Section on Anesthesiology & Pain Medicine NEWSLETTER

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

SPRING 2022

https://tinyurl.com/anesthesia-pain

In This Issue

Chairperson's Report

Mary Landrigan-Ossar, MD, PhD, FAAP, FASA

Mary Landrigan-Ossar

It does not seem like two years have passed since the world changed for all of us, and yet it seems like forever since it did. On March 11, 2020, the World Health Organization declared COVID-19 to be a pandemic, and in the week that followed in the U.S. schools, workplaces, places of worship, and public gatherings shut down. In the two years since then, we in the U.S. as well as those in other countries have endured repeated waves of viral illness cresting in our communities.

These viral surges have stressed our families, our communities, and our healthcare system. They have laid bare a number of challenges affecting our most vulnerable citizens - people of color and people with disabilities or mental health challenges among other groups. Longstanding inequities in access to care have been highlighted during the pandemic, as families struggled to get care for COVID-19 related issues and for non-COVID issues for themselves and their children. Disparate outcomes after COVID infection for marginalized communities have shone a light on the many ways social determinants of health are negatively affecting huge segments of our community. Closed childcare facilities and schools have forced many parents, mostly women, to step away from the workforce (potentially impacting their family's financial well-being) to care for their children in the home.

While all of these pandemic-associated disruptions to our lives have been dominating the news, other threats to the wellbeing of children are very much present. Vaccine hesitancy has been kicked into high gear with the advent of the COVID vaccine, threatening the protection against devastating childhood diseases that we have come to rely on in the past half century. Recent legislative action in many states against the LGBTQ+ community and on trans children specifically have shown how vulnerable these communities are to assaults on their physical and mental well-being. Families fleeing political disruption and war in their home countries are arriving in our communities, with children in need of support after the trauma of violence and war. Closer to home, tens of thousands of children are wounded or killed by guns each year, taking a toll not only on individual physical health, but on community mental health.

As always, the American Academy of Pediatrics has been at the forefront of advocating for the health of our nation's children during these challenging times. The mental health challenges faced by children in this country have reached unprecedented levels, prompting the AAP to declare a national emergency in children's mental health. The focus of the March 2022 AAP Advocacy Conference was children's mental health. Dr. Christina Diaz, Advocacy Chair for our Section, joined hundreds of pediatricians, pediatric medical subspecialists, and pediatric surgical specialists in a virtual visit to our national legislators to advocate for increased access to mental health care for children. The AAP News Room is a great place to learn about how the Academy is tackling important issues facing U.S. children and children across the world on a daily basis. A snapshot of some recent AAP advocacy actions appears on pages 14-16 of this newsletter in the form of highlighted press releases; from opposing actions in Texas threatening health of transgender youth to participating in roundtable discussions addressing the role of social media in children and teens' mental health to expressing formal concern to the FDA over the approval of an e-cigarette product for sale in the U.S, putting the health of young people first and protecting future generations from addiction.

(Continued on page 2)

Chairperson's Report

(Continued from page 1)

Dr. Christina Diaz, SOA Advocacy Chair (top left) meets with Senator Ron Johnson's office during the Virtual March 2022 AAP Advocacy Conference

This year, a resolution authored by Dr. Anita Honkanen, our Section's Immediate Past Chair, was adopted at the AAP's Annual Leadership Forum, and focused efforts to address it will be undertaken by the Academy over the next year. The resolution, titled "Advocate for Research Funding to Study Disparities in Outcomes in Pediatric Surgery for Minoritized Groups", was endorsed by the Section on Surgery. The Academy will help our sections develop advocacy materials which can be used to petition agencies such as the NIH and NICHD for funding to study the disparate care that minoritized children receive, so that these differences can be rectified.

One of the major educational outputs of the Section on Anesthesiology and Pain Medicine is the production of policy statements, educating our anesthesia and pediatric medical and surgical specialty colleagues about safe care of children in the perioperative environment. The statement "Topical Nasal Decongestant Oxymetazoline: Safety Considerations for Perioperative Pediatric Use", authored by section members Richard Cartabuke, Joseph Tobias and Kris Jatana, was published in *Pediatrics* in November 2021, urging caution in the perioperative use of this potent medication in young children. Our thanks to Dr. Tobias and his team for their perseverance in getting this important statement published.

We have multiple statements in progress as well, including a revision of the statement on "The Assessment and Management of Acute Pain in Infants, Children, and Adolescents"; a statement on "Care of Pediatric Patients with Chronic Pain"; and a revision of the statement on "Evaluation and Preparation of Pediatric Patients Undergoing Anesthesia" – to be authored for the first time jointly with the Committee on Practice and Ambulatory Medicine (COPAM). The Section also has co-authored statements in progress, including a collaboration with the Section on Cardiology and Cardiac Surgery to produce a new clinical report on "Preoperative Clearance in the Pediatric Patient with Congenital Heart Disease Undergoing Non-Cardiac Surgery". In cooperation with the Section on Oral Health, the SOA continues work as co-author of a new clinical report on "Oral Healthcare for Children with Developmental Disabilities". In cooperation with the Committee on Drugs, the SOA is also working on a revision of the existing AAP statement on "Recognition and Management of Iatrogenically Induced Opioid Dependence and withdrawal in Children."

Our section suffered a tragic loss this year with the passing of Dr. Lisa Wise-Faberowski. Lisa was a valued member of the Executive Committee of the Section since 2018, and Chair of our Education Committee. Her contributions to the field of pediatric cardiac anesthesia, and her research into the effects of anesthesia on the developing brain have benefited countless children. Her kind and generous presence will be missed by all of us who were lucky enough to know her. More on Lisa's life and career appears on page 9 of this newsletter, along with a nice tribute to Dr. John "Jack" Downes and Dr. Dolly Hansen, both longtime AAP members and giants in our field who we have lost in recent months.

I look forward to seeing everyone in Tampa this week. A listing of our AAP sponsored events and awards at the upcoming meeting appears on page 3. Congratulations to Shobha Malviya, this year's recipient of the Robert M. Smith Award; A very well-deserved honor! Also, 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.

Congress Passes Federal Government Spending Package

How Will it Impact Children & Families?

On March 10, 2022, the U.S. Senate passed a $1.5 trillion spending package to fund the federal government through September - including $13.6 billion in aid for Ukraine - sending the bill on to President Biden's desk before the midnight deadline when previous short-term government funding would expire.

The package provides funding for fiscal year (FY) 2022 to various federal agencies and programs, including those that impact children and families.

Below are several child health-related highlights from the agreement:

- $5 million in first-time funding for the Pediatric Subspecialty Loan Repayment Program
- $11 million for the Pediatric Mental Health Care Access Grants
- $27.5 million for global vulnerable children
- $25 million for gun violence prevention research

The agreement also includes a provision that will allow the Food and Drug Administration (FDA) to regulate e-cigarettes containing synthetic nicotine - closing a loophole that tobacco companies used to sell products without FDA oversight.

Additionally, the agreement provides funding to create the Advanced Research Projects Agency for Health - a new health research agency within the National Institutes of Health.

On a disappointing note, the agreement does not include an extension for child nutrition waivers that provided flexibility to schools and allowed all students to access free school meals throughout the pandemic. Without action, these waivers will expire on June 30, impacting access to feeding programs this summer and school meals in the 2022-2023 school year. The Academy will continue to advocate for universal access to school feeding programs.

For more on AAP federal advocacy, click here. To sign up to receive regular "Capital Check-Up" advocacy newsletters from the AAP, click here.

AAP –Sponsored Events and Awards at the 2022 SPA/AAP Meeting

PEDIATRIC ANESTHESIOLOGY, April 1-3, 2022, Tampa, Florida

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 April 1-3 in Tampa, Florida. 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 2022 AAP Ask the Experts Panel, AAP Advocacy Lecture, John J. Downes Resident Research Award winners, and the esteemed 2022 Robert M. Smith Award winner.

AAP Ask the Experts Panel

Saturday, April 2, 2022
8:30 am – 9:30 am

Moderators:

Christina D. Diaz, MD, FAAP;
Mary Landrigan-Ossar, MD, PhD, FAAP

Topics/Panelists:

History and Perceptions Regarding Breastfeeding
Lisgelia Santana-Rojas, MD
Associate Professor
Nemours Children's Hospital
University of Central Florida


Lisgelia Santana-Rojas, MD

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

- Understand the history of breastfeeding in the USA.
- Discuss perceptions of breastfeeding by healthcare providers.
- Discuss challenges anesthesiologist mothers face to continue to breastfeed their children.

Lactation in the Perioperative Setting
Erin Conner, MD
Assistant Professor
Oregon Health and Sciences University
Portland, OR


Erin Conner, MD

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

- List the reasons a mother may choose to provide breastmilk for their child.
- Outline the protective laws for lactating mothers in the workplace.
- Describe the elements of a supportive workplace for lactating mothers.
- Formulate a breast pumping policy for your lactating colleagues and trainees in the perioperative environment.

Medications and Breastfeeding
Sarah J. Reece-Stremtan, MD
Associate Professor of Pediatrics and Anesthesiology
Children's National Hospital
Washington, DC


Sarah J. Reece-Stremtan, MD

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

- Describe the properties influencing medication transfer to baby via mothers' milk.
- Identify resources to verify the safety of specific medications.

AAP Advocacy Lecture

Past, Present and Future: The Impact of Pediatrics on Pediatric Anesthesia – The Diseases, The Workforce, and The Training

Friday, April 1, 2022
11:30am – 12:15pm

David G. Nichols, MD, MBA, FAAP
Emeritus Professor
Anesthesiology & Critical Care Medicine and Pediatrics
Johns Hopkins School of Medicine
Baltimore, MD


David G. Nichols, MD

Before his retirement in December 2021, Dr. Nichols served as the President and CEO of the American Board of Pediatrics from 2013. He held volunteer appointments with the ABP since 1995. Dr. Nichols' 25 years of service at the ABP was marked by an unwavering focus on the ABP's mission to advance child health by certifying pediatricians who meet standards of excellence and are committed to continuous learning and improvement. In 2020, as part of the ABP strategic planning, Dr. Nichols and the ABP Board of Directors committed to embedding diversity, equity, and inclusion into the internal and external work of the ABP and its Foundation and established metrics for their accountability.

A visionary change agent known for leading with integrity and compassion, Dr. Nichols advanced numerous innovations at the ABP, including MOCA-Peds, an online, non-proctored longitudinal assessment of pediatric medical knowledge completed by pediatricians quarterly. In 2021, MOCA-Peds received the Innovator Award from the Institute for Credentialing Excellence and was recognized as a transformative and replicable approach with the potential for systemic impact.

Prior to Dr. Nichols' tenure as leader of the ABP, he was a specialist in pediatric intensive care and educator at Johns Hopkins for nearly 30 years. At Johns Hopkins, Dr. Nichols was the director of the hospital's Pediatric Intensive Care Unit, director of its Division of Pediatric Anesthesia and Critical Care Medicine, and Vice Dean for Education. Dr. Nichols completed his bachelor's degree from Yale University and received his medical degree from the Icahn School of Medicine at Mount Sinai, followed by an internship and residency at Children's Hospital of Philadelphia. His MBA was completed at The Johns Hopkins University Carey Business School.

The American Pediatric Society (APS) recently announced Dr. Nichols as the inaugural recipient of the new David G. Nichols Health Equity Award. The David G. Nichols Health Equity Award, administered by the APS and endowed by the American Board of Pediatrics (APB) Foundation, was created to recognize demonstrated excellence in advancing child and adolescent health, well-being, and equity through quality improvement, advocacy, practice, or research.

Learning Objectives

Upon completion of Dr. Nichol's presentation, the participant will be able to:

- Anticipate changes in pediatrics as they design new strategies for educational transformation in pediatric anesthesiology.
- Anticipate changes in pediatrics as they design new strategies for health systems transformation in pediatric anesthesiology.

2022 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:

(Continued on page 4)

AAP –Sponsored Events and Awards at the 2022 SPA/AAP Meeting

(Continued from page 3)

1st Place

Lori M. Jones, MD

Lori M. Jones, MD
Duke University Medical Center

Racial Disparities in Surgical Approach and Perioperative Outcomes in Pediatric Patients Undergoing Primary Repair of Craniosynostosis in a Single Center

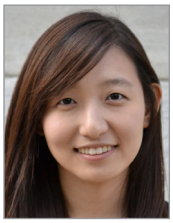
2nd Place

Andrew M. Breglio, MD

Andrew M. Breglio, MD
Duke University Medical Center

Effect of Desmopressin on Platelet Function in Infants having Cardiac Surgery with Cardiopulmonary Bypass

3rd Place



Johanna M. Lee, MD

Johanna M. Lee, MD
Massachusetts General Hospital

Tracking EEG Signatures of the Developing Brain in Infants under Spinal Anesthesia

The oral abstract presentations and awards will be given on Saturday, April 2, from 10:20 to 11:00am.

2022 AAP Robert M. Smith Award Winner

Shobha Malviya, MD

Shobha Malviya, MD, FAAP
Professor of Anesthesiology
University of Michigan Health System
Ann Arbor, MI

The presentation of the 2022 Robert M. Smith Award will take place on Friday, April 1, from 12:15 to 12:30 pm, immediately following the AAP Advocacy Lecture.

A Tribute to Dr. Shobha Malviya for the 2022 Robert M. Smith Award

by Rita Agarwal, MD, FAAP, FASA

Brilliant, humble, soft spoken, but carrying a big stick, Dr. Malviya is a friend and mentor. I did not train with or work with her at the University of Michigan but have been greatly influenced by her nevertheless.

I met Dr. Malviya while working on SPA and AAP Committees. I had read her articles and journals, and because of mutual interests in sedation, out-of-OR care, and pain medicine, I spent many hours picking her brain and getting to know her. She was always knowledgeable, insightful, thoughtful, gracious, giving, and a true role model. A gifted scientist, exceptional physician and loving mother, Dr. Malviya has changed pediatric anesthesia and pain medicine for the better. One of my favorite memories of her is from touring the Chicago Museum of Science and Industry with her and her son and talking about the challenges of motherhood, medicine, and research. It was such a wonderful evening and so much fun. She clearly has excelled in all three areas.

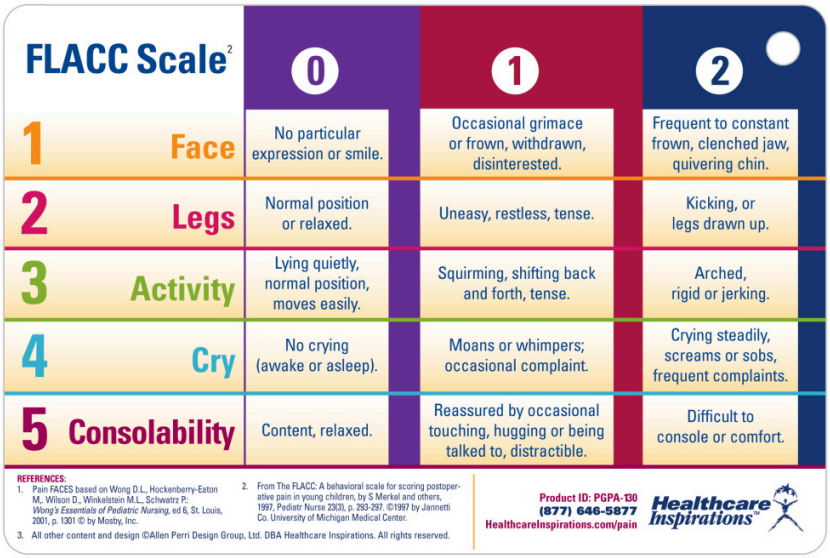
Dr. Malviya received her MD from the University of Mumbai in January 1981. She then relocated to the United States where she trained in pediatrics at St Luke's Roosevelt Medical Center and Case Western Reserve University, anesthesiology at the University of Michigan Health System, followed by a fellowship in pediatric anesthesiology at the Hospital for Sick Children in Toronto. Dr. Malviya joined the faculty at the University of Michigan in 1988 and has been there ever since. She was promoted to Professor of Anesthesiology with tenure in September 2007.

During her time at the University of Michigan, Dr. Malviya has been a passionate clinician, teacher and researcher. She has trained countless residents, fellows and junior faculty in the field of pediatric anesthesia and pediatric pain management, many of whom have also gone on to be leaders in the field. She served as Director of the Pediatric Pain Service for 15 years and as Director of Pediatric Anesthesia Research for more than 20 years. She is board certified in Pediatrics and Anesthesiology and holds subspecialty certification in Pediatric Anesthesiology.

In her role as Director of Research, Dr. Malviya led a highly effective, multidisciplinary research team, focusing on perioperative clinical outcomes in children and the quality and safety of anesthetic and pain management. Her team worked collaboratively with their surgical colleagues to study multiple neurobehavioral outcomes related to pain, sedative and anesthetic medications, and the perioperative experience. They have received over 40 grants and have several more ongoing/ submitted as well as over a hundred publications in high impact journals.

Dr. Malviya and her team identified multiple perioperative and child-related factors that contribute to adverse outcomes. Her team also developed and validated clinical tools for assessment of pain intensity (FLACC and revised FLACC), sedation depth (UMSS), and anesthetic risk in children (revised ASA scoring). These tools have been translated widely into clinical practice and are among the most frequently used tools for pain assessment in diverse populations of children in the world, including non-verbal and developmentally delayed children. These tools have also been used extensively in clinical research. Additionally, her team has conducted multiple randomized controlled analgesic trials over the years, which have facilitated FDA labeling of drugs for children and

(Continued on page 5)



The FLACC Scale, a clinical tool for the assessment of pain intensity in children, developed and validated by Dr. Malviya and her research team.

AAP –Sponsored Events and Awards at the 2022 SPA/AAP Meeting

(Continued from page 4)

improvements in pain management. These trials have informed best analgesic practice for selected surgical procedures and have led to the development of integrated care pathways and standardization of postoperative analgesic care in children vulnerable to inadequately treated pain. Dr. Malviya has been particularly interested in pain issues in children with cognitive impairment, a subset that is particularly vulnerable to untreated pain. More recently, her team has focused on assessing the safe use of opioids in clinical practice.

Dr. Malviya has been an invited speaker at national and international conferences on a variety of topics, including at the AAP, the Society for Pediatric Anesthesia, the European Society for Pediatric Anesthesia, the Association of Pediatric Anesthetists of Great Britain and Ireland and the American Society of Anesthesiologists.

Dr. Malviya served as President of the Society for Pediatric Anesthesia from 2014 to 2016. In this role, she had the opportunity to make an advocacy statement on behalf of almost 60,000 members of four leading anesthesia societies on establishing the safety and efficacy of opioids at a meeting of the FDA Advisory Committee on Opioids in Children. She also represented the Society for Pediatric Anesthesia, the American Society of Anesthesiologists, and the American Academy of Pediatrics when she made a statement at the FDA public hearing regarding the potential neurotoxicity of anesthetics in neonates and infants.

Below are some comments from former and current colleagues:

"From Shobha, I learnt humility.

From Shobha, I learnt the wisdom of knowing what you can and can't change.

From Shobha, I learnt that a foreign medical graduate could attain the top honor in their chosen profession.

Needless to say, I saw this honor coming her way many years ago because I can't think of anyone more deserving."

– Olubukola Nafui

"Our Mott research team, led by Shobha and Alan Tait, convened in the mid-nineties when we had little idea of where our work would take us. Shobha's exceptional knowledge of clinical pediatric anesthesia and her high ethical standards laid the foundation on which we built a body of work that has positively impacted the care and safety of children undergoing anesthesia. My favorite memories stem from our side-by-side work preparing manuscripts, with Shobha pecking away at the keyboard while I manipulated the mouse, much to the bemusement of Alan. Shobha's keen wit, support, and friendship created an environment that was not only productive, but most importantly, fun. Both Alan and I share in celebrating Shobha's accomplishments and this most deserved award."

– Terri Voepel Lewis

"Shobha and I started our residencies in anesthesia together in July 1985. We became fast friends, as we were both former pediatricians. One thing I noticed immediately was Shobha's attention to detail, both in her preops, in the OR, and in her research. She has a brilliant mind. She continues this into her practice today. Another trait is her empathy and compassion for her patients, co-workers, and family members. She is a mother figure to us all. This is not to say that she can't be fun or mischievous…like the time she altered a certificate of mine on the wall, which I didn't notice for about a year. Shobha truly deserves to be on the "Mount Rushmore" of pediatric anesthesiologists and winner of the Robert M. Smith Award."

– Paul Reynolds

Call for 2023 Robert M. Smith Award Nominees


Robert M. Smith

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 2023 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/KWHL9JH.
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, 2022.

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

1986:	Robert M. Smith
1987:	William O. McQuiston
1988:	A. W. Conn
1990:	Herbert Rackow and Ernest Salanitre
1992:	Joseph Marcy
1993:	Gordon Jackson-Rees
1994:	Margery VanNorden Deming
1995:	Leonard Bachman
1996:	John J. Downes
1997:	C. Ron Stephen
1998:	John F. Ryan
1999:	George A. Gregory
2000:	Not Presented
2001:	David Steward
2002:	Dolly Hansen
2003:	Etsuro K. Motoyama
2004:	Theodore Striker
2005:	Not Presented
2006:	Al Hackel
2007:	Josephine Templeton
2008:	Federick Berry
2009:	Ryan Cook
2010:	Juan Gutierrez
2011:	Charles Coté
2012:	Nishan Goudsouzian
2013:	John Christian Abajian
2014:	Raafat Hannallah
2015:	Charles Lockhart
2016:	Lynne Maxwell
2017:	Peter Davis
2018:	Robert Friesen
2019:	Nancy L. Glass
2020:	Jayant K. Deshpande
2021:	Corrie T.M. Anderson
2022:	Shobha Malviya

Seen in *Pediatrics*, *Hospital Pediatrics*, *NeoReviews*, and *AAP News*

PEDIATRICS
OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Hospital Pediatrics
AN OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

NeoReviews
AN OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

AAP News
THE OFFICIAL NEWS MAGAZINE OF THE AMERICAN ACADEMY OF PEDIATRICS

Quality Improvement Initiatives to Improve Perioperative Outcomes

Reducing Patient Length of Stay After Surgical Correction for Neuromuscular Scoliosis – February 2022

Increasing Cefazolin Use for Perioperative Antibiotic Prophylaxis in Penicillin-Allergic Children – February 2022

Standardizing Opioid Prescribing in a Pediatric Hospital: A Quality Improvement Effort – January 2022

Opioid Reduction Through Postoperative Pain Management in Pediatric Orthopedic Surgery – December 2021

STEPP IN: A Multicenter Quality Improvement Collaborative Standardizing Postoperative Handoffs – December 2021

Quality Improvement Approach to Increase Inpatient Pediatric Secondhand Smoke Exposure Screening – December 2021

Reducing Delays in a Pediatric Procedural Unit With Ultrasound-Guided Intravenous Line Insertion – November 2021

Reducing Severe Tracheal Intubation Events Through an Individualized Airway Bundle – October 2021

Racial/Ethnic Disparities and Bias in Pediatric Care

All Quality Improvement Is Health Equity Work: Designing Improvement to Reduce Disparities – March 2022

Children, especially those in rural areas, face long waits for dental procedures in ORs – March 2022

Looking Through Race-Conscious or Race-Neutral Lenses in Pediatric Research – February 2022

The Weight of Our Words: How Medical Communication Perpetuates Bias – February 2022

Perinatal Opioid Use Disorder Research, Race, and Racism: A Scoping Review – February 2022

Physician Bias and Clinical Trial Participation in Underrepresented Populations – January 2022

Disparities by Ethnicity in Enrollment of a Clinical Trial – January 2022

Association Between English Proficiency and Timing of Analgesia Administration After Surgery – November 2021

Economic Trends of Racial Disparities in Pediatric Postappendectomy Complications – October 2021

Opioids, Suicidal Behavior, and Mental Health

Codeine still prescribed to children despite contraindications – March 2022

The Risk of Suicidal Behavior in Association with Starting Youth on an Opioid Prescription: How Much Should We Worry? – February 2022

Initiation of Opioid Prescription and Risk of Suicidal Behavior Among Youth and Young Adults – February 2022

The Epidemic Rates of Child and Adolescent Mental Health Disorders Require an Urgent Response – February 2022

Nonmedical Opioid Use After Short-term Therapeutic Exposure in Children: A Systematic Review – December 2021

COVID-19 in Children

Household Transmission and Clinical Features of SARS-CoV-2 Infections – March 2022

COVID-19 Incidence Among 6th-12th Grade Students by Vaccination Status – February 2022

Pain Assessment

Available Instruments to Assess Pain in Infants – October 2021

Gender Dysphoria and Chronic Pain in Youth – October 2021

Medically Complex and End-of-Life Care in Children

Below the Surface: Caregivers' Experience of Hospital-to-Home Transitions – January 2022

Surgical Interventions With an Interdisciplinary Approach at End of Life – December 2021

Surgical Interventions During End-of-Life Hospitalizations in Children's Hospitals – December 2021

The Experience of Parents of Hospitalized Children Living With Medical Complexity – October 2021

Prolonged Perioperative Antibiotics

Hidden No More: Capturing the Full Picture of Prolonged Perioperative Antibiotic Prophylaxis – January 2022

Prolonged Perioperative Antibiotics: A Hidden Problem – January 2022

Innovations in Pediatric Care

From the Frontlines: A Qualitative Study of Staff Experiences With Clinical Event Debriefing – December 2021

Creation and Implementation of a Hospitalist-Run Propofol Sedation Program - November 2021

A Qualitative Analysis of Observed Behavior of Pediatric Rapid Response Team Performance – November 2021

Pediatric Transplantation

Trends in Survival for Pediatric Transplantation – January 2022

Progress in Pediatric Transplantation – January 2022

Miscellaneous

Diagnostic Error in Pediatrics: A Narrative Review – March 2022

High-Powered Magnet Exposures in Children: A Multi-Center Cohort Study –February 2022

National Trends of Adolescent Exposure to Tobacco Advertisements: 2012-2020 – December 2021

Language Diversity and Disparities in Pediatric Perioperative Care: A Pediatric Anesthesiology Perspective

Travis Reece-Nguyen MD, MPH, FAAP
Corresponding Author
Clinical Assistant Professor
Department of Anesthesiology, Perioperative, and Pain Medicine, Stanford University, Stanford, CA
Vice-Chair, Society for Pediatric Anesthesia Diversity, Equity, and Inclusion Committee
453 Quarry Road, MC 5663, Stanford, CA 94305
travisreecenguyen@stanford.edu

Travis Reece-Nguyen, MD, MPH

Nathalia Jimenez, MD, MPH
Associate Professor
Department of Anesthesiology and Pain Medicine, University of Washington, Seattle, WA
Chair, Society for Pediatric Anesthesia Diversity, Equity, and Inclusion Committee

Nathalia Jimenez, MD, MPH

Each year 3.4 million children in the United States (4.7% of children 0-17 years of age) undergo a surgical procedure, according to data from the National Health Interview Survey.[1] Of those, 153,262 children (4.5%) belong to families with Limited English Proficiency (LEP) defined as responding to the NHIS survey in a language other than English.[2] This same study reported how children of LEP families were 50% less likely to undergo surgery, even after adjusting by type of insurance, age, comorbid conditions and having a usual source of health care. Unfortunately, this is not an isolated finding. Language barriers are known to affect multiple aspects of health care. Specifically, in pediatric perioperative care, studies show that children of LEP parents/caregivers have longer times to analgesia administration after surgery;[3] have longer times to surgical diagnosis with increased severity of illness at the time of surgery;[4] and longer times to analgesia administration after surgery during hospitalization.[3] Further, children of LEP families are overall more likely to experience adverse events during hospitalization for medical or surgical conditions.[5]

Increased vulnerability among children of LEP families or children who are LEP themselves goes beyond language barriers. These children experience the compounding effects of additional risk factors for poor health and health care access, resulting in larger disparities. According to the Migration Policy Institute 2015 report, the 2.2 million children ages 5 to 17 with LEP were more likely to live in poverty and in households with parents who have lower levels of education.[6] Among adult LEP individuals ages 25 and older, 45% have less than high school education compared to 9% of their English-proficient counterparts. Almost a quarter (23%) live in households with an annual income below the official federal poverty line, compared to 13% of English-proficient persons. Of particular importance for perioperative care, lower levels of education highly correlate with low health literacy levels, a risk factor for poor medication adherence[7] and dosing errors in the pediatric population.[8]

In the US, Spanish was the predominant language spoken by LEP individuals accounting for 64% (16.4 million people) of the total LEP population in 2015. Seven percent spoke Chinese (1.8 million), 3% Vietnamese (867,000), 2% Korean (592,000), and 2% Tagalog (566,000). These five languages account for close to 80% of the LEP US population. It is important to note that speaking a Language Other than English (LOE) is different than LEP. In the same year, 64.7 million people ages 5 and older in the United States spoke a language other than English at home, and 60% of them were fully proficient in English. There is also geographical variation. The federal interagency LEP.gov provides language maps that describe the proportion of LEP individuals and the distribution by languages by state. It is essential to understand the population we serve to adequately address their needs during the perioperative period, a time that is highly stressful for all families and patients when communication is critical.

The Department of Health and Human Services (HHS) provides guidance on how to ensure equitable access to services for LEP individuals in accordance with Title VI of the Civil Rights Act of 1964. It defines who is a limited English proficient individual, how to identify LEP individuals, guides selection of language assistance services (interpreters and translators, *see Definitions*) and how to monitor provision of these services.

Studies show that provision of adequate interpretation improves patient satisfaction and quality of care,[9] including the care of children with additional trauma such as children of refugee families.[10] Specifically, among children of LEP families hospitalized for surgical procedures, those who consistently received 2 or more interpretations per day had similar pain levels and receipt of analgesic treatment (including opioids) when compared to children of English proficient families.[11]

Despite the large evidence of the benefits of medical interpreters, they continue to be underutilized, especially in places of high acuity care and rapid turnovers such as the operating room. Few studies have focused on pain management for LEP pediatric patients in the post-anesthesia care unit (PACU), and even among those few, the evidence is mixed. While one study reports a 30% lower receipt of opioid analgesics in the PACU after tonsillectomy and adenoidectomy among Latino children,[12] a more recent study found that LEP patients in the PACU were more likely to be given opioid medications, despite lack of pain assessments in ~40% of these patients.[13] This underlines the inherent difficulty of pain assessment and treatment when language barriers are present. If interpreters are not utilized, pain may be mismanaged.

Language concordance during the perioperative care of pediatric patients improves parents' satisfaction with care and their understanding of patient illness while also facilitating communication in the pre-surgical clinic during intake examination, management plan, and surgical consent.[14] These findings underscore the need for increasing diversity within the medical workforce. Increased workforce diversity directly correlates with

(Continued on page 8)

DEFINITIONS

Limited English Proficient (LEP): refers to any person age 5 and older who reported speaking English less than "very well" as classified by the U.S. Census Bureau. The term English proficient refers to people who reported speaking English only or "very well"

Interpretation: the act of listening to something in one language (source language) and orally translating it into another language (target language)

Translation: the replacement of a written text from one language (source language) into an equivalent written text in another language (target language)

Language Diversity and Disparities

(Continued from page 7)

improved health care delivery and better perioperative outcomes for patients with diverse cultural, social, economic, and clinical needs.[15-19] Diverse representation within healthcare becomes even more important as pediatric population diversity continues to grow, including increases in the intersectional identities of our patients. Healthcare disparities are even more pronounced and deleterious when LEP patients and their families also belong to other minoritized populations. For instance, having LEP parents was associated with worse health care access and quality of care for children with special healthcare needs.[20]

Diversity among the pediatric surgical population reflects the overall diversity of children in the US. Almost 40% of the pediatric surgical population identify as Black/Hispanic,[21] while only 13.2% of pediatric residents identified as either Black or Hispanic in 2020 (6.4% and 6.8% respectively).[22] Similarly, among pediatric anesthesiology fellows 5.4% and 8.1% identified as black or Hispanic respectively, representing only 13.5% of their 2020 cohort.[22] In an effort to examine the diversity of our subspecialty more closely, the Society for Pediatric Anesthesia (SPA) surveyed its membership *(data currently submitted for publication)* and found that only 6.3% and 7.3% of respondents identified as Black or Hispanic, respectively. Our survey also showed that 41% of respondents speak a language other than English, yet only 22.1% of them are certified to speak in that language with their patients. Of note, Spanish speaking respondents were the group with the highest certification rates (~33%).[23]

While language concordance and equitable racial/ethnic representation is ideal and should be the gold standard in pediatric care, we are far from it. The diversity of languages in the US precludes the provision of language-concordant services to all patients. Nonetheless, steps can be taken to ensure equitable care for LEP children, including identification of LEP families, consistent use of interpretation, as well as the use of linguistically and culturally appropriate health education materials, discharge orders, and post-surgical recommendations. Use of technology - including video interpretation - improves access to services for less common languages and facilitates interpretation services at night or in areas where in-person interpretation may be difficult. Normalizing these best practices across specialties is needed, especially standards of care and defined policies that facilitate the implementation and monitoring of services. Continuing to support efforts to diversify the workforce is also imperative. The medical field remains a difficult training and working environment for many who identify as Under-Represented in Medicine (URiM). Dismantling systemic barriers and finding effective ways to recruit, retain, promote, and sponsor UriMs are critical steps in this process. Incentives to those who can provide care in languages other than English promotes diverse individuals and improves retention. Pediatric specialties should hold themselves to a higher standard of diversity and representation since we must reflect the increasingly diverse pediatric populations we serve.

REFERENCES

1. CDC/National Center for Health Statistics. *National Health Interview Survey*. 2019.

2. Rabbitts JA, Groenewald CB. Epidemiology of Pediatric Surgery in the United States. *Paediatr Anaesth*. 2020;30(10):1083-1090. Doi:10.1111/pan.13993

3. Plancarte CA, Hametz P, Southern WN. Association Between English Proficiency and Timing of Analgesia Administration After Surgery. *Hosp Pediatr*. 2021;11(11):1199-1204. Doi:10.1542/hpeds.2020-005766

4. Levas MN, Dayan PS, Mittal MK, et al. Effect of Hispanic ethnicity and language barriers on appendiceal perforation rates and imaging in children. *J Pediatr*. 2014;164(6):1286-91.e2. doi:10.1016/j.jpeds.2014.01.006

5. Khan A. et al. for the Patient and Family Centered I-PASS Health Literacy Subcommittee. Association Between Parent Comfort With English and Adverse Events Among Hospitalized Children. *JAMA Pediatr*. 2020;174(12):e203215. Doi:10.1001/jamapediatrics.2020.3215

6. Batalova J, Zong J. Language Diversity and English Proficiency in the United States. Migration Policy Institute. November 11, 2016. Accessed February 14, 2022. www.migrationpolicy.org/article/language-diversity-and-english-proficiency-united-states-2015

7. Korkmaz MF, Erdem-Uzun M, Korkmaz M, Ekici A. Adherence to Antiepileptic Drugs and the Health Literacy of Caregivers in Childhood Epilepsy. *P R Health Sci J*. 2020;39(1):45-50.

8. Harris LM et al. Liquid Medication Dosing Errors by Hispanic Parents: Role of Health Literacy and English Proficiency. Acad Pediatr May-Jun 2017;17(4):403-410. Doi: 10.1016/j.acap.2016.10.001.

9. Diamond L, Izquierdo K, Canfield D, Matsoukas K, Gany F. A Systematic Review of the Impact of Patient-Physician Non-English Language Concordance on Quality of Care and Outcomes. *J Gen Intern Med*. 2019;34(8):1591-1606. Doi:10.1007/s11606-019-04847-5

10. Boylen S, Cherian S, Gill FJ, Leslie GD, Wilson S. Impact of professional interpreters on outcomes for hospitalized children from migrant and refugee families with limited English proficiency: a systematic review. *JBI Evid Synth*. 2020;18(7):1360-1388. Doi:10.11124/JBISRIR-D-19-00300

11. Jimenez N, Jackson DL, Zhou C, Ayala NC, Ebel BE. Postoperative pain management in children, parental English proficiency, and access to interpretation. *Hosp Pediatr*. 2014;4(1):23-30. Doi:10.1542/hpeds.2013-0031

12. Jimenez N, Seidel K, Martin LD, Rivara FP, Lynn AM. Perioperative analgesic treatment in Latino and non-Latino pediatric patients. *J Health Care Poor Underserved*. 2010;21(1):229-236. Doi:10.1353/hpu.0.0236

13. Dixit AA, Elser H, Chen CL, Ferschl M, Manuel SP. Language-Related Disparities in Pain Management in the Post-Anesthesia Care Unit for Children Undergoing Laparoscopic Appendectomy. *Children*. 2020; 7(10):163. https://doi.org/10.3390/children7100163

14. Dunlap JL, Jaramillo JD, Koppolu R, Wright R, Mendoza F, Bruzoni M. The effects of language concordant care on patient satisfaction and clinical understanding for Hispanic pediatric surgery patients. J Pediatr Surg. 2015 Sep;50(9):1586-9. Doi: 10.1016/j.jpedsurg.2014.12.020.

15. Gomez LE, Bernet P. Diversity improves performance and outcomes. *J Natl Med Assoc*. 2019;111(4):383-392. Doi:10.1016/j.jnma.2019.01.006

16. Cohen JJ, Gabriel BA, Terrell C. The case for diversity in the health care workforce. *Health Aff (Millwood)*. 2002;21(5):90-102. Doi:10.1377/hlthaff.21.5.90

17. Alsan M, Garrick O, Graziani G. Does Diversity Matter for Health? Experimental Evidence from Oakland. *Amer Econ Review*, 2019;109(12):4071-4111. Doi: 10.1257/aer.20181446

18. Ly DP, Jena AB. Trends in Diversity and Representativeness of Health Care Workers in the United States, 2000 to 2019. *JAMA Netw Open*. 2021;4(7):e2117086. Published 2021 Jul 1. Doi:10.1001/jamanetworkopen.2021.17086

19. Flores G, Lin H. Trends in racial/ethnic disparities in medical and oral health, access to care, and use of services in US children: has anything changed over the years?. *Int J Equity Health*. 2013;12:10. Published 2013 Jan 22. Doi:10.1186/1475-9276-12-10

20. Eneriz-Wiemer M, Sanders LM, Barr DA, Mendoza FS. Parental limited English proficiency and health outcomes for children with special health care needs: a systematic review. *Acad Pediatr*. 2014;14(2): 128-136. Doi:10.1016/j.acap.2013.10.003

21. Groenewald CB, Lee HH, Jimenez N, Ehie O, Rabbitts JA. Racial and ethnic differences in pediatric surgery utilization in the United States: A nationally representative cross-sectional analysis [published online ahead of print, 2021 Oct 22]. *J Pediatr Surg*. 2021;S0022-3468(21)00720-X. doi:10.1016/j.jpedsurg.2021.10.011

22. Accreditation Council for Graduate Medical Education. *Data Resource Book Academic Year 2020-2021*. Available at: https://www.acgme.org/globalassets/pfassets/publicationsbooks/2020-2021_acgme_databook_document.pdf. Accessed February 13, 2022.

23. Reece-Nguyen T, Lee H, Garcia-Marcinkiewicz A, et al. Diversity, Equity, and Inclusion Within the Society for Pediatric Anesthesia: a Mixed Methods Assessment. *(Manuscript under review).*

In Memoriam:
Lisa Wise-Faberowski, MD, MS, FAAP

Written By: Rita Agarwal, MD, FAAP, Chandra Ramamoorthy, MD, and James Fehr, MD, FAAP

Lisa Wise-Faberowski, MD, MS

It is with a heavy heart that we share the untimely death of our dear friend and colleague Lisa Wise-Faberowski MD, MS, FAAP. Lisa was a faculty member in the Department of Anesthesiology, Division of Pediatric Anesthesiology at Stanford University School of Medicine. She was a dedicated clinical pediatric cardiac anesthesiologist, scientific researcher, gentle, kind teacher, and mentor.

After a residency in pediatrics, pediatric critical care and anesthesiology, Lisa made pediatric cardiac anesthesia and critical care her calling. Her bench to bedside investigation into the effects of anesthesia on the developing brain won her several prestigious awards and honors. She was the recipient of more than several awards including the John J. Downes Award and the young investigator award from both the Society of Neuro-Anesthesia-Critical Care and the Society for Pediatric Anesthesia. In addition to other departmental awards, Lisa had a scientist development award from the American Heart Association. Additionally, Lisa had several grants to support her research on neuronal apoptosis in animals and children with heart disease.

Dr. Wise-Faberowski's career took her from Duke University to the University of Florida in Gainesville, to the Children's Hospital in Denver, University of Colorado. I (RA) had the opportunity to get to know Lisa well both professionally and personally and admired her greatly. In 2010, Lisa was recruited to join the pediatric cardiac division at Stanford University where she continued her laboratory studies on neuroapotosis in the developing brain. At Stanford, Lisa went on to obtain a Masters in Health Research and Outcomes. Lisa could explain findings of her research to the uninitiated in an easily understandable manner and break down really complex issues into clear and easy to follow concepts. She was a patient teacher and allowed her trainees autonomy.

Lisa was involved with several national societies including the Society for Pediatric Anesthesia, the Congenital Cardiac Anesthesia Society (CCAS), the American Academy of Pediatrics, and the Association of University Anesthesiologists (AUA). She was on the Executive Committee of the American Academy of Pediatrics Section on Anesthesiology and Pain Medicine (AAP SOA), and was on the Education Planning Committee for the upcoming SPA/AAP Annual Pediatric Anesthesiology Meeting in Tampa, Florida. She was the Chair of the AUA Communication Committee and a member of the Executive Council. Lisa served on the SPA Education and Communications Committee and several ASA Committees. She has spoken nationally and internationally on a variety of topics primarily related to neuroanesthesia, neurotoxicity, and congenital cardiac anesthesia.

While Lisa appeared fragile, as if a strong wind would blow her away, beneath lay a tenacious, stoic, and strong-willed individual. Lisa was soft spoken, unfailingly gentle and kind to her trainees and laboratory assistants and was inclusive of them in her publications, of which she has many. She was a mentor and role model to multiple aspiring physicians, trainees, faculty, and clinician scientists. All who knew her recall her gentle demeanor and unfailing kindness. We have had messages from several of her trainees and colleagues expressing surprise and sadness at her untimely demise.

In reviewing her CV, I (CR) was awestruck on how much Lisa had accomplished both academically and outside of work. I have not met many individuals who could push themselves as much as Lisa did. Despite a busy clinical and research career, Lisa found time to be the team captain of her children's basketball team, team manager of soccer teams, be a foster parent to animals and, periodically, Lisa would send me (CR) a picture of her latest fluffy friend.

Dr. Lisa Wise-Faberowski was a compassionate and dedicated physician caring for some of the sickest children. She was an amazing woman, a devoted wife, and a mother of four. She was brave in her long fight against breast cancer but never allowed her illness to define her. She will be missed by her family and many friends at Stanford and elsewhere. We mourn her untimely loss.

Editor's Note: Lisa was a long-term valued member of our AAP Section on Anesthesiology and Pain Medicine, who had contributed to our Section Executive Committee since 2018. She will be sorely missed.

In Memoriam:
John J. 'Jack' Downes, MD, FAAP

Written by: Charles Dean Kurth, MD, FAAP; Robert Berg, MD, FAAP; Wynne Morrison, MD, FAAP; Vinay Nadkarni, MD, FAAP; Andrew Costarino, MD; Todd Kilbaugh, MD

John J. "Jack" Downes, MD

It is with sadness and a multitude of fond memories that we inform you that Dr. John J. "Jack" Downes, died peacefully at the age of 91, on Friday December 17, 2021. Jack served as Anesthesiologist-in-Chief at the Children's Hospital of Philadelphia (1972-1996). He was a trailblazing giant in the fields of Anesthesiology and Critical Care Medicine for more than half a century: a visionary pioneer, a master clinician, a rigorous educator, an inspirational leader, and a true gentleman. We mourn his death while we also appreciate and celebrate our good fortune to know Jack as friend, colleague and mentor over the last 60 years.

Jack came to the University of Pennsylvania for his residency training in anesthesiology in 1959 and was subsequently recruited to the Children's Hospital of Philadelphia in 1963. He developed a multidisciplinary approach to caring for seriously ill hospitalized children, whether following surgery or with life-threatening medical illnesses. His early defining moment was in January 1967, when he inaugurated The Children's Hospital of Philadelphia's pediatric intensive care unit–the first of its kind in North America. He was instrumental in fostering early training programs and research programs in his field. He and his colleagues inspired and trained multiple generations of pediatric anesthesiologists and intensivists and set a standard of care and professionalism that will endure far into the future. Jack was a tireless advocate for improving healthcare for children, and his persistent efforts led the Commonwealth of Pennsylvania to fund a pioneering home care program for the care of technology dependent children in the 1970's. In what became his trademark as a leader, he often reminisced that 'I held on (sometimes by my fingernails) until others fell away, even if it sometimes took several years!' He was always a passionate advocate for the Children's Hospital of Philadelphia, an institution that shares his dedication to advancing state-of-the-art clinical care, cutting edge discovery and rigorous interdisciplinary training to optimize outcomes for ill and injured children.

(Continued on page 10)

In Memoriam

(Continued from page 9)

Jack will always be remembered for his utter devotion to his patients. He worked hard to make sure that every child had access to the best care possible, no matter what their background, disability, or ability to pay. He approached medicine as a moral calling. An avid student of the history of medicine, he navigated an era of rapid change in healthcare and an explosion of technology with the patient always at the center. Even following his retirement, he was a frequent visitor to Pediatrics and Anesthesiology Grand Rounds. His learned presentations on the history of Pediatric Anesthesiology and Pediatric Critical Care Medicine were a special treasure for trainees and faculty alike. He taught us the value of strategic vision, dedication and critically reflecting on our practice to continuously learn.

Those who were lucky enough to work with him, or just to meet him, will always remember his genuine curiosity, sincere humanity, keen insight and steadfast devotion to patients, colleagues, and his family. We are privileged to remember the beautiful moments we experienced with him, and how those moments will continue to influence us and make us better healthcare providers and better people.

Editor's Note: the AAP's John J. Downes Resident Research Award lives on and is given to three residents annually at the SPA/ AAP Pediatric Anesthesiology Meeting.

In Memoriam: Dolly D. Hansen, MD, FAAP

Written by: Kirsten C. Odegard, MD

Dolly D. Hansen, MD

It is with a heavy heart and profound sadness that I write to share with you that Dolly Hansen has passed away.

The passing of Dr. Dolly Hansen, "the Mother of Pediatric Cardiac Anesthesia," leaves a tremendous void in the field of pediatric cardiac anesthesia and pediatric cardiac surgery. Dolly touched and helped countless children with congenital heart disease, she more or less gave her entire life to Boston Children's Hospital (BCH) and to the field of pediatric cardiac anesthesia. Dolly was also a very loyal friend and very special mentor to so many of us.

For those of you who didn't have the privilege of knowing Dr. Hansen personally: Dr. Dolly Hansen was born in Copenhagen, Denmark, in 1935, she was legally blind due to retinopathy of prematurity. Despite her handicap, Dolly raced through her education in Denmark without any issues. She came to BCH in 1971 for a one-year pediatric cardiac fellowship. The plan was to return to Copenhagen, but Dr. Hansen never left BCH. Dolly first worked with the pioneer, Dr. Gross, and later with Dr. Castaneda, who introduced complete repairs in infancy. Dr. Hansen gave anesthesia to neonates in the hyperbaric chamber in the subbasement, by herself where no one could come and help. She did the first patient undergoing circulatory arrest at BCH, with no prior explanations or guidance. Dr. Castaneda just told her that "we are using circulatory arrest tomorrow," and that was it. Dolly had to figure it all out by herself. She went to the local store and bought a big enough plastic bucket, so that they could submerge the baby in ice.

Dr. Hansen also did the anesthesia for the first patient with HLHS undergoing a stage 1 repair, with Dr. Bill Norwood. On the day prior to surgery, Dr. Hansen was told: "we are repairing a patient with HLHS tomorrow," with no further explanation. Remembering this was a fatal disease until then, and only diagnosed after the neonates died, Dr. Hansen stepped up and figured out what was best for the neonates. These are just a couple of innovations Dr. Dolly Hansen was instrumental in developing.

Dolly retired in 2001 and moved back to her native Denmark in 2016, where she spent the last years of her life.

Not only was Dr. Hansen an outstanding physician, she was also one of the first female pediatric cardiac anesthesiologists. Dr. Hansen opened the door for many other female anesthesiologists to follow in her footsteps, and she set a very high bar for all of us to follow; almost unreachable.

Dr. Dolly Hansen, the "Mother of Pediatric Cardiac Anesthesia," played a major role in moving the whole field of pediatric cardiac anesthesia forward, for which she was awarded the Congenital Cardiac Anesthesia Society's Life Time Achievement Award in April 2021, and for which she will always be remembered.

AAP Resources for Trainees & Early Career Physicians

AAP Section on Pediatric Trainees

The Section on Pediatric Trainees (SOPT) strives to empower and enable trainees to be strong leaders and advocates for the health and well-being of all children. The Section was formed to provide a voice for physicians in training and to offer a forum for the discussion of common interests and problems. Section on Pediatric Trainees membership is automatic with medical student, resident and fellowship trainee national membership in the AAP. SOPT is the largest of approximately 50 Sections in the AAP; the Section currently has over 16,000 members.

AAP Section on Early Career Physicians

With countless opportunities for you to get involved, find fellowship, and advance your career, there are so many reasons to invest in AAP membership as an early career physician. Like the Section on Pediatric Trainees, the Section on Early Career Physicians offers a connection to pediatrics beyond access to timely guidelines in pediatric care.

Finding and fueling your passion can be just the antidote you need to burnout. The SOECP has over 80 leadership positions that enable you to gain leadership experience and connect with the reasons that you went into medicine. Meet other members and work together on projects and initiatives outside of your FTE. Opportunities exist to influence child health advocacy efforts, promote physician wellness, encourage meaningful mentorship, develop leadership training programs, and more.

AAP Mentorship Program | **Free benefit for all Academy members**

This online mentoring platform provides American Academy of Pediatrics members with the opportunity to seek out and connect with mentors across the country. Users update a profile with matching preferences based on any number of criteria and tailored mentor recommendations based on these preferences are made. In addition, the platform hosts specialized forums that provides members the opportunity to connect on topics such as residency interview preparation, public health pediatrics, or being an international medical graduate. The program has created targeted campaigns to offer support for members who are underrepresented in medicine.

AAP Young Physicians Leadership Alliance (YPLA)

The AAP Young Physicians Leadership Alliance offers leadership training opportunities designed to educate, empower, and equip our early career members so that they have the tools to lead with confidence.

AAP News™

Letter from the President

AAP President Moira A. Szilagyi, M.D., Ph.D., FAAP


Dr. Szilagyi

As I begin my term as AAP president, I want to say what an honor it is to serve this extraordinary organization. I am proud of the influence our Academy has had on the health and well-being of our country and the impact it has had on children everywhere. I am filled with gratitude and a deep sense of responsibility by the trust you have placed in me.

The past 22 months have been grueling. But through our innate resilience, fueled by our commitment to children and families, we have provided the hope and healing that have been needed so badly.

In the coming year, we will continue to work to end the pandemic by promoting vaccination, science and education, while using the power of our voice to push harder for what we know children need. We will apply lessons learned from this crisis to address challenges such as mental health, achieving health equity and improving access to quality care.

Rising rates of depression, anxiety and suicidality have been made worse by the pandemic as have inequities in access to mental health screening, diagnostics and evidence-based therapeutic services. The AAP has embarked on a comprehensive strategy and set of initiatives to support healthy brain development. I look forward to furthering our leadership in this area by incorporating a trauma-informed care approach to prevent and respond to mental health concerns.

Equity must be infused in all we do. This work began in earnest seven years ago and is being embedded throughout our organization. As we embark on year two of our Equity Agenda Workplan we will continue to address root causes of health disparities by alleviating the challenges and stressors many families and communities face. We will advocate to:

- reduce poverty,
- promote quality education, child care, affordable housing, adequate nutrition and safe environments, and
- reverse centuries of health inequities — largely rooted in structural racism and social injustices — that have led to devastating consequences for our Black, Latino, Indigenous and Asian communities, as well as LGBTQ+ youths and some immigrant populations.

I've spoken often about my own childhood and what a relief it was when my father got a job at Ford Motor Co. with medical benefits. It meant not having to make impossible choices between health care and life's basic needs. I ran for AAP president to give every family that same sense of security. Indeed, universal health coverage — where families can access the care they need when they need it without suffering financial hardship — is central to ensuring every child has a healthy future. And, of course, it has to be designed to pay pediatricians for the care we provide.

As chief of a division at the University of California, Los Angeles that includes primary care pediatricians and subspecialists, I deal daily with the challenges of maintaining high-quality, compassionate care in a climate of slim financial margins where access is mediated not by what a child needs but by insurance coverage. Inequities in coverage promote inequities in health care and access to it.

As an academic, I also know the importance of data and will step up efforts to use data in deciding the care children need and advocating for equitable access and fair payment.

Many pediatricians were suffering from burnout prior to the pandemic. We now face new challenges and financial stressors. We will continue to use advocacy and education to improve physician wellness, including:

- addressing the culture of medicine and aspects of the practice environment that lead to stress and inefficiencies, including administrative burdens and regulatory requirements, and
- fighting for increased payment for the care we provide with all payers, including Medicaid.

To our members who are hurting, I will ensure we do all we can to support you.

Our voice — individually, collectively, locally and nationally — is important, and its impact must not be underestimated. The new year is filled with promise and the power of 67,000 pediatricians who can tell the story of this country's children and advocate for the needs of the pediatricians who care for them. I look forward to advancing this conversation with you and moving toward a better future for our nation and its children.

Reprinted with permission from the January 2022 issue of AAP News

Call for Abstracts for 2022 AAP National Conference and Exhibition – Due April 22

The Call for Abstracts for the 2022 AAP National Conference and Exhibition is now open through April 22nd.

The AAP National Conference & Exhibition will accept abstracts of case reports, original research, program evaluations and quality improvement projects for presentation within various section and council programs. Section/council programs are developed by AAP member specialty and subspecialty communities to provide a forum for the advanced discussion of clinical matters, research developments, or special interest areas.

The 2022 AAP National Conference Abstract program is comprised of 41 section/council programs accepting submissions (Note that the Section on Anesthesiology and Pain Medicine does not have a dedicated educational program at the NCE so there is no call specific to the field of pediatric anesthesiology, however, many AAP Sections cover topics relevant to the perioperative care of children as well as pediatric pain management.) Each participating section and council has program specific guidelines, which must be reviewed in detail before submission. Submission of an abstract indicates acceptance of all guidelines, policies, and procedures.

Abstracts will be accepted through April 22nd at 11:59 pm CDT on the National Conference Abstract Submission site.

The Sections/Programs accepting abstract submissions for the 2022 NCE are below. Their program specific guidelines can be found here:

- Council on Child Abuse and Neglect (COCAN)
- Council on Children and Disasters (COCD)
- Council on Clinical Information Technology (COCIT)
- Council on Community Pediatrics (COCP)
- Council on Early Childhood (COEC)
- Council on Foster Care, Adoption and Kinship Care (COFCAKC)
- Council on Immigrant Child and Family Health (COICFH)
- Council on Injury, Violence and Poison Prevention (COIVPP)
- Council on Quality Improvement and Patient Safety (COQIPS)
- Council on School Health (COSH)
- Council on Sports Medicine and Fitness (COSMF)
- Innovations in Obesity Prevention, Assessment, and Treatment Forum (IOPAT)
- Provisional Section on Urgent Care Medicine (PSOUC)
- Section on Administration & Practice Management (SOAPM)
- Section on Adolescent Health (SOAH)
- Section on Advances in Therapeutics and Technology (SOATT)
- Section on Breastfeeding (SOBr)
- Section on Cardiology and Cardiac Surgery (SOCCS)
- Section on Child Death Review and Prevention (SOCDRP)
- Section on Critical Care (SOCC)
- Section on Emergency Medicine (SOEM)
- Section on Global Health (SOGH)/ Section on Infectious Diseases (SOID)
- Section on Hospice and Palliative Medicine (SOHPM)
- Section on Hospital Medicine (SOHM)
- Section on Integrative Medicine (SOIM)
- Section on LGBT Health and Wellness (SOLGBTHW)
- Section on Medicine-Pediatrics (SOMP)
- Section on Minority Health Equity and Inclusion (SOMHEI)
- Section on Neonatal Perinatal Medicine (SONPM)
- Section on Nicotine and Tobacco Prevention and Treatment (SONTPT)
- Section on Obesity (SOOb)
- Section on Oral Health (SOOH)
- Section on Orthopaedics (SOOr)
- Section on Pediatric Trainees (SOPT)
- Section on Senior Members (SOSM)
- Section on Simulation and Innovative Learning Methods (SOSILM)
- Section on Surgery (SOSu)
- Section on Telehealth Care (SOTC)
- Section on Transport Medicine (SOTM)
- Section on Uniformed Services (SOUS)
- Section on Urology (SOU)

Welcome New Members!

Mofya Diallo
Washington, DC

Stephanie Grant
Atlanta, GA

Michelle Hidalgo
Belle Isle, FL

Peter Hong
Roxbury Crossing, MA

Shawn Jackson
Boston, MA

Yuliana Noah
New York, NY

Samson Otuwa
Las Vegas, NV

Stacy Peterson
Brookfield, WI

David Charles Rosario
Albany, NY

Jessica Schall
San Antonio, TX

Carlos Sermeno
Bronx, NY

Zahia Zayed
Los Angeles, CA

HEARD AT THE 2021 NATIONAL CONFERENCE & EXHIBITION

Children's Ingestion of Tiny Magnets, Button Batteries Increased Significantly During Pandemic, New Research Shows

Emergency departments saw about the same number of foreign ingestion cases during the pandemic but a higher proportion were batteries and magnets. A study's abstract findings were presented at the 2021 American Academy of Pediatrics National Conference & Exhibition

More children swallowed small magnets and batteries as compared with other foreign objects in 2020 -- a year when a COVID-19 stay-at-home order was in place -- than in prior years, research shows.

The abstract, "Feast or Famine: A National Stay-At-Home Order Is Associated with an Increase in Pediatric Foreign Body Ingestions Presenting to Emergency Departments in 2020 Compared to 2011-2019," was presented during the American Academy of Pediatrics 2021 National Conference and Exhibition.

Researchers analyzed data from more than 100 hospitals provided by the National Electronic Injury Surveillance System database to evaluate the frequency of suspected foreign body ingestions in children ages 17 and under. They found that the number of foreign body ingestions remained roughly the same each year from 2017 through 2021, but the proportionate number of button or cylindrical battery and magnet ingestions increased significantly.

"Button batteries and small-rare-earth-magnet-sets represent the most dangerous objects a child can ingest," said CPT Patrick T. Reeves, MD, FAAP, assistant professor of pediatrics at the Naval Medical Center at San Diego. "Due to their abilities to cause electromagnetic force discharge, these objects can tear through tissue, cause bleeding and even death. Parents should treat these objects like the Dark Side of the Force and strive to decrease children's access to these items in the home."

Emergency rooms see approximately 55,000 and 60,000 children for foreign ingestions annually, according to the research. The majority of children who ingest foreign objects are between ages 0-5 who have ingested batteries, magnets, coins, toys, desk supplies, bathroom items, jewelry, fasteners (screws, nails, etc.) and holiday items, such as Christmas ornaments and décor.

Most foreign bodies that are ingested by children will pass into the stomach and eventually leave the body through defecation. However, some objects, such as electronic button batteries or small-rare-earth magnets, pose a significant to danger for children that can lead to death.

Recently the U.S. Consumer Product Safety Commission recalled some small high-powered magnet sets, but more work is needed, according to the authors.

They call for the design of dedicated campaigns to include education for children, parents, other caregivers, and clinicians to prevent the purchase of these items and ways to remove them from the home.

To view the abstract in full, click here.

Injuries Due to Family Violence Involving Alcohol, Drugs or Weapons Increased During Pandemic Stay-at-Home Months

New research on family violence-related injuries in one urban center was presented at the 2021 American Academy of Pediatrics National Conference & Exhibition

The proportion of family violence-related injuries in youth ages 10-15 that were associated with alcohol, illegal drugs or weapons increased significantly during the pandemic stay-at-home order at one urban Maryland hospital, according to new research.

The study abstract, "Epidemiology of Injuries to 10–15-year-old Adolescents from Family Violence Evaluated in the Pediatric Emergency Department," was presented during the virtual American Academy of Pediatrics 2021 National Conference and Exhibition. Researchers found more than half of 819 teens and pre-teens evaluated for a violence-related injury at Johns Hopkins Children's Center reported an event that involved a family member, often a parent, and included child maltreatment and physical fighting.

Researchers identified visits for youth 10-15 years of age who presented to the emergency department for evaluation of an injury due to a violent event involving a family member between January 2019 and December 2020. The pre-pandemic period was defined as January 1, 2019-March 29, 2020, and the pandemic period was March 30, 2020 -Dec. 31, 2020, based on the date of the Maryland stay-at-home order issue.

More than half of patients were female, and nearly 82% of the violence-related injuries occurred in the home. Most youth were transported to the hospital by police (66.7%). Overall, alcohol, illegal drugs and weapons were involved in 10.0%, 6.5%, and 10.7% of events, respectively, and their involvement significantly increased during the pandemic period (from 7.5%, 4.0%, 6.9% to 18.8% 14.9% and 23.8% respectively.)

The authors suggest that the increased involvement of alcohol, illegal drugs and weapons during imposed stay at-home mandates requires investigation as a contributor to violence-related injuries during adolescence.

The research is funded by the Robert Wood Johnson Foundation.

To view the abstract in full, click here.

From the AAP News Room

AAP, Texas Pediatric Society Oppose Actions in Texas Threatening Health of Transgender Youth

Medical organizations speak out against Texas efforts to criminalize gender-affirming care

February 24, 2022

The American Academy of Pediatrics (AAP) and the Texas Pediatric Society (TPS), the Texas chapter of the AAP, strongly oppose the actions taken this week in Texas that directly threaten the health and well-being of transgender youth.

On Feb. 22, Texas Governor Greg Abbott directed the Texas Department of Family and Protective Services and other state agencies to investigate certain gender-affirming services as child abuse, following a legal opinion that was issued by the Texas attorney general earlier this week.

The AAP has long supported gender-affirming care for transgender youth, which includes the use of puberty-suppressing treatments when appropriate, as outlined in its own policy statement, urging that youth who identify as transgender have access to comprehensive, gender-affirming, and developmentally appropriate health care that is provided in a safe and inclusive clinical space in close consultation with parents.

“Pediatricians are trusted by parents to provide the care their children need to be healthy and thrive. What is happening in Texas directly undermines the care pediatricians provide their patients,” said AAP President Moira Szilagyi, MD, PhD, FAAP. This harmful directive leaves families seeking gender-affirming care in Texas with nowhere to turn. Pediatricians could be investigated for child abuse by simply providing evidence-based, medically necessary services. Gender affirming care is not abuse. Politics has no place in the exam room. All children deserve access to the care they need.

The Academy has repeatedly spoken out against bills that discriminate against transgender youth and their right to receive medical care, and advocated against restrictions to their rights in other states. The TPS has long-advocated against prohibitions on gender-affirming care in Texas.

For young people who identify as transgender, studies show that gender-affirming care can reduce emotional distress, improve their sense of well-being and reduce the risk of suicide.

“Evidence-based medical care for transgender and gender diverse children is a complex issue that pediatricians are uniquely qualified to provide. This directive undermines the physician-patient-family relationship and will cause undue harm to children in Texas. TPS opposes the criminalization of evidence-based, gender-affirming care for transgender youth and adolescents. We urge the prioritization of the health and well-being of all youth, including transgender youth,” said TPS President Charleta Guillory, MD, MPH, FAAP.

Frances Haugen, American Academy of Pediatrics and American Academy of Child and Adolescent Psychiatry Convene Roundtable on Adolescent Mental Health and Social Media

February 7, 2022

Today, Frances Haugen joined leaders from the American Academy of Pediatrics (AAP) and American Academy of Child and Adolescent Psychiatry (AACAP) in a roundtable discussion addressing the role of social media in children and teens’ mental health. The discussion comes on the heels of AAP, AACAP and the Children’s Hospital Association declaring a national emergency in children’s mental health and against the backdrop of the ongoing COVID-19 pandemic, which continues to harm children’s health in ways both seen and unseen.

Frances Haugen, who blew the whistle on Facebook’s practices of prioritizing company profits over public safety, spoke about her experiences and highlighted the need for transparency in the technology industry so that researchers can accurately study the impact of the platforms on children and teens. Leaders from AAP and AACAP shared their expertise about the role of social media in the lives of children and teens and raised concerns about the rampant spread of false information about COVID-19 on many social media platforms.

“The problems we are facing today with social media are solvable. Tech companies know how to make their platforms safer for everyone, but they won’t make the necessary changes because they prioritize their bottom line above all else — even our children’s safety and wellbeing,” said Frances Haugen. “For years, tobacco companies preyed on our children, continuing to advertise to them and addict them even after harm had been proven. The documents in my disclosures prove that Meta knows its products are harming our kids. We must not let Big Tech run the tobacco playbook on our kids. We must demand rigorous transparency requirements and safety regulations so that social media giants can no longer manipulate our kids and teens every hour of the day. We cannot let the status quo continue - our kids deserve better and we demand it.”

“Pediatricians have long been raising concerns about the impact of social media use on children’s mental health and development, and we appreciated being able to have a conversation about the opportunities and challenges presented to us by these technologies,” said AAP President Moira Szilagyi, MD, PhD, FAAP. “It is in our power to create a digital ecosystem that works better for children and families, and we are always looking for

(Continued on page 15)

From the AAP Press Room

(Continued from page 14)

new ways to make progress in achieving that goal. Pediatricians are also confronting unprecedented levels of misinformation and disinformation about COVID-19 that proliferates on social media platforms, and we will continue to do all we can to stop its spread."

"For some time now, child and adolescent psychiatrists care for children and teenagers presenting with mental and physical ailments exacerbated by the content they are exposed to via social media," offers Warren Y.K. Ng, MD, MPH, AACAP President. "But youth today increasingly look to social media to connect with one another and learn about the world around them. AACAP welcomes the opportunity to work with health and policy experts in creating solutions that leverage the positive aspects of social media platforms. The challenge we face is significant. Working together, we will continue to find and develop new and innovative ways to mitigate the negative mental health consequences of social media use. We hope that today's meeting leads to positive impact and change."

American Academy of Pediatrics Bolsters Guidance on Supporting Emotional Health of Children, Adolescents During the COVID-19 Pandemic

December 14, 2021

The American Academy of Pediatrics has updated its guidance on supporting the emotional and behavioral health needs of children, teens and families to describe new challenges that undercut resilience and demonstrate the urgent need for improving mental health care.

While some initial challenges of the pandemic have eased, such as quarantining and social isolation, families are now coping with the complexities of in-school attendance and impacts of remote schooling. There is also an increasing reliance on social media for communication, the guidance observes.

Additionally, many young people are suffering the loss of a loved one. Recent data show that more than 140,000 U.S. children have experienced the death of a primary or secondary caregiver during the COVID-19 pandemic, with children of color disproportionately impacted.

"These are difficult times, and I know that many people are hurting, even as we enjoy a traditionally festive holiday season," AAP President Lee Beers, MD, FAAP, said. "Pediatricians are in a great position to help families identify signs and symptoms of stress and offer resources and reassurance. We know your children and can help navigate questions about whether new behaviors or emotions are typical or need more evaluation. We are in this together."

The "Interim Guidance on Supporting the Emotional and Behavioral Health Needs of Children, Adolescents, and Families During the COVID-19 Pandemic" provides an overview of the most recent research, including the finding that 1 in 4 youth globally are experiencing clinically elevated depression and 1 in 5 are experiencing anxiety.

Experts have noted with alarm the pandemic's devastating impact on the mental health of children, teens and young people. The AAP, the American Academy of Child and Adolescent Psychiatry and Children's Hospital Association recently declared a national mental health crisis among children and teens. Earlier this month, U.S. Surgeon General Vivek Murthy issued an advisory calling for a swift and coordinated response to the mental health crisis. On Tuesday, Dr. Beers spoke about the national emergency declaration and the mental health needs of children and adolescents at a congressional briefing.

"We know effective ways to buffer the impact of trauma and stress, and support positive social-emotional development," Dr. Beers said. "For many, it is very difficult to find and access mental health care that offers this help. We need to improve timely access to evidence-based mental health treatment. This means integrating mental health supports within our primary care offices, school and other settings."

The numbers of teens arriving at emergency rooms and primary care clinic for behavioral and mental health problems and suicide attempts have increased significantly during the pandemic.

The guidance includes recommendations such as:

- A continued need for pediatricians to integrate emotional and behavioral health into standard care, checking on the wellbeing of both children and caregivers.
- Evaluating for social health determinants that cause additional stress, such as family housing, employment or food insecurities.
- Providing guidance on developing healthy habits, such as balancing time spent on screens with the need for sleep, nutritious food and physical activity, as well as coping mechanisms for dealing with uncertainty.
- Advocating for the mental health of children and adolescents, as highlighted in the AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health

Much remains unknown about the impact of interrupted socialization and learning during critical developmental stages. But the guidance notes positive developments, such as schools that have incorporated wellness activities into their daily flow.

"The need for urgent action on a national scale can seem overwhelming, yet we can each help with small acts of kindness and efforts to improve relationships within our own families and communities," Dr. Beers said. "We have never backed away finding a way forward, even in times of strife. Now is the time to listen to each other, have compassion and work on collective solutions."

Resources include:

- Updated Interim Guidance: Interim Guidance on Supporting the Emotional and Behavioral Health Needs of Children, Adolescents, and Families During the COVID-19 Pandemic
- HealthyChildren.org: Mental Health During COVID-19: Signs Your Child May Need More Support
- Dr. Beers describes the national crisis in mental health children and teens are facing today in an interview on the AAP podcast, Pediatrics on Call. www.aap.org/podcast

(Continued on page 16)

From the AAP Press Room
(Continued from page 15)

AAP Statement on FDA Authorization of First E-Cigarette Product

By: Lee Savio Beers, MD, FAAP, President, American Academy of Pediatrics

October 13, 2021

"The Food and Drug Administration's (FDA) decision yesterday to authorize the Vuse Solo e-cigarette to be legally sold in the United States is highly concerning. It is the first e-cigarette product authorized by FDA and is alarmingly the second most popular e-cigarette brand used by children. It's FDA's job to protect the health and safety of children, but with products such as this on store shelves, pediatricians are greatly concerned that young people will continue to fall victim to nicotine addiction.

"One Vuse Solo pod contains over 28 mg of nicotine – which is roughly as much as an entire pack of cigarettes. At 4.8%, its nicotine concentration levels are nearly identical to the JUUL products that were responsible for the rise of the youth e-cigarette epidemic and rampant nicotine addiction in teens. FDA's decision is a departure from policies in other countries that prohibit high-nicotine products like this.

"The availability of these products threatens our efforts to combat the youth nicotine epidemic. Products like this do not belong in the hands of young people, and yet we expect that is where they will end up.

"To be clear, yesterday's decision does not mean that the product has been approved as a safe and effective therapy for smoking cessation. This is a tobacco product, not a medical product. As with all tobacco products, pediatricians urge parents that it is in no way appropriate for children. By law, sales are prohibited to anyone under 21, but we know kids get their hands on them anyway. It will be essential that FDA closely monitors youth use of this product and is prepared to remove it from the market immediately at the first signs of use among children.

"While the American Academy of Pediatrics agrees with the FDA denial of applications for many non-tobacco flavored e-cigarette products, we are very concerned that the agency is still considering authorizing menthol flavored products, which are highly popular among youth. Authorizing menthol products would be a public health disaster for children. As FDA continues this process, we urge the agency to put the health of young people first and protect future generations from addiction."

Children and COVID-19 Vaccination Trends

The American Academy of Pediatrics recommends COVID-19 vaccination for all children and adolescents 5 years of age and older who do not have contraindications using a vaccine authorized for use for their age. See AAP policy.

On a weekly basis, drawing on data posted by the Centers for Disease Control and Prevention (CDC), the AAP reports progress in vaccinating US children. The report covers the vaccine data available for children 5-11 years of age, and the longer-term data for children ages 12-17 years.

To view or download the most recent AAP vaccine report, click here.

AAP Section on Anesthesiology and Pain Medicine Executive Committee Roster 2021-22

Mary Landrigan-Ossar, MD, PhD, FAAP
Chairperson
Boston, MA

Debnath Chatterjee, MD, FAAP
Chairperson-Elect
Denver, CO

Christina D. Diaz, MD, FAAP
Milwaukee, WI

Stephen Hays, MD, FAAP
Iowa City, IA

Justin Long, MD, FAAP
Atlanta, GA

Anita Honkanen, MD, FAAP
Immediate Past Chairperson
Palo Alto, CA

Robert T. Wilder, MD, FAAP
Liaison, Society for Pediatric Pain Medicine (SPPM)
Rochester, MN

Nina Deutsch, MD
Liaison, Society for Pediatric Anesthesia (SPA)

Adam C. Adler, MD, MS, FAAP
Liaison, AAP Committee on Drugs (COD)

Sulpicio Soriano II, MD
Liaison, American Society of Anesthesiologists (ASA) Committee on Pediatric Anesthesia (COPA)

Staff

Jennifer Riefe, MEd
Section Manager
jriefe@aap.org

Cultivating a Social Media Presence to Combat Medical Misinformation

David R. Stukus, MD, FAAP (@AllergyKidsDoc)
Professor of Clinical Pediatrics, Director, Food Allergy Treatment Center
Associate Director, Pediatric Allergy & Immunology Fellowship Program
Nationwide Children's Hospital and The Ohio State University College of Medicine

"I am urging all Americans to help slow the spread of health misinformation during the COVID-19 pandemic and beyond. Health misinformation is a serious threat to public health. It can cause confusion, sow mistrust, harm people's health, and undermine public health efforts. Limiting the spread of health misinformation is a moral and civic imperative that will require a whole-of-society effort."

~Vivek H. Murthy, MD, Surgeon General of the United States[1]

Even before the COVID-19 pandemic, social media had fundamentally changed the manner in which people search for and receive information. In March 2020, during the very early stages of the pandemic, the World Health Organization declared an 'infodemic' due to the sheer volume of continuously flowing information. Social media and popular cable news outlets create a sense of urgency with every headline or article labeled BREAKING NEWS. We are no longer afforded time to vet information for accuracy or place into proper context. Throughout the pandemic, misinformation and disinformation have negatively impacted individual medical decision making and public health efforts. The online assault on our collective well-being is so pervasive that the Surgeon General of the United States issued a call to arms in his report "Combating Health Misinformation".

Medical professionals have long held powerful roles in the lives of our patients. People come to us in pain, scared, and in need of help. They trust us to listen to them and offer advice on how to improve their health and their lives. Unfortunately, our current times dictate the need for all of us to recognize the powerful influences our patients have in their lives that erodes that trust. Even if professionals are not actively involved in social media, they still must educate themselves about the impact it has on medical decision making. By actively addressing this during individual encounters, we can learn valuable information about rationale why patients may decline evidence-based measures and allow for follow up questions and discussion. However, our need to intervene goes beyond the exam room.

As outlined in the Surgeon General's report, two of the key steps that all medical professionals can do to combat misinformation include proactively engaging with patients and the public on misinformation and using social media platforms to share accurate information. Medical professionals have knowledge, expertise and perspective surrounding complex areas such as pathophysiology, diagnostic testing, and treatment options. The more medical professionals are involved online, the greater chance we have to combat and dilute the bad information with evidence-based resources.

There are some strategies for medical professionals to consider when cultivating their online presence. It is important to identify a target audience to determine what type of content to share, as well as which social media platforms to utilize. Facebook is used more by older generations, whereas Instagram is popular with younger generations and new parents. Some may have multiple target audiences, or they may change over time. It is also useful to create a professional profile and choose an account name, picture and bio that indicates what each account represents.

Growing a social media presence requires persistence, frequent engagement, and use of colorful imagery, videos, infographics, or gifs. Sharing content such as open access journal articles, media reports and websites from vetted professional or advocacy organizations is helpful, particularly while also offering perspective. Professionals can directly combat misinformation by using relatable analogies or anecdotes and providing clear explanations. Protection of patient privacy is always paramount, but professionals can use social media to discuss common concerns or conditions they treat, along with treatment options or prognosis.

Hopefully it is evident why more medical professionals are needed on social media. We all have a unique voice and perspective to offer. Even those who decide they lack the time or desire to actively engage online need to learn more in order to best help their patients. For those who do get involved, the real key to cultivating a social media presence lies in three simple words: Provide valuable content.

Reference:

1. Confronting Health Misinformation. 2021. https://www.hhs.gov/sites/default/files/surgeon-general-misinformation-advisory.pdf

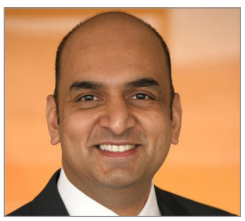
Reprinted with permission from the Fall 2021 issue of the AAP Section on Hematology-Oncology newsletter

Calling for newsletter articles!

For our next SOA newsletter, the Fall 2022 edition

Please send proposals to Debnath Chatterjee, Newsletter Editor at Debnath.Chatterjee@childrenscolorado.org

By August 1, 2022



Tips to Incorporating Technological Innovations into Medical Education

Eleny Romanos-Sirakis, MD, MS, FAAP, Assistant Professor of Pediatrics, Staten Island University Hospital Northwell Health, Zucker School of Medicine at Hofstra Northwell

Our current modern learners have grown up surrounded by technology; they are not only comfortable with technology, but they also expect it to be incorporated into teaching and education. With the COVID-19 pandemic, medical educators were thrust into using technology even more with the sudden shift to remote learning. The TPACK model (Technological, Pedagogical, and Content Knowledge) was described in 2006 by Mishra and Koehler, and highlights the importance of integrating and balancing all 3 of these core components in teaching. Technology should be integrated into the content and pedagogy of the learning environment. The TPACK model can be visualized as a Venn diagram with each of these 3 core components of teaching; the ideal learning environment exists in the center, where all 3 circles overlap and the components are balanced.

As everyone might suspect, technology and remote learning are both likely to remain an integral part of medical education. With some preparation, we can all continue to utilize technology to help maximize teaching and learning.

1. **Use technology to enhance the lecture:** Technology should be used to supplement and enhance your teaching and should not overtake the entire teaching session. Try out the technology in advance and make sure it works. Always have a back-up plan in case you run into technical difficulties.
2. **Maximize your presence when teaching remotely:** Being an effective teacher requires some degree of charisma and creating the foundation of a connection with learners. Engaging your audience is a necessary step for teaching and learning to occur. It can be even more difficult to engage an audience remotely. Optimizing how you appear to the audience can improve engagement. Consider the lighting in the room, the camera angle (best angle is at eye-level), and the background (best is uncluttered and neat). Take advantage of platform setting such as the HD setting and an option to "touch up my appearance."

3. **Active learning methods through remote learning:** More information is retained when educators utilize active learning techniques. Even though you are teaching remotely, you can still utilize some of the same active learning techniques you would use in an in-person session. Breakout rooms can be used for small group discussions. Use the chat feature to allow for audience participation. The whiteboard allows you to actively illustrate a topic in real-time with the audience. The learners can participate by annotating the drawing. The annotation tools can also be used to survey the learners who can vote on lists you make and present. The whiteboard can also be used to centralize ideas brought forth by the group's brainstorming efforts.
4. **Videos:** Incorporating videos into teaching can be very effective. Videos can efficiently share a concept or demonstration, simplify topics, and serve as attention-grabbers. Videos should be limited in duration, optimally a few minutes long. You can make your own videos or use pre-created material. You can incorporate videos into the teaching sessions or create a library of short videos or even full-length lectures for learners to review at their own pace. Utilizing a flipped classroom approach, videos can be assigned for review prior to the session, allowing for more in-depth discussion during the session. Some free program options include:
   - Edpuzzle (www.edpuzzle.com) allows you to make your own videos or take pre-created videos (for example, from YouTube) and add questions for learners to answer throughout the video to make it a more interactive session and include formative assessments.
   - Screencastify: Screencastify is a Chrome browser extension that allows you to record, edit, and assign screencasts. While recording, you can use the tools to write, draw, erase, or spotlight a section on the screen. You can record yourself explaining difficult concepts, recapping the day's main objectives, demonstrating an idea, or giving students audio or video feedback on their work. Students could use Screencastify to demonstrate what they've learned, how they solved a problem, or give presentations. The free version allows for 5-minute videos to be created.
5. **Games:** Gamification and game-based learning can make learning more fun and engaging, and can appeal to the competitive nature often intrinsic to many of our learners. Games can increase motivation to learn, facilitate formative assessments and lead to a higher retention of knowledge. There is a wide range of games and technological components that can be brought into learning sessions, from creating word searches on-line, to jeopardy sessions for use during the session, to using new platforms for quiz-type games. A few options to consider include:
   - Kahoot (www.kahoot.com): Create quizzes with a fun game-show-like feel, with music and all! Learners log into kaoot.it and enter the code- they then enter the game. Learners can play all together at the time of the center, or play at their own pace at home.

(Continued on page 19)

Tips on Including Technology in Medical Education

(Continued from page 18)

- Jeopardy: Everyone knows the gameshow, and it can be incorporated into any teaching session. Use a template and create a jeopardy board that can be presented easily through PowerPoint.

6. **Polls and Quizzes:** Use quizzes and polls to objectively assess learners' understanding or to check in with the audience on their feelings, perceptions, or needs. You can use determine their goals, baseline experiences with a topic, or comfort with aspects of the material. Consider the following free options:

- Socrative (www.socrative.com): Create a set of questions to assess learners' knowledge with this quiz-based formative assessment tool. The "space race" option can also be used during a session to tap into learners' competitive nature; learners work to quickly answer questions to help their team win the race.
- Mentimeter (www.mentimeter.com): Create word clouds and questions to engage the learners and check-in with the learners on their understanding or comfort with a topic; the results of the poll or word cloud can be displayed in real-time on your screen and can be used to spark discussion and direct the teaching session. Answers can be multiple choice, open-ended, or rankings. Learners just need to enter the code you post that is created once you activate your set of questions for the presentation. FYI, it works best if you don't embed the questions into your PowerPoint slides.

References and Resources:

1. Dong and Goh. Twelve tips for the effective use of videos in medical education. *Med Teach* 2015; Feb;37(2):140-5.
2. Felszeghy S, et al. Using online game-based platforms to improve student performance and engagement in histology teaching. *BMC Med Educ* 2019 Jul 22;19(1):273.
3. Guarascio et al. Evaluation of students' perceptions of the Socrative application versus a traditional student response system and its impact on classroom engagement. *Curr Pharm Teach Learn* 2017 Sep;9(5):808-812.
4. Lenz PH, et al. Practical Strategies for effective lectures. *Ann Am Thor Soc*. 2015, 12(4):561-6.
5. Ling Koh, JH, Chai, CS, & Tay, LY. (2014). TPACK-in-action: Unpacking the contextual influences of teachers' construction of technological pedagogical content knowledge (TPACK). *Computers & Education*, 78, 20-29. doi:10.1016/j.compedu.2014.04.022.
6. Mishra, P, & Koehler, MJ (2006). Technological pedagogical content knowledge: a framework for teacher knowledge. *Teachers College Record*, 108 (6), 1017–1054.
7. Robins L. 12 Interactive Teaching Methods You can use with Zoom. CLIME. https://dukeahead.duke.edu/sites/dukeahead.duke.edu/files/u94/Interactive%2BTeaching%2BMethods%2Bwith%2BZoom.Penultimate.pdf Accessed on 9/10/2021.

Reprinted with permission from the Fall 2021 issue of the AAP Section on Hematology-Oncology newsletter

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 are interest include:

Acknowledging Stigma and Embracing Empathy When Treating Neonatal Opioid Withdrawal Syndrome

Episode 106

In this episode Kenneth Zoucha, MD, FAAP, a recognized leader in addiction medicine for the state of Nebraska, talks about the stigmas around substance use disorder and Neonatal Opioid Withdrawal Syndrome. Hosts David Hill, MD, FAAP, and Joanna Parga-Belinkie, MD, FAAP, also talk to Tamela Milan-Alexander, MPPA, about her history with opioid use disorder, which led to a high-risk pregnancy, and her subsequent advocacy for mothers and their babies.

Advocacy in Pediatrics, How Opioids Affect Suicidality

Episode 102

In this episode Annie Andrews, MD, MS, FAAP, who is running for Congress in South Carolina, talks about the importance of advocacy in pediatrics. Hosts David Hill, MD, FAAP, and Joanna Parga-Belinkie, MD, FAAP, also talk to Patrick Quinn, PhD, about his research on how opioids affect suicidality.

Remote Patient Monitoring, Preventing Home Medication Errors

Episode 99

In this episode Carolyn Foster, MD, MSHS, FAAP, shares the latest research on how technology and remote patient monitoring are improving health outcomes. Hosts David Hill, MD, FAAP, and Joanna Parga-Belinkie, MD, FAAP, also talk to H. Shonna Yin, MD, MSc, FAAP, about the new AAP policy statement, Preventing Home Medication Administration Errors.

Vaccine Messaging to Reduce Hesitancy

Episode 88

In this episode Patrick O'Shea, PhD, a senior researcher at the FrameWorks Institute, shares findings from the first in a series of studies about how the public perceives vaccines. Hosts David Hill, MD, FAAP, and Joanna Parga-Belinkie, MD, FAAP, also talk to Nusheen Ameenuddin, MD, MPH, MPA, FAAP, Chair of the AAP Council on Communications and Media, about her work at the Mayo Clinic to educate immigrant populations about vaccines.

New episodes are released on Tuesdays. See all episodes at www.aap.org/podcast.