If you have any ideas or suggestions for NMPRA I would love to hear them. Please contact me at president@medpeds.org anytime!

Here’s to a great year!

Danielle Weber
NMPRA President 2015-2016

Congratulations on the start of another new year and welcome to all the new interns! NMPRA has an exciting year ahead full of growth as we work to better serve our residents and increase involvement with medical students. I want to highlight some of our projects that will help us do this.

Last winter we created new director positions and the new directors are working hard to develop these roles. Eric Chow, Director of Medical Student Recruitment will be working with our new student leader to develop a student board. We have also formed a partnership with Student Doctor Network and will have a med-peds forum running soon. Additionally, our long term goal is to increase the number of med-peds student interest groups in the country, including at medical schools without med-peds programs so we can ensure all medical students get to hear about our wonderful specialty.

Jennifer Seo, Director of Advocacy and Policy, is helping organize a Going to the Hill event during the NMPRA national meeting on Saturday, October 24th in Washington, DC! Our topic is transition and we have great experts lined up to come speak. Additionally, the day will highlight the work of some of our fellow residents who have received NMPRA grants and awards. Details and registration information can be found on page 2. We hope you also join us for the Going to the Hill event on Monday, October 26th as well, see details on page 3.

You can also get involved with the Physician Health and Wellness booth which NMPRA has co-sponsored and is a great program that provides our pediatric colleagues with information on adult health maintenance recommendations to help ensure they are caring for their own health. For more information contact Himani Divatia at: Hdivatia@christianacare.org.

The weekend is full of great events! We hope to see you there!
Come join us for the 2015 Annual Meeting of the National Med-Peds Residents’ Association. Medical Students, Residents, and Faculty are encouraged to attend. The meeting will include poster presentations, case presentations, panels, and a keynote speaker on the role of Med-Peds in transitional care of patients. If you’re a student, it’s a great time to learn more about Med-Peds as a career choice, not to mention meet up with residents and program directors. If you are a resident it is a great place to meet up with other residents from around the country, make new friends, reconnect with those who you met along the interview trail, and learn some new skills. Lastly, the meeting is held the same weekend as the American Academy of Pediatrics National Conference and Exposition, so you can head over there after the meeting and learn more about developments in pediatrics (registration is separate).
MBA101 for the Med-Peds Practitioner: How to Navigate the Business of Your Practice

Participants will learn the basics of how to survive in the current practice environment, how to calculate return on investment, how to position a Med-Peds practice to succeed and define its niche in the marketplace.

Faculty: Holly Perzy, MD, FAAP

Maintenance of Certification: Navigating Your Way Through Two MOC’s

Participants will learn about the MOC requirements in ABP and ABIM, how to select clinical improvement modules that are suited to the Med-Peds practitioner, and how to obtain reciprocity for MOC credit between the ABIM and ABP.

Faculty: J. Thomas Cross, MD, FACP, FAAP

Speak Out for Your Patients: Join NMPRA and the AAP Med-Peds Section on the Hill, October 26, 2015

This summer has been an exciting time for health care policy. From the King v. Burwell Supreme Court decision—upholding the Affordable Care Act’s federal subsidies to help individuals buy health insurance through federal, not just state-created, exchanges—to the passing of the California vaccination law—disallowing school vaccination exemptions based on religious and philosophical beliefs—physicians were active in advocating for these outcomes for our patients.

To ensure that you are staying abreast of the latest policy developments, the following are some AAP and ACP resources available to you:

- AAP Federal Legislative Update emails
- AAP SOMSRT Advocacy Update emails
- AAP Legislative Conference April 3-5, 2016
- The ACP Advocate Newsletter
- ACP Leadership Day May 3-4, 2016

And to take action in-person, join NMPRA and the AAP Med-Peds Section on the Hill during the AAP National Conference in Washington, DC on Monday, October 26, 2015. Take part in advocating to your members of Congress for increased transition care funding and safety regulations of e-cigarettes. Registration information to come soon.

Jennifer Seo, MD, JD
NMPRA Health Policy and Advocacy Director
PGY-4, University of Chicago

Speak out for your patients!

Join us on the Hill
The world of med-peds continues to be exciting. The more I hear about problems locally and in the world (e.g. disasters, violence etc.) the more I appreciate why I went into this specialty so I can help contribute to the solutions and its prevention.

The more I meet medical students with different twists for med-peds, the more I appreciate this article in the Journal of Graduate Medical Education from March 2015 entitled “Medicine in 2035: Selected Insight from ACGME Scenario Planning” by Nasca and Thomas.

“It is not possible to determine the future shape of health care delivery and to project the workforce needed; therefore, the maximization of provider career flexibility will be crucial.”

“The potential diversity in medical delivery approaches will be so profound that the current dichotomous conceptualizations of the physician workforce (e.g., “primary care–subspecialist,” “generalist-specialist”) turn out to be narrow, and distracting approaches to thinking about the future.”

“There is no clear optimal specialty distribution for the future (given the pace and differential cross-impacts of technology, economics, and societal issues), therefore the medical education system must be capable of supplying a wide distribution of physicians by specialty.”

The list serve is active again discussing the various products to prepare you for Maintenance of Certification. No clear winner in this battle of board review!!

Congratulations on 3 med-peds physicians receiving fast track to FACP status.

Dr. Antonia (Toni) Eyssalienne, Miami, Florida
Dr. Laura Workman, Louisville, Kentucky
Dr. Owen Debowy, Foxboro, Massachusetts

As AAP, NMPRA and Med-Peds go to DC in October, stay tuned to go to Capitol Hill on Monday October 26, 2015 (we are soliciting ideas for an advocacy platform).

Allen Friedland, MD, FACP, FAAP
Chair, AAP Section on Med-Peds
Resources From the AAP

Pediatricians Applaud Supreme Court Decision to Uphold Federal Subsidies for Health Insurance Purchased in All 50 States
Washington, DC—The AAP stands behind today's 6-3 ruling by the U.S. Supreme Court in *King v. Burwell*. This decision affirms that individuals in every state can continue receiving premium tax credits from the federal government to offset the cost of health insurance. Today's decision provides families with stable access to coverage no matter where they live. Click [here](#) for the full article.

Transitions: Special Report on “America’s Young Adults”
A total of 31.2 million young adults are making the “complex journey” into adulthood. “America’s Young Adults” highlights a broad set of indicators on transition to adulthood. Published by the Federal Inter-agency Forum on Child and Family Statistics, a collaboration of 22 federal agencies, this report provides current data on the 18-24 year old population related to demographics, education, economic success, family support, civic/social/personal behavior, and health and safety.

Transition Preparation: ADAPT Survey Tool Available
A new validated survey instrument is available to measure the quality of transition preparation among youth, ages 16 and 17, with chronic conditions. The Adolescent Assessment of Preparation for Transition (ADAPT) survey was developed by the Center of Excellence for Pediatric Quality Measurement at Boston Children’s Hospital. This 26-item survey of youth addresses key domains in health care transition preparation: receipt of counseling on transition self-management, prescription medication, and transfer planning. This new survey, available also in Spanish, can be used in clinical settings or by health plans.

New National Leadership Positions—AAP Insurance Program Trustees
The Academy is seeking nominations for 5 new positions on the Board of Trustees for the AAP Group Insurance Trust. For more than 60 years, members have had quality insurance at special rates through the American Academy of Pediatrics Group Insurance Trust. The Board of Trustees serves in a fiduciary capacity for the Trust in overseeing the AAP Insurance Program; acting in the best interest of the Trust, the participants, and the Academy, and exercising ordinary care and reasonable diligence. Learn more about the AAP Insurance Group Trust and requirements for Trustee positions. Complete your nomination form before September 9, 2015!

Trust parents’ instincts. Studies show parental concerns about development are reliable, but parents will not persist in expressing concerns if their child’s doctor doesn’t actively address them and instead takes a “wait and see” approach. It is difficult to detect developmental disorders during a brief office visit, because children with atypical development can demonstrate typical behavior a majority of the time. Using a validated developmental screen when parents share concerns and routinely screening according to AAP guidelines will help identify a developmental delay earlier, when therapies are more effective. The CDC’s Learn the Signs. Act Early. program also has free resources to empower parents to monitor their child’s development using an objective, parent-friendly tool, and effectively communicate concerns if they have any.
NMPRA Community Service and Outreach

Greetings from NMPRA Community Service and Outreach. This year we will be working on becoming a resource for resident service projects on a local, national and international level.

Does your residency program participate in any community service or outreach projects? Would you like to do more? Are you involved in community service projects you think other residents would be interested in? Are you involved with any national organizations? Does your program work with any international outreach programs? If so, e-mail dfarber@umm.edu so we can pass on these resources to all Med-Peds residents.

Some examples of great projects Med-Peds residents are already participating in:

- B'more Fit: A joint project with residents from 4 local pediatric residency programs to combat childhood obesity. Meetings involve lessons about food preparation and healthy eating followed by organized physical activity. [http://www.healthybabiesbaltimore.com/our-initiatives/bmore-fit](http://www.healthybabiesbaltimore.com/our-initiatives/bmore-fit)


- Volunteering at local shelters and soup kitchens

If you are looking for a great way to get involved with a project this year, keep and eye out for more details about NATIONAL MED-PEDS SERVICE DAY.

Come to the American Academy of Pediatrics (AAP) National Conference and Exhibition in Washington, D.C.!

Volunteers Needed!!!

The Internal Medicine-Pediatrics (Med-Peds) section of the American Academy of Pediatrics is proud to report that the Physician Health and Wellness (PHW) booth will return to the exhibit hall at the AAP National Convention and Exhibition in Washington, D.C. The 3 day event will take place this October 24-26th 2015 in the exhibit hall of the Walter E. Washington Convention Center. This program is designed to give individual information and evidence-based education to pediatricians about their own adult health care needs and promote self wellness amidst their busy lives. Various preventative care topics will be addressed, including age-appropriate cancer screening, cardiovascular health, immunizations, and exercise and burnout. The booth will be staffed by Med-Peds physicians, and is also an excellent opportunity to meet other students, residents, and faculty involved in Med-Peds nationally.

Please consider volunteering 1 or more hours of your time to work in the exhibit hall booth. Submit possible times that you might be available to hdivatia@christianacare.org and afriedland@christianacare.org. We will pair up attending physicians to be with residents and medical students. In September, we will have a conference call to discuss logistics and the materials to be presented at PHW.

**Hours of PHW Program**

The exhibit hall hours for this year are:

- Saturday October 24: 12:15 PM - 4 PM
- Sunday October 25: 10 AM – 4 PM
- Monday October 26: 10 AM - 2 PM

For any questions, please contact Himani Divatia, D.O. at hdivatia@christianacare.org. We look forward to sharing in this Med-Peds event with you!

Himani Divatia, DO and Allen Friedland, MD, FACP, FAAP
AAP Section on Med-Peds, Physician Health and Wellness Committee
If you provide medical care for adolescents, you may already have treated a victim of human trafficking without knowing. The most common form of child sex trafficking in the U.S. is not the teen who was tricked, smuggled into the country and forced to perform sex acts, but rather the teen who was neglected over the years, who seems street smart, who found a boyfriend who “simply” asks her to have sex with other men so she can earn good money. She does not see herself as a victim, nor present to our hospitals as one. It is estimated that 100,000 to 300,000 minors are at risk for trafficking in the U.S. each year. As many as 87.8% of these victims seek medical care while they are trafficked, but a far fewer number disclose their status or are asked appropriate questions by providers. Identifying these patients and offering appropriate help should be part of our skillset as much as screening for any major health issue.

Who are these young people? By federal act, a victim of human trafficking is defined as “(A) sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or (B) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.”

The federal government, therefore, states that any minor involved in any commercial sex act is by definition a victim of a crime. Many states are following suit and enacting “safe harbor laws” to further protect minors from prosecution on prostitution charges and provide services in the place of criminal penalties.

What should we look for, what questions can we ask, and how? And most importantly, what should we do when we think a child is in a trafficking situation or is in danger of being exploited? Consider a trafficking situation if you encounter:

- a chronic runaway/throwaway child. According to the National Center for Missing and Exploited Children, 1 in 6 runaways are at risk for becoming involved in trafficking.
- chief complaints or a medical history of recurrent STIs; severe or untreated pelvic inflammatory disease; trauma or fractures without an adequate history (especially facial trauma); malnutrition or dehydration; or a chronic medical condition that has gone untreated
- a child who presents with a non-relative, is fearful/reluctant to give history or allows the accompanying person to speak for him or her, presents with no identification or documentation, must answer frequent texts or calls immediately, or has tattoos or branding he or she is unwilling to explain
These indicators are only small examples of what to watch for. Most importantly for physicians and medical students is that we get adequately trained in recognition and treatment for these patients. The American Academy of Pediatrics has resolved to make training a part of student, resident, and fellow training as of 2014. Until a curriculum has been formalized, we encourage all practitioners to avail themselves of some excellent, free resources and encourage their institutions to become systemically aware of trafficking as a public health problem. We recommend:

- The National Human Trafficking Resource Center (NHRTC): Recognizing and Responding to Human Trafficking in a Healthcare Context
  

- Children’s Healthcare of Atlanta Child Sex Trafficking Webinar Series:
  
  [http://www.choa.org/csecwebinars](http://www.choa.org/csecwebinars)

- Physicians Against the Trafficking of Humans (PATH)
  

The NHRTC also operates a 24/7 hotline for victims and anyone helping a victim: (888) 373-7888

A physician’s interaction with a victim of human trafficking may mean the first steps toward exit from repeated trauma and exploitation. As the scope of the problem continues to unfold with new and alarming prevalence data, it has become our duty to know local laws about reporting and become adequately trained.

*Anastasia Feifer, MD, is a Child Abuse Pediatric Fellow at Maimonides Medical Center, and Aaron J. Miller, MD, MPA is Executive Director of Building Regional Alliances to Nurture Child Health (BRANCH).*

---


3*ibid.*


5The Polaris Project, [www.polarisproject.org](http://www.polarisproject.org)
It is my pleasure to be a part of NMPRA as the inaugural director of medical student interest groups and recruitment. Riding on another successful match year for Med-Peds, we will continue to promote the Med-Peds specialty and help guide medical students through the specialty selection process. One of my main goals this year is to establish a network whereby medical residents and students can work together to reach out to schools where Med-Peds does not have a presence. The Med-Peds family is built on a network of collegiality and this I hope to perpetuate in this position. We have already hit the ground running and have established a new partnership with the Student Doctor Network. Through their popular forum discussions, I will be creating a sub forum that is specifically dedicated to Med-Peds as well as write up front page interest articles to answer frequently asked questions. This venture will serve 2 purposes: It will provide an avenue for medical students to get accurate information from NMPRA about Med-Peds and it will provide us a method to advertise what we do as an organization. As we look forward, there are many things that we can do to engage medical students in our efforts. I have been lucky enough to work with fantastic medical students who have planned regional meetings and promoted Med-Peds at their home institutions through interest groups. With this incredible amount of talent, the board of directors has decided to elect a medical student who will work with me to reach out to medical schools across the US and spread the word about Med-Peds. We have also established a new medical student medical case presentation at the national NMPRA meeting, which we hope will encourage medical students to attend the annual meeting. There is much to be done and we depend on each one of you to help touch base with Med-Peds interest groups at your own institutions and direct medical students to NMPRA. Residency program liaisons serve a crucial role not just to relay information from NMPRA back to their programs but to also keep us here at NMPRA abreast of what great things you and your colleagues are doing back home. Our continuing ability to recruit top talent into our specialty relies upon our ability to work together and inspire medical students about the endless possibilities within Med-Peds. Although building a foundation within NMPRA and creating partnerships is important, our best type of recruitment strategy continues to be word of mouth. So remember to talk to your students and show by example what a great specialty Med-Peds is.

To keep up with NMPRA and further promote Med-Peds, follow us on Facebook and Twitter!
And the Band Played on: A case of push-up induced rhabdomyolysis

Laura Cannon, MD
Richard M. Wardrop, III, MD, PhD

Case Presentation:
A 16 year old male with a history of well controlled asthma was transferred from an outside hospital Emergency Department (ED) for further management of bilateral arm pain and scant brown urine. He had been in his usual state of health until four days prior to presentation. Symptom onset correlated with attending pep-band practice where he and other band members were made to run laps around the gym and do push-ups when musical mistakes were noted by instructors. During the 2 hour practice, the patient performed a total of 120 push-ups. That evening the patient developed intense pain in both arms and was unable to flex or extend his arms at the elbow. The patient also noted that his urine was darker than usual. These symptoms persisted with worsening arm pain and swelling of triceps noted by the patient and his parents, prompting his presentation to a local ED.

On admission, physical examination was remarkable for tenderness to palpation throughout both arms, most notably over his triceps, without any evidence of joint effusions in wrists or elbows. Range of motion of both arms was limited secondary to pain. His laboratory evaluation on admission was significant for a CK of 77,592 U/L. He had a transaminitis with an AST of 1220 U/L and ALT of 168 U/L. His creatinine at admission was 0.88 mg/dL, and a urinalysis was significant for a specific gravity of 1.019 with 3+ blood and no RBCs. A urine toxicology screen was negative at the outside ED.

The patient was started on aggressive IV fluids and laboratory analysis was repeated frequently during admission to trend CK as well as his basic metabolic panel, calcium, and creatinine. Serial urinalysis was also obtained to assess the appearance of myoglobinuria, and ensure that it resolved. He was monitored closely during his admission for any signs or symptoms of compartment. Past medical, family, and social history were extensively reviewed. There was no history of sickle cell anemia or sickle cell trait in the family, nor was there any history of exertion rhabdomyolysis or malignant hyperthermia in the patient or his family. The patient also denied taking any nutritional or fitness supplements or any illicit substances. His myoglobinuria resolved during admission and IV fluids were discontinued at that time. His creatinine trended down to 0.63 mg/dL prior to discharge. He was counseled on the day of discharge to practice exercise precautions for 2-3 weeks following his discharge and follow up with his PCP.

Discussion:
Rhabdomyolysis is a disease process that results from the breakdown and necrosis of skeletal muscle, releasing intracellular muscle contents into the blood which can result in serious consequences including cast nephropathy, acute tubular necrosis with oliguric renal failure, hypotension, shock, DIC and possibly death depending on the degree and the cause of the inciting muscle damage. Exertional rhabdomyolysis rarely occurs in healthy individuals without risk factors except under more extreme exertional states. Those children with sickle cell trait or metabolic myopathies are at greater risk of rhabdomyolysis. As of 2010, the NCAA requires all athletes to undergo screening for sickle cell trait given this population’s risk of rhabdomyolysis with exertion and intense physical activity. While no specific risk factors were identified in the present patient, this case illustrates the importance of advising and educating both school staff and parents about the risk of using physically exertional punishment and its potential serious side effects.

Learning Objectives:
Appreciate the clinical features of rhabdomyolysis, and recognize it as a potential complication of imposed physical exertion
Recognize the importance of advising parents and educators to avoid physical exertion as punishment both at home and school and have an awareness of rhabdomyolysis as a potential complication

- To contribute to the next Perspective, please email secretary@medpeds.org
- More information about MedPeds can be found at www.aap.org/medpeds and www.medpeds.org
- For more information regarding MPPDA, please visit mppda.org
GRANTS AND AWARD WINNERS

Congratulations to all of the grant and award winners for this year!

Advocacy/Community Service

Amelia Averyt and Roma Moza-Baylor

O’Nady Award

Eric Chow—Brown

Schubiner Award

Olatonkunbo Famakinwa—Yale

Resident Case Competition

Ken Visalli—University of South Florida

Elizabeth Petersen—Brigham and Women’s Hospital/Boston Children’s Hospital

Medical Student Case Competition

Emily Cordes—Michigan State University College of Osteopathic Medicine

Western Michigan in Med-Peds

Matt Erlich—Brown

Travel Grant

Karina Zaveri-Whelan—University of Michigan
MEET THE NEW NMPRA BOARD!

Danielle Weber, MD—President

Danielle is originally from Everett, Washington, which is the suburb of Seattle known for Boeing. She grew up a huge Husky fan and got to bleed purple and gold everyday as a student at the University of Washington for undergrad. She then left the beautiful mountains and water for an east coast adventure to go to medical school at Jefferson Medical College in Philadelphia, Pennsylvania. Danielle now loves living in Cincinnati for residency and in her free time enjoys BBQs in her backyard, experiencing the wonderful arts in Cincinnati with the ballet and orchestra, and relaxing with her husband.

Tristan McPherson, MD—Past President

Tristan was born and raised in Hohenwald, TN just a couple of hours south of Nashville. From there, he ventured into west TN to attend Freed-Hardeman University and majored in Biblical Studies and Biochemistry. Continuing this Fievel-esque theme, he again went west to Memphis for medical school. During his free time, he enjoy tennis, watching Auburn football (War Eagle), indie rock/folk concerts, reading, hiking, and the occasional spelunking trip. He is in residency at Vanderbilt

Sarah Scott, MD—President Elect

Sarah is from Bloomington, Indiana, and subsequently believes that every year will be the year that Indiana University will win the NCAA Basketball Tournament. While an undergrad- uate at Vanderbilt, she majored in Neuroscience and minored in being a walk-on cross country and track athlete. She officially became a “Vandy Lifer” when she chose to stay at Vanderbilt for her Med-Peds training

Hannah Coletti, MD—Traditional Secretary

Hannah is a Tar Heel lifer! She has gone to the University of North Carolina for undergrad, medical school, and graduate school, and is now a PGY-2 at UNC Hospitals. She enjoys cooking and baking, listening to podcasts, and watching sports with her husband.

Chad Flowers, MD—Public Relations Secretary

Chad was born in Indianapolis, IN and didn’t get far from home attending Purdue for undergrad and then Indiana University for medical school. He was very pleased to ditch the snow and cold in favor of moving to South Beach for residency at University of Miami/Jackson Memorial He enjoys karaoke, paddle boarding, tennis, and avoiding sharks while swimming in the ocean in his free time.

Sam Wilson, MD—Treasurer

He grew up outside of Chicago, went to Northwestern for undergrad. He went to Michigan for medical school and he is finishing up his first year of residency in Michigan. His family is from Ghana, Africa.

Tiffany Yeh, MD—Webmaster

Tiffany was born and raised New Yorker, who left to explore her southern side at Rice University. She received her MD from Albert Einstein College of Medicine in the Bronx. She is currently a medicine-pediatrics resident at Brown University. Outside of the hospital, she enjoys traveling, learning languages, live music, and being outdoors (ie exploring the beautiful beaches of RI)