Chairperson’s Report
Mary Landrigan-Ossar, MD, PhD, FAAP, FASA

Hello everyone from “spring” in New England, where the advent of Daylight Savings Time apparently means that another snowstorm is looming! The Section on Anesthesiology and Pain Medicine has kept active over the winter months, and I’ll try to share a few highlights with you of the section’s work and some work from the AAP that may be of interest.

The American Academy of Pediatrics remains the most successful and loudest voice advocating for children’s health in the United States. This legacy and ongoing advocacy work was reviewed by the AAP’s CEO, Mark Del Monte, JD, in the March issue of Pediatrics. Gun violence prevention continues to be an area of focus for the Academy, and leaders and members of the AAP were important contributors in getting the bipartisan Safer Communities Act signed into law. This is not the end of the struggle for protecting children from gun violence, but is an important step along the road. It has become increasingly clear that in order for pediatric specialists to advocate for children, the Academy must advocate to support these physicians. To that end, the AAP has announced that supporting and protecting the health and well-being of pediatricians and pediatric specialists is a new strategic priority. Revised guidance on physician health and wellness was published this past November in Pediatrics and can be found here (more on this can also be found on page 14 of this newsletter). Also, the AAP News Room is a great place to learn about how the Academy is tackling important issues facing US children and children across the world on a daily basis.

Pediatrics will be celebrating its 75th anniversary this year, and our section was invited to contribute to a celebratory issue of the journal to commemorate this landmark anniversary. Drs. Lynne Maxwell, Charles Coté, and Andrew Herlich supplied commentaries on some of the groundbreaking publications from pediatric anesthesiology and pain medicine which have been published in the journal over the past seven and a half decades. For more information about this, please see page 8 of this newsletter. Also, please look for these commentaries in an upcoming issue of Pediatrics. In reviewing the publications that were considered for commentary, I was struck by just how many of the absolute bedrock of our specialty were published in Pediatrics. It was hard to limit ourselves to the few articles that we highlighted, and this is a testament to the amazing research produced by our colleagues and a testament to the close collaboration between pediatricians and pediatric anesthesiologists in advancing the safe care of children in and out of the operating room.

The Section on Anesthesiology and Pain Medicine has several statements in various stages of preparation, some specific to our section and some in collaboration with other sections in the Academy. These include The Pediatrician’s Role in the Evaluation and Preparation of Pediatric Patients Undergoing Anesthesia, Preoperative Clearance in Children With Congenital Heart Disease for Noncardiac Surgery: A Collaborative Approach with the Section on Cardiology & Cardiac Surgery and Referral to Pediatric Surgical Specialists in collaboration with the Surgical Advisory Panel. These statements are one of the major outputs of the Section and are a fantastic way to collaborate with our colleagues in other pediatric subspecialties; if any members have a suggestion for a new statement please reach out to propose it.

Our Section will be offering two panels at the upcoming AAP National Conference and Exhibition (NCE) in Washington, DC, this coming October. One is in collaboration with our...
friends from the Committee on Pediatric Emergency Medicine, titled “Crash Course in Pediatric Sedation,” and the other is titled “Taking the Pain out of Pain Management”. If you are planning to attend the NCE, please stop by and say hi!

We are delighted to celebrate the recipient of our 2023 Robert M. Smith Award, Dr. Navil Sethna. On a personal note, Dr. Sethna was one of my attendings when I was a pediatric anesthesia fellow. His example of clinical excellence combined with deep-rooted compassion for his patients set an example for me that I’ve endeavored to live up to in my practice. Please see page 4 for a tribute to Dr. Sethna and his amazing career.

If you are traveling to the SPA meeting in Austin, I look forward to seeing you there. I certainly understand that there are people who still do not feel it’s appropriate for them to travel at this time. To our friends who will not be in Austin, stay in touch by email. Our Section will have a booth in the exhibit hall at the meeting, and I will be spending some time there so please stop by and say hello. As always, we hope to find ways to involve more of our members in the work of the Section and are open to hearing any ideas for new initiatives.

Call for 2024 Robert M. Smith Award Nominees

Each year at the SPA/AAP PEDIATRIC ANESTHESIOLOGY Meeting, the Robert M. Smith Award is given to recognize an individual who has made outstanding contributions to the field of pediatric anesthesiology. The AAP Section on Anesthesiology and Pain Medicine established the Robert M. Smith Award in 1986 to honor Dr. Smith for his contributions in the fields of pediatrics and pediatric anesthesiology. Dr. Smith was one of the pioneers in anesthesiology who felt strongly that one of the goals of the field should be to improve techniques and equipment for pediatric patients.

At this time, the AAP Section on Anesthesiology and Pain Medicine Nominations Committee is ready to review nominations for the 2024 Robert M. Smith Award. If you have a potential nominee in mind, please do the following:

1. Complete the online nomination form at https://www.surveymonkey.com/r/H9MZ2DH.
2. Submit a 2-3 page bio-sketch of the nominee to Jennifer Riefe, Manager, AAP Section on Anesthesiology and Pain Medicine, at jriefe@aap.org.

All nominations are due by June 1, 2023.

Thank you for your interest in the Robert M. Smith Award and for your consideration of becoming involved in the nominations process. The AAP Section on Anesthesiology and Pain Medicine Nominations Committee greatly appreciates the feedback of all pediatric anesthesiologists as it annually generates a list of potential individuals to receive this esteemed award.

Robert M. Smith Award Winners

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<tr>
<th>Year</th>
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<td>1986</td>
<td>Robert M. Smith</td>
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<td>David Steward</td>
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<td>Dolly Hansen</td>
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<td>Al Hackel</td>
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<td>Charles Lockhart</td>
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<td>Lynne Maxwell</td>
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<td>Peter Davis</td>
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<td>Robert Friesen</td>
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<td>Nancy L. Glass</td>
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<td>2020</td>
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<td>Corrie T.M. Anderson</td>
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<td>Shobha Malviya</td>
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<td>2023</td>
<td>Navil Sethna</td>
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New AAP Advocacy Report Highlights Federal & State Advocacy

Be sure to check out the Academy’s winter 2023 advocacy report, which provides an in-depth look at advocacy activities at the federal and state level impacting child health. Read the report here.
AAP-Sponsored Events and Awards at the 2023 Winter Meeting

PEDIATRIC ANESTHESIOLOGY, March 31-April 2, 2023, Austin, Texas

The AAP Section on Anesthesiology and Pain Medicine takes great pleasure in having the opportunity to partner with the Society for Pediatric Anesthesia (SPA) each year in offering the SPA/AAP Pediatric Anesthesiology Meeting. This year’s joint meeting will take place March 31-April 2 in Austin, Texas. The mobile meeting guide can be viewed here.

The AAP proudly sponsors a number of events and awards at the annual Pediatric Anesthesiology meeting. Please read on for information about the 2023 AAP Ask the Experts Panel, AAP Advocacy Lecture, John J. Downes Resident Research Award winners, and the esteemed 2023 Robert M. Smith Award winner.

### AAP Ask the Experts Panel

Saturday, April 1, 2023
8:15 am – 9:30 am

**Moderators:**
Travis L. Reece-Nguyen, MD, MPH, FAAP; Remigio A. Roque, MD, FAAP

8:15 am – 8:45 am
**Providing Affirming Care to Gender Diverse Patients in the Perioperative Setting**

Upon completion of this presentation, the participant will be able to:

1. Describe the difference between gender identity and sexual orientation;
2. Identify health disparities that transgender and gender diverse children and adolescents experience;
3. Apply the principles of providing affirming care in the perioperative setting

8:45 am – 9:15 am
**Caring for Trans Children: A Parent’s Perspective**

Upon completion of this presentation, the participant will be able to:

1. Recognize the importance of gender affirming care for trans children;
2. Discuss the political and personal factors that impact care;
3. Describe simple strategies for gender affirmation

9:15 am – 9:30 am
**Q & A Discussion**

### AAP Advocacy Lecture

**Firearm Injury, Prevention, and Policy: What Clinicians Need to Know**

Friday, March 31, 2023
11:15 am – 11:55 am

Katherine Hoops, MD, MPH, FAAP

Assistant Professor, Pediatric Critical Care Medicine

Johns Hopkins Baltimore, MD

Dr. Katherine Hoops is an attending physician in the Pediatric Intensive Care Unit at the Johns Hopkins Hospital and an Assistant Professor of Pediatric Critical Care Medicine. Dr. Hoops is the Director of the Pediatric Critical Care Medicine Vascular Access Service and leads point of care ultrasound education.

Dr. Hoops’ research is focused on a public health approach to the prevention of firearm injury and violence. She is a core faculty member in the Johns Hopkins Bloomberg School of Public Health’s Center for Gun Violence Prevention and Policy. She conducts research on creating effective policy measures, implementing a trauma-informed approach to care, effectively communicating with patients and families about firearm safety, and improving physicians’ education on and counseling related to firearm safety.

She is a member of the American Academy of Pediatrics (AAP) and the American Public Health Association. She serves as an official spokesperson for the AAP and works with local and national media to provide education on issues related to child health.

She received her undergraduate degree in biology from Florida State University in Tallahassee, Florida. She earned her medical degree at the University of Miami Miller School of Medicine in Miami, Florida. She completed a Master’s in Public Health concentrating on Health Policy and Management in injury and violence prevention at the Johns Hopkins Bloomberg School of Public Health. She completed her residency training in Pediatrics at the University of Alabama Birmingham before coming to Johns Hopkins University School of Medicine to complete her fellowship in Pediatric Critical Care Medicine. She is currently a Juris Doctor candidate at the Georgetown University Law Center (2025).

### Learning Objectives

Upon completion of this presentation, participants will be able to:

1. Describe the epidemiology of firearm morbidity and mortality in the U.S.;
2. Recognize common risk factors that elevate the potential for firearm injury;
3. Describe evidence-based policies for gun violence and injury prevention;
4. Identify barriers to communicating with patients about firearm safety and strategies to overcome those barriers

### 2023 AAP John J. Downes Resident Research Award Winners

Each year, the AAP Section on Anesthesiology and Pain Medicine selects three abstracts to receive the American Academy of Pediatrics John J. Downes Resident Research Award. This year’s winners are:

**1st Place**

Kirti Sahu, MD

Cincinnati Children’s Hospital Medical Center

*Utilization of point-of-care gastric ultrasound as a risk assessment tool in pediatric patients before surgery: A retrospective review*

**2nd Place**

Matthew Cucino, MD

Emory University

*Incidence, risk factors, and outcomes of postreperfusion syndrome in pediatric liver transplantation*

**3rd Place**

Carlos J. Ortiz

Interamerican University of Puerto Rico

*Challenges to research recruitment in diverse hispanic, non-hispanic white and black pediatric pain cohorts*

The oral abstract presentations and awards will be given on Saturday, April 1, from 10:20 to 11:00am.

(Continued on page 4)
2023 AAP Robert M. Smith Award Winner
Navil Sethna, MB, ChB, FAAP
Professor of Anaesthesia
Harvard Medical School
Clinical Director, Pediatric Pain Rehabilitation Center;
Senior Associate in Pain Medicine and Perioperative Anesthesia
Department of Anesthesiology, Critical Care and Pain Medicine
Boston Children’s Hospital

The presentation of the 2023 Robert M. Smith Award will take place on Friday, March 31, from 11:55am to 12:15 pm, immediately following the AAP Advocacy Lecture.

Tribute to Dr. Navil Sethna
Constance S. Houck, MD, MPH, FAAP,
Mary Landrigan-Ossar, MD, PhD, FAAP,
and Christine Greco, MD, FAAP

We are extremely excited to provide this tribute to our friend and colleague, Navil Sethna, MB, ChB, FAAP, the 2023 Robert M. Smith awardee. Navil is a long time AAP Section on Anesthesiology and Pain Medicine member and an internationally known expert in pediatric pain medicine. He has been a leader in all aspects of pediatric acute and chronic pain management for more than 35 years and has served as a mentor to a generation of physicians in pediatric pain management.

Navil was born in Baghdad, Iraq, where he attended medical school at the Medical College of Baghdad. After the rise of Sadaam Hussein, his family moved to the United Arab Emirates where he trained in emergency medicine and surgery. He subsequently moved to the U.S. in 1979 and, after completing a year of surgical training at Brookdale Hospital in Brooklyn, NY, realized that a career in anesthesiology was his true calling. He went on to complete his anesthesiology residency in Brooklyn and then came to Boston Children’s Hospital (BCH) in 1982 to do a Fellowship in Pediatric Anesthesiology. After joining the staff at BCH in 1983, it was clear to all that Navil could do anything he set his mind to. He became an invaluable member of the Department and was especially known for his expertise in caring for the most complex patients. He was a founding member of the Spine Surgery Multidisciplinary Perioperative Team for Patients with Neuromuscular Disorders as well as the Anesthesia Liver Transplantation Team. His work with complex patients prompted his interest in regional anesthesia and a search for better ways to treat perioperative pain in children. This led him to a collaboration with Dr. Charles Berde to create the Pain Treatment Service at Boston Children’s Hospital in 1986, one of the first comprehensive pediatric pain services in the U.S.

In order to further educate himself in the science of pain medicine, Navil subsequently took a 15-month sabbatical in 1994 to work with Mitchell Max at the National Institutes of Health in Bethesda, Maryland, where he was involved in some of the landmark research on pain mechanisms at the National Institute of Dental Medicine. After returning to BCH, he used the insights he gained to advance both the clinical and research aspects of the Chronic Pain Clinic. He also went on to develop the foundations for the BCH Headache Clinic and the Pediatric Pain Rehabilitation Center, where he currently serves as the Clinical Director. He is considered the leading expert in most areas of pediatric pain medicine, including Complex Regional Pain Syndromes, quantitative sensory testing, and pain rehabilitation. Over the years, Navil has made countless scientific contributions to the field of pediatric anesthesiology and pain medicine which have shaped the way we care for patients.

Navil has been a longstanding and supportive member of the AAP Section on Anesthesiology and Pain Medicine. He represented the Massachusetts chapter of the AAP as part of the legislative subcommittee on pain management. He was also a lead author on a joint statement of the Section on Anesthesiology and Pain Medicine and the Committee on Fetus and Newborn entitled “Prevention and Management of Procedural Pain in the Neonate: An Update”.

Navil is a true renaissance man and an incredible leader in the field of pediatric pain medicine. His efforts have changed the lives of not only the many patients he has cared for over the years but also those of us who have had the pleasure to work closely with him. Navil has taught innumerable trainees how to care for the sickest and most complex patients, both in and out of the operating room, and he continues to be the expert who is always willing to share his knowledge and advice. He is incredibly conscientious and passionate about what he does. He is always kind, considerate and thoughtful, even when he disagrees with your viewpoint. He is an incredible storyteller, and we always look forward to hearing his stories. Congratulations on your achievements, Navil, and thank you for your contributions and friendship.
See in *Pediatrics, Hospital Pediatrics, AAP Grand Rounds, and NeoReviews*

**Pediatric Anesthesia**
- Sleep Apnea in Children With Down Syndrome
- Is General Anesthesia in Childhood Safe?
- Clinical Outcomes Associated With Intranasal Dexmedetomidine Sedation in Children
- The Nature, Frequency, and Timing of Pediatric Sedation Adverse Events
- Minimally Invasive Fetal Surgery and the Next Frontier
- Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity
- Pediatric Ethics Consultation Services
- Prioritizing Sickle Cell Disease

**Pediatric Cardiac Anesthesia**
- Analgesia, Sedation, and Anesthesia for Neonates With Cardiac Disease
- Infants Do Not Benefit From Methylprenisolone During Heart Surgery
- Preoperative Management of Neonates With Congenital Heart Disease

**Neonatal Congenital Heart Disease**
- Surgical Readiness and Timing

**Pediatric Pain Medicine/Opioids/Substance Use Disorder**
- Xylocaine Complicating Opioid Ingestions in Young Children
- Buprenorphine Dispensing Among Youth Aged ≤ 19 Years in the United States: 2015-2020
- Pediatric Edible Cannabis Exposures and Acute Toxicity: 2017–2021
- Implementation of an Opioid Weaning Protocol at a Tertiary Care Children’s Hospital
- It Is Time for Pediatric Hospitalists to Treat Opioid Use Disorder
- A Novel Inpatient Buprenorphine Induction Program for Adolescents With Opioid Use Disorder

**Diversity, Equity, and Inclusion**
- Geographic Distribution of Clinical Care for Transgender and Gender-Diverse Youth
- Equity Dashboards: Data Visualizations for Assessing Inequities in a Hospital Setting

**Pediatric Palliative Care**
- Development of Primary Palliative Care: End-of-Life Quality Measures: A Modified Delphi Process
- Surgical Intervention in Patients Receiving Pediatric Palliative Care Services

**Pediatric Hospital Medicine**
- Policy Statement: [The Hospitalized Adolescent](#)
- Clinical Report: [The Hospitalized Adolescent](#)
- Inpatient Care Team Views on Child Life Services: A Scoping Review
- Linguistic Services for Hospitalized Children With Non-English Language Preference: A PRIS Network Survey

**Pediatric Surgical Care/Trauma/Emergency Care**
- Policy Statement: [Firearm-Related Injuries and Deaths in Children and Youth: Injury Prevention and Harm Reduction](#)
- Technical Report: [Firearm-Related Injuries and Deaths in Children and Youth](#)
- Policy Statement: [Crowding in the Emergency Department: Challenges and Recommendations for the Care of Children](#)
- Policy Statement: [Access to Critical Health Information for Children During Emergencies: Emergency Information Forms and Beyond](#)

**Clinical Informatics**
- Parent Perspectives on Sharing Pediatric Hospitalization Clinical Notes
- Performance Characteristics of a Machine-Learning Tool to Predict 7-Day Hospital Readmissions

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**Calling for newsletter articles!**

For our next SOA newsletter, the FALL 2023 edition

Please send proposals to Debnath Chatterjee, Newsletter Editor, at: Debnath.Chatterjee@childrenscolorado.org by August 1, 2023

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**Welcome New Members!**

Rakesh Das  
Bronx, NY

Matthew DiGiusto  
Baltimore, MD

William Green  
Kingwood, TX

Alicia Henderson  
Wynnewood, PA

Scott Watkins  
Saint Petersburg, FL
2023 AAP COUNCIL & SECTION ELECTIONS ARE NOW OPEN THROUGH MARCH 31st

WHAT:
Elect the future leaders of your AAP Councils & Sections and vote on any applicable bylaw referendums.

Our Section on Anesthesiology and Pain Medicine has three positions currently open for voting. There are (2) member positions open on our Section Executive Committee for which there are five candidates running (Lynn Correll, MD PhD, FAAP, Meera Gangadharan, MD, FAAP, Lena Sun, MD, FAAP, Rosalie Tassone, MD, FAAP, and Brittany Willer, MD, FAAP). In addition, the position of Chairperson-Elect is on the ballot this spring, a role for which Christina Diaz, MD, FAAP, is running unopposed.

WHY:
Exercise your right to vote as a member and to influence the future direction of the Section.

WHEN:
March 1-31, 2023. The elected Council leaders will take office on July 1, 2023. The elected Section leaders will take office on November 1, 2023.

WHERE:
Visit https://www.aap.org/vote to view the online ballot and biographical information on the candidates. Use your AAP ID and password to log in. Please contact AAP Customer Service at 1-866-THE-AAP1 (1-866-843-2271) if you experience any issues logging in to AAP.org.

Note: If you are a member of more than one Council or Section, you will see ballots only for the council(s) and section(s) conducting elections this year.

Any questions about this service may be directed to the Section and Council Elections Team at sectionelections@aap.org

Thank you in advance for your participation!

About Our SOA Candidates:

For two (2) Executive Committee Member Positions:

Lynn Correll, MD, PhD, FAAP

I am currently a Clinical Assistant Professor of Anesthesiology, Pharmacology and Therapeutics at the University of British Columbia and an attending pediatric anesthesiologist at the British Columbia Childrens Hospital in Vancouver, British Columbia. I’ve recently moved to Canada from Rochester, New York, where I trained and worked for the past 10 years. I completed a joint MD/PhD program at the University of Utah in Salt Lake City, residency training in both categorical pediatrics and anesthesiology at the University of Rochester, and a pediatric anesthesiology fellowship at the Golisano Childrens Hospital at the University of Rochester. I completed an Integrative Medicine fellowship as well through the Academy of Integrative Health and Medicine in La Jolla, California in 2020. I have been a member of the AAP since 2010 (when I joined as a medical student) and continued my membership through pediatrics residency, a pivot to anesthesiology training, and ultimately becoming a pediatric anesthesiologist. My continuous involvement with the AAP has been one of the most important connections of my training and my career, and I would be thrilled to contribute now as an SOA Executive Committee Member. My background in both categorical pediatrics and pediatric anesthesiology makes me uniquely qualified to fill this upcoming vacancy on the committee. I have been engaged with the AAP for many years and am familiar with the workings of the organization, the role that the section plays, and the importance of our perspective as perioperative consultants on the health of children both in and out of the operating room. My additional training in integrative medicine and participation in the AAP Section on Integrative Medicine (SOIM) has allowed me to understand the fabric of the AAP as a whole and to become intimately familiar with how individual sections engage their members, advocate for their field, and work with one another for the betterment of all our pediatric patients. I also have a strong record of involvement with both the SPA and the ASA as a member of various committees including those on education, women’s empowerment and leadership, and global delivery of anesthesia. In recently moving to Canada, I have also been exposed to a new healthcare system and am recognizing the importance of communication, advocacy, and knowledge-sharing about pediatric anesthesia.

Meera Gangadharan, MD, FAAP

I am a pediatric anesthesiologist at the University of Texas Health Science Center in Houston, TX. I practiced general pediatrics for five years before I did my residency in anesthesiology in San Antonio, Texas. I did my fellowship in pediatric anesthesia at the Childrens Hospital of Philadelphia. I have been practicing pediatric anesthesia since while maintaining my certification in general pediatrics. My passions are teaching and collaborating with pediatric subspecialties in addition to pediatric disaster preparedness, pediatric trauma, pediatric cardiac anesthesia and patient blood management. I have done several research projects in pediatric anesthesia.

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AAP Council and Section Elections  
(Continued from page 6)

anesthesia despite it not being a requirement for my employment. I live in Houston, TX, with my husband. My hobbies include exercising, reading novels, playing chess and word games, and pampering my nieces.

Lena Sun, MD, FAAP

Following residency training in Pediatrics and Anesthesiology, and completing a T32 research fellowship in developmental pharmacology, I joined the Department of Anesthesiology at Columbia as faculty in pediatric anesthesiology in 1989. In 1997, I was promoted to Associate Professor of Anesthesiology and Pediatrics at Presbyterian Hospital (hospital tenure) and received an appointment as endowed E.M. Pepper Professor of Pediatric Anesthesiology in 2010. From 1995 to 2005, my research was funded by NIDA to examine the cardiotoxic effects of prenatal cocaine exposure in a rat model. I also conducted clinical and translational research related to congenital cardiac disease in collaboration with colleagues in Cardiology, Cardiac Surgery, Pharmacology and Anesthesiology. Since 2007 I have changed my research focus to anesthetic neurotoxicity and assembled an interdisciplinary team to design and conduct the PANDA (Pediatric Anesthesia NeuroDevelopment Assessment) study, a sibling-matched ambidirectional cohort study on anesthesia and neurodevelopment in children with early childhood anesthesia exposure. At Columbia University Medical Center, I have served in educational and administrative leadership roles, which include program director of the ACGME-accredited pediatric anesthesiology fellowship program, Chief of Pediatric Anesthesiology and Executive Vice Chair of the Department of Anesthesiology. Nationally, I have held leadership roles in education and research. I served for two years after being appointed in 2018 as the Medical Director of SmartTots, a public-private partnership between FDA and the International Anesthesia Research Society (IARS) that is dedicated to promoting research in children undergoing anesthesia and sedation. I have served as a board member of the Pediatric Anesthesiology Program Directors Association and as a senior examiner for the Pediatric Anesthesiology board certification exams. I am currently funded as a PI in an FDA contract studying neurodevelopmental outcomes of babies with prenatal opioid exposure. I also serve as a PI in an UO1 funded by FDA for a public private partnership called ACTTION/PASI. I am the PI overseeing PASI (Pediatric Anesthesia Safety Initiative). I am currently the Treasurer of the Association of University Anesthesiologists, having been elected to that position in 2019 and then re-elected in 2022. In addition, I was one of the founding board members of Wake Up Safe and have continued to be a part of the leadership team for this patient safety organization in pediatric anesthesiology. I have also been an active member of the Pediatric Anesthesia Leadership Council and served as the chair of the Nominating Committee for the CEO in 2021 and President in 2022. Of all of my different responsibilities, the one I have found most rewarding and challenging is that of being a mentor. Over the years, I have served as a mentor to residents, fellows, and junior faculty. My goal with each one is not just to help to chart their career so that they become successful but also that they feel fulfilled. In conclusion, I respectfully submit my name as a candidate to serve on the AAP SOA Executive Committee. If elected, I hope to leverage my experiences as a researcher, an educator, a mentor, and a clinical leader to ensure this organization will continue to be a vibrant and important organization for the future successes of pediatric anesthesiology and perioperative medicine.

Rosalie Tassone, MD, MPH, FAAP

Rosalie Tassone, MD, MPH, FAAP, is currently Chief of Anesthesia and Chief of Pediatric Anesthesia at HCA Florida Palms West Hospital. She is a graduate of the Pennsylvania State University College of Medicine, completed a residency in anesthesiology at the University of Illinois at Chicago, and a fellowship in pediatric anesthesiology at Boston Children’s Hospital. She sits on the Board of Directors of the Society for Pediatric Pain Medicine, the Florida Society of Anesthesiologists, and the American Board of Medical Acupuncture. She is an active member of the Society for Pediatric Anesthesia, the American Society of Anesthesiologists and is the inaugural and current moderator for the Florida Society of Anesthesiology Webinar Series “Hot Topics in Pediatric Anesthesia.”

Brittany Willer, MD, FAAP

I have been an Assistant Professor of Anesthesiology at The Ohio State University and a pediatric anesthesiologist at Nationwide Children’s Hospital since 2018. I was previously an Assistant Professor at the University of Iowa Healthcare & Clinics. I am applying for a position on the Section on Anesthesiology and Pain Medicine Executive Committee because I am a passionate advocate for improving pediatric healthcare, and I believe that my professional experiences will help me to serve effectively in this role. At Nationwide Children’s Hospital, I am the Director of Quality Improvement & Safety in the Department of Anesthesiology. In this capacity, I am responsible for creating and leading multi-disciplinary teams to evaluate patient care processes and implement changes that enhance patient safety and quality of care. I collaborate with faculty and nursing staff across multiple pediatric specialties to develop patient care pathways and create solutions for gaps in current processes. I am also the Course Director of the Professional Development Series in our department. I have created a longitudinal series of workshops aimed at exposing young and promising junior faculty to professional topics that promote academic growth. The ultimate goal of these workshops is to inspire young faculty to involve themselves in projects that enhance the pediatric healthcare experience and outcomes, whether through research, education, or leadership. Additionally, I am a physician scientist, focusing my research efforts on elucidating racial disparities in perioperative outcomes and developing interventions to mitigate inequities in pediatric care. Within the anesthesia and surgical community, my research in diversity, equity, and inclusion (DEI) is well-recognized. However, to eliminate inequities in perioperative care, non-surgical pediatric specialties must also be engaged. To this end, I have successful research collaborations (both past and present) with pediatric intensivists, pediatric hospitalists, and pediatric ambulatory physicians. It is within these multi-disciplinary partnerships that holistic improvements in pediatric care are inspired. Through my work in quality improvement, faculty development, and DEI research, I hope to positively influence pediatric medicine. I believe that serving on the SOA Committee for the AAP would allow me to collaborate with other pediatric physicians to ensure high quality, equitable care for children across clinical environments.

(Continued on page 8)
For the position of Chairperson-Elect:

**Christina Diaz, MD, FAAP**

I have the privilege of serving as an academic pediatric anesthesiologist at the Medical College of Wisconsin (MCW) and practicing at the Children's Hospital of Wisconsin (CHW), a tertiary pediatric care center. Over the past 14 years, I have pursued the goal of excellent patient care, dedicating time to our trainees’ education and professional development, and serving my patients, institution, and specialty. My passion for teaching has led me to multiple leadership roles in our anesthesia residency and pediatric anesthesia fellowship programs, with particular interest in simulation and team-based training, presentation skills, and mentorship. Additionally, as a member of the Acute Pain Service, I train our pediatric anesthesia fellows/residents in perioperative pain control.

Patient care is not just limited to the patient directly in front of you; the role of a physician is to also care for the patient in the larger context of our society. Because of this understanding, physicians should add their voices, education, and knowledge to the larger healthcare framework, including hospital/institutional committees, regional/national organizations, and government policies.

By participating in my local quality improvement committee, trauma reviews, and wellness committee, I strive to improve our immediate care. I have advocated for physician-led anesthesia care through my roles in ASA committees, the ASA House of Delegates, and the WSA (Wisconsin Society of Anesthesiologists) Executive Board. I have participated in legislative days through the AAP, ASA, & WSA. I directly testified to the Wisconsin health committee to educate our legislature about the dangers of vaping, the need for appropriate monitoring during dental sedation, and other concerns that directly affect our patients’ care. While on the AAP executive board, I have been directly involved in writing and revising policy statements that guide our practice of care. I have presented multiple workshops, 26 problem-based learning discussions, and multiple panels at national meetings to fulfill our mission of continuous learning. In 2019, CHW physicians recognized a new disease process caused by vaping (EVALI). I subsequently collaborated with colleagues from multiple specialties to educate the medical community, update policies, and inform the public, school educators, and legislatures about the dangers of vaping and nicotine.

In summary, I plan to continue to advocate for my pediatric patients and serve my specialty. With your support, I hope to continue our vital work within the AAP Section on Anesthesiology and Pain Medicine.

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**PEDIATRICS – 75th Anniversary**

Join us as we commemorate the AAP flagship journal *PEDIATRICS™ 75th anniversary*—an entire year filled with learning opportunities about the journal’s rich history with seminal articles, infographics, videos, podcasts, and more.

Thank you to Drs. Charles Coté, Andrew Herlich, and Lynne Maxwell for their contributions to the anniversary celebration on behalf of the Section. As part of the Journal’s diamond jubilee celebration, AAP Sections were asked to identify landmark papers published in *PEDIATRICS* over the past 75 years pertinent to the Section’s discipline. Representing pediatric anesthesiology, Dr. Maxwell will examine the early evolution of knowledge about the pathophysiology of respiratory distress syndrome of the newborn, including the role of surfactant, with a commentary on the following paper: Reynolds EOR, Jacobson HN, Motoyama EK, Kikkawa, Craig JM, Orzalesi MM, Cook CD. The effect of immaturity and prenatal asphyxia on the lungs and pulmonary function of newborn lambs: the experimental production of respiratory distress. *Pediatrics* 1965; 35(3): 382-92. Dr. Coté will address patient safety in pediatric sedation with an in-depth look at the evolution of the AAP Sedation Guidelines, as published in *PEDIATRICS*, with 6 iterations from 1983 to 2019. And Dr. Herlich will tackle anesthetic neurotoxicity, an area of concern that has arisen in the most recent quarter-century, with a commentary on the following: Flick RP, Katusic SK, Colligan RC ET AL. COGNITIVE AND BEHAVIOR OUTCOMES AFTER EARLY EXPOSURE TO ANESTHESIA AND SURGERY. PEDIATRICS 2011; 128:e1053-e1061.

We expect these commentaries to be released this summer as the celebration continues. Stay tuned!

Visit [https://publications.aap.org/pediatrics/pages/pediatrics75](https://publications.aap.org/pediatrics/pages/pediatrics75) to learn more.
Society for Pediatric Anesthesia’s Mission Driven Mentoring Program: A Programmatic Approach to Advancing Diversity, Equity, and Inclusion

Authors:

MDMP Co-Directors Nathalia Jimenez, MD, MPH, University of Washington; Helen H. Lee, MD, MPH, University of Illinois, Chicago

MDMP Scholars Tracy L. Burns, MD, FAAP, DABA; Giuliana Geng-Ramos, MD; Elisha Peterson, MD, MEd, FAAP, FASA, Children’s National Medical Center in Washington, DC; Faith Ross, MD, University of Washington, Seattle, WA

Introduction:

In 2020, the Society for Pediatric Anesthesia (SPA) conducted a survey of its members on their beliefs and priorities related to diversity, equity, and inclusion (DEI) within pediatric anesthesiology. This survey identified a diverse set of needs at the level of the organization, such as a lack of diversity in leadership, the need for infrastructure and opportunities for leadership and engagement of diverse members, and the need for DEI conference content. Needs at the level of pediatric anesthesiology as a specialty included a focus on the recruitment of trainees from underrepresented groups in medicine to better represent the population we serve and the need to better understand the experience of minoritized children undergoing perioperative care. We present an organizational response to advancing DEI.

In 2022, the SPA DEI committee, with the support of the SPA Board, launched an inaugural program, the Mission Driven Mentoring Program (MDMP). The MDMP provides one-year pilot funding for projects that broadly address DEI in the field of pediatric anesthesiology. In addition, the MDMP provides mentoring, DEI education and sponsorship to the next generation of DEI leaders in our specialty. Sponsorship is provided for presentations on national platforms (e.g., an oral presentation at the national meeting). Visibility is amplified by featuring the scholar’s work in video clips about their projects and team for future dissemination.

Following are excerpts from the inaugural MDMP Scholars about their projects and their experiences during the grant period:

Drapes Down

Tracy L. Burns, Giuliana Geng-Ramos, Elisha Peterson

Drapes Down, aptly named to break the barrier and increase exposure to anesthesiology, is a medical student mentoring initiative. Our team developed a program specifically for medical students at Howard University College of Medicine (HUCM) interested in or curious about a career in anesthesiology. By increasing the exposure of anesthesiology to students of color, we can directly address the lack of diversity in anesthesiology and the specialty sub-speciality.

The literature has shown that racially concordant and culturally sensitive care improves outcomes in historically marginalized groups. The anesthesiology workforce in the United States has historically been dominated by White men. In 2013, people of color comprised 39% of the US population and only 20.3% of US anesthesiologists. Black physicians represent less than 5% of anesthesiologists. This is particularly relevant within pediatric anesthesiology, where Black children, compared to Whites, are more than twice as likely to die after surgery. Our aim is to alleviate health disparities by supporting an ethnically and culturally diverse physician workforce.

HUCM was the first school of medicine to serve Black patients and has made an outsized contribution in providing physicians of color in the United States. However, it does not have an anesthesiology residency program, an even greater barrier to entry. HUCM is not alone in its lack of an anesthesiology residency. The Drapes Down program exposes students to anesthesiology by organizing operating room and perioperative services rotations, anesthesia faculty mentorship, and promoting peer and professional networking opportunities. We hope this program will encourage other anesthesiology training programs to engage in a similar effort to expose students of color to anesthesiology.

Programming started after match day with a celebration for the 4th year medical students and a meet and greet for the 3rd years embarking on the Drapes Down journey. There, mentors and mentees met, and the programmatic year was laid out. Students doing an anesthesia rotation at Howard University Hospital worked with Dr. Burns in an intensive program meant to prepare them for away rotations and provide talking points for interviews. Mentors at Children’s National welcomed students into the operating room to expose them to the joys of pediatric anesthesia. Outside of the hospital, each student was afforded a complimentary coaching session with Dr. Peterson. The information obtained from the students during the coaching session was used to pair each student with a dedicated mentor. Students practiced owning their stories by exploring how adverse experiences create resilient people. They were also given mock interviews in preparation for a residency interview season. Mentors assisted with residency applications, interview advice, and rank list guidance. Several mentees participated in research projects at Children’s National and presented their work at national meetings. Throughout the year, the students were surveyed to ascertain their thoughts and desires for this pilot endeavor.

(Continued on page 10)
Medical students who did away rotations routinely reported feeling very comfortable and knowledgeable in the operating room. They felt prepared and confident. Faculty mentors reported increased work satisfaction while mentoring the students.

While there were numerous successes, the program encountered challenges. During the time of the grant, HUCM dissolved the department of anesthesia, leaving a void in the structure of medical student education. Some of the students had insurmountable difficulties with the step and shelf exams, and some received very few interviews. These are factors that our program cannot fix in a short period of time. Nonetheless, Drapes Down was able to support students through these difficulties with concrete actions; for example – preemptively preparing students to scramble in the Supplemental Offer and Acceptance Program (SOAP). Nine Drapes Down participants applied to the anesthesiology residency match, and we are waiting to learn our success match rate. Just as the program began one year ago, Drapes Down will host an upcoming celebration for our newly matched students along with a meet and greet for incoming students embarking on the journey.

Since this was the pilot year of Drapes Down program, the creators fully anticipate that, with visibility, the number of students choosing a career in anesthesiology will increase. With support from the SPA and MDMP, the Drapes Down team established a new evergreen model to overcome current limitations for medical schools without anesthesiology residencies. It is potentially replicable across institutions and medical specialties. This new model will provide a valuable resource for the wider medical community to address racial disparities in health care.

Impact of Medicaid Expansion on Pediatric Congenital Cardiac Outcomes

Faith Ross

We know that the expansion of Medicaid eligibility has resulted in a reduction in the overall number of uninsured children and has had a more profound impact on racial and ethnic minorities, thus reducing racial/ethnic insurance disparities. We also know that having insurance is related to better outcomes from congenital heart surgery, but no studies have evaluated the effect of Medicaid expansion on surgical outcomes or whether it has decreased outcome disparities in children with congenital heart disease (CHD). I am working with a multidisciplinary team of researchers, including cardiologists, cardiac surgeons, and cardiac intensivists to design a two-step project to evaluate the effect of Medicaid expansion in improving outcomes for children with CHD. In step one, which is partially funded by the MDMP, we evaluate the impact of Medicaid expansion on overall outcomes. In step two, we hope to look specifically at the impact of expansion on racial and ethnic disparities.

For this first phase, taking advantage of the natural experiment related to the difference in adoption of Medicaid expansion in different states in the US, we are using the Society for Thoracic Surgeons Congenital Heart Surgery Database to compare rates of mortality, major complications, and length of hospital stay after congenital heart surgery among children in states that adopted Medicaid expansion to those in non-expansion states. We are adjusting for factors associated with the outcomes described above, including surgical complexity, prematurity, genetic syndrome, noncardiac congenital abnormality, other perioperative risk factors as well as sex, race, and ethnicity. While analyses are still underway, we have found that mortality decreased for the overall population and that there may be some differences in our measured outcomes between expansion and non-expansion states.

This work helps to better understand the complex relationship between Medicaid expansion and health outcomes, particularly for congenital heart surgery. The interplay between the management of chronic conditions and insurance eligibility for surgical procedures in children with CHD as well as support systems in different areas of the country is an example of this complexity. As we continue this work, we plan to further explore these results to gain insight into the efficacy of this policy intervention to improve outcomes for these vulnerable patients and to address racial and ethnic outcome disparities.

The MDMP has provided several opportunities for academic growth during the past year. In addition to supporting the development of this project through funding data acquisition and providing mentoring, it has enabled opportunities for networking and for presenting my work at a national and international level. Networking through this project connected me with an investigator in Chile who is studying access barriers in Latin America, and I will be traveling to Santiago to learn more about care in Chile and to share our experiences in the US. I will also be presenting at the SPA meeting in March 2023 and am currently working on a manuscript based on our results.

From the Co-Directors: Lessons Learned

The work done during the first year of MDMP aligned and advanced DEI work within two of the priorities identified in the SPA survey—increasing outreach to medical students from underrepresented groups in anesthesiology and understanding the perioperative outcomes of children under governmental insurance. It also supported the development of new leaders in DEI from currently underrepresented groups in the SPA leadership. For Drapes Down in particular, MDMP provided opportunities to develop a project that doesn’t fit traditional research funding. This pilot effort is a stepping-stone for a long-term program to create sustainable change. For the Medicaid expansion study, we see the emergence of new questions that will lead to future disparities work within pediatric cardiac care.

As the MDMP matures, we continue to refine processes that will align proposals with the SPA DEI priorities. MDMP funding is critical, and we have already identified a need to increase funding for larger proposals that do not fit traditional funding opportunities. Lastly, as our MDMP alumni group grows, we plan to leverage their expertise to mentor new scholars and provide sustainable leadership in DEI work.

Reference

The Children’s Hospital Association and the American Academy of Pediatrics recently presented a three-part webinar series exploring ways that children’s hospitals and pediatric practices can help address the hunger needs of children and families. Take a look!

**PART ONE**  [View Recording]
USDA’s Actions on Nutrition Security

**PART TWO**  [View Recording]
Promising Clinical Practices to Build Nutrition Security

**PART THREE**  [View Recording]
Telling the Story: How Pediatrician’s and Children’s Hospitals are Advocating for Nutrition Security
Neonatal Cardiac Care Initiative

Collaboration Between American Academy of Pediatrics and Partnering Medical Organizations Leads to Publication of Neonatal Cardiac Care Collaborative Supplement in Pediatrics

The Neonatal Cardiac Care Collaborative (NeoC3) has published a multi-specialty supplement on Neonatal Cardiac Care in *Pediatrics* (November 2022). The goal of this supplement is to identify promising approaches to strengthening the interface between multiple disciplines in caring for neonates with cardiac disease.

The supplement, which consists of twelve articles, can be found [here](#). A number of the articles are particularly relevant to SOA members who take care of children with congenital heart disease, including:

- Analgesia, sedation, and anesthesia for neonates with cardiac disease
- Optimizing neurodevelopmental outcomes in neonates with cardiac disease
- Preoperative management of neonates with CHD
- Evaluation and management of non-cardiac comorbidities in neonates with CHD

This is a combined effort of multiple subspecialists and societies, including:

- American Academy of Pediatrics
- American Heart Association
- American College of Cardiology
- Congenital Cardiac Anesthesia Society
- Congenital Heart Surgical Society
- Fetal Heart Society
- National Association of Neonatal Nursing
- Neonatal Heart Society
- Pediatric Acute Care Cardiology Collaborative
- Pediatric Cardiac Intensive Care Society

New Research of Interest

Pediatric Weight Loss Surgeries on the Rise But Still Under-Utilized

Nationally, pediatric weight loss surgeries increased from 2010 through 2017 in response to a childhood obesity epidemic. While obesity disproportionately affects Black, Hispanic and low socioeconomic groups, a study found patients who had metabolic and bariatric surgery were mostly older, female, white and privately insured. The study, “National Trends in Pediatric Metabolic & Bariatric Surgery: 2010-2017,” published in the December 2022 *Pediatrics*, analyzed rates of metabolic and bariatric surgery among adolescents between the ages of 12-19 years provided by the National Inpatient Sample database. Metabolic and bariatric surgery as part of a multi-disciplinary approach has been found to be a safe and effective intervention for severe pediatric obesity, and the only treatment known to reverse obesity-related diseases including insulin resistance, hypertension and early renal disease. Between 2010 and 2017, the annual bariatric procedure rates increased from 2.29 to 4.62 per 100,000 but the procedure remains underutilized nationally, according to the study. In 2017-2018, the obesity prevalence for Hispanic and Black children ages 2-19 years was 25.6% and 24.2% compared to 16.1% in white children, according to research. The authors suggest further investigation into the racial and social determinants that limit access to pediatric weight loss surgery.

Teens Who Play Team Sports More Likely to Vape, Less Likely to Smoke

Use of e-cigarettes, known as vaping, increases respiratory problems similarly to cigarette smoking, and there have been vaping related deaths among teens in recent years. A study, “Sports Team Participation and Vaping among High School Students: 2015-2019,” in the January 2023 *Pediatrics* found that vaping remains popular among teenagers, particularly those on competitive sports teams, who generally make healthier choices. Researchers analyzed survey responses of 30,762 students in 9th through 12th grades over three years (2015/2017/2019) from the Youth Risk Behavior Survey, including 16,790 sports team participants. The survey showed that sports team participation was associated with lower odds of cigarette use but higher odds of vaping. However, student athletes were less likely to smoke or vape frequently. Studies have shown that youth on sports teams tend to make healthier choices, like eating healthy foods and not smoking, but research also shows that teens seem to think that vaping isn’t as bad as smoking. For example, in the 2014 National Youth Tobacco Survey, 73% of U.S. adolescents surveyed responded that they believed that vaping was less harmful than cigarettes, and 47% believed that vaping is less addictive. Researchers concluded that aggressive efforts must be taken to educate student athletes and all teenagers about the health risks of vaping, and that more research is needed to determine why student athletes are vaping more than their peers.

There is more evidence than ever that obesity treatment in children is safe and effective.

More than 14.4 million U.S. children and teens live with a common chronic disease that has been stigmatized for years and is associated with serious short and long-term health concerns when left untreated, including cardiovascular diseases and type 2 diabetes. The disease is obesity, and it can be treated successfully with the recognition that complex genetic, physiologic, socioeconomic, and environmental factors are at play, according to the American Academy of Pediatrics.


“Weight is a sensitive topic for most of us, and children and teens are especially aware of the harsh and unfair stigma that comes with being affected by it,” said Sarah Hamp, MD, a lead author of the guideline, created by a multidisciplinary group of experts in various fields, along with primary care providers and a family representative.

“Research tells us that we need to take a close look at families -- where they live, their access to nutritious food, health care and opportunities for physical activity--as well as other factors that are associated with health, quality-of-life outcomes and risks. Our kids need the medical support, understanding and resources we can provide within a treatment plan that involves the whole family,” said Dr. Hampl, chair of the Clinical Practice Guideline Subcommittee on Obesity.

The AAP guideline contains key action statements, which represent evidence-based recommendations for evaluating and treating children with overweight and obesity and related health concerns. These recommendations include motivational interviewing, intensive health behavior and lifestyle treatment, pharmacotherapy and metabolic and bariatric surgery. The approach considers the child’s health status, family system, community context, and resources.

The guideline discusses increased risks for children with special health care needs, as well as inequities that promote obesity in childhood, such as the marketing of unhealthy food, low socioeconomic status and household food insecurity. The role of structural racism that has played in obesity prevalence is also discussed.

Overweight is defined as a body mass index (BMI) at or above the 85th percentile and below the 95th percentile for children and teens of the same age and sex. Obesity is defined as a BMI at or above the 95th percentile for children and teens of the same age and sex.

The guideline does not discuss obesity prevention, which will be addressed in another forthcoming AAP policy statement. The AAP describes the role of a primary care physician – or medical home -- in overseeing intensive and long-term care strategies, ongoing medical monitoring, and treatment of youth with obesity.

“There is no evidence that ‘watchful waiting’ or delayed treatment is appropriate for children with obesity,” said Sandra Hassink, MD, an author of the guideline and vice chair of the Clinical Practice Guideline Subcommittee on Obesity.

“The goal is to help patients make changes in lifestyle, behaviors or environment in a way that is sustainable and involves families in decision-making at every step of the way.”

Key action statements guide physicians on how to evaluate children and teens for obesity. The AAP also recommends:

- Comprehensive obesity treatment may include nutrition support, physical activity treatment, behavioral therapy, pharmacotherapy, and metabolic and bariatric surgery.
- Intensive health behavior and lifestyle treatment (IHBLT), while challenging to deliver and not universally available, is the most effective known behavioral treatment for child obesity. The most effective treatments include 26 or more hours of face-to-face, family-based, component treatment over a 3- to 12-month period.
- Evidence-based treatment delivered by trained health care professionals with active parent or caregiver involvement has no evidence of harm and can result in less disordered eating.
- Physicians should offer adolescents ages 12 years and older with obesity weight loss pharmacotherapy, according to medication indications, risks, and benefits, as an adjunct to health behavior and lifestyle treatment.
- Teens age 13 and older with severe obesity (BMI ≥120% of the 95th percentile for age and sex) should be evaluated for metabolic and bariatric surgery.

The AAP encourages strong promotion of supportive payment and public health policies that cover comprehensive obesity prevention, evaluation, and treatment. The guideline calls for policy changes within and beyond the health sector to improve health and wellbeing of children. Policy changes should address structural racism that drives alarming and persistent disparities in childhood obesity, according to the guideline’s executive report.

“The medical costs of obesity on children, families and our society as a whole are well-documented and require urgent action,” Dr. Hampl said. “This is a complex issue, but there are multiple ways we can take steps to intervene now and help children and teens build the foundation for a long, healthy life.”

American Academy of Pediatrics Offers Guidance on RSV Prophylaxis, Handling Surge of Pediatric Patients with Respiratory Infections

Pediatrician offices, urgent cares, hospitals are deluged with young patients seeking care for viral illnesses, mental health needs and important routine care.

In light of a national surge in respiratory infections among children, the American Academy of Pediatrics has published two sets of interim guidance on prophylaxis for children at high risk of complications from respiratory syncytial virus (RSV) and in
AAP in the News
(Continued from page 13)

handling the surge of patients filling hospital beds, emergency
departments, and doctor’s offices.

The AAP offers updated interim guidance on caring for patients
during a surge, which at this time has been compounded by the
ongoing crisis in children’s mental health. The guidance aimed at
inpatient and outpatient settings observes the need to enhance
emergency readiness on a day-to-day basis in all settings to avoid
interrupting continuous care of children’s physical and mental
health care needs.

Children with special health care needs, inclusive of children
with medical complexity, are especially impacted during surge
events, which right now consists of a combination of outbreaks of
influenza, RSV, COVID-19 and other infectious diseases, as well
as a pediatric influx of patients with mental health concerns, the
guidance notes:

In updated RSV guidance, the AAP supports providing eligible
infants with more than five consecutive doses of palivizumab in
regions with widespread and intense RSV circulation. According
to the AAP, palivizumab, a monoclonal antibody to prevent severe
lung infection, may be given to eligible infants throughout the
2022-23 RSV season, which began earlier and has persisted
longer than in previous years. The AAP will continue to monitor
RSV cases or trends and update the interim guidance further as
needed.

Children who are eligible for palivizumab include some pre-term
infants in their first RSV season and some infants with certain
chronic conditions. It is a preventive medication that can reduce
the risk of severe disease in the most high-risk patients. Other
ways to prevent RSV include keeping infants away from large
groups, sick people and secondhand smoke, as well as washing
hands thoroughly.

There is no cure for RSV, and medications like antibiotics and
steroids are not effective against the virus. Most children with RSV,
influenza and other respiratory illnesses recover on their own and
can be managed safely at home, said Sean O’Leary, MD, MPH,
FAAP, chair of the AAP Committee on Infectious Diseases.

“For most children, treating RSV at home is similar to treating
a bad cold,” said Dr. O’Leary. “In children older than 6 months,
acetaminophen or ibuprofen can help with low-grade fevers. If your
child seems to be struggling to breathe – such as if they seem to
be breathing too fast or their chest is sucking in with each breath –
you should call your pediatrician right away.”

Dr. O’Leary also urged families to be vaccinated against influenza
and COVID-19. Both vaccines are effective at preventing the most
severe disease and hospitalization.

In the AAP’s interim guidance on caring for patients during a
surge, the AAP notes there should be no delays in routine pediatric
care, chronic disease management or immunizations. Staff who
typically care for adults can be cross trained to prepare them
to provide care for pediatric patients. During a surge, referral to
hospitals should be reserved for children whose illness severity or
associated medical disorders require a higher level of care to avoid
emergency department overcrowding, extended patient waiting
times and delay of care.

The AAP and the Children’s Hospital Association have urged
President Biden and Health and Human Services Secretary Xavier
Becerra to declare an emergency to support a national response
to the alarming surge of pediatric respiratory illnesses, along with
the continuing children’s mental health emergency.

The emergency declarations requested would allow waivers of
certain Medicare, Medicaid or Children’s Health Insurance
Program (CHIP) requirements so that hospitals, physicians, and
other health care providers may share resources in a coordinated
effort to care for their community and have access to emergency
funding to keep up with the growing demands, specifically related
to workforce support.

American Academy of Pediatrics Releases Updated
Guidance on Physician Wellness

Pediatricians, pediatric medical subspecialists and pediatric
surgeal specialists are not immune to burnout, especially
during the added pressures of caring for others during the
pandemic

Pediatricians, pediatric medical subspecialists and pediatric
surgeal specialists faced new pressures at work and home during
the COVID-19 pandemic, highlighting an already existing problem
within the medical community: Rising rates of physician burnout.

The American Academy of Pediatrics describes efforts to confront
and remedy significant stressors within the profession in an
updated clinical report, “Physician Health and Wellness,” published
in the November 2022 Pediatrics. Prevalence of burnout increased
for all pediatric disciplines from 2011 to 2014, according to the
report. During that time, general pediatricians experienced a more
than 10% increase in burnout, from 35.3% to 46.3%.

“Pediatricians find life-affirming satisfaction in helping children.
The challenge is ensuring that physicians protect their own health
and wellbeing too,” said Hilary H. McClafferty, MD, FAAP, lead
author of the report, written by the Section on Integrative Medicine.
“The weight of caring for children who are chronically ill, disabled,
maltreated, neglected, or otherwise medically vulnerable can take
a toll over time.

This can lead to overlapping symptoms of compassion fatigue,
secondary traumatic stress, vicarious traumatization, moral
distress, countertransference, and ultimately burnout- all of which
are discussed in the report.

“We also recognize that women make up the majority of
pediatricians today,” Dr. McClafferty said. “This is important
because women physicians historically report a higher prevalence
of burnout than their male counterparts. Our field has an
opportunity to lead change in this area.”

Recognized drivers of burnout involve both organizational
and individual factors. Research is active on the impact of the
intersection of race, ethnicity, gender, and burnout; protective
factors; and components of wellness. The COVID-19 pandemic
also highlighted gaps in how health care systems and
governmental institutions interact, along with a lack of effective
crisis-management protocols and communication.

The American Academy of Pediatrics observes that protective
factors include positive social support, cultivation of personal
awareness and resilience measures, and treatment for
unaddressed mental and physical medical conditions. The report
states that regular practice of structured debriefing with the
medical team after difficult patient encounters or poor outcomes is especially important.

Other recommendations for physicians on how to increase wellness include:

- Consistent attention to healthy lifestyle fundamentals such as nutrition, physical activity, sleep, and stress management.
- Plan and take regular time off and vacation time
- Develop a hobby outside of one’s regular medical practice,
- Cultivate a gratitude practice.
- Consciously build and maintain a supportive social/family network.
- Create a personal mission statement on what brings the physician joy, why the physician chose the field and how they will thrive.
- Explore and practice mind-body approaches such as mindfulness in medicine.

The AAP calls for finding new and creative ways to combat physician burnout and fatigue, which for some was exacerbated by the politicization of the public health response to the pandemic.

“There is often a stigma with seeking help, even among those we typically consider as the helpers,” Dr. McClafferty said. “We must work together to make sure physicians are given the respect, privacy and opportunity to be heard without stigma or professional penalty and continue to advocate for the wellbeing of physicians at every stage of training and practice.”

IN CASE YOU MISSED IT….

AAP PODCAST: “PEDIATRICS ON CALL”

“Pediatrics on Call” is the AAP’s podcast, exploring the latest news and innovations in children’s health, discussing the science behind child health recommendations, and providing a forum to hear first-hand from leading experts in child and adolescent medicine. Each 30-minute, weekly episode features interviews about new research and hot topics in the field of pediatrics.

Some recent episodes of interest include:

Caring for Hospitalized Adolescents, Pediatric Cannabis Exposures
Episode 146 02/14/2023

In this episode Cora Breuner, MD, MPH, FAAP, explains how caring for hospitalized adolescents differs from caring for adults. Hosts David Hill, MD, FAAP, and Joanna Parga-Belinkie, MD, FAAP, also talk with Marit Tweet, MD, about her research on pediatric exposures to edible cannabis.

Obesity Clinical Practice Guideline Special
Episode 144 01/31/2023

In this special episode Sarah Armstrong, MD, FAAP, talks about the new Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity. She tells hosts David Hill, MD, FAAP, and Joanna Parga-Belinkie, MD, FAAP, the 2023 guideline provides clarification on what interventions can be offered and when in order to treat this chronic disease.

Pathways to Pediatrics with AAP President Sandy Chung
Episode 141 01/10/2023

In this episode of the special series, “Pathways to Pediatrics,” hosts David Hill, MD, FAAP, and Joanna Parga-Belinkie, MD, FAAP, interview new AAP President Sandy Chung, MD, FAAP. Dr. Chung talks about growing up in a Chinese restaurant, creating work-life harmony and galvanizing a movement around mental health.

Reducing Harm from Firearms, Improving Training in Developmental Disabilities
Episode 139 12/13/2022

In this episode Lois K. Lee, MD, MPH, FAAP, FACEP, lead author of the updated policy statement and technical report on firearm-related injuries and deaths in children and youth, offers guidance for pediatricians to help decrease access to firearms. Hosts David Hill, MD, FAAP, and Joanna Parga-Belinkie, MD, FAAP, also talk with Jen Smith, PsyD, BCBA-D, about her Pediatrics article on multidisciplinary training in the field of developmental disabilities.

Infection Prevention during Flu and RSV Surge, Avoiding Physician Burnout
Episode 137 11/22/2022

In this episode Allison Messina, MD, FAAP, explains the ways different viruses are transmitted and what infection prevention and control measures are most effective. Hosts David Hill, MD, FAAP, and Joanna Parga-Belinkie, MD, FAAP, also talk with Hilary McClafferty, MD, FAAP about an updated clinical report on physician health and wellness and avoiding burnout.

New episodes are released on Tuesdays. See all episodes at www.aap.org/podcast.
Avoiding Burnout and Improving Resilience

Heard @ the 2022 AAP National Conference & Exhibition

Joint Program: Section on Senior Members, Section on Early Career Physicians, and Section on Pediatric Trainees

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Section on Pediatrics Trainees (SOPT) Panelist

Sejal Mehta, Fourth Year Medical Student, Michigan State University

My presentation started by asking, “What comes to mind when you hear the words “burnout and resilience”?”. In preparing for this presentation, I asked fellow medical students this question. Their answers included “support,” “charting,” “work/life balance,” “exhaustion,” and even “rounding and charting.” With burnout rates increasing, many medical students wonder if the field of medicine is worth it. We are educated through mandatory wellness lectures on the importance of therapy, support systems, and coping mechanisms. However, we are still left wondering if this will be enough to prevent burnout in our careers.

One way the medical community can prevent burnout is through words of encouragement. As a medical student, I have experienced how positive feedback from seniors goes a long way. When I’m feeling overwhelmed, I think back to when a resident said, “good job,” or that I was “progressing well.” In addition, we should not underestimate lateral encouragement. My friend group of female medical students provides so much support for one another. They are a constant source of support through uplifting words. It feels good to give and receive positive feedback. I recommend gratitude journaling for those who may not always have access to the previously mentioned support systems. It can be nice to read and reflect on previous wins. Therapy can also provide encouragement and emotional support to prevent burnout and improve resilience.

As a fourth-year medical student, I can only reflect on my experiences with burnout and resilience. On the first day of my PICU rotation, I asked the senior resident for advice, to which he responded, “fake it til you make it.” This was great advice since the patient I picked to follow on the first day needed three consults. By the middle of the week, I was presenting on rounds to a team of nearly 30 people. On top of that, the attending was pimpering me in front of said team.

Later that week, we practiced mock codes. The attending stressed the importance of practicing codes by sharing a story from his first code as a fellow. He was overcome with anxiety and frozen in place. Finally, his attending took over, and he said he realized the importance of preparation and practice at that moment. After the mock code, I asked how he overcame the anxiety he felt as a fellow. His response: “I didn’t.” My jaw fell to the floor. He could sense my surprise and said he had learned to use his anxiety as a strength. For example, he double and triple checks the roles and directions in codes. I suddenly felt a sense of camaraderie with this attending, who I had been intimidated by all week. I wanted to share this story because it highlights the importance of being open and honest with trainees and how much it helps us. I thought my anxiety would hold me back in the PICU, and he taught me it could make me a great doctor.

Like this attending, I have had my fair share of anxiety-inducing situations and experienced self-doubt. When I was five, I learned I was born with single-sided deafness in my left ear. I unconsciously learned to adapt, but I still struggled in loud areas or if someone was talking quietly on my deaf side. Then, the pandemic happened, and I had to adapt again. Masks challenged my ability to read lips, and I found myself flustered and constantly asking others to repeat themselves. One attending responded to my asking him for the fifth time to repeat himself with “What are you? Deaf?” I found peace and strength in my patients. We had a 6-year-old post-op patient with hearing loss. His hearing aids were with his dad. This patient was screaming with pain and frustration. Everyone was busy getting him hooked up to monitors and examining him, and I didn’t know how to help. He was increasingly agitated, and the team had to restrain him physically. Almost instinctively, I grabbed his hand, pulled down my mask, kneeled at his bedside, and began talking to him about how well he was doing and that his dad was on his way. Almost immediately, he calmed down. My resilience in dealing with my disability comes from experiences like this, where I can use my “weakness” as a strength.

The presentation concluded with the resources available:

988 National Suicide and Crisis Lifeline, 1-888-409-0141 Physician (and Medical Student) Support Line
1-800-662-HELP (4357) SAMHSA’s National Helpline

Section on Early Career Physicians (SOECP) Panelist

Tina Chu, MD, FAAP, General Pediatrician, Scripps Coastal Medical Center, San Diego, CA

With the rates of physician and pediatrician burnout increasing over the years, it is key to learn how to identify early burnout signs and start on a path of improving resilience. While a systemic change to burnout will

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be crucial to addressing the long-term prevention of burnout, these changes take time. A more immediate approach to burnout includes understanding the definition of burnout, assessing burnout status and implementing practical solutions to improve physician wellness.

The World Health Organization defines burnout as “a syndrome resulting from chronic workplace stress that has not been successfully managed and characterized by 1) feelings of energy depletion or exhaustion, 2) increased mental distance from one’s job or negative feelings related to one’s job, and 3) reduced professional efficacy.”

Once burnout status is assessed, there are 5 practical tips that can be implemented to counteract burnout:

1. Care for your mental health - seek a therapist if needed
2. Take short breaks in your schedule - take 5-10 minutes for yourself during the workday
3. Exercise regularly - the American Heart Association recommends 150 minutes of moderate-intensity aerobic activity per week and strength training at least two days per week but only one in five adults and teens meet these recommendations
4. Get outside and enjoy nature - can range from going to National Parks to short walks outside to looking out the window at the sky during the workday
5. Be social and build community - there are plenty of benefits of socialization from better mental health to a lower risk of dementia and socialization helps promote a sense of safety, belonging and security

While burnout is a major problem impacting pediatricians, there is an opportunity to improve physician resilience so that pediatricians can return to focusing on what they care most about - ensuring the health and safety of all children.

Section on Senior Members (SOSM) Panelist
Janet Servint, MD, FAAP, Professor Emerita of Pediatrics, Johns Hopkins University School of Medicine

It was such a privilege to serve on a panel and present our perspectives on physician well-being and resilience throughout the career continuum. Through a joint educational session from the Sections of Pediatric Trainees, Early Career Physicians and Senior Members, I was honored to work with Sejal Mehta a 4th-year medical student, soon to be applying for a pediatric residency (Yeah!), and Dr. Tina Chu, an early career pediatrician in practice. I found there was much synergy amongst our perspectives.

The title of my presentation as a Senior Member was Don’t Just Survive: Aim to Thrive. Reflections from My Career Journey. I feel it is essential to always reflect on why we each chose the field of pediatrics as that reflection guides all of our future paths and links us to our values. I spent the first half of my career surviving, saying to myself, “I just have to get through this,” whether it was residency, a PICU rotation, or a grant submission, “and then I’ll live,” but I found that wasn’t an optimal way to live in the moment and recognize all of life’s valuable experiences. When I entered my mid-career phase, I finally realized that there are always busy times in our careers (lives) and I realized how I was missing out on so much. So this reflection helped me to appreciate the importance of living in the moment, of mindfulness, and to enjoy life at the time and not delaying it, but rather to strive to thrive.

The presentation began with a reflection that relieving the suffering of our patients is critically important to our roles as pediatricians and something to which most of us have dedicated ourselves. Yet pediatricians also suffer in silence due to striving for perfection and the medical culture doesn’t promote acknowledgment of our struggles and vulnerabilities. The PERMAH framework, developed by Dr. Martin Seligman, (PERMAH stands for Positive Emotions, Engagement, Relationships, Meaning in Work, Accomplishments and Health) has served as an important guiding strategy for the development of personal and team/organizational well-being strategies. A brief summary of the session and elements of the PERMAH framework follows: Positive Emotions include expressing gratitude (this well-being strategy seemed to be one shared by all the speakers) enhancing self-compassion, maintaining our sense of humor through daily riddles or happy dances when things go well and celebrating successes.

Engagement can be demonstrated through the use of mindfulness meditation which has been shown in multiple studies to demonstrate positive improvements in mental health and positive physiologic benefits in the brain. And mindfulness strategies can include an individual strategy such as 20-minute meditation each day or can be used as a team strategy by practicing mindfulness by all the team members prior to the start of a clinical shift, or before or after rounding.

Relationships are critical in creating a culture of caring amongst our colleagues and teams: taking time to note when colleagues may be struggling; reaching out and supporting them; finding a “work” family with whom you can relate and enjoy your work. Sharing our stories that include both our joys and our struggles is also an important part of building relationships.

Meaning includes finding meaning in your work. In “Man’s Search for Meaning” Dr. Viktor Frankl, a psychiatrist who survived a concentration camp in World War II, reminds us of the importance of finding meaning in our lives and how that can help us both to survive and flourish (thrive). We reviewed the appreciative inquiry exploration sponsored by the ACGME and published by Dr. Dustin Hipp where residents and fellows were asked to discuss the best of what medicine is and can be. Through these interviews they determined that the top 5 ways to find meaning in our work include:

1. More time spent with patients
2. A shared sense of teamwork
3. Reduced time on nonclinical or administrative tasks
4. A supportive, collegial environment
5. A learning environment conducive to developing clinical mastery and progressive autonomy.

Another way to reflect on meaning in our work is to remember our “forever” moments which are critical events from our careers that reaffirm why we became pediatricians.

Accomplishments include things such as posting pictures of awards, family and friends on our walls, creating and maintaining a smile file, whereby you compile letters, emails, and cards you received from patients, colleagues, etc. and it is available to refer back to in times of struggles and also reminds you of why you do this work.

And finally, Health includes maintaining and cultivating your medical and mental health, ensuring good nutrition, getting exercise and maximizing sleep hygiene, spending time outside in nature, and from
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an organizational aspect, ensuring time for colleagues to get to medical and mental health appointments, endorsing/supporting email breaks at night, weekends and while on vacation, having venues to debrief after emotional experiences and allowing us to share our stories and our respective vulnerability.

The session ended with a suggestion that each of us develop a well-being learning plan and identify 2-3 concepts to which we would commit and also identify an accountability buddy with whom you would talk regularly about your progress and challenges in striving to thrive in your personal and professional lives.

References:
5. Merriman N. How my forever moments have shaped me as a doctor. https://www.statnews.com/2016/10/21/forever-moments-health-care/

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