AAP: Letter from the Med-Peds Chair

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

Generally every 1-2 years there is an issue for the med-peds community and its organizational members (Med-Peds Program Directors, National Med-Peds Residents’ Association, AAP Med-Peds section) to work at together. Previous to today, we have worked on Title VII funding and issues related to the Affordable Care Act, updated requirements for med-peds program accreditation, and to combine our communication through one newsletter.

The two major issues of the day for us are to demonstrate our clinical and administrative outcomes as a specialty and to involve ourselves in the discussion with the pediatric hospitalist community about a proposed path to fellowship. Both issues will require the engagement of the many (not the few). Your organizational leaders look to you for ideas as we strategize and implement ways to best demonstrate our collective wisdom on both issues.

“major issues...to involve ourselves in the discussion with the pediatric hospitalist community about a proposed path to fellowship”

Enjoy this newsletter. I look forward to seeing you in Orlando in October.

Russ Kolarik, MD, FACP, FAAP
President of the Med-Peds Program Director Association
Tony Pastor, MD

PRESIDENT

Tony was born and raised in Houston, Texas. After spending most of his early school years in all boy catholic school, he attended Johns Hopkins University where he studied Molecular Neuroscience and attempted to quickly figure out how to interact with this new gender. During his time in Charm City he picked up running (a necessary survival skill in Baltimore) and has completed 3 marathons. He attended medical school at Baylor College of Medicine and is currently a PGY-2 at Baylor. His interests include I.D., LGBT health, baking cookies from a store bought package, and fishing...for compliments.

Tristan McPherson, MD

PRESIDENT-ELECT

Originally from Hohenwald, TN (Population: ~4000) just a couple of hours south of Nashville, I attended the University of Tennessee for medical school. I am now a 2nd year resident at Vanderbilt. I am passionate about global health and community development and plan to work in this area after an infectious disease fellowship. I’m excited to be involved with NMPRA and look forward to the next few years.

Vishal Patel, MD

TREASURER

Vishal was born and raised in Long Island, New York. After spending his childhood years outside of New York City, he moved to frigid, upstate New York for undergrad/medical school and to improve his skills on driving in inclement weather. He completed a dual degree (MD/MBA) program from Albany Medical College and moved a few hundred miles south to Christiana Care with his wife (OB-Gyn resident). He has been involved projects surrounding coordination of care and outcomes research for patients with ischemic heart disease. He hopes to incorporate these skills in his clinical practice. His personal interests include playing all sports, rooting for the Giants, Yankees, and Knicks and celebrating when the Patriots or Red Sox lose a game.

Laura Bishop, MD

SECRETARY

Laura is from New Albany, Indiana and stayed in the Louisville area for undergraduate and medical training at University of Louisville in Kentucky. She enjoys being near her family. Her professional interests are pediatric critical care, medical education and social media. She met her soon-to-be husband at his comic and games shop and is an avid gamer and comic nerd. They will be honeymooning during National Conference this year. She also enjoys nail art, auto racing, organizing events, classic video and pinball games, baking and reading.

Himani Divatia, DO

SECRETARY

Himani was originally born in India, but grew up as a true east coast girl. She attended high school in the “sweetest place on earth”, Hershey, PA, then completed undergrad at Penn State University. After college, she went to medical school at Philadelphia College of Osteopathic Medicine, where she indulged in Philly’s sports and city life. As a student, she was actively involved with NMPRA. Currently she resides in Delaware, and loves her life as a MedPeds resident. In her free time, she enjoys international soccer, traveling, participating in various community service activities, and spending time with her husband, family, and friends.

Benjamin Kinnear, MD

IMMEDIATE PAST PRESIDENT

Ben was born and raised in a little slice of heaven on Hwy 55 south of St Louis called Barnhart, MO. He stayed to attend St Louis University where he studied Chemistry and Theology. He helped found SLU’s first a cappella group – the Bare Naked Statues. After a post-collegiate year filled with Biochemistry research and backpacking Europe, he migrated 100 miles west to the University of Missouri, Columbia for medical school. He served as class VP and AOA president before joining the MedPeds family at the University of Cincinnati and graduated this year. He currently is Med-Peds chief at Cincinnati, and lives with his wife and 2-year-old daughter. He hopes to find a career in academic Med-Peds. Ben’s personal hobbies include traveling, running and playing terrible guitar for his daughter.
EXPERIENCES AT National Conference

Himani Divatia, DO
PGY-3 Resident

Every fall for the last 4 years I have looked forward to attending the AAP National Conference and Exhibition and the Annual NMPRA meeting for many reasons, and this year again I am so excited that my wonderful chief residents have saved this date for me.

These two conferences are very near and dear to my heart, and have taught me what leadership truly means on a national level. As a 4th year medical student, I attended my first national Pediatrics Conference where I took part in various workshops. Topics ranged from congenital heart disease to transitional care for young adults with special health care needs to updates in Peds ID or Peds ER. I had the opportunity to meet attendings from across the nation, as well as participate in the Section of Med Students, Residents and Fellows. The exhibit hall exposed me to various exhibitors, in addition to teaching art of purposeful questioning. The experiences and new friends that I gained at that conference were incomparable to past experiences. And they have kept me coming back for years.

Beyond this, The National Med-Peds Resident Association Annual Meeting is the highlight of my annual meeting experiences. Memories of seeing the NMPRA board talk enthusiastically about Med-Peds and deliver prestigious awards such as the NMPRA Travel Grants and the Howard Schubiner award prompted me to join NMPRA on a national level. Every annual NMPRA meeting I have attended has been inclusive, fun, engaging, and inspiring. It has continued to embody all that NMPRA represents, year after year.

And I cannot end without mentioning one of our biggest endeavors, The Physician Health and Wellness (PHW) Program, which I have been privileged to experience and coordinate over the past few years. This program enables students, residents and attendings interested and trained in Med-Peds to serve as Internists for the Pediatricians attending the conference, and share with them the most up to date adult preventative health care guidelines. The goal of this program is to educate and guide Pediatricians to care for themselves, as they continue to care for their own patients. It has also enabled me to meet various Med-Peds trained physicians throughout the nation and continue to be inspired by excellent role models. PHW continues into it’s 4th year this year. I remain excited by the student, resident, and attending interest we have thus far generated. I look forward to sharing this experience with others this year.

I encourage you to get involved in NMPRA and sign up for the national conference. It is what exposed me to the diversity and richness of Med-Peds, the meaning of leadership, and built relationships of a lifetime.

Get excited about Med-Peds and join us in Orlando!

Memo

If you haven’t, check out our newly revamped website:

WWW.MEDPEDS.ORG
• Fellowship Guide
• Med-Peds Toolkit for presentations on Med-Peds
• Jobs Board - Don’t forget about this when looking for employment!
The AAP section on Internal Medicine-Pediatrics is proud to report that the Physician Health and Wellness (PHW) program will return to the National Convention and Exhibition - held in Orlando, FL this year. The 3 day event will take place this October in the exhibit hall of the Orange County Convention Center.

This program is designed to give individualized information and evidenced-based education to pediatricians about their own adult health care needs.

Since our inaugural booth in 2009, hundreds of pediatricians have received information.

Looking forward to sharing in this Med-Peds event with you all!

**TOPICS COVERED:**
- Adult Immunizations
- Cancer Screening
- Cardiovascular disease
- Vitamins, diet & exercise
- Menopause
- Stress management
- Burnout prevention

**HOURS:**
- Saturday Oct 26: 12:15pm-4:00pm
- Sunday Oct. 27: 10:00 am - 4:00pm
  5:30 pm - 7:00 pm
- Monday Oct. 28: 10:00 am-2:00 pm

**REQUESTING VOLUNTEERS!**

**Physician Health & Wellness Booth**

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**VOLUNTEER**

Please consider donating an hour or more of your time during National Conference. It is a great opportunity to meet with other Med-Peds physicians and take a few minutes to provide an Internist viewpoint for Pediatricians attending the conference.

Please submit any blocks of time that you are able to volunteer. via email You can address any questions to us as well via email. We will pair up attendings with residents and medical students for each volunteer block.

*afriedland@christianacare.org*
*hdivatia@christianacare.org*

We will contact you with details and provide materials for education.

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**Medical Student Perspective**

**Selecting a Med-Peds Career**

**Abraham O. Kuranga**
Fourth year medical student

*As a political science major, I was prepared to enter law school until I had a change of heart.*

When I showed interest in healthcare, My mother suggested I explore respiratory therapy while completing pre-med courses. *A respiratory what?* Although clueless, I entered with an open mind. It opened my eyes to possibilities and options I didn't know existed and vaulted me to where I am today.

As a respiratory therapist, I worked with truly inspiring children and adults. Some had devastating diseases, but their hopeful eyes belied their diagnoses. This experience afforded me the opportunity to see some high acuity patients and the interesting pathology that went along with them. At the same time, I still wanted to do more than respiratory therapy.

Through my experience as a medical student, I discovered the option of combined Internal Medicine and Pediatrics. It continues to amaze me how many pathologies begin in early childhood and continue onto adulthood. To be able to follow and potentially divert such a path, allowing patients to manage these illnesses better, makes Med-Peds a fit for me. I want to be able to work with a newborn baby, and also have the skill set to evaluate an elderly patient with a COPD exacerbation. I envision diagnosing a rare genetic disease from early childhood in one room and then managing a middle-age man with chest pain in the next. The versatility of Med-Peds intrigues me and makes learning medicine fun. My hope is that Med-Peds will provide me the opportunity to change lives, no matter the age of my patient.
Ultrasound for Med-Peds Physicians

Keith Cross, MD, MS, M.Sc.
University of Louisville, Assistant Professor
Dept. of Pediatric Emergency Medicine

Ultrasound technology is emerging as a vital part of day to day patient care in various fields of medicine and surgery. While time constraints during a Med-Peds residency make it difficult for residents to partake in a dedicated elective time for hands-on ultrasound (US) practice, there are ways to gain the core skills with this technology. The most important step is to recognize that bedside US is most useful when it is directly integrated into the daily residency (and subsequent attending) work, rather than viewed as a standalone skill or elective rotation.

1 FAST Exam – This is the Focused Assessment by Sonography for Trauma (FAST), and is something you should learn to do in adult and pediatric emergency departments. Get your instructors to walk you through it on every trauma patient – especially the ones who seem fine (they make great practice subjects to learn what “normal” looks like). After a little practice, you will get very quick at it (less than 60 seconds). The traditional FAST exam includes 3 views of the abdomen (hepato-renal on the right; spleno-renal on the left; and Pouch of Douglas in the pelvis) looking for bleeding, plus one view of the heart to assess for effusion and function. The basic US skills for a FAST exam are excellent foundations for a wide variety of more advanced applications including cardiac echo, renal US, and bladder assessment, as well as evaluation for pyloric stenosis, appendicitis, biliary disease, adnexal pathology and pregnancy.

An example of a positive finding on a FAST exam in a pediatric trauma patient. This view shows a triangular black wedge between the kidney in the middle of the screen and the liver to the upper right. Normally, this virtual space – known as Morison’s Pouch – has no fluid. In a trauma patient, presence of fluid in this location strongly suggests internal bleeding.

2 Line Placement – Numerous studies in both adults and children have shown that US guidance improves line placement procedures. If your MICU rotation does not teach US guidance for non-emergent lines, ask why not! Pediatric settings (PICU, peds ED) tend to lag a bit, but most of them are now adopting US too. Take the time to learn this skill. Yes, it takes a bit longer on the front end to set everything up, but you save time later with fewer misses and fewer complications – especially in obese patients or otherwise difficult line procedures. It is simply much easier to hit that which you can see. The skills learned with line placement are directly applicable to several related applications: peripheral, arterial and PICC line placements, fluid aspirations (e.g. paracentesis, thoracentesis), aortic aneurysm ultrasound, Doppler studies for thrombosis, and US-guided nerve blocks.

3 Soft Tissue Assessment – A common clinical question for soft tissue infections is: does the patient have an abscess (drainable) or simple cellulitis (non-drainable)? For generations, this assessment was clinical, but several studies have shown significantly increased accuracy with a brief (20-second) bedside US exam. An abscess looks very different from cellulitis and is simple to spot. This application is one of the fastest and easiest to learn, and yet commonly overlooked. It has the benefit of not only showing where a drainable abscess is, but where best to incise it. It helps you avoid cutting into cellucitic tissue to no avail (and then having to explain your failure to patient and family). Once you learn this application, the same skills will help you find retained foreign bodies (or rule them out), diagnose tendon tears, see long bone fractures, and evaluate joint effusions.

Jumping into these 3 “gateway” applications of bedside US can get you started on the path to proficiency. If your residency program provides limited training, you can augment your skills with workshops at conferences and specific CME training. There is also a wealth of on-line resources (YouTube, etc.) for motivated novice sonographers.

Like any other skill, bedside US takes persistence and practice but is highly rewarding in the end. Start today and keep at it!

Mark Your Calendar:
ACP Med-Peds Session at IM14
- April 10, 2014 7:00 - 8:00 am
- A Practical (and Philosophical) Approach to Treating Common Mental Health Problems in the Primary Care Setting,
- Faculty: Elizabeth (Betsy) Toll, MD, FAAP

In Next Issue:
- Highlights from National AAP/NMPRA Conference.
- For general information about NMPRA, email nmpra@medpeds.org.
- To contribute to the next Perspective, please email secretary@medpeds.org.
- More information about med-peds can be found at www.aap.org/medpeds.

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