Letter from the AAP President

Over the past 14 months, as president-elect and then president of the American Academy of Pediatrics (AAP), it has been my privilege to interact with many medical students, residents, and fellows interested in pediatrics as a career. I have learned that members of the Section on Medical Students, Residents, and Fellowship Trainees (SOMSRFT) already take advantage of many opportunities within the AAP to explore their interest in improving children’s health. Your dedication, hard work, and fervent desire to improve the health of children in the United States and across the globe are truly inspiring to me.

One of the best ways to get acquainted with AAP initiatives is to become an active member of your local chapter. All of our chapters have committee members working on projects, and all will welcome volunteers who are interested in taking part. In addition, the AAP has many sections and councils with particular interests (such as the Council on School Health and Section on International Child Health) that are always looking for new members. Please go to www.aap.org, review the list of chapters, sections, and councils with the names of their executive committees, and contact those that are of interest to you.

I know that many SOMSRFT members were very active in our successful Get Out the Vote project last fall. Thank you for all that you did to increase the number of registered voters among SOMSRFT members and the general public. As I write this article in late December 2012, the tragic massacre of the students and teachers at Sandy Hook Elementary School in Newtown, CT, weighs heavily on my mind. The AAP is committed to helping prevent further such tragedies. This could be a very important area for contributions from SOMSRFT members.

The AAP was among several pediatric organizations that wrote to President Obama and Vice President Biden recommending that the administration and Congress pursue a 3-pronged program in response to the Newtown tragedies. First, we have urged them to renew gun control laws, especially those banning semiautomatic rifles and large magazine clips. Second, we have recommended a commitment to reduce children’s and adolescents’ exposure to violence in the media. Third, we have asked that they work to strengthen capabilities within our mental health system to better identify and treat troubled adolescents and young adults. Success in achieving these goals will require a long-term coordinated effort to persuade the public, administration, and Congress that enacting appropriate legislation and regulatory reforms is extremely important. Please consider this suggestion seriously.

Thanks so much for all that you do for children.

Thomas K. McInerny, MD, FAAP
President, American Academy of Pediatrics

Opportunities to Advocate for Kids
By Natalie Riedmann, MD

Spring invigorates, recharging our hopes and motivating us to work toward the change we want to see in the world. As pediatricians, we carry this energy into our clinical practices, fueling conversations about ways we can bring about positive change for our patients.

Our national advocacy campaign is a top priority of the American Academy of Pediatrics (AAP), Section on Medical Students, Residents, and Fellowship Trainees (SOMSRFT) each year. The 2013 campaign, “Read, Lead, Succeed,” highlights the importance of childhood literacy. If you agree that reading together benefits children and their families, this is an excellent way to get active in advocacy.

If you are passionate about a local child health issue, please consider designing your own advocacy project and applying for an AAP Community Access to Child Health (CATCH) grant to enable it. We honored several residents who used CATCH funding to implement community-based child advocacy initiatives at the 2012 SOMSRFT Annual Assembly.

For those interested in national issues, the AAP Department of Federal Affairs Web site (www.aap.org/en-us/about-the-aap/departmx-divisions/department-of-federal-affairs/Pages/AAP-Department-Federal-Affairs.aspx) offers up-to-date information on child health initiatives. Please e-mail kids11@aap.org for information about becoming an AAP Key Contact and to receive timely legislative updates and requests for action.

Pediatricians have a credible and powerful voice for children, and the AAP offers abundant resources to transform ideas into concrete action that will make a difference for children. (More information can be found on our Web site, www2.aap.org/sections/ypn/resident.)

As the new chairperson of the AAP SOMSRFT, my goals for the year are to promote our fantastic “Read, Lead, Succeed” advocacy campaign; improve the technology available to residents via the Internet and smartphones; continue to develop our mentorship program; and expand the resources available for fellows and medical students within our 13,000-member section. I am optimistic that with your support, these goals will be met!

Natalie Riedmann, MD, is a chief resident at Nationwide Children’s Hospital in Columbus, OH. Please e-mail her at natalie.riedmann@nationwidechildrens.org

From the Chairperson’s Desk

National Conference & Exhibition
October 26–29, 2013 • Orlando, FL

The American Academy of Pediatrics

The 2013 National Conference & Exhibition of the American Academy of Pediatrics

October 26–29, 2013 • Orlando, FL

As well as

The American Academy of Pediatrics Section on Medical Students, Residents, and Fellowship Trainees (SOMSRFT) Annual Assembly
Saturday, October 26, 2013 • 7:30 am–5:00 pm

Please join us at 6:30 pm Saturday evening, October 26, for the SOMSRFT Reception and Poster Display featuring clinical case presentations.

Learn more at www.aapexperience.org

Inside this Issue

CATCH Corner

Creative Learning

A Day in the Life of a Med-Peds Resident

Anne E. Dyson Child Advocacy Awards

NCE Wrap-Up: Jazzed!

Tenth Annual SOMSRFT Reception and Poster Display

Insights Inside

Commentary

Point/Counterpoint
The American Academy of Pediatrics (AAP) stated in 1995 that pesticides are toxic and should be limited in the diet.

The choice should be made by the child's caregiver, who should be informed of the potential health risks associated with pesticide exposure.

The AAP recommends that breastfeeding mothers avoid consuming organic foods, which may contain undetectable levels of pesticide residues.

The AAP also recommends that children consume a variety of fruits and vegetables, which are rich in vitamins, minerals, and other nutrients.

The AAP recommends that children consume a variety of fruits and vegetables, which are rich in vitamins, minerals, and other nutrients.

The AAP also recommends that children consume a variety of fruits and vegetables, which are rich in vitamins, minerals, and other nutrients.

By Captain Gayle Haasch-Rollo, MD, Secretary and Advocacy Subcommittee Chair

We mark the 21st year of the American Academy of Pediatrics (AAP) Section on Medical, Students, Residents, and Fellowship Trainees (SOMSRFT) newsletter with a new publication title and graphic design. Resident Report has been renamed Alexes and Views from Pediatricians in Training recognizing that medical students are an important cohort within our section and emphasizing the value of pediatric fellows in our ranks.

Your executive committee coordinates content for Alexes and Views and the SOMSRFT Web site. We welcome your ideas! Please let me know if you have story ideas or images (still photos or video) of SOMSRFT members engaged in advocacy for children. Any submissions will be reviewed by the SOMSRFT Executive Committee for possible publication in print or posting on the Web site (www2.aap.org/som).

Insights Inside

Just 2 days after the shootings in Newtown, CT, the Insights Inside submission from Cheryl Buzalski, MD, showed up unannounced. Talk about timing.

There are protocols for institutional settings affected by violence, but Cheryl speaks to a different kind of preparation, mostly internal. How do we learn to respond constructively when our patients and their families experience or witness violence? What are the elements of “patient management” in such a situation? Where do we begin?

Child abuse pediatricians are among those within our specialty best prepared to address the effects of violence on children. Today, 284 board-certified child abuse pediatricians practice in the United States, and training programs coordinate 22 accredited fellowships. We turn to their professional network within the AAP and ask Antonietta L. Lasley, MD, MPH, FAAA, a former chair of the Section on Medical, Students, Residents, and Fellowship Trainees who now chairs the AAP Section on Child Abuse and Neglect, to respond to Cheryl’s piece. Her comments appear beside the column.

Reference


Sylvia Romm, MD, MPH, is a third-year resident in pediatrics at the Massachusetts General Hospital for Children in Boston. Write to her at sromm@partners.org.

Point/Counterpoint

Editor’s Note: Point/Counterpoint is a forum to share viewpoints on issues of importance to pediatrics. The column is designed to get hot topics “on the table” and encourage healthy debate. Subject matter and authors are ordinarily identified by the Section on Medical, Students, Residents, and Fellowship Trainees Executive Committee. Authors are sought to represent both sides of a topic; when there are no volunteers to present an alternative position, someone is recruited to do so in the interest of balance and completeness. Therefore, opinions expressed in this column may not be those of the authors and they are not necessarily those of the American Academy of Pediatrics. Medical students, residents, and fellowship trainees are welcome to submit short essays on matters of interest.

The question at issue: Given evidence that the differences in nutritional value of organic and conventionally produced foods are not significant, should pediatricians counsel families to select organic foods to minimize potential health risks associated with pesticide use in food production?

Background: For purposes of this debate, the term organic food refers to that grown without synthetic pesticides or fertilizers, and the term organic livestock refers to animals that are given access to the outdoors and sunlight and whose feed is free of pesticides or antibiotic byproducts. We also stipulate that organic meat and produce is that processed without irradiation or chemical food additives and without routine use of antibiotics or growth hormones.

Points of agreement: Nutritional counseling is an important element of anticipatory guidance. The risks and benefits of producing and consuming foods without the use of pesticides are presented, but the method of production—conventional versus organic—does not have to have a significant effect on overall nutritional value.

Aspects of dispute: Dr. Shah believes that emerging evidence of health hazards tied to consumption of pesticides suggests that families should be encouraged to choose organic. Dr. Romm feels that pediatricians should focus on encouraging families to include sufficient produce in their diets.

Choosing Organic Is About More Than Nutrition

By Anita Shah, DC, District IV Assistant Coordinator

The United States produces 80,000 chemicals, and the effects of most have not been thoroughly studied in children. Children ingest more food and water than adults per body weight. They also consume a limited diet during crucial brain and vital organ development; in the first few months of life, their diet is limited to human milk or formula along with a select few vegetables. They are more vulnerable to the foods that they consume.

As pediatricians, it is important for us to advocate for the safety of our patients and limit exposure to products that may be harmful to their health. Choosing organic foods helps eliminate a portion of the exposure. Long-term consequences of pesticide exposure are largely unknown. A technical report from the American Academy of Pediatrics Council on Environmental Health published in the December 2012 Pediatrics linked pesticide exposure to chronic health complications, including asthma and malignancy.

In September 2012, a Stanford study published in the Annals of Internal Medicine indicated that while organic foods are no more nutritious than conventional foods, an organic diet might reduce exposure to pesticide residues and antibiotic-resistant bacteria. While this study was limited in the heterogeneity of the articles reviewed, it is clear evidence that levels of urinary pesticide decrease within 5 days of changing to an organic food diet.

Cost of organic food is an issue. For many, it may be unrealistic to choose a completely organic diet. Pediatricians can give parents recommendations on healthy ways to limit exposure: washing produce is one important way. Another is to choose organic alternatives when purchasing produce such as apples and grapes that are known to be higher in pesticides. The nonprofit Environmental Working Group publishes a list of produce commonly high in pesticides at www.ewg.org/fredhouse/summary.

Choosing organic food is making a statement larger than simply nutrition. It is choosing better agricultural practices and humane treatment of livestock. It is also choosing to limit lifetime exposure to synthetic pesticides for which effects are largely unknown. The choice should be organic.

References


Anita Shah, DC, is a second-year resident in pediatrics at Levine Children’s Hospital in Charlotte, NC. Write to her at anita.shah@carochildrenshealthcare.org.

Pediatrics Should Focus on Recommending Conventionally Grown Produce

By Sylvia Romm, MD, MPH, District I Assistant Coordinator

In the November 2012 Pediatrics, the American Academy of Pediatrics Committee on Nutrition and Council on Environmental Health report that an analysis of current evidence finds no significant differences in the nutritional content of organically and conventionally grown foods. This news should be reassuring to any pediatrician who has struggled to recommend more costly organic foods to populations that have already been shown to be eating insufficient fruits and vegetables.

The trend toward organic foods has been increasing over the past 2 decades and shows no signs of stopping. According to the Organic Trade Association, the US market ballooned from $3.5 billion in 1996 to $28.8 billion in 2011. Some organic producers claim that their products are nutritionally superior to conventionally grown foods and may charge a markup of up to 40% on prices for these purported benefits. This increase makes organic fruits and vegetables too expensive for many households and may encourage consumers to buy fewer fruits and vegetables.

Because researchers continue to report that children and adolescents are falling short of meeting recommended guidelines from the Centers for Disease Control and Prevention (CDC) for fruits and vegetable consumption and that produce purchases decrease as prices increase, the nutritional benefits of organic produce would need to be well substantiated to warrant their purchase over conventionally grown foods. This report debunks the claim that conventionally grown food is nutritionally inferior, making the price premium indefensible for nutritional reasons.

The CDC has long cited the benefits of a diet high in fruits and vegetables as a way to decrease lifetime risk of many chronic diseases and some cancers. As pediatricians, educating our patients on the nutritional quality of conventionally grown produce and encouraging them to buy more fruits and vegetables overall are the healthiest recommendations we can give.

Reference


Sylvia Romm, MD, MPH, is a third-year resident in pediatrics at the Massachusetts General Hospital for Children in Boston. Write to her at sromm@partners.org.
International Elective Awards

The American Academy of Pediatrics (AAP) has set aside several $1,000 awards to be given in 2013 to categorical or core residents who wish to complete a clinical pediatric elective in the developing world during residency. Fellowship-trained residents are usually the obvious subject of this program, however, we encourage everyone to participate. To be eligible, you must meet the following criteria:

- Be a categorical or core residency resident in pediatrics (at least second-year residents)
- Be affiliated with a medical school that has an established program or institution that will sponsor you
- Be a current member of the AAP
- Be 30 years of age or younger

Applications are due 31 March 2013; decisions will be announced 30 April 2013. For more information, please contact your local AAP representative or visit www.aap.org/sections/ypr/resident/chilIslserv.html.
The Children's Hospital of Philadelphia (CHOP) Homeless Health Initiative team piloted the Healthy Babies Program after the December 2010 death of a young infant residing in emergency housing who had suffered from severe malnutrition. Maria Katherine Henry, MD, coordinated Healthy Babies as part of her community pediatrics rotation, working with physicians, nurses, and social workers at CHOP to develop protocols for nurses hired to make weekly or biweekly visits to shelters and screen for failure to thrive among newborns and infants 0 to 4 months of age. Healthy Babies team members provide support and education to mothers of at-risk babies and screen for postpartum depression, a separate risk factor for poor newborn and infant outcomes. Dr Henry reports that the program, piloted at 1 shelter over 8 weeks in 2012, is now expanding to include 4 Philadelphia shelters. Plans for further growth in 2013 will bring those Philadelphia shelters not yet participating in Healthy Babies under its umbrella and enable the program to provide regular screening for all newborns and young infants in Philadelphia emergency housing.

In late 2010, physicians at the University of California, San Francisco (UCSF) pediatric clinic and UCSP family medicine clinic launched a partnership with Wells Fargo and the Mission Economic Development Agency, a community-based economic development group, to create the Financial Fitness Clinic (FFC). The FFC seeks to remove economic barriers to health for San Francisco’s poorest children and their families and raise awareness of economic determinants health among patients and clinicians. The clinic features one-on-one financial counseling and direct referral to money-saving social services (eg, utility bill discounts, affordable child care, food stamps, tax advice, job training). All participants leave the clinic with concrete financial action plans and lists of economic resources tailored to their needs. Monthly clinic sessions at the primary site (San Francisco General Hospital & Trauma Center) have been augmented by an electronic referral portal that allows professionals from far-flung San Francisco Department of Public Health network sites to refer families to the program. The FFC opened a second site in May 2012. More than 100 patients and families have been served by the FFC and all are regularly contacted by clinic staff.

The Healthy Food Cart
Some ideas are so simple, they’re brilliant. Consider the Healthy Food Cart at St. Christopher’s Hospital for Children in Philadelphia, which enables low-income patients and their families to purchase fresh fruit and produce from a cart located in the hospital whose owner is authorized to accept federal Supplemental Nutrition Assistance Program food stamps and electronic benefits cards. St. Christopher’s estimates that about half the families it serves experience hunger every year. Eric Burlingame, MD, worked with a local nonprofit to recruit an entrepreneur to sell products on campus and organized educational programs for the staff to facilitate effective screening for food insecurity, develop food resources, and connect needy patients and their families to those resources. Residents also established the Food Interest Group to sustain staff participation in these activities as well as other programs launched by the St. Christopher Hunger-Free Hospital Initiative.

About the Dyson Foundation
The Anne E. Dyson Child Advocacy Award is supported by the Anne E. Dyson Endowment, which celebrates and supports pediatricians in training who work in their communities to improve child health. Anne E. Dyson, MD, FAAP, a pediatrician whose 20 years as president and director of the Dyson Foundation reflected a strong commitment to effective child advocacy, died of breast cancer in September 2000 at the age of 52.

### Residents

#### RESIDENT CATCH CORNER

**2014 CATCH Resident Funds (Cycle 1)**

**Call for Proposals: Submissions Due July 31, 2013 for Projects to Begin January 2014**

**Resident Grants**

Grants of up to $3,000 are available for pediatric residents to work with local communities to ensure that all children, especially underserved children, have medical homes and access to specific health care services not otherwise available.

Projects must include planning activities or demonstrate completed planning activities, and may include implementation activities.

Project activities should include developing broad-based collaborative community partnerships.

To ensure project completion, only those who are PCY-1 and PCY-2 residents on the application submission date due are eligible to apply. PCY-3 residents may apply as co-applicants, or as primary applicants if they will be chief resident in their fourth year.

**Planning Grants and Implementation Grants for Fellowship Trainees**

Fellowship trainees, as well as pediatricians, are eligible to apply for up to $12,000 to carry out either a planning grant project or an implementation grant project. Please note that, unlike the resident grants, planning projects may not include implementation activities.

Applications will be available May 1, 2013. Proposals will be due July 31, 2013, and applicants will be notified of their status in November.

More information is available at [http://www2.aap.org/catch/funding.htm](http://www2.aap.org/catch/funding.htm), e-mail catch@aap.org or call 847/434-4936.

The CATCH Planning, Implementation, and Resident Grants are administered by the AAP CATCH Program and are made possible through the support of Pfizer and the Walmart Foundation, with additional support from individual donations through the AAP Friends of Children Fund.
By Bijoy Thattaliyath, MD, District IV Coordinator
Chairperson, Clinical Case Presentations

The American Academy of Pediatrics (AAP) Section on Medical Students, Residents, and Fellowship Trainees (SOMSRFT) case competition was launched in 2003 by David C. Kaaber, MD, PhD, then a member of the executive committee, and it became a favorite tradition. The SOMSRFT Reception and Poster Display honoring outstanding submissions was held this year at the Mardi Gras World mansion in conjunction with the AAP National Conference & Exhibition (NCE) in New Orleans, LA.

Suspicion column, reviewed abstracts from the 10 finalists with Lawrence F. Nazarian, in Review (PIR); Dr Preece; and Deepak M. Kamat, MD, PhD, FAAP, editor, PIR Index of Suspicion column. The paper will be published in the September 2013 PIR.

The first-place paper will be published in Pediatrics in Review as an Index of Suspicion.

A February 2012 announcement invited SOMSRFT members to submit interesting clinical case abstracts, which generated a lot of interest among pediatric residents, fellows, and medical students within the United States and abroad. We received 130 submissions, the largest number so far! A panel from the SOMSRFT Executive Committee judged the abstracts, and 10 finalists were invited to present posters at the reception.

Deepak M. Kamat, MD, PhD, FAAP, editor of the Pediatrics in Review (PIR)/Index of Suspicion column, reviewed abstracts from the 10 finalists with Lawrence F. Nazarian, MD, FAAP, PIR editor emeritus, to select the winner.

The Winner

This year’s winning case, “Persistent Flank Pain and Vurding Dysfunction: A Case of Missed Anterior Urethral Valve,” was submitted by Janae Preece, MD, of the University of Maryland Medical Center. The case describes an 11-year-old boy who presented with left flank pain and emesis whose symptoms had begun when he was 3 years old. The final diagnosis was made during cystoscopy, which revealed a membranous structure in the anterior urethra.

Call for Submissions

Friday, April 12, 2013, is the deadline for online submission of abstracts for this year’s competition. SOMSRFT members are encouraged to submit accounts of their most interesting cases. The top 10 authors will be invited to present at the 2013 NCE in Orlando, FL.

The first-place paper will be published in Pediatrics in Review as an Index of Suspicion. The second, third, and fourth prize-winning articles in September 2013. Awards will be announced at the 2013 AAP Annual Assembly in New Orleans, LA.

As I walk down the street, the soft wail of an alto sax fills my ears and the smell of jambalaya wafts nearby. I spot a crowd of friendly faces wearing beads around their necks and pins that declare, “I care for kids and I VOTE!” I have finally arrived in New Orleans for the 2012 AAP NCE.

Each year, more than 7,000 general pediatrics, pediatric subspecialists, and other professionals committed to the health and safety of children and adolescents come together at the NCE to learn the latest and meet the greatest in pediatric and child advocacy. Our SOMSRFT Annual Assembly, held in conjunction with the NCE, clusters around the challenges, concerns, and opportunities specific to us as trainees.

This year, our Annual Assembly kicked off with an update from the Section on Young Physicians, the Home for pediatricians after residency or fellowship. Next, we heard (although experienced was more like it) an inspirational talk by renowned clinician educator Kenneth Roberts, MD, FAAP. Dr Roberts focused on the importance of mentoring and gave young physicians skills to identify the potential mentors that they meet every day. The SOMSRFT is in the process of piloting a mentorship program designed to connect section members with AAP fellows.

National officer elections were next. Natalie Redmann, MD, began our 2012–2013 chairperson, Fassal S. Malik, MD, stepped up to vice chairperson, and I was reelected secretary. Natalie’s first official task was to unveil our fabulous 2012–2013 advocacy campaign, “Read, Lead, Succeed.” From there, we hustled to the AAP NCE plenary session, where we encountered a festive Mardi Gras parade float, including one carrying AAP President Robert W. Block, MD, FAAP, who cheerfully tossed beads into the crowd. The fun continued when cartoonist Walt Handelsman, a proud pediatrician’s son, took us through a kaleidoscope of humorous and often poignant cartoons featuring subjects that affect the lives of pediatricians and children. Next came a break for lunch and SOMSRFT district meetings, where we elected new district officers and brainstormed around the best way to frame some amazing resolutions.

From there it was on to the breakout sessions, where residents could learn cardiac auscultation or catch up on the state of political matters affecting children. While residents and fellows were in breakout sessions, medical students enjoyed a “subtastically speedy-dating session” where they could talk one-on-one with potential mentors.

When breakouts were complete, we reconvened to whittle a plethora of amazing resolutions down to what would be the 2013 SOMSRFT top 10 and headed over to the Mardi Gras World mansion for a poster display that showcased cool research projects accompanied by scrumptious food and live music.

The AAP NCE would continue into the week—engaging, educational, and thoroughly enjoyable. Those of us who could not stay knew that there would come a time when our schedules would be more flexible. For now, it was enough to know that the SOMSRFT Annual Assembly had brought us together for a glimpse of our collective future, viewed in—and with—the brightest of lights.

Please plan to join us next year at the 2013 NCE in sunny Orlando, FL.

Captain Gayle (‘Havre’) Haischer-Rolo, MD, is a second-year neonatal fellow at the San Antonio Military Medical Center. TX. Write to her at ghaischerw@gmail.com.

Tenth Annual SOMSRFT Reception and Poster Display

By Janae Preece, MD, and colleagues took top honors at the 2012 Section on Medical Students, Residents, and Fellowship Trainees clinical case competition in New Orleans, LA for their paper, “Persistent Flank Pain and Vurding Dysfunction: A Case of Missed Anterior Urethral Valve.” Pictured (left to right) are Joseph Zeme, MD, FAAP, editor, Pediatrics in Review (PIR); Dr Preece, and Deepak M. Kamat, MD, PhD, FAAP, editor, PIR Index of Suspicion column. The paper will be published in the September 2013 PIR.

Visit Us on the Web!

Looking for the latest on the Section on Medical Students, Residents, and Fellowship Trainees? Wondering about the status of a project you’ve heard about? Check out the YoungPhysicians Network! Go directly to www2.aap.org/ypn or start at the AAP Web site (www.aap.org)

Section on Medical, Student, Residents, and Fellowship Trainees (SOMSRFT) www.aap.org/ypn

Once there, hover over “About the AAP” and “Committees, Councils & Sections,” then click on “Sections,” then “Section Websites,” then “Medical Students, Residents, and Fellowship Trainees.”

Spring 2013
Volume 23 | Number 1

The American Academy of Pediatrics (AAP) 2012 National Conference & Exhibition (NCE) was held Saturday through Tuesday, October 20 through 23, 2012, in New Orleans, LA. Members of the AAP Section on Medical Students, Residents, and Fellowship Trainees (SOMSRFT) held their Annual Assembly on Saturday.

Take Your Best Shot Photography Competition Announcement

Do you have pictures of pediatricians caught in the act of advocating for children? Is there a photo of your training program’s most recent hands-on community health initiative? Is your photograph a high-resolution, JPC suitable for publication? Then we have an opportunity for you!

Any member of the Section on Medical Students, Residents, and Fellowship Trainees (SOMSRFT) who provides a photo and caption featuring pediatricians advocating for children is eligible to win the Take Your Best Shot photography competition.

Winners will be selected twice annually and their photographs will be featured in SOMSRFT News and Views.

First prize: Fame if not fortune.
Second, third, fourth prizes: Much the same.
You will be published!
Please e-mail your pictures (with captions) to Julie Raymond, Manager Young Physician Initiatives, at raymondma@aap.org.

*Parents of children featured in winning photos will be asked to sign a photo release, available on the SOMSRFT Web site at www2.aap.org/ypn/newsletters/resident_report.asp.

Annual Assembly 2012: Jazzed!

Visit Us on the Web!
A Day in the Life of a Med-Peds Resident

By Lisa Costello, MD, MPH, District III Coordinator and Medical Student Subcommittee Chairperson

Just before 7:00 am on a crisp autumn morning, I walk across the parking lot into Ruby Memorial Hospital at West Virginia University School of Medicine in Morgantown. I’m training in one of the most rural states in the nation, and ours is the busiest tertiary-care center in that state. Some of my patients will travel hours to receive care. They make the trip because most towns in West Virginia are without access to any health care, let alone specialized care.

As a second-year med-peds resident, my training involves blocks of time focused on children and blocks of time focused on adults. I spent the first 4 months of the year on internal medicine (IM) and am now starting the first pediatric rotation of my second year.

The morning begins with checkout from the night-shift resident on the pediatric inpatient wards. Over the next 5 hours, I will help to lead 1 or 2 ward teams, each consisting of 1 attending, 2 interns, and 5 medical students.

Around 10:00 am my pager goes off. One of my IM patients has traveled 2 hours to arrive at the hospital unannounced with an occluded peripherally inserted central catheter (PICC) line. I make a few calls between patients; fortunately, one of our PICC nurses is available to troubleshoot.

My focus returns to kids with pediatric health concerns: type 1 diabetes, cystic fibrosis, congenital heart defects, asthma. Rounds finish around 11:30 am, giving me time to arrange discharge needs.

At 1:00 pm, when the IM continuity clinic begins, my attention shifts to adults with IM concerns: type 2 diabetes, hypertension, hyperlipidemia, depression. For the next 4 hours, I arrange appropriate screenings: mammography and colonoscopy. I see patients.

At 8:00 pm, I leave the hospital, reflecting on my day. I smile, thinking about the kids and adults I saw. Outside in the mountain air were not there, these services might not be available to them. Over the next 8 days, I will help to lead 1 or 2 ward teams, each consisting of 1 attending, 2 interns, and 5 medical students.

My last IM encounter ends around 5:00 pm and I head back to the wards. Before 7:00 pm checkout, I admit a baby with respiratory syncytial virus and catch a brief segment of SpongeBob SquarePants with a family waiting for prescriptions that their local pharmacy does not carry. The parents tell me that there is no pediatrician in their town and thank me for my help.

Opinions expressed are those of the authors and not necessarily those of the American Academy of Pediatrics.

Copyright © 2013 American Academy of Pediatrics. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission from the publisher.

Opinions expressed are those of the authors and not necessarily those of the American Academy of Pediatrics. The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

Copyright © 2013 American Academy of Pediatrics. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission from the publisher.

PERMIT NO. 1068
FIRST CLASS
U.S. POSTAGE
PAID
CHICAGO, IL
PERMIT NO. 1368