What a wonderful time in sunny San Diego.

Though we were competing with Hillary Clinton, the med-peds section program on *How Pediatricians Transition Adolescents to Adult Care: Lessons Learned in Quality Improvement and How to Get Paid* lead by Patience White, MD, MA, FAAP and Peggy McManus, MHS was a success, and the reception and posters were amazing. The Physician Health and Wellness Booth was busy again serving the pediatrician attendees and also served as a social focus point for med-peds members and students.

The med-peds section is also working hard to advocate for its members.

Next year when the AAP meets in Washington, DC we are planning to visit the hill and have med-peds physicians advocate for the issues that affect med-peds practitioners. Please consider coming to the next national conference and expedition.

The AAP med-peds section will hopefully be publishing articles about the med-peds workforce in the coming months based on a survey that our membership completed. Most of the previous data is >10 years old.

*Continued on the next page...*
We are also summarizing the MOC materials from the ABP and the ABIM into one document that will be kept up to date as there are so many changes that impact us in the MOC process.

We are also working directly with the ACP to try to get more members to become FACP by working with the ACP Governors to fast-track our med-peds colleagues. If you know someone, please have them send me their CV. In the first 30 days of this project we have three new FACP members. We’d like to congratulate:

- **Dr. Kristin L Anderson**
  - Rhode Island
- **Dr. Anthony Gannon**
  - Delaware
- **Dr. Kristin Jensen**
  - Colorado

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**Save the Date**

The American College of Physicians Annual Meeting

**April 30 - May 2, 2015**

Boston Convention Center

Boston, MA

**Section of Med-Peds Educational Program**

**Thursday, April 30, 2015**

2:15 - 3:15 PM

**Featured Session**

Vaccines for the Busy Internist: Updates and Pearls from the Med - Peds World

**SPEAKER:**

Michael Donnelly, MD, FACP, FAAP

**Reception**

Friday, May 1, 2015 6:00 - 7:00 PM

Westin Boston Waterfront

Discuss and review updates in vaccine recommendations

Discuss recent changes in vaccine-related diseases

Identify gaps in clinical practice with regard to vaccine use
Medical students are now able to be section members for free!

This includes NMPRA as well as the AAP section on Med-Peds

The Section on Adolescent Medicine reached out to our section for joint sponsorship of a CME course 2017 that will offer MOC credits.

Contribute to the med - peds PERSPECTIVE at: secretary@medpeds.org

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Med - Peds Physicians Cited by the Supreme Court!

Drs. Fortuna and Robbins from the Center for Primary Care at the University of Rochester have studied health care utilization among young adults for several years and some of their findings were recently used in briefings to the United States Supreme Court. In their 2010 article, “Dependence on Emergency Care among Young Adults in the United States”, Drs. Fortuna and Robbins found that nearly a quarter of all health care delivered to all young adults occurred in emergency departments and nearly half of all health care provided to young black men was delivered in the emergency departments. Further, the trends suggested a worsening reliance on emergency departments over the decade studied.

Drs. Fortuna and Robbins research on emergency department utilization was used in one of the amicus curiae briefings and in arguments before The Supreme Court case: “United States Department of Health and Human Services v. State of Florida”. The case was ultimately decided in favor of the Department of Health and Human Services by a 5-4 decision authored by Chief Justice Roberts. •


AAP Conference
Highlights
October 11-12 | San Diego, CA

Attendings and students at the AAP NCE

AAP members hard at work at the NCE

Attendees at the AAP NCE

Attendings and students at the AAP NCE

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SAVE THE DATE AND JOIN US NEXT YEAR

2015 AAP NATIONAL CONFERENCE AND EXHIBITION
October 24-27 in Washington, DC
It was another fabulous year at the 2014 AAP National Convention and Exhibition (NCE), and now returning for my 6th year, I felt even more excited by the spirit that Med-Peds embodies. As co-director of the Physician Health and Wellness Program, we had another year of facts, fun, and friendship. The Physician Health and Wellness Program, sponsored by the AAP Section of Med-Peds, is an annual program sponsored in the exhibit hall of the NCE, where a variety of Med-Peds physicians present evidence based adult preventative health care guidelines to Pediatricians and others attending the conference. We distribute a guideline sheet compiled from national resources with topics ranging from preventative cancer screening to cardiovascular health measures that are evidence based standards for adults. These guidelines are compiled over the course of the year leading up to the NCE and is updated in real time as new guidelines develop and old ones change. We share this 1 page guideline sheet and spark various conversations reminding the adults to take care of their own health amidst their busy practices and busy lives. As a Med-Peds physician, it is essential to remember that we care for the spectrum of ages and the spectrum of illnesses. Our expertise runs from small to tall, and goes within the hospital and beyond. This opportunity to share these guidelines with the adults attending the conference, enabling them to realize that amidst their busy lifestyles, their own health care is also essential, continues to be an avenue to educate others, and take an opportunity to spread the Med-Peds motto.

The PHW program also enables students interested in Med-Peds to volunteer at the booth and meet other Med-Peds residents and faculty from throughout the nation. The relationships formed at the PHW gives those involved a chance to feel the Med-Peds persona, and learn about the variety of careers and experiences that are possibilities as a Med-Peds physician. We are so grateful to the AAP Section on Med-Peds for their continued support of this endeavor, and look forward to the growth and development of the Physician Health and Wellness Program into the future!
Attendees at the National Conference in San Diego, CA

Photo Credit: Veronica Godsey, MD | Allen Friedland, MD
NMPRA Conference

*Highlights*

October 11, 2014

**Break Out Sessions on Integrative Medicine**

Conference attendees participate in the break out sessions that included yoga (right) and tai chi (left) with our guest instructors.

NMPRA President Tristan McPherson, MD introducing our guest speaker Christopher Suhar, MD on his talk on integrative medicine and cardiology.

Attendees at the National Conference in San Diego, CA

Photo Credit: Veronica Godsey, MD | Allen Friedland, MD
NMPRA Conference Highlights

October 11, 2014

Poster Sessions

“Treating every Needle in the Haystack: Hyperammonenemic Encephalopathy and Severe Malnutrition after Bariatric Surgery”
Singh, S., MD, Suresh, S., MD, McClave, S.A., MD, Cave, M., MD | University of Louisville

“Is this just another angioedema flare up?”
Patel, V., MD | Christiana Care Health System

“A young adult with Budd-Chiari Syndrome leading to the diagnosis of occult myeloproliferative neoplasm by JAK2 mutation analysis”
Dixon, S., MD, Tolentino, J., MD | University of Cincinnati Medical Center

“Disseminated Varicella-Zoster Infection and Complications in a Post-Pubertal Unvaccinated Patient”
Chennubhotla, S., MD, Marshall, GS, MD | University of Louisville

“Secondary Polycythemia in a patient with Repaired Cyanotic Congenital Heart Disease”
Edwards, A., MD, Wardrop, R, MD | University of North Carolina

“The clot thickens: a case of pediatric venous thromboembolism”
Menza, T., MD, PhD | Brigham & Women’s Hospital and Boston Children’s Hospital

Please note: If there are difficulties accessing the posters from the link, try to copy and paste the link to a new browser.
Attendees at the National Conference in San Diego, CA

Program Director Panel

Photo Credit: Allen Friedland, MD

SAVE THE DATE

2015 NMPRA Annual National Meeting
October 24, 2015 in Washington, DC
Let’s “Meet the Doctors”
A Longitudinal Approach to Increase Pediatric Volume at a
Combined Internal Medicine/Pediatrics Office
Laura El-Hage, MD, PGY-3 | Ivelisse Ann Verrico, MD, Program Director
Albany Medical College

We live in a society that is focused on the consumer: from buying a new car to finding the perfect hair stylist, to choosing a primary care doctor. In most cities and towns, there are a plethora of primary care physicians to choose from. Patients are left with trying to find the “right” health care provider to care for their loved ones, particularly their children. Our health care system is following this trend. As many of you know, our system is shifting its focus to a patient centered approach, which is exemplified by practices transitioning to a “Patient Centered Medical Home.”

For many years, our program at Albany Medical College worked to ensure that all of our residents had a robust pediatric and adult patient panel. However, our greatest challenge had always been our pediatric numbers. We spent a lot of time each academic year meticulously monitoring each resident’s pediatric numbers, and despite our efforts, we were just barely squeaking by. We made intricate changes to the yearly rotation schedules and weekly clinic schedules as well as recruited babies from the newborn nursery, but it wasn't enough. We were constantly asking ourselves: how could we significantly improve our pediatric volume?

We took a critical look at our practice and tried to better understand the dynamics of our ambulatory site and the surrounding community. For example, our off-site ambulatory office is 20 minutes away from the main hospital campus in Latham, NY.

We provide care for patients from various ethnic, socioeconomic, and religious backgrounds. We care for the underserved, our blue collar Latham community, as well as the families of our staff, colleagues, and friends at Albany Medical Center. While Albany Medical Center is Northeastern NY’s only academic center, there are many local community
community hospitals, OBGYN practices, and private offices in the area.
So how would an expectant mother find us? Would she type a post on Facebook asking her friends for their opinion? Would she google local doctors and read patient satisfaction reviews? Would she talk to her OB/GYN? And then… more importantly, how would she know that we were the right pediatrics office for her?
As a pediatrics office, how could we reach out to the community? We work hard to practice evidence-based medicine and provide comprehensive, compassionate care to all of our patients. At Albany Medical College, for the past four years, our Med/Peds practice has lead our Pediatric and Internal Medicine colleagues in transitioning to a level 3 certified Patient Centered Medical Home. As part of this growth and achievement, we’ve been fortunate enough to add valuable resources to our practice. We began brainstorming new and creative ways to put these resources to use.
The light bulb went off with a simple principle “Meet the Doctors”. We needed to improve our visibility and outreach into the community. We came up with multiple strategies.

THANK YOU!
Thank you to all members who reviewed the following policy statements and practice guidelines over the last several months. Your review and thoughtful comments helped to improve these important guidelines and we appreciate your effort!
Ensuring the Health of Children in Disasters
Menstruation Suppression
Binge Drinking
Bronchiolitis Clinical Practice Guideline
Anaphylaxis Emergency Care Plan

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
We introduced ourselves to members of our community!

- In order to spread the word to the surrounding community, we put on our walking shoes and went on several road trips. We focused our efforts on making flyers and distributing them to all the local OB/GYN offices, libraries, storefronts, and other places where pregnant women may frequent.

- We then developed “Meet the Doctors” sessions for expectant mothers held monthly. These sessions are held in our office after continuity clinics and led by our resident physicians. These sessions allow expecting parents to meet the residents in person for a question and answer session. Often, parents establish care with a resident they meet at these sessions.

We recruited help!

- After hosting “Meet the Doctors” sessions for a year, we felt that we could offer more in the way of showcasing our residents. We partnered with the Perinatal Outreach Program at Albany Medical Center and offered to host AMC Infant Care Classes regularly in our office in conjunction with our “Meet the Doctors” sessions. The residents participate in the classes and are usually able to recruit babies to their individual patient panels.

- Now, we send our lactation counselor along with our residency coordinator biannually to the OBGYN offices to hand out flyers and continue building collaborative relationships.

We improved our visibility on the internet!

- We updated our patient website and informed the public about our local academic pediatrics practice.

- We made our practice a “top hit” on google if anyone searched for pediatricians in the Albany area.

It’s been an exciting time for us. We’ve learned a lot about our practice, our patients, and ourselves. We know this method works because our numbers have increased and “exceeding our pediatric numbers” has become the norm.

The principle is easy: would you rather hire a person whose resume you only read or a person who you met face-to-face? It’s the reason we have a busy five months called “interview season.” In a time when technology is making human interaction exceedingly impersonal, face-to-face interaction can make a world of difference; especially when choosing a pediatrician.

So take a few steps, involve your residents, and allow your local community to “Meet the Doctors.” Trust us, you will be glad you did!
A year and a half of the hospital has changed the way I see the world. There’s a bounce to my step, my necktie is gone, and most importantly, a frog light now hangs from my stethoscope. I recognize each one of my patients to be a medical amalgamation of developmental milestones, intersecting diagnoses and psychosocial factors. I’ve also come to believe that from dress to demeanor to the medical care we provide, we Med-Peds have a unique ability to hybridize our doctoring by merging aspects of one specialty with skills from the other. The adult world teaches swift and confident decision-making, born of constant exposure to medically tenuous situations in the ICU.

In Pediatrics, family centered rounding trains us to consider multiple perspectives and make collective medical decisions with patients and families. Regardless of how we choose to champion our Med-Peds training, it is this mix of experiences that makes us stand out as physicians. These blended skills are most evident to me when caring patients and their families at the end of life.

Death scares us all, initially, anyway. After all, because most of our training in medical school is geared toward keeping our patients alive death becomes anathema or failure. In spite of a smattering of lectures across training about conducting end of life conversations, the truth is that doing end of life care in real time with real people is quite a different story. All the same, our hybrid training clearly prepares us in unique ways to take on this challenge. Internal Medicine offers continuous opportunities to face families and patients in tough situations, forcing us to address their questions and teach them about the course of illness, medical futility, and coming together in constructive ways for the final stage of life. Our training with children exposes a softer side as we join with families to support them through rare and untimely loss. These varied experiences ready us for difficult conversations like clarifying code status or broaching the subject of impending death in a young patient. They enable us Med-Peds to bring a different perspective to these uncomfortable discussions.

Continued on the next page...
After coming off a Medicine rotation, death felt like a common occurrence in my everyday work and left me a firm believer that every person should have a code status, especially when entering the hospital. One of my patients, a 79- year old admitted for aspiration pneumonia, had never openly discussed code status with his family, so I raised this subject to ensure our medical team could dovetail our care with his wishes. His daughter, clearly devoted to her father, sat in the room as the conversation took place. I described the details of a code and left the decision of his status to the patient. Like so many others, he wanted “everything done” and hoped that no effort would be spared to resuscitate him, regardless of outcome. Upon entering this conversation I had not expected “full code” to be the conclusion and felt my own memories of unsuccessful codes clashing with my responsibility to honor his wishes. Near the time of discharge, in spite of successful treatment for his pneumonia, the patient unexpectedly became unconscious. Despite a twenty-five minute resuscitation, his code was unsuccessful. While my focus was on the ruptured aortic aneurysm that caused his demise, I noticed his family’s attention centered on their satisfaction that “everything had been done.” Our earlier conversation about code status with the patient and family was key to providing some solace and closure when he died.

On a Pediatrics rotation, in contrast, death is a rare event. The passing of a child occurs infrequently enough that none of us is comfortable having a conversation about this topic unless we have gained experience elsewhere. Yet, we learn through our immense number of ICU stints, whether Med or Peds, that anything can develop with a sick patient. On the one hand we want our medicine to save lives; on the other we acquire the ability to recognize when we did everything we could humanly do but failed to save a patient. We gradually learn that early discussions about the possibility of death and efforts to understand patients’ and parents’ wishes pay off with advance planning, fewer surprises down the road, and ultimately closure should a loved one take a turn for the worst.

In the pediatric hematology/oncology world, the discussion of death is real and common. I have learned that a frank and realistic conversation at the time of diagnosis with both parents and the child presents this topic head on. As overwhelming as this may feel, it sets a standard of trust with parents and patients by demonstrating that nothing about treatment will be hidden from them.

Continued on the next page...
We are fortunate that our Med-Peds training, varied skills, and diverse interests offer myriad occasions to synthesize medical information and the human touch for our young and old patients. Yet one of the most beautiful and powerful skills we garner and offer as Med-Peds physicians is our willingness to approach the topic of death. Medicine prepares us for end of life discussions, and Pediatrics teaches us to prepare patients and their families gently.

In the pediatric hematology/oncology world, the discussion of death is real and common. I have learned that a frank and realistic conversation at the time of diagnosis with both parents and the child presents this topic head on. As overwhelming as this may feel, it sets a standard of trust with parents and patients by demonstrating that nothing about treatment will be hidden from them.

Recently, I spoke with a child confronting a new diagnosis of cancer. “Could I die?” she asked. “It’s a possibility,” I responded. “But we will fight your cancer together every step of the way.” After taking in the information, her reaction, initially one of innocence, faded slightly revealing a glimpse of a new adult level of awareness. Moments like this remind us why we chose Med-Peds. It is only through the combined experiences of our training that we are able to recognize both the young and the old in each of our patients, and in ourselves, and to embrace them all as one.

Want to Get Involved with the PHW (Physician Health and Wellness) Booth at next year’s AAP NCE?

We would love to have residents join our team to help continue building the PHW program, so if you are interested, please contact hdivatia@christianacare.org for the possibility of further opportunities. Thanks to all the volunteers for the work you do, and looking forward to another great conference in Washington, D.C.!

Himani Divatia, DO | Christiana Healthcare System
William “Bo” Marshall and I were one of the 925 couples who participated in the 2014 Main Residency Match. We were fortunate enough to be part of the 94.2% of couples who both matched. However, our situation was unique because we both chose the same specialty: Med Peds!

Neither of us entered medical school planning to apply for Internal Medicine/Pediatrics training. Bo was interested in Pediatrics, and I felt most drawn to Internal Medicine. During our third year clinical rotations, we were surprised to find that we enjoyed treating both adults and children. This was somewhat dismaying, as we worried that it would be nearly impossible to find positions in the same program, or even in the same city. However, the interview trail was much less stressful than we expected. Every program that interviewed us was gracious enough to coordinate our schedules, so we were able to travel together. Program directors, coordinators, and residents at each program were encouraging, and we were relieved to meet several Med Peds couples who had gone before us in The Match and been successful.

At the end of it all, we were thrilled to match at our home program in Columbus to train at The Ohio State University Wexner Medical Center and Nationwide Children’s Hospital with a fantastic group of co-interns and residents. The joys and pitfalls of intern year have brought us closer than ever, and we look forward to growing together in our chosen field.

SAVE THE DATE
2015 MPPDA National Meeting
March 24-25, Orlando Florida
Managing the Care of Adults with Down’s Syndrome

Kristin M Jensen, MD | University of Colorado
Peter D Bulova, MD | University of Pittsburgh Medical Center

Kristin Jensen is a Med-Peds faculty member at the University of Colorado School of Medicine and recently published an invited clinical review on “Managing the Care of Adults with Down’s Syndrome” for the British Medical Journal. See below for the full article.


Kristin studied medicine at Loyola University in Chicago and received her training in Internal-Medicine and Pediatrics at the University of Michigan. Following residency, she completed fellowship training in the Robert Wood Johnson Foundation Clinical Scholars Program at the University of Michigan.

Kristin’s interests focus primarily on improving the care of patients with intellectual and developmental disabilities as they age, for which she has been focusing her research on the Down syndrome population.

She practices at the Children’s Hospital of Colorado in the Special Care Clinic and in the General Internal Medicine Clinic at the University of Colorado Hospital. Kristin is also a faculty member in the Colorado Health Outcomes/Children’s Outcomes Research Programs.

NB: If the above link does not work, try to copy and paste the link to a new window and make sure the address is exactly the same.

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Do you know a deserving resident with great projects or research ideas in mind?

Save the dates for the following opportunities

Awards/Grants Deadlines  |  Research Grant Deadline
---  |  ---
June 19, 2015  |  August 1, 2015

Questions, further information, and applications should be emailed to presidentelect@medpeds.org
**FROM A STUDENT**

Chaddy Elhawary, MS4 | Jessica Jaddaoui, MS4| St George’s University

Med-Peds to many student physicians is like a teenager. Mature enough to sprout new and innovative ideas, but still developing its identity and niche. But what if I were to tell you that Med-Peds was so established that it’s begun to pioneer the next culture of health-care delivery?

It’s the 50th anniversary for Med-Peds and it couldn’t be a better time to catch a ride on this fast moving train. Med-Peds trains you to become an adaptable and agile-minded physician, able to navigate from the most fundamental to the most advanced aspects of health care for all ages. What started out as a piqued interest in becoming this kind of physician quickly became a solidified career decision after getting involved in NMPRA as medical students. Meeting what felt like a secret society of enthusiastic, innovative and driven residents and attendings at NMPRA conferences was the perfect motivation to take the next step in applying for this exciting specialty. Through NMPRA, we’ve learned so much about how to grow our career goals to reach a wider patient base, how to think critically across both specialties through incredible research and presentations by NMPRA residents, and how to take the right steps in your application process. Refuse to choose! Become an expert in both specialties and take advantage of the great resources NMPRA has to offer to help you get there.

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