



AAP District VIII Resident Newsletter

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Assistant District Coordinator- Celida Rangel
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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.

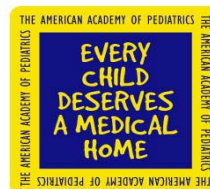
The Resident Section is made up of 10 Districts based on geographic location. District VIII is the largest district and includes all of the western states from Alaska to Hawaii with the exception of California. We invite you to communicate with residents in our section via your District Coordinator,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

CATCH Update: Community Access to Child Health

Congratulations To The 2004 Resident CATCH Grant Recipients!

Please join us in congratulating two District VIII residents for being chosen as recipients of the 2004 CATCH Grants (January cycle):

- Wendy Matsuno, Kapiolani Medical Center, Hawaii
“Reach Out and Read- Hawaii”
- Jodie Oltmans, Oregon Health and Science University, Oregon
“Child Safety: Needs Assessment and Education”





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

This year awards have been expanded to include two different grant application periods (January and July). Fourteen of the 28 resident applicants were awarded a Resident CATCH Grant during the first cycle of applications for 2004. The next application deadline is in January 2005.

Start a CATCH program in your community and join other residents and pediatricians who are making a difference in children's health! 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

Humanitarianism...in Uniform

Army and Air Force residents from the San Antonio Military Pediatric Center (SAMPC) receive more in three years of training than an education in pediatrics. Through military unique training and specific residency requirements, SAMPC residents emerge as competent, civic-minded physicians with practical experience in global medicine.

Every SAMPC resident takes part in a humanitarian mission trip to Honduras. There are two or three 10-day trips per year, each to a different region of Honduras. The residents are involved in every aspect of the trip: they plan the journey, gather supplies and equipment, arrange transportation and housing, communicate with other

team members throughout the United States and Honduras, and take care of every detail in between. The rest of the team is comprised of several attendings, nurses, technicians, interpreters, guides and guards.

Once the team is assembled in Honduras, they start right in on their work. The first few days typically entail traveling to a remote village where team members are led to preselected individual homes. They interview Honduran families with young children (ages 6 to 59 months), taking full medical and dietary histories. With the parents' consent, the children are then screened for malnutrition and anemia with a physical examination and blood testing. This information is compiled and sent to the Honduran Ministry of Health. The data is used to determine needs for food fortification and to ensure adequate treatment and follow-up of chronic health issues.

One day of the trip is devoted to setting up a general pediatrics clinic where the team evaluates and treats several hundred children. The clinic is complete with a portable pharmacy and station for immunizations. The team also travels to a community hospital and to the university hospital to participate in rounds with the attending physicians. Common problems among their patient population include severe malnourishment (which comprises an entire ward), systemic tuberculosis, and malaria.

Senior resident Tricia Clark summarized the most recent mission by saying, "We learned so much about public health issues, and realized first-hand the impact that preventative health measures (like immunizations, dental care, and nutrition) can have." While these military humanitarian missions are a requirement for all SAMPC residents, everyone appreciates and values the experience.

-Courtney Judd, MD
Pediatric Resident, SAMPC

The Pacific Island Health Care Project (PIHCP) at Tripler Army Medical Center (TAMC)

My classmates and I are just starting our last year of Pediatric Residency at TAMC, and though we have much to learn still, we can definitely say we are part of a great training program. We have seen asthma and acne, cough and congenital heart disease, otitis media and osteomyelitis. But, we have also seen untreated congenital hypothyroidism in an eight month old. We have seen tumors so large and advanced that children are unable to walk or hold their head straight because of their size. We have seen the results of untreated bacterial meningitis, and untreated fractures from tsunamis that destroyed entire villages. We have seen incredible patients with medical conditions involving virtually every pediatric specialty that most of our senior resident

colleagues across the nation have not had the opportunity to be exposed to. These experiences have been due to the PIHCP.

The United States Associated Pacific Islands (formerly the Trust Territories of the United States) include the island nations of Guam, The Commonwealth of the Northern Mariana Islands and American Samoa (all U.S. flag territories), as well as The Republic of the Marshall Islands, The Federated States of Micronesia (Chuuk, Kosrae, Pohnpei, and Yap), and The Republic of Palau (all independent states). The over 500,000 peoples of these severely medically underserved nations have limited or no access to modern medical care.

A congressionally funded program developed in 1990, the PIHCP provides treatment and care at no cost to the individual or jurisdiction for those patients who provide special and/or unusual educational opportunities to residents and Graduate Medical Education at TAMC. The program was initially developed using a paper and telephone referral system. Telemedicine consultations begun in 1993 improved the process in some ways, but it was the introduction in 1997 of the Internet consultation and referral system in use now that revolutionized the program. Using a web-based system, information about the patient in question including history, lab results, digital images, and radiographic images are transferred to the Medical Director/Consultant. At that time further suggestions are made regarding additional needed information, and the consult is shared with the appropriate consultant/specialty, where treatment recommendations are made and when appropriate, transfer to TAMC is arranged. The improvement in efficiency and appropriate care has been great, allowing finances available to be used in the most efficient manner and for the greatest patient good.

So, while we feel we have received an education equal to our peers in most ways, there are aspects of our residency that are unique to TAMC alone. The medical lessons have been enormous, as have the cultural and personal lessons learned from helping care for these most underserved and greatly appreciative peoples. Many of them go home in restored health they might not otherwise have had the opportunity to obtain. Some, having stolen the hearts of the nurses and residents, return home having visited a zoo for the first time and knowing how, in faltering English, to ask to turn the station to “Sponge-Bob”. However, we would all agree it is us who have learned and received the greatest benefit in these encounters.

-Dawn Muench, MD
Pediatric Resident, TAMC

Advocacy Corner



Get involved in legislative advocacy by joining the **Federal Advocacy Action Network!** In addition, the AAP Dept. of Federal Affairs needs your help this summer on several key issues that are likely to be voted on by Congress in the fall. The U.S. House of Representatives and the U.S. Senate will recess from July 26-Sept. 6. Contact your members of Congress today to set up appointments to discuss these pressing issues during the August recess to ensure passage of legislation in the fall! Background information on two hot issues: protecting Medicaid and State Children's Health Insurance Program (SCHIP) and renewing the assault weapons ban, is provided on the Federal Affairs website via the members only channel at www.aap.org/moc. Join the Federal Advocacy Action Network and make a difference in children's health by addressing health policy!

NCE 2004: Residents Save the Date!



Make your plans now to attend the AAP National Conference and Exhibition in San Francisco **October 9-13!** Meet pediatric residents from across the country at this year's Resident Section program featuring, "Leadership and Advocacy for the 21st Century". In addition, the NCE will house great educational opportunities with a specific focus this year on childhood obesity and mental illness. Check out the website at www.aap.org/nce for more details and see the schedule below for the overview of the Resident Section program on Saturday, October 9th.

Resident Section Forum: "Leadership and Advocacy for the 21st Century"

Saturday, October 9, 2004

7:30 – 8 am: Registration

8:00 - 8:45 am: Introductions and Welcome

8:45 - 9:45 am: Keynote Address: "Leadership and Advocacy for the 21st Century"
Julianne Thomas, MD

9:45 - 10:00 am: Question & Answer Session

10:00 - 10:30 am: The Fifth Annual Resident Section Anne E. Dyson

Child Advocacy Award Presentation

10:30 - 11:00 am: Speeches and Election for National Officers

11:00 am - 12:30 pm: District Meetings and Lunches/Speeches and Elections of District & Assistant District Coordinators (each activity in separate room)

12:30 - 2:00 pm: Debate and Voting on Policy Resolutions

2:00 - 3:30 pm: Concurrent Educational Session (select one)

A Pediatricians Guide to State and Federal Child Health Advocacy

James G. Pawelski, MS

Karen M. Hendricks, JD

or

Leadership Skills for Young Pediatricians

Fernando Stein, MD, FAAP

Ken Slaw, PhD

3:30 pm: Adjourn

Let Your Voice Be Heard!

Do you want to write an article for the next District VIII Resident Newsletter? Do you have concerns about your pediatric training that you would like the Resident Section to address?

Contact your District Coordinator, Dana Hargunani, at mooreda@ohsu.edu or your Assistant District Coordinator, Celida Rangel, at cr708@hotmail.com -we want your voice to be heard!

