WELCOME FROM THE 2018-2019 NMPRA BOARD

To all Perspective readers,

Greetings from the newly elected NMPRA executive board! We thank you for your commitment to a Internal Medicine and Pediatrics combined residency - you are what makes our specialty great. This year we hope to continue to foster connections between residents, attendings, medical students, and the patients we all serve, as we all continue to learn and grow together. With that in mind, we hope you enjoy this collection of articles from your colleagues, and encourage you to submit your own work into our next Perspective! If you have any thoughts, ideas, or questions about the Perspective, as always, please feel free to reach out and share those with us!

Good luck to all interns starting the exciting residency journey, and congrats to all recent graduates moving on to the next phase of their careers! We look forward to seeing you all at the National Conference in Orlando this November!

Sincerely,
The NMPRA Executive Board
FROM THE CHAIR- SECTION ON MED-PEDS OF THE AMERICAN ACADEMY OF PEDIATRICS

Spring is beginning even though we have had snow on the East Coast, and a lot has gone on in the Med-Peds world since last summer. We had the honor of hosting over 300 people at the 50th Anniversary of Med-Peds as a specialty in Chicago at the AAP NCE, and we also got to celebrate at the American College of Physicians annual meeting as well as other meetings last year.

I had the opportunity to attend the Annual Leadership Forum of the AAP in mid-March. This is a gathering of AAP leadership from Chapters (state organizations), Sections, and Councils of the AAP to discuss issues that the AAP could be addressing over the coming year. Any member of the AAP is allowed to submit a resolution which is voted upon by those members, and those resolutions that pass are then rank ordered. The top ten resolutions are referred to experts in the Academy for a review and to potentially be acted upon by the AAP Board of Trustees and staff. This year, three of the resolutions were about preventing gun violence, others addressed suicide prevention, opioid prescriptions, and autism therapy. It was thrilling to see that many of the attendees were Med-Peds physicians representing all areas of the Academy.

On April 10, the Section on Med-Peds also joined over 350 pediatricians who were in Washington DC to visit the US Capital to speak to various legislators about gun violence. Senators Tim Kaine of Virginia and Maggie Hassan of New Hampshire joined Representative Jim McGovern (MA 2nd District-Worchester) in welcoming us to Capitol Hill, giving their experience and thoughts on gun violence before the group dispersed to meet with their elected representatives. AAP believes that there is a role for NIH to perform research on gun violence again, and one of the main requests was for Congress to provide funding to begin this research. It was again an exciting day with AAP Leadership and many Med-Peds physicians taking part.

If you have any topics that you would like the SOMP to address, please feel free to reach out.

Thank you for your support of our Section,

Mike

Michael Donnelly, MD, FACP, FAAP
Chair, Section on Med-Peds, American Academy of Pediatrics
PLEASE JOIN US! Each year the Section on Med-Peds (SOMP) offers an educational program with CME and MOC credit for Med-Peds physicians:

**SUNDAY, NOVEMBER 4, 2018 1:00-5:00 PM HYATT REGENCY ORLANDO - REGENCY BALLROOM T**

**Moderator:** Samuel Borden, MD, FAAP

1:00-2:30PM Measuring the health care transition process: Lessons from the field Q&A

**Maria E. Díaz-González de Ferris, MD, MPH, PhD**

2:30-4:00 PM The Physician Soul

**Benjamin Doolittle, MD**

4:00 – 4:16 PM Top Two Cases as oral presentations

4:20 – 5:00 PM Moderated poster session (18 posters)

5:00-6:00 PM Reception

**SOMP 2018 SECTION ELECTION RESULTS and 2019 Call for Open Positions**

The following members have been elected by SOMP members to the executive committee:

**Chairperson (second term):**
Michael Donnelly, MD, FAAP

**Executive Committee Member:**
Jennifer Gerardin, MD, FAAP (first term)

**In-Training Member:**
Kristin Wong, MD, FAAP (first term)

Amrit Misra, MD, FAAP

**NEW Open Positions for 2019!**
Two (2) executive committee positions.

Leadership responsibilities include:

1. Reviews all relevant material before meetings. Makes contributions and voices objective opinions on issues.
2. Attends all meetings and conference calls (2 face to face meetings each year = travel paid by AAP and ACP) (conference calls, 1 hour each quarterly).
3. Take the lead in section activities appropriate to expertise and to serve on a subcommittee as necessary.
4. Carries out individual assignments made by the chairperson and/or staff.
5. Represents the section in meetings of other sections, committees, or organizations as directed by the Academy.
6. Serves as spokesperson on behalf of the Academy to the media, outside organizations, and others as requested by the Academy.
7. Discloses potential conflicts of interest.

If you are a member of the AAP and the SOMP and are interested in a 3-year executive committee position, please send a bio-sketch to Tracey Coletta at tcoletta@aap.org by November 15, 2018.

*Thank you to Allen Friedland for serving as the Section’s Nominations Chairperson.*

**Section on Med-Peds Publishes Abstracts in Pediatrics from the 2017 AAP National Conference**

If you had an abstract accepted by the Section on Med-Peds from the 2017 AAP National Conference, those abstracts were just published in *Pediatrics* if you submitted the required paper work:

[http://pediatrics.aappublications.org/content/142/1_MeetingAbstract](http://pediatrics.aappublications.org/content/142/1_MeetingAbstract)

Thank you to all who submitted abstracts! See the abstracts for 2018 at the Med-Peds program at the AAP National Conference.
We look forward to anniversaries of:


Allen Friedland, MD, FACP, FAAP
Program Director, Combined Med-Peds Residency Program
Christiana Care Health System

Professor of Internal Medicine and Pediatrics,
Sidney Kimmel Medical College at Thomas Jefferson University
The Great Vaccine Debacle
Mark McSwain, MD FAAP ACP

It was Spring and the office had just begun to settle after a long winter of illness. We were then visited by a representative of the state health department to review our vaccines protocols. This is a spring ritual in NY in pediatric offices that give free state vaccines. Although our practice is predominantly insured, we still have approximately 10% of our children who receive state vaccines either from being uninsured or underinsured. The year prior to this we had received accolades for our procedures and anticipated no issues.

Upon review of the daily temperate logs, an issue was noted. The nursing staff had documented refrigerator and freezer temperatures daily in a log book as was our protocol. This duty had been assigned by nursing to a new staff member. During our review, we discovered that her temperature logs were concerning. There were multiple days in a row with the exact same temperature. This is worrisome enough by itself. To compound the issue, the temperature documented was too cold (17.2 degrees Fahrenheit in the refrigerator). In addition, there were multiple other low temperatures reported over the preceding year. Frankly, I doubt the refrigerator unit could even reach temperatures that low raising a question as to the location of the thermometer. We were told that this was not seen as an issue by the nurse involved, as the temperatures were never over the prescribed 46 degrees despite not being in the desired range of 35 – 46 degrees Fahrenheit. This is obviously wrong.

Cold storage issues are seen to be as significant, if not more so, than warm temperatures. The vaccines can freeze and if so doing, lose their potency and have reduced effectiveness. The frozen live vaccines (i.e. MMR and Varicella) were not an issue. It was the other vaccines that were a concern. Over the next year, we discussed this with representatives from the CDC and state health department. We then formulated a plan for offering revaccination to those patients who so desired after sending out letters and personal phone calls to all the affected patients. This required a complete chart of our patients with personalized revaccination schedules for each of the patients involved. Although at that time there had never been a case of preventive disease occurring in a child or adult because of a cold vaccine, the office offered these vaccines free of charge out of an abundance of caution. We also appeared on the local TV news to discuss this issue. This lack of oversight cost the practice over 100,000 dollars and several years of work to track down all the patients and ensure this was corrected.

I have learned several valuable lessons from this

1. Delegate responsibility since you can’t possibly monitor everything yourself but also verify that the protocols are being done correctly and are understood by the staff. We have done significant education on this issue with our staff.
2. Invest in quality vaccine refrigerators and monitoring equipment. We now have a brand new vaccine refrigerator with 2 digital thermometers that can be read without opening the unit. The cost of the new units is worth the investment. We have also gotten a separate freezer for live virus vaccines given issues maintaining correct temperature in a single unit. According to the CDC’s Vaccine Storage and Handling Toolkit, research has found that compound refrigerator units with freezers have difficulty maintaining the proper temperature in the freezer section particularly during the defrost cycles. These vaccines should be stored between -58 and 5 degrees Fahrenheit.
3. We received little pushback from patients who were appreciative of our efforts to correct a mistake given our forthright approach to this.
4. Consensus among the partners of the practice dramatically help to fix these system wide mistakes.
5. Twice daily temperatures logs are the standard practice at the beginning and end of each day
6. We also have placed water bottles in the refrigerators to help maintain stable temperatures despite the doors opening and closing throughout the day.
Anna’s Untold Story: Learning from the Experiences of Patient’s Who Acquired HIV at Birth

I met Anna*, an 18-year old teenager with end-stage AIDS, during my pediatrics clerkship as a third-year medical student at Yale School of Medicine. She belonged to a diminishing population of patients at Yale New Haven Hospital who acquired HIV through mother-to-child transmission.

Five years prior to my first patient encounter with Anna, in the year 2003, I worked abroad in Kenya with scores of patients with HIV who tragically progressed to end-stage AIDS and died because they had no access to combined anti-retroviral therapy (cART). They would have given anything to have life-saving medications. I was therefore utterly perplexed when I learned that Anna’s predicament was a direct result of her non-adherence to cART. At that time, many of the complex issues affecting the lives of patients who acquired HIV at birth eluded me.

Since my first encounter with Anna, I have learned that living a healthy life with HIV is not just a matter of having access to medications. Patients who acquired HIV at birth, grapple with many unique factors affecting adherence to medications and their overall quality of life.

Motivated by my patient encounters with Anna and her eventual death, I participated in a qualitative study with faculty at the Yale New Haven Hospital AIDS Care Program to better understand the lived experiences of youth with perinatally-acquired HIV (PHIV). We heard about the challenges faced by nine patients, between 19 and 30 years of age, throughout their childhood and transition into adulthood. Many of the participants in our study expressed anger at their biological mothers for being the source of their disease. It is possible that this anger had an impact on their quality of life as well as their adherence to medications. The significance of this finding will be better explored in studies involving larger sample sizes and may be dependent on socio-cultural contexts.

Anna inspired me to delve into the lived experiences of patients, to look beyond what seems obvious and refrain from judgement. She challenged me to ask deeper questions to try to understand patients with chronic health conditions, especially those who acquire these conditions as children. Although it is sad that Anna did not get to tell her tale, she drove me to elicit the stories of patients like her who were deeply thankful for the opportunity to have their voices heard.

Ruth Wang’ondu, PGY-3
Internal Medicine & Pediatrics
Yale New Haven Hospital

Reference:
Wang’ondu et al., Desire for improved disclosure, community, and bonding among young adults with perinatally acquired HIV. Cogent Social Sciences (2018), 4: 1463816. https://secure.web.cisco.com/1Vo7CVsZqCUXsGIjTIXleITh2A8lOgGszrTg1RqK8_NXoOSSiLY4_fiq2xyWYaQ6nlaNgBTre-kkOjTufj6qvy4NgCy5ewdREXyEql9Wwyjo0NcCr_evPn-pymnhFQqhmJ- s9177KTCvW6rH_XMd3JGmYRkXefOlqhie3BrgKJmj5dG988X8wXmM9EqlmnhbP5r5-LheElSpQk-2k_eGPrKPyYm- u2bo3YtnY6Dxqyvz8SlqU3qNY4_TKoAAlVqSGQ_H3v5tRSvKyjZmjbhntECqyV6pmh8xiChpQ-TAOe-4GPNhTtXsGmzqYFznrAB5br7MDle64Gd_zcIMqRNVTqywU-af3eHPGjZbZOpQ1zQopPthBkwUrRC54taz1WFhttps%3A%2F%2Fdoi.org%2F10.1080%2F23311886.2018.1463816

* Name has been changed to protect patient privacy
Exposure to Med-Peds

Tafor Bonu, MS-4
St. George’s University

During elementary school, I knew my mom was a doctor as she would have to go into the hospital to see her patients. Who these patients were, I had no idea. As time went on mom would mention about how great her patients were and how much they liked her. She would come home with gifts, notes and sometimes drawings that looked as if a child did it. This began to raise question as to who these “Patients” were that were being so affectionate towards my mom.

During middle school we would go visit her at the clinic, and it was then that I began to see these infamous patients of her's. They were much older than I; some were as old as my aunts and uncles and others were old enough to be my grandparents. At that time it was made clear to me that she worked with adults. However, this did not explain where the funny drawings she received came from.

It would take a few more years for me to figure out the source of the drawings. It happened one day during high school. Mom came home after work with a smile on her face. So I asked her why she was smiling she mentioned how great it was to be able to witness the development of children. She talked about how they start as infants and would grab everything to put into their mouths. After a few months they would develop in coordination, now allowing them to grab things with their index finger and their thumb (pincer grasp).

They would go from crawling to learning to walk. She then mentioned how one of her patients whom she had since birth was now a year old and was able to do the things she described. After hearing this story, I realized that the drawings came from the children she cared for. It was then that I understood my Mom saw both adults and children as a Med-Peds physician.

My Mom’s experiences with her patients introduced me to the wide range of patients Med-Peds allows a doctor to impact. This has left a lasting impression on me and has helped guide me in deciding what specialty I would like to practice in, as my goals is to reach as many people as possible regardless of age.

Med-Peds in the Amazon

For four weeks in February and March students, residents and faculty from Western Michigan University School of Medicine travelled to Iquitos, Peru to begin a clinical experience in the Amazon. After working for a week in Iquitos Regional Hospital the team packed up and headed 70 miles upriver with Amazon Promise, a Michigan based NGO that regularly serves a region with limited access to healthcare. Our diverse team consisted of 24 local workers including a dentist, a local physician, several shaman and medicinal plant specialists, social workers, educators, navigators, guides, translators, cooks and logistical personnel. Among the 13 American members of our team representing med-peds were three residents (Rose Archemetre, Zack Rich, and Emily Cordes), two faculty (Betsy Doherty, Tom Melgar) and a student matching into med-peds (Wib Beechy) in addition to categorical medicine, pediatric and family medicine faculty, residents and students.

Our team saw an estimated 1,300 patients. Many of these were related to dehydration and eye problems in a population that works hard all day in the heat and sunlight. Intestinal parasites were treated in more than 700 patients. Interesting cases included tropical diseases and hazards such as pulmonary tuberculosis, tuberculous meningitis, tropical pyomyositis, piranha bites, stingray stings and complications from neglected disease. Team members learned valuable lessons about preventive medicine, urgent care, social, family and cultural issues and the challenge of escalating care in remote regions and resource poor environments. Shamanism is widely practiced in this region and patients also depend on medicinal plants. Participants had the opportunity to observe and learn about both of these practices. (Cont on page 7)
Our team transported 500 pounds of medicine and supplies including 700 reading glasses and a portable ultrasound. Team members had 40-60 hours of training on point of care ultrasound which proved to be an extremely valuable asset. It was the only imaging modality available in the remote regions and over 80 ultrasound exams were performed by our team.

Med-peds physicians were ideally suited for this work as entire families would come in with one or both parents and one to seven children. Zack Rich, second year med-peds residents said “Although certainly not as exciting as the interesting and challenging cases, the greatest impact we have medically is probably deworming hundreds of children so they can grow and develop to their full potential.” Amazon promise has several projects bringing water filtration systems and composting toilets to villages. Claire Liepmann, a 3rd year med-peds resident who participated with the team in 2017 is studying the villages with these systems already in place to evaluate improvements in growth, development and other outcomes.

The application process is for the 2019 trip is open until June 30th 2018. While priority is given to WMU School of Medicine students and residents there is usually some room for participants from other other institutions. Interested students, residents and faculty can find more information here.

Highlights from the Advocacy Corner

Med-Peds residents are working on fabulous advocacy projects across the country.

At the National NMPRA conference in September 2017, many of us had the exciting opportunity to participate in a thought exercise envisioning changes to our future world, and to share with each other the projects and efforts ongoing at our various institutions. This Perspective features one project ongoing at Yale Med-Peds:

Emily Pinto-Taylor (PGY-3) & Hannah Rosenblum (PGY-3), with outstanding mentorship from ED physician Christine Ngaruiya, MD have crafted a five session curriculum entitled “Launching into the Op-Ed Space”. Residents participate in evening sessions led by expert physician-writers, workshop pieces, and practice the ins and outs of publishing op-eds in a variety of media sources. Rebecca Vitale (also PGY-3) participated in this pilot curriculum and recently published a beautiful must-read piece in the Hartford Courant: “When A Mom Can’t Afford a Baby Thermometer”.

Stay tuned for more information about making this curriculum reproducible at your institution.

Other updates:

NMPRA and MPPDA are joining together to build advocacy curricula for Med Peds residents and faculty!!!!

The MPPDA surveys the 77 Med-Peds program directors each year. This year, of the 62 respondents, 44% said that they want to learn about curricula related to advocacy for Med-Peds residents. Advocacy was the top curricular need on the survey! If you or your program has an advocacy curriculum or activities, please share the details with NMPRA and MPPDA! We would love to feature your work at next year’s MPPDA or NMPRA meeting. Submit here: https://goo.gl/wLo7Nx

We can’t wait to hear from you!
Thanks so much!

Hannah Rosenblum
Jaideep Talwalkar
NMPRA’s 2018 Annual Community Service Week

Thank you to all the programs who got out and got dirty this year!

University of Louisville
A few residents joined their neighbors from a local free clinic to do some tree planting – even the snow did not stop them! While there, a PGY-1 named Caleb Huber brainstormed with the group and the program will now be adopting a community garden as a group! They also are planning to partner with the pediatric residency and will be working on a happy hour next month with their internal medicine colleagues to further raise money for local causes.

Western Michigan
On February 23, 2018, Kalamazoo, MI suffered major flooding. An aftermath of the flooding was trash along the Kalamazoo River Trail. On April 22, as part of Earth Day and NMPRA “Get Out and Get Dirty”, almost 20 MedPeds residents and faculty, medical students from WMED MedPeds student interest group, family and even pets joined together to clean up the Kalamazoo River Trail along Vertage Park. Several bags of trash and clearing of branches along the trail will make all who bike, run, walk and kayak along this route enjoy it little bit more.

University of Michigan
This Med-Peds program helped to clean up a local park and plans to make NMPRA’s community service week a part of their annual activities!
University of Missouri Kansas City
Seven Med-Peds residents did a little cleaning up on their hospital grounds. To make it interesting, they had a little competition with the point system involving how many garbage vs. recyclable items could be picked up, how many cigarette butts they could pick up (so many they lost track!), and even points for pulling some weeds!

Penn State
Penn State Med/Peds had two projects: the first was to plant trees for Habitat for Humanity in Steelton, PA, and another project is coming up in May! Pictured are Jaime Moellman, David Shore, and Richard Bronnenkant.

East Carolina University
Residents from the Med-Peds program joined their Pediatric colleagues in throwing a Garden Party to raise money in support of a local elementary school’s community garden. The party included a pig roast, fire pit, plenty of libations and games, and lots of fellowship in support of the community. Around $700 was raised in one night! Over the coming weeks, the Med-Peds and Pediatric programs plan to use the money raised to start planting the garden and help educate local children on the importance of healthy eating!
Western Michigan University
On February 23, 2018, Kalamazoo, MI suffered major flooding. An aftermath of the flooding was trash along the Kalamazoo River Trail. On April 22, as part of Earth Day and NMPRA “Get down and Get Dirty”, almost 20 MedPeds residents and faculty, medical students from WMED MedPeds student interest group, family and even pets joined together to clean up the Kalamazoo River Trail along Vertage Park. Several bags of trash and clearing of branches along the trail will make all who bike, run, walk and kayak along this route enjoy it little bit more. Thanks to Rheaanne and the Kalamazoo valley park service for the gloves, bags, and tools! What a great day to join together as a MedPeds family as part of NMPRA and Earth Day!

Baystate

Stony Brook
We got to visit a local nonprofit organization named Angela’s House, where children with chronic diseases with higher level of care live. We had a good group of residents and the Stony Brook med-peds interest group come and volunteer to make tropical rainsticks and a handprint family tree! We also had Stony Brook's student acapella group Lymph Notes perform too!
“Who Says I Am Sorry?”
Michael A. Mandarano, DO, MS

I was walking in the store the other day and I ran into a recently deceased elderly patient’s relative. As he walked by, I thought to myself, I better stop to say I am sorry. So I shouted to him—“Hey how are you?” He paused and I continued to walk over and proceeded to offer my condolences. I stated “I am sorry about the death of your loved one. I know how much you cared for and loved him.” As I was saying it my heart was heavy and I thought of the four other patients who I thought of so fondly and their recent deaths. We continued some small talk and we went our separate ways. As I was driving to the YMCA to get a quick workout in, I thought to myself—who says I am sorry to me or other physicians after patients of ours die? I thought of the four other deaths I faced this past month- a total of 5 in one month.

I completed my Med-Peds residency seven years ago at the University at Buffalo. I really enjoyed my residency and feel it has prepared me well for the vast problems of primary care. However, I don’t think my residency nor any residency can prepare you for the loss of patients that you have cared for and come to know so well. While the patient mentioned above was in his 90s and the others were in their 6th, 7th and 8th decades it still hit me hard. Maybe it was the fact that they all died in December and it is cold and gets dark early in the Northeast. Or maybe it was just the sheer fact that five patient’s whom I thought fondly of died in 1 month. Perhaps, I am not tough enough.

The point I am trying to make is that medical school or our residencies can’t prepare us for the loss of patients we have cared for for many years. In fact, the current curriculum teaches that grief is considered weak or unprofessional and we should distance ourselves. But how can medical school or residency prepare us? In my case, my residency was four years and I knew most of these patients for five or more years. So what can we do? Do we disengage and keep from getting to know our patients to avoid the hurt? If we are employed physicians is the responsibility on our employers to have programs in place for our well-being? Or is the responsibility on us? Do we rely on ourselves to navigate through the grief?

A number of authorities and studies indicate grief reactions among physicians is unknown but that such experiences are fairly commonplace among physicians practicing in the clinical arena. A number of authors have stated the importance of resolving grief responses in an effort to stave off burnout.

Navigating through the grief is tough if we keep it bottled up. After my mother’s passing during my third year of residency, I had to learn to grieve. It was a very difficult time for me. Luckily I had a supportive program and one pediatric cardiology attending whose mother passed during his residency be a guiding light. After these five patients passed, I began to feel some of the similar feelings of sadness and loss. Moreover, I was able to recognize I needed to begin the grief process and find healthy ways to cope. This is what I learned from those experiences. It takes time to learn to cope with the loss, in my case-never seeing my patients walk through the doors again and share some laughter. We can’t get over death but we learn to cope. Next, each person processes death their own way and on their own time. Finally, don’t blame yourself or tell yourself you failed. Try to remember the many times you got them through illnesses. During grief we need to rest, relax, trust, hope in the future and humor to ward off burnout. I also think that talking with senior physicians who have been through similar losses can be very helpful. Additionally, I spoke with some friends, my staff, my family and I exercised. I also relied on my faith.

So I ask, who says I am sorry? Maybe no one needs to say it but they just need to be nearby.

References:
Grants and Awards

Deadline for 2 remaining awards/grants (Research Grant and Howard Schubiner Award) is **Friday, July 27th, 2018 at 11:59PM EST**.

**Q: What is the Howard Schubiner Award?**
A: This award recognizes significant contributions by a Med-Peds physician to NMPRA and/or Med-Peds at the local or regional level.

**Q: Who can/should I nominate?!**
A: Anyone who fits the above description! Literally any Med-Peds physician who you think has done awesome work and has in some way advanced the field of Med-Peds on a local or regional level in any way! Examples: participated in mentoring medical students into the field, helping organize/host local or regional meetings, etc.!

**Q: Who is not eligible for nomination?**
A: Anyone that isn’t a Med-Peds physician….

**Q: When are nominations due?**
A: Nominations are due by **Friday, July 27th, 2018 at 11:59PM EST**. You can visit our [website](http://www.medpeds.org) for submission details. Completed applications should be emailed to [mailto:president-elect@medpeds.org](mailto:president-elect@medpeds.org).
Thanks for reading! Feel free to email with any ideas, questions, or suggestions to communications@medpeds.org!

Here are some more Med-Peds photos to enjoy!

Pittsburgh’s growing Med-Peds family!

More fun at the 50th anniversary gala!

Cincinnati’s Med-Peds family at the annual picnic/graduation ceremony!

If you aren’t already, follow us on social media on the following platforms:

- Instagram (@nmpra)
- Twitter (@nmpra)
- Facebook

“@” us on Twitter or tag us on Instagram to share your Med-Peds photos!