsu.edu) or your Chapter Facilitator. Also see the CATCH website for further information at www.aap.org/catch. Applications available online.

Unique Experiences in Pediatric Residency

Doctor of the Day

Several years ago, there had been an emergency at the State Senate—a Senator had passed out on the floor of his office. 911 was called immediately; however, with the security and the maze-like array of offices within the Senate Building, it took the medical team longer than anticipated, and the Senator passed away.

At that time, a program titled Doctor of the Day was initiated. The purpose of the program was to invite a physician to be present in every session. This ensured the legislature would have on-site medical care should there ever be another emergency. In addition, it offered an opportunity for a physician in the community to see the legislature in action and to speak with his representatives.

Over the next few years, the program evolved from being the medical protector of the legislature to the legislative protector of the medical field. While most people do not

have time to visit the legislative sessions, the medical field has represented itself daily at the House and Senate—a constant reminder that physicians and other medical care workers have an active interest in the changes instituted by the administration. In late April, I had my opportunity to provide my services to the legislature and in turn have my opportunity to see the inner workings of our governing system.

At about 7:30AM on an April morning, I parked my car in the space marked “Doctor of the Day.” I grabbed my small black tote and walked into the lobby of the State House of Representatives where an officer greeted me. When I introduced myself, he immediately greeted me with a “Good Morning, Doctor,” and then directed me to where I was scheduled to meet my guide. My guide was a former Lobbyist and now currently working for the Arizona Medical Association. Over the next hour or two, my guide and I discussed the Doctor of the Day program, the political system, and the movement of bills through the system. We discussed the detailed workings of the legislature including the role of lobbyists and constituents. We discussed the compromise between members to push some bills through often at the expense of other bills. And we looked at the division of the current representatives and senators based on party lines and voting styles, especially on the voting of medical bills such as the medical-legal reforms. We discussed salaries (or lack there of) given to the representatives and senators and the time commitment required.

After our lengthy talk, my guide and I moved on to a tour of the House and the Senate. We eventually made it to the office of my local representative, where I had the opportunity to briefly talk with him. Following lunch we moved into the House floor where Representatives were just starting session. The Representative from my district asked to have the floor—at which time, he introduced me as the Doctor of the Day—the rest of the House turned to me and gave me an applause, which was most unexpected. Shortly after we moved to the Senate building, where the same events took place on the Senate floor.

Next we made our way to the office of the Head of the Senate. There I was greeted for the second time that day by the Head of the Senate and was given a gift of a gold coin minted in limited number as a “Thank you” for visiting and acting as “Doctor of the Day.”

I was struck by the kindness and appreciation shown to me by the entire legislative body. Everyone should be so lucky to see change in action—I saw change in the making during my day at the legislature. This day sparked in me a previous interest in politics and a desire to make changes—an interest and a desire that had been buried under mounds of daily work and stress.

-Daxa Patel, MD

Pediatric Resident, Phoenix Children's Hospital/Maricopa Medical Center program

United For A Common Goal

The first Thursday of every month, a group of pediatric residents from the University of Arizona gather together with a roomful of young single mothers and their children to take part in an informal yet vital conversation. The mothers and their children are part of a unique service in Tucson, AZ known as Common Unity and the pediatric residents are volunteers who recognize a need for ongoing, practical education that takes place outside of the clinic or hospital. The conversation is unstructured yet focused enough for the participants to take away from it what they need--be it medical advice, resources, or just some reassurance and support.

Common Unity is a private grant supported housing development created to specifically serve the needs of young single mothers between the ages of 18 and 21 who have no other resources. The idea began 10 years ago and through research and focus groups was awarded grant funding and officially began in August 2000 by Dr. Duke Duncan, a general pediatrician and faculty member in Tucson, AZ. More than just housing, Common Unity provides 24-hour case management, life skills training, parent education curriculum, parent support groups and community meals for the participants. At any given time, there are 24 mothers and up to 36 children living at the center. They are able to stay for 1 to 3 years depending on their circumstances and are required to work or go to school with the ultimate goal of becoming self-sufficient.

The pediatric residents at The University of Arizona volunteer their time for a few hours once a month to discuss various topics pertinent to raising a child. The topics are an extension of the anticipatory guidance discussed during well child visits. However, the residents are able to spend more time with the mothers and answer their questions in depth. The topics discussed range from skin care to fever education to nutrition...even dispelling some of the myths surrounding breastfeeding and contraception! An attempt is made to tailor the subject matter to the season, such as colds and RSV in the winter. Although there are planned topics and discussion points for each meeting, there is time left at the end to answer questions the mothers have about anything, related or unrelated. Sometimes, the conversation heads into what life is like as a doctor and how much schooling was needed to get there. This is our opportunity to do some career mentoring too!

Although this is a service much needed for this population often overlooked by the healthcare system, the residents benefit greatly as well. As one resident put it, "We are so used to using medical terminology when we graduate from medical school...I had to learn to really talk to my patients in a way that they would understand and identify with what I was saying to them. My experience at Common Unity helped me to relax when

talking to families and not feel like I was preaching to them or teaching them. It felt like more of a conversation.” Anna Lin, MD, a third year resident and coordinator of our Common Unity experience hopes that our residents will continue to see Common Unity as an opportunity to hone our communication skills and learn from the population that we serve. “This has been such a valuable experience for me”, she says, “As an intern I learned so much about how to talk to my patients by watching my upper levels at Common Unity. Now I feel like I can teach the current interns while showing them how much there is to learn outside the doors of the hospital.

-Angela Fimbres, MD
Pediatric Resident, University of Arizona

Advocacy Corner



Community Advocacy Project

In our fall newsletter, I wrote an article about the Community Advocacy Project (CAP) at the Phoenix Children’s Hospital/Maricopa Medical Center Residency Program. Our residency program believes advocacy is an important part of Pediatric training. CAP was instituted into our curriculum during the 2003-2004 academic year. Each continuity clinic identified a community partner and worked as a team to design and implement an advocacy project, a CAP. Projects ranged from cavity prevention to free sports pre-participation exams and were presented at Grand Rounds. Dawn Stecher, MD, a second year resident in our program, and her continuity clinic colleagues worked on free sports pre-participation exams. The following is an account of her CAP experience:

Our continuity clinic is at Maricopa Medical Center and is composed of categorical pediatric residents: five interns, two second year residents and 2 faculty members. Our clinic serves the underserved community of the greater Phoenix area. Our goal was to design a CAP advocating for adolescents. We began by contacting administrators for the Glendale School District, who immediately showed interest in working together on a CAP. We were put in contact with the District’s nursing faculty, who requested that we attend one of their monthly meetings. At the meeting, several ideas for a CAP were discussed. The project that was of most interest to our clinic and seemed most beneficial to our community was offering free pre-participation sports physicals to student athletes. According to the nurses and school faculty, many of the Glendale community students are unable to participate in athletic programs because they are unable to afford the

required sports physical. School administrators identified the two schools with the most need, Landmark Junior High School and Challenger Junior High School.

With our CAP idea in place, it was time to go to work! Our clinic worked on the CAP throughout the year. There were many meetings and phone calls between our clinic and school administrators. While it seems like a simple task, there were many hurdles to jump in order to make the project come together. One of the most important issues raised by the district was the concern for liability. In order to handle this issue, we had lawyers for the District draw up permission forms with disclaimers that were signed by the parent in order for the student to be examined. We also needed to create a make-shift “clinic” in each school gymnasium and gather supplies for physicians, such as gloves, ear speculums, otoscopes, hand sanitizer and blood pressure cuffs. Many families in the Glendale school district do not have transportation; therefore we made arrangements for school buses to take children home after their sports physical.

The end result was a success! On two afternoons during the spring semester, residents from our clinic and 4 volunteer faculty members completed 50 pre-participation sports physicals. The school faculty, coaches, students and parents were so pleased that we were asked to return this year.

After a lot of work, by both residents and school staff, the details came together quite nicely. The hardest part of our CAP was juggling busy schedules. While some Residents were on elective, others were on q4 call on the wards, NICU or PICU. We stayed on task by devising a time line and dividing up tasks so that those on elective did the most work. Our CAP helped us realize that opportunities for advocacy are everywhere, so chose a project that interests you and go to work!

-Celida Rangel, MD and Dawn Stecher, MD

Pediatric Residents, Phoenix Children's Hospital/Maricopa Medical Center program



Hopefully by now some of you have made plans to attend the NCE this weekend, **October 9-13** and are able to attend this year’s Resident Section program featuring, “Leadership and Advocacy for the 21st Century” on Saturday, October 9th.

If you are not able to attend the NCE this year, then start planning for next year! The Resident Section is continually trying to find ways to make it easier for pediatrics

residents to attend the NCE, and we know that financial challenges are one of the largest barriers. Stay tuned for future funding opportunities for pediatric residents for the next NCE!

Want to write an article for the next District VIII Newsletter? Write to Dana Hargunani at mooreda@ohsu.edu or Celida Rangel, MD at cr708@hotmail.com for more information.