Crazy times for adults and children! Immigration, gun violence, opioids, human trafficking, marijuana, e-cigarettes, behavioral health, social media, political discontent—so many opportunities for us to effect change and positively impact the health of children. As osteopathic pediatricians, we are particularly well-suited to keep the focus on overall child wellbeing. This is the time for us to stay attentive, advocate for children, and educate our families. Like all sections of the AAP, the Section on Osteopathic Pediatricians (SOOPe) has been busy with a number of initiatives. Here are just a few highlights.

• **ACGME Single Accreditation.** Intended to streamline residency and fellowship training, the program is moving forward as intended. However, there have been a few unintended consequences. Responding to concerns raised by members of our section, we have brought these unfortunate consequences to the attention of leadership of the American Board of Pediatrics (ABP), American Osteopathic Board of Pediatricians (AOBP), ACGME, American Osteopathic Association (AOA), and Pediatric Residency Review Committee (RRC). We have outlined the challenges and shared details with leaders of these organizations. While the AAP does not have jurisdiction over residency training or board certification, we were able to help clarify the challenges and elucidate the pitfalls. The issues are complex and better outlined in the article found later in this newsletter, as well as our section's website, [https://www.aap.org/en-us/about-the-aap/Sections/Section-on-Osteopathic-Pediatricians/Pages/SOOPe.aspx](https://www.aap.org/en-us/about-the-aap/Sections/Section-on-Osteopathic-Pediatricians/Pages/SOOPe.aspx).

• **Continuing Medical Education (CME).** Responding to requests from our members, providing educational opportunities to earn AOA and AMA Category 1A CME Credits (so called “dual credit”) remains our most important priority for the section. We have been able to provide both types of CME credit at our AAP NCE Section Program and joint CME program with the American College of Osteopathic Pediatricians (ACOP). We are developing a 3.5-day CME program, focusing on the whole child, in Tuscon, Arizona (Feb 20-24, 2019); attendees for this program will receive both types of CME credit, and learn great stuff along the way😊 Stay tuned for more details.

• **ACOP/SOOPe Joint Meeting.** The spring 2018 joint meeting was a great success. Thanks to the planning committee members, presenters and attendees for making it such a memorable educational experience.

• **2018 AAP NCE Program (November 2-6, 2018).** [http://aapexperience.org/](http://aapexperience.org/). Another great educational opportunity and section program is in store for the fall. Thanks to Robert Lee, educational program chair, for overseeing the program and putting together a great set of speakers. See page 3 for more details.

• **AAP Leadership Forum (ALF).** Robert Lee (Section Chair-elect) and I enjoyed representing SOOPe at this year's Annual Leadership Forum (ALF) in Chicago. As a section, we have opportunity to contribute and influence a number of important decisions and initiatives of the AAP.

Comments from the Chair
Section on Osteopathic Pediatricians

*Erik Langenau, DO, MS, FAAP, FACOP, Chairperson*
• Executive Committee New Members. Grace Brouillette, DO, FAAP and Kimberly Wolf, DO. Grace is returning for her second term, and Kim joins as a new member with interest and experience in pediatric OMT (among other talents®). Welcome aboard.

• Divide and Conquer. With so many opportunities to participate, we continue to advance our subcommittees. Each is making strides and addressing various issues, and special thanks to the chairs of these important subcommittees: Website (Cindy Mears, DO, Chair), Newsletter (Lisa Warren, DO, Chair), Education and Maintenance of Certification (Robert Lee, DO, MS, Chair), Research (Taylor Sawyer, DO, Chair), DO students and residents (Stephen DeMeo, DO, Chair), Social Media (Moina Synder, DO, Chair), OMT (Gregg Lund, DO, Chair) and AAP Chapter Liaison (LeeAnn Conard, DO, Chair). Thanks to the chairs and members of the each of the subcommittees for participating: We are always looking for eager members to join any of these subcommittees. Please contact Jackie Burke (jburke@aap.org if you're interested in joining in the fun).

The upcoming year promises to be an equally exciting and productive one, and we look forward to a number of exciting initiatives. This is a year of change! Dr. Lee will be assuming the position as Section Chair in the fall and leading the section into new directions, furthering our impact on the well-being of children.

Thank you to all of the executive committee members, sub-committee chairs, and section members who are working hard to address a number of important issues important to osteopathic pediatricians. Thanks also to the AAP staff, especially Jackie Burke and Tracey Coletta, who continue to provide our section with support and direction. Also, thank you again to Lisa Marie Warren, DO, our section Newsletter Editor, for organizing content and reaching out to authors who contribute to this newsletter.

Please reach out to me at erikla@pcom.edu with any ideas for our section. Enjoy the summer and improving the well-being of the families we serve.
2018 National Conference Programs for SOOPe

You probably know that registration and housing is open for AAP National Conference November 2-6 in Orlando. Your Section (SOOPe) has an all-day program going on during this meeting that offers both AMA and AOA credits. Please keep these in mind as you’re making travel arrangements:

Saturday, November 3, 2018
9 AM – 6 PM

09:00-09:10
Welcome and Introduction -
Erik Langenau, DO, MS, FAAP (Section Chair) and Robert Lee, DO, MS, FAAP (Educational Chair)

09:10-10:10
“Osteopathic Approach to Headaches” - Heather Ferrill, DO

10:10-11:10
“Osteopathic Manipulative Treatments for Headaches Workshop” - Heather Ferrill, DO

11:10-12:10
“Play - An Essential Ingredient to Healthy Child Development” - Ronald Marino, DO, MPH, FAAP

12:10-13:00
Section Business Meeting and Break for Lunch

13:00-14:00
“PrEP and PEP for the Pediatrician” - David Rosenthal, DO, PhD

14:00-15:00
“Osteopathic Approach to Common Problems during Infancy” - Heather Ferrill, DO

15:00-16:00
“Osteopathic Manipulative Treatments for Common Problems during Infancy Workshop” - Heather Ferrill, DO

16:00-17:00
“Osteopathic Considerations for the Pediatric GI Patient” - Kim Wolf, DO

17:00-18:00
“Osteopathic Manipulative Treatments for the Pediatric GI Patient” - Kim Wolf, DO

See the full schedule at https://www.eventscribe.com/2018/AAPExperience/agenda.asp?pf=agenda&sddo=0%20
See all details for the AAP’s national conference at http://aapexperience.org/

Thank you to Robert Lee, DO, FAAP for planning this program!

Thank you to the Georgia Campus of the Philadelphia College of Osteopathic Medicine for sponsoring the AOA credits.
ACGME Single-Accreditation System (SAS) and Board Eligibility

Erik Langenau, DO, MS, FAAP, FACOP

The ACGME Single-Accreditation System was adopted to standardize graduate medical education and allow all physicians (DO and MD) to participate in ACGME-accredited fellowship programs. The transition has been moving forward and will be complete by July 2020.

Impact on Training, General Pediatrics. The various Residency Review Committees (RRC) of the ACGME, including the Pediatric RRC, have adopted their own specific regulations and procedures for training. Eventually, all graduate programs will be accredited by the ACGME, providing consistency across all training programs. Many osteopathic programs are applying for ACGME-accreditation and have received some sort of ACGME-accreditation: pre-accreditation, initial accreditation, and continued accreditation.

Impact on Training, Pediatric Subspecialties. Graduates of an ACGME-accredited residency program (whether they completed all or a portion of their training at that program) are eligible for ACGME-accredited fellowship programs.

Impact on Board Eligibility, General Pediatrics.


- American Board of Pediatrics (ABP). [https://www.abp.org/content/policies#Osteopathic](https://www.abp.org/content/policies#Osteopathic). In short, if you completed all three years in an ACGME-accredited residency in general pediatrics, you are eligible for the ABP certifying examination in general pediatrics. If you completed a program solely accredited by the AOA (and not the ACGME) or completed only a portion of your training in an ACGME-accredited program, you are ineligible for the general pediatrics certification examination.

Impact on Board Eligibility, Pediatric Subspecialties.

- **AOBP.** The AOBP has sub-specialty certification examinations for a limited number of specialties (neonatology, for instance). Further information is available by contacting the AOBP directly.

- **ABP.** In short, if you completed all three years in an ACGME-accredited residency in general pediatrics and completed the ABP general pediatrics certification examination, you are eligible for the ABP sub-specialty certification examination.

Special circumstance. Be Aware. With this transition, there is an important pitfall to note. DO graduates from an ACGME-accredited residency may begin and complete an ACGME-accredited fellowship; however, if they did not complete all three years in an ACGME-accredited residency, they are ineligible for the ABP general pediatric or subspecialty examinations. This is complicated and important to understand. All residents, program directors and fellowship directors must be aware of this special circumstance and implications.

To further illustrate this problematic situation, consider the following scenario.

- DO starts in an AOA-accredited residency.

- DO completes training in ACGME-accredited residency (he/she either transferred to an ACGME program or the program became ACGME-accredited).

- DO resident graduates from ACGME-accredited training program.

- DO resident is ineligible for ABP exam (did not complete 3 full years of ACGME training).

- DO resident is eligible for AOBP exam.

- DO resident becomes certified by AOBP, but not ABP.

- DO resident begins ACGME-accredited fellowship (because he/she graduated from an ACGME-accredited residency, he/she is eligible to participate in an ACGME-accredited fellowship).

- DO fellow finishes ACGME-accredited fellowship program.

Continued on Page 5
• DO fellow is ineligible for ABP subspecialty exam (never took the ABP general pediatrics certification exam and ineligible).

• DO fellow is ineligible for AOBP subspecialty exam (AOBP only has fellowship exams for small number of specialties and may not have a subspecialty certification examination for particular fellowships, such as development and behavior, cardiology, etc.).

• DO fellow is not board eligible for his/her subspecialty.

Having well-trained fellows who are not board eligible in the sub-specialties in which they trained is an unfortunate outcome during this transition period. It is important for residency program directors, fellowship directors, students and residents to be aware of this special circumstance with significant career implications.

Overall, the transition to a single accreditation system for ACGME is going well. Eventually, residency training will become streamlined and consistent across programs. In the meantime, all need to be aware of the short-term consequences and pitfalls, such as the impacts on board certification. Future discussions will undoubtedly shift to Maintenance of Certification (MOC), Osteopathic Continuous Certification (OCC), and osteopathic identity. Single accreditation is a start to provide consistency for training, but downstream effects have not yet been fully elucidated.

Further Information can be found at:
• ABP. https://www.abp.org/
• ACGME. http://www.acgme.org/What-We-Do/Accreditation/Single-GME-Accreditation-System
• AOA. http://www.osteopathic.org/inside-aoa/single-gme-accreditation-system
• AOBP. http://www.aobp.org/
• SOOPe. www.aap.org/DO

Chat with us, stay in touch!

SOOPe List serv
do@listserv.aap.org

Web page
http://www.aap.org/do
AAP Section on Osteopathic Pediatricians &
the AAP Mentorship Program

Overview
Mentorship is an important tool for professional development and has been linked to greater productivity, career advancement, and professional satisfaction. There is an opportunity among DO pediatricians to mentor each other on training choices, focused career development, professional development and guidance. The AAP recognizes that mentorship is critical in helping to nurture and grow future leaders and that a mentorship program is key to career development. The AAP Mentorship Program seeks to establish mentoring relationships between trainees/early career physicians and practicing AAP member physicians. Connect with others and strengthen the field of pediatric osteopathic medicine.

What are the goals?
The AAP Section on Osteopathic Pediatricians (SOOPe) and AAP Mentorship Program aim to promote career and leadership development. Physician mentors and mentees both benefit. Physician mentors will have opportunities to further develop leadership skills and learn about emerging trends from the next generation of their peers. Physician mentees will gain a trusted advisor and learn methods to enhance career training and advancement.

How does it work?
Participants will complete an online mentor/mentee profile form. The profile form collects information on education, training, subspecialty interests, practice/professional/clinical interests, and the amount of time the participant is willing to commit; these factors all facilitate the matching process. Mentor/mentee pairs will have the ability to meet traditionally in person (if they choose a local match) or use one of several online tools to meet virtually.

What is the time commitment?
The program offers opportunities for long-term (one full academic year) or short-term “flash” mentoring. Mentors/mentees will be asked to set regular phone meetings to discuss mentee goals, objectives, and progress. Mentors/mentees should also answer all communications in a timely manner.
How can I **find another DO?**
You can search for other users in the Mentorship program as a mentor or mentee easily. Simply filter by the ‘designation’ field and look for those with the ‘DO’ credential.

Who can **participate?**
All national AAP members in good standing are invited to participate. Visit [http://bit.ly/2wluh3N](http://bit.ly/2wluh3N) for information about how to become an SOOPe member or renew your membership.

How do I **get involved?**
Visit [http://bit.ly/22rzQVx](http://bit.ly/22rzQVx) to access the AAP Mentorship Program. You’ll be asked to sign in with your AAP login and password. You can sign up to be a mentor, mentee or both, as well as long-term or flash mentoring.

How do I **get more information?**
* Send an email to mentorship@aap.org.
* Visit [http://bit.ly/2eH0cRj](http://bit.ly/2eH0cRj);
* Contact Tina Morton at tmorton@aap.org with any questions about the AAP Mentorship Program.

Visit the **SOOPe**
aap.org/do
AAP Section on Osteopathic Pediatricians
Creates DO Liaisons at the Chapter Level

The goals of the Section are:

1. To develop educational programming, to foster good working relations between state osteopathic associations and their allopathic counterparts and to unite all pediatricians in order to become even stronger advocates for children.

2. Educating medical students, osteopathic pediatric residents, young physicians and all pediatricians on the resources the AAP has to offer (i.e., education, publications, policy statements, advocacy efforts, etc.).

3. Education both DO and MD on osteopathic principles.

To foster good working relations between state osteopathic associations and their allopathic counterparts, the Section created **DO CHAPTER LIAISONS**. DO Chapter Liaisons:

1. **Communicate with the local AAP chapter and share information between the Section and the local chapter.**

2. **Make the chapter aware of the state's osteopathic medical society, and encourage them to obtain AOA CME credit for local chapter CME offerings. If your chapter offers both types of credit, please let the AAP DO Section know this at jburke@aap.org**

3. **Occasionally write an article for the Section's and/or Chapter's newsletter or web page.**

The following individuals are currently serving as DO liaisons to AAP Chapters:

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<thead>
<tr>
<th>Chapter</th>
<th>DO Liaison</th>
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<tbody>
<tr>
<td>Maine</td>
<td>Lisa Ryan, DO and Vanessa DeSousa, DO</td>
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<tr>
<td>Iowa</td>
<td>Greg Garvin, DO</td>
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<tr>
<td>Delaware</td>
<td>Julia Pillsbury, DO</td>
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<td>Indiana</td>
<td>Heather Richardson, DO</td>
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<td>Illinois</td>
<td>Gene Denning DO</td>
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<td>California Chapter 4</td>
<td>Michael Weiss, DO</td>
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<td>New Mexico</td>
<td>Grace Park, DO</td>
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<td>Ohio</td>
<td>Antoinette Burns, DO</td>
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<tr>
<td>Pennsylvania</td>
<td>Edward Everett, DO</td>
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*Continued on Page 9*
New York 2 | Robert Lee, DO
---|---
Florida | Edward E. Packer, DO
Wisconsin | Mehul Sheth, DO
Oregon | Lee Herkowitz, DO
Oklahoma | Michael Stratton, DO, FAAP
Michigan | Gerald Breitzer, DO, FAAP
Uniformed Services East | Antoinette Burns, DO, FAAP
West Virginia | Jennifer Bailey, DO, FAAP
Texas | Shimona Bahtia Thakrar, DO, MPH, FAAP
Connecticut | Anna Weingarten, DO
Uniformed Services West | Anthony J. Recupero, DO, FAAP
Hawaii | Anthony J. Recupero, DO, FAAP
Tennessee | Timothy J. York, DO, FACOP, FAAP
Virginia | James Burhop, DO, MS, FAAP, FACOP

Updated 1/29/18

If you are interested in being a DO liaison to your AAP chapter, please contact Lee Ann Conard, DO, FAAP at LeeAnn.Conard@cchmc.org.
Section on Osteopathic Pediatricians Announces Section Election Results

The following members have been elected to the SOOPe executive committee:

Executive Committee Member:
Grace Brouillette, DO, FAAP Lee Ann Conard, RPh, DO, MPH, FAAP
(second, three-year term)

Kimberly Wolf, DO, FAAP
(first, three-year term)

Thank you to each person who voted in the election. The new terms will commence November 1, 2018. If you have any questions about the election or future leadership openings, please e-mail our staff at jburke@aap.org.

Thank you to Lisa Ryan, DO, FAAP for serving on the Section's nominations committee.

Open SOOPe Leadership Positions

The AAP Section on Osteopathic Pediatricians (SOOPe) has two openings for executive committee member positions beginning November 1, 2019. Executive Committee positions help to steer the current and future activities of the SOOPe.

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 (1-2 face to face meetings each year = travel paid by AAP) (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 SOOPe and are interested in a 3-year executive committee position, please send a biosketch to Tracey Coletta at tcoletta@aap.org by November 15, 2018.

Have an Issue?

Join the Section on Osteopathic Pediatricians Listserv by contacting tcoletta@aap.org
The third joint CME conference of the American College of Osteopathic Pediatricians (ACOP) and the AAP Section on Osteopathic Pediatricians (SOOPe) was held in Fort Myers, FL from April 12-15, 2018. This latest joint venture featured world-class faculty and offered up to 24.5 hours of “Dual Credit CME” (AMA PRA Category 1 Credit and AOA Category 1-A Credit) for all conference attendees.

Over 250 attendees (including 80 students) gathered at the beautiful and sunny Sanibel Harbour Marriott Resort & Spa, the program started on Thursday with welcome and announcements by Edward Packer, DO (ACOP President), Erik Langenau, DO, MS (Section Chair), Jamee Goldstein, DO (Program Co-Chair) and Robert Lee, DO, MS (Program Co-Chair).

With three and a half days of general sessions, concurrent breakout sessions, OMT workshops, moderated poster sessions, wellness activities, student sessions, and committee meetings, there was never a shortage of education activities to explore.

With 22 speakers, highlights from the conference included the James M. Watson Memorial Lecture, given by William S. Mayo, DO (AOA President-Elect). Dr. Mayo spoke about the importance of osteopathic recognition for residency programs in the Single GME Accreditation System.

Joseph F. Hagan, Jr., MD (Professor of Pediatrics at University of Vermont College of Medicine and Bright Futures Co-Editor) brought the audience through a whirlwind tour of the many updates to the 4th edition of Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents.

Ava C. Stanczak, DO and Kimberly Wolf, DO (Assistant Professor at TUCOM California and Director of Pediatric OMM) were faculty for the OMT workshop. Dr. Stanczak reviewed the pediatric osteopathic examination and discussed the evaluation and treatment of gait disturbances. Dr. Wolf taught (via video conference from California) myofascial techniques useful in common problems and reviewed the osteopathic approach to teen athletes.
Ronald V. Marino, DO, MPH (Professor of Pediatrics at Stony Brook University School of Medicine and Associate Chairman of Pediatrics at NYU Winthrop Hospital) taught yoga at sunrise and discussed the approach to evaluating the child with school difficulties.

The ACOP had the business meeting on Saturday and Nancy Monaghan Beery, DO, was the recipient of the 2018 Harold H. Finkel, DO and Arnold Melnick, DO Community Pediatrician of the Year Award.

Overall, this was another successful co-sponsored educational program that we can provide “Dual Credit CME” for our Section members. We look forward to working with the American College of Osteopathic Pediatricians and co-sponsoring educational programs every 2-3 years.

For more course and faculty information, visit https://www2.acopeds.org/meetings/2018spring/guide/

Save the date!

The 2018 National Conference & Exhibition (www.aapexperience.org) will be back in Orlando on November 2-6, 2018. The SOOPe Education Program (November 3) is scheduled for not one, not two, but three osteopathic manipulation topics and hands-on workshop. We will provide 8-hours of “Duel Credit CME” (AMA PRA Category 1 Credit and AOA Category 1-A Credit). (Reminder to see Page 3 of this newsletter for more information).
Save the Date!

Plan to attend

*Caring for the Whole Child: Supporting Children and Families in Today's Context*

February 21-24, 2019

Tucson, AZ at the amazing Marriott Tucson Starr Pass Resort and Spa!

About the Course: This FIRST EVER AAP CME course will offer both AMA and AOA CME credits and is sponsored by the AAP Section on Osteopathic Pediatricians. MD's, Family Physicians and nurses are also welcome. The course will cover a variety of topics: ENT, sexual abuse treatment, poverty and toxic stress, acupressure, OMT, child advocacy skills and much more.

About the Location: Enjoy the Arnold Palmer-designed desert golf courses, pamper yourself at our day spa or indulge in delicious cuisine at our buzzworthy hotel restaurants. Guests can hike and bike the trails that start at the resort or explore Pima Air & Space Museum, the University of Arizona and Old Tucson Studios. Take the plunge in our multi-level pool; the lazy river and waterslide await you. Inside, you can relax in luxury in our 575 well-appointed rooms and enjoy views of the red-tinged Arizona desert and mountains.

More information will be released soon.

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**We'd like to Promote Category 1A CME Opportunities!**

The leadership team of the AAP Section on Osteopathic Pediatricians often hear that section members are looking for category 1-A CME opportunities.

If you are hosting or know of a course that offers these credits for DO pediatricians, please e-mail our staff at the AAP:

Send your “ads” to our staff at jjburke@aap.org.

Thank you.

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**New Coding Resources from the AAP on Osteopathic Manipulative Treatment**

Osteopathic manipulative treatment (OMT) is a form of manual treatment applied by a physician or other qualified health care professional to eliminate or alleviate somatic dysfunction and related disorders. This treatment may be accomplished by a variety of over 20 different manual treatment techniques. The American Academy of Pediatrics has a new coding resource for OMT. You must be a member of the AAP to access these resources.

[https://www.aap.org/en-us/professional-resources/practice-support/Coding-at-the-AAP/Pages/Private/Osteopathic-Manipulation-Therapy-Coding-Fact-Sheet.aspx?nfstatus=200&nftoken=9181e999-9d84-4b6e-bdb3-10facctb8c0f2&nftstatusdescription=Set+the+cookie+token](https://www.aap.org/en-us/professional-resources/practice-support/Coding-at-the-AAP/Pages/Private/Osteopathic-Manipulation-Therapy-Coding-Fact-Sheet.aspx?nfstatus=200&nftoken=9181e999-9d84-4b6e-bdb3-10facctb8c0f2&nftstatusdescription=Set+the+cookie+token)
Healthychildren.org Includes a Definition of Osteopathic Pediatricians for Parents

Healthychildren.org, is a parent web page developed by the AAP. Healthychildren includes up-to-date pediatric health information especially designed for families.

Click the link below to see a definition of an osteopathic pediatrician:

STUDY TITLE: The Role for Osteopathic Manipulation in an Allopathic Academic Institution

AUTHORS AND INSTITUTION: Tamara Guseman¹, D.O., Jessica Castonguay², D.O., Miraides Brown³, M.S.
¹ PGY-2, Akron Children's Hospital, Akron, OH, USA, ² Division of Adolescent Medicine, Akron Children's Hospital, Akron, OH, USA, ³ Biostatistician with Research Institute, Akron Children's Hospital, Akron, OH, USA

BACKGROUND: There remains little data on use of osteopathic manipulative medicine (OMM) in pediatrics, limited by small sample sizes and few studies. Akron Children's Hospital (ACH) trains both DO and MD resident physicians in general pediatrics. Medical education on a national level is approaching a merger between the two accreditation bodies, yet it is unclear how this merger will affect the continued mastery of OMM amongst the DO physicians. At ACH, a traditionally allopathic training program, there is little use of OMM in practice or research.

OBJECTIVE: The primary goal of this study is to investigate provider receptivity and knowledge about OMM given growing osteopathic representation and combined accreditation.

METHODS: A survey of subject demographics and OMM receptivity questions was emailed to all allopathic physicians, doctors of osteopathic medicine, advanced practice providers, and pharmacists. The total number of surveys sent was 812 and 168 surveys were returned anonymously within a 2.5 month period following one reminder email. RedCap was used to collect the survey data. Statistical analysis was performed by using SAS 9.4. Relationships between OMM receptivity and knowledge with medical degree, gender, subspecialty, and/or history of participation in OMM were investigated by using Chi-square test and Spearman correlation.

RESULTS: Participant response rate was 20.6%. It was found that 84% of female and 64% of male respondents were willing to learn more about OMM (p = 0.0082). By degree, 72% of MD physicians and 90% of CNPs stated they would be willing to learn about OMM. Approximately 74% of primary care providers and 84% of subspecialty providers endorsed willingness to learn more about OMM, whereas 60% of surgical providers were unwilling to learn more (p = 0.0063). Twenty-one percent of respondents had been taught OMM, yet 61% responded that they would be willing to learn more about OMM. About 40% of the survey population had experienced OMM in their lifetime and nearly 70% felt that it was a positive experience. Nearly half of the respondents would recommend OMM to pediatric patients, while nearly 20% stated they would not recommend due to not knowing enough about OMM. Respondents state they would most likely recommend OMM for musculoskeletal complaints (55%), followed by headache (40.5%), and abdominal pain/constipation (23%). Of the different OMM techniques listed, participants were most aware of myofascial release, muscle energy technique, high velocity low amplitude, while a substantial number reported not being aware of any techniques. Most (63%) were unsure which techniques to recommend, although many felt myofascial release (24%), muscle energy technique (21%), and strain-counterstrain (18%) were appropriate.

CONCLUSIONS: The data suggests that although a majority of providers at Akron Children's Hospital have not been taught OMM, many are willing to learn more about the complimentary form of medicine and its use in pediatrics. This is particularly true of the MD and CNP populations. Those in primary care and subspecialty are most willing to learn more whereas surgical specialists are less so. Providers report musculoskeletal pain, headaches, and abdominal complaints are reasons for OMM use in pediatrics. Despite inexperience with use of OMM, most respondents are in agreement that indirect OMM techniques, myofascial release, muscle energy, and strain counterstrain, would be most appropriate to recommend to pediatric patients.
The Little Things – Reflection

Sahar Rahim, OMS-3
Georgia-Philadelphia College of Osteopathic Medicine

Third year of medical school is met with a newfound sense of freedom. Freedom to rediscover yourself and rekindle your love for all things forgotten. It's about the thrill of seeing your textbook knowledge come to life or connecting deeply with a stranger. It's about the humbling moments in medicine that force you to hide tears in the exam room. Allergies, you say. You can tackle anyone's drug list now, immediately scanning suffixes to clue you into the drug class. This year, when your extended family asks you what is wrong with them, your differential is more plausible. Once or twice, you may have even been right. Another stroke to your ego. You have mastered the art of small talk and office charm. You have learned to lay low on rotations until you have figured out who's who in the office. And your preceptors? They are not so bad. They are human beings, just like you, who simply value a combination of hard work and good character. The latter more important, by the way.

You have been wrong so many times that it does not phase you anymore. Your classmates, once your competition and greatest source of anxiety, are now your biggest allies. The most distant colleague on campus becomes your best friend in the hospital. Everyone else? Just one text away from the help you need, when you need it. Shelf exams become reunion parties, opportunities to reconnect and exchange tips about your next rotation. You walk away secretly defeated about each exam but have never doubted the curve. A few weeks later, another pleasant surprise. My preceptor actually liked me? You caught yourself cheesing as you read their comments. I really needed that, Dr. so-and-so... thank you.

Alas, just when your life has proven itself stable, you are struck with adversity. Perhaps you had to retake boards. Perhaps your parents became ill. Perhaps you lost a friend, a family member, a loved one. Something precious was stripped from you at a moment's notice, leaving you stranded in a new and unfamiliar landscape where you find yourself questioning what once was... Life goes on.

You keep your head down and work quietly, steadfast in pursuit of a greater goal in life. You find support from the people you least expect. And somehow, in your most sorrowful days, you find moments of great joy and relief. You teeter between great hope and crumbling insecurity. You are burdened with a sense of guilt for all the things you could have done to change the course of things. The most important months of your professional career lie ahead yet you struggle to answer a simple question: Who are you? An overwhelmed medical student, daunted by the tasks of fourth year and frustrated at everything between you and Step 2 studying. No deadlines exist anymore except for what you decide. You channel everything you have into recreating yourself. Soon enough, your personal statement is complete. Your CV polished, just like your headshot. With a little persistence, your visiting student applications pull through and slowly your fourth year schedule comes together. You have branded yourself for residency, boasted in ways you never thought you would and somehow... learned to love yourself in the process. Half the battle for residency is believing in yourself as a strong candidate. It is about saying with conviction this is your specialty of choice because to say otherwise would be a lie. It is about realizing that every step you've taken has led you to this path all along. And it is about trusting that you'll stand taller and smile brighter in the years that lie ahead. Here's to becoming the best version of ourselves yet. May we cherish every moment and embrace the journey. Best of luck my colleagues as we part ways... and greetings to my new pediatric family.

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Next DO Newsletter Article Request:

It is with great pleasure that I serve as your editor for the newsletter of the AAP Section on Osteopathic Pediatricians. We are requesting articles representing health topics, pediatric research, medical education, personal stories or related topics of interest for our section. Articles submitted may be edited for formatting purposes. Deadline for the fall/winter submission is November 15, 2018. Please feel free to contact me below if you have suggestions or comments.

Thank you,

Lisa Warren, DO, FAAP
lwarren@westernu.edu
Section on Osteopathic Pediatricians
Executive Committee

Erik Langenau, DO, MS, FAAP, FACOP
Chairperson, Membership Chairperson
erikla@pcom.edu

Robert Lee, DO, MS, FAAP, FACOP
Chairperson-Elect
rlee@winthrop.org

Katherine Blount, DO, MPH, FAAP
Member
blountk@health.missouri.edu

Grace Brouillette, DO, FAAP
Member
gbrouillette@kumc.edu

Lee Ann Elizabeth Conard, RPh, DO, MPH, FAAP
Member
leeann.conard@cchmc.org

Gregg Lund, DO, MS, FAAP
Member
gregglund@gmail.com

Cynthia Mears, DO, FAAP
Member
cynthia.mears@advocatehealth.com

Taylor Olian, MD
In-Training Liaison
taylorol@pcom.edu

David Patton, DO, FAAP
Member
davidjpatton.do@gmail.com

Lisa D. Ryan, DO, FAAP, FACOP
Immediate Past Chairperson
ryanlisa@cmhc.org

Lisa Warren, DO, FAAP
Member, Newsletter Editor
lwarren@westernu.edu

Staff
Jackie Burke
Section Manager
jburke@aap.org

Tracey Coletta
Section Coordinator
tcoletta@aap.org

Mark A. Krajecki
Journal Production Specialist
mkrajecki@aap.org

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