The American Academy of Pediatrics Advocacy Conference will take place April 14-16, 2024. Join and learn how to be a strong advocate for children’s health. Attendees will participate in advocacy skill-building workshops, hear from distinguished guest speakers, and learn about policy priorities impacting children. On the final day of the conference, participants will join other attendees from their state to attend meetings with their state’s congressional offices to discuss a key child health issue.

**Overview of Conference Days:**

**Sunday, April 14, 2024** - A mix of workshops on timely child health policy issues and advocacy skills with several keynote speakers.

**Monday, April 15, 2024** - Preparation for congressional meetings: topic discussions, a training session on the best ways to advocate, and breakout sessions to plan and practice for Capitol Hill visits with other attendees from your state.

**Tuesday, April 1, 2024** - Meetings with state congressional offices.

Register [HERE](#) for lower rates before 3/4/24.
Section on Surgery 2024 NCE Symposium 2: Functional Outcomes after Anorectal Malformation Reconstruction

The second Symposium that will be highlighted at the 2024 AAP Section on Surgery is a joint session with the Section on Urology on the topic of “Functional Outcomes after Anorectal Malformation Reconstruction”. This session will be co-moderated by Richard Wood, pediatric surgeon, and Richard C Rink, pediatric urologist. They will highlight the comprehensive multidisciplinary management regarding intestinal, fecal, and urinary functional outcomes, challenges, and treatments for children who undergo anorectal malformation reconstruction. Speakers for this symposium include Briony Varda, a pediatric urologist from Children’s National Hospital, Belinda Dickie, a pediatric surgeon with expertise in anorectal malformations at Boston Children’s Hospital, and Des Yacob, a pediatric gastroenterologist with expertise in motility and a member of the colorectal and pelvic reconstruction team at Nationwide Children’s Hospital. This session will truly demonstrate the need for a well-structured multidisciplinary program for the optimal care of these children’s acute surgical needs and long-term functional management.

Richard Wood, MD, FAAP
Richard C Rink, MD, FAAP
Briony Varda, MD, FAAP
Belinda Dickie, MD, FAAP
Des Yacob, MD, FAAP
Liaison Report: Council on Quality Improvement and Patient Safety (COQIPS)

The American Academy of Pediatrics (AAP) Council on Quality Improvement and Patient Safety (COQIPS) exists to define, implement, and disseminate evidence-based practices for the safe and equitable clinical care of children. The Council focuses on innovation, quality improvement (QI) science, policy integration, and education. The present form of COQIPS was assembled in 2012. The committee has over 700 members who serve on four subcommittees that include education, guideline development, patient safety and implementation. Through dissemination of information about best practices and valid safety measures, COQIPS contributes to improving health outcomes for children across various healthcare settings.

COQIPS interfaces with pediatric surgeons through the AAP Section on Surgery. In 2023, the COQIPS requested more information about the work pediatric surgeons were doing to improve patient outcomes through advocacy work. Drs. Stone, Reichard, and Baerg presented a webinar for COQIPS on January 24, 2024, titled, **Food as Medicine – Pediatric Surgeons address Food Insecurity**. It featured the non-profit, *FreshRx Program*, a farm to table hospital innovation program, spearheaded by Dr. Stone in Jupiter, Florida. The webinar demonstrated that the reduction of food insecurity is relevant for pediatric surgeons to improve patient outcomes across a number of measures, and also to reduce obesity.

In 2024, COQIPS has requested an educational webinar on the basis and implementation of surgical quality measures and checklists that may be relevant for pediatricians. Relevant topics include i. reducing NPO time, ii. pain management, and iii. surgical checklists. They have expressed interest in successful protocols used by surgeons, as well as areas that still need improvement. They are particularly interested in measures that improve the patient’s and family’s experience.

We are planning a collaborative research study with the COQIPS chair of implementation science, Dr. Amy Tyler. The study will examine key factors that led to successful clinical care protocol implementation in NICUs that have successfully reduced the incidence of necrotizing enterocolitis. The study will include interviews with the NICU implementation teams, as well as comparison of recent patients to historical controls that were treated prior to protocol implementation.

Like surgeons, pediatricians have a longstanding interest in quality improvement and patient safety. Both appreciate the importance of rigorous methodology; collaboration for success; and the constant evolution of information that pediatric clinicians must learn and implement. The COQIPS committee and the SOSu are well-aligned to collaborate and support the AAP in achieving optimal health for all children.

Joanne Baerg, MD, FAAP is the AAP SOSu Liaison to COQIPS. She is a pediatric surgeon with Presbyterian Health Services in New Mexico. She has previously served on the APSA Outcomes Committee.
Before the existence of a Canadian Association devoted to pediatric surgery, the only place one could meet pediatric surgical colleagues from Canada was the AAP Section on Surgery meetings. It was the only pediatric surgical meeting in North America. Canadians would usually find each other at various settings in and around the AAP meetings which were usually held in Chicago.

In 1961, Drs Barry Shandling and Jean Desjardins were both at the Hospital for Sick Children in Toronto, Ontario, Canada. Dr. Shandling was familiar with the British Association of Pediatric Surgeons because of his training at the Great Ormond Street Hospital. Dr. Desjardins knew of the American Academy of Pediatrics Section on Surgery because of his US training. They discussed the lack of an equivalent forum in Canada. While the Royal College of Canada existed, there was little interest in the surgery of children.

Drs. Shandling and Desjardins continued their conversation after Desjardins returned to Ste. Justine Hospital in his native Montreal, PQ in 1963. The two felt that they could utilize their English and French ties to create something special. After a February 1967 invitation letter to a few Canadian pediatric surgeons, a famous follow up letter was sent in May to a larger audience with the idea of creating the Canadian Association of Paediatric Surgeons as a 1967 Canada Centennial project.

In his letter dated May 8, 1967, Barry Shandling wrote:

*I am writing to all surgeons in Canada who spend a relatively large proportion of their time engaged in General Paediatric surgery. Most of us meet annually at the Surgical Section of the American Academy of Pediatrics. There is at present no Canadian Association of Paediatric Surgeons, of any kind.*

*During the first week of September of this year, the Canadian Paediatric Society is holding an augmented meeting in the nature of a Centennial celebration, here in Toronto. The annual Alumni Association meeting of the Hospital for Sick Children will take place at the same time. It is hoped that Paediatric Surgeons, whether Alumni or not, from across Canada, will attend this meeting.*

*If a Canadian Paediatric Surgical Association is ever to be created, this would probably be a favorable time and place for its inauguration. Such an Association could either be quite independent, or conceivably be a Surgical Section of the Canadian Paediatric Society. Annual meetings would be held in different Canadian cities and would foster both professional and social intercourse on an inter-provincial basis. At present the Royal College of Surgeons annual meeting does not have a programme of sustained paediatric surgical interest.*
Canadian Association of Paediatric Surgery / cont’d

Such an organization would also enable us to speak with more authority on behalf of our specialty where our interests are or might be involved.

You are therefore cordially invited to attend an inaugural meeting on September 7th, in the Board Room at the Hospital for Sick Children, at 4:00 p.m. There will be a Banquet at the Royal York Hotel that evening for all members of the Canadian Paediatric Society and the Hospital for Sick Children Alumni Association and, of course, visiting Paediatric Surgeons.

If you would like to present a paper at the surgical meeting on Friday, September the 9th, I would be grateful if you would let me have the title thereof before the end of May.

It would also be appreciated if you would indicate whether you are willing and able to attend such an inaugural meeting.”

This gained traction and the Canadian Association of Paediatric Surgeons (CAPS) - Association Canadienne de Chirurgie Pediatrique (ACCP) was formed on September 7, 1967. At the meeting, an ad hoc executive committee was chosen to move the association forward. Dr. Harvey Beardmore was elected President. It was also decided that the first meeting would occur four months later. That meeting would occur in the Saskatchewan room at the Royal York Hotel in Toronto on Thursday, January 18, 1968 at 9:00 AM. The constitution was discussed and officers were elected.

Ultimately the organization was incorporated officially on April 3, 1968. The object of the incorporation was “to improve the surgical care of infants and children in Canada.”

Founders Banquet, January 18, 1968, Royal York Hotel, Toronto
R-L: Drs Herb Owen, Fred Duval, Frank Guttmann, Sam Kling, Jean Desjardins, John Burrington, Pierre-Paul Collin, Clint Stephens, Harvey Beardmore, Jim Fallis (back), Barry Shandling, Gord Cameron, Dick Kennedy, Stan Mercer.
The crest of the association was designed by Dr. **Gordon Karn.** The red and purple of the arms are also the colors of the Royal College of Physicians and Surgeons of Canada and represent the blood met in surgery - arterial and venous. The scalpel with the healing serpent of Aesculapius, and the figure of a well child combine to symbolize the practice of pediatric surgery. At the top is the Canadian maple leaf and the founding date of the Association (1967). The motto is a quotation from Ambroise Pare, a father of modern surgery. The sixteenth-century French motto of “Je le pensay, Dieu le guarit” translates to “I treated him, God cured him”.

The first scientific meeting took place in Vancouver and was hosted by Dr. **Phil Ashmore.** The slate of officers was re-elected and served until 1971. At that meeting, it was also decided that a special examination in Paediatric Surgery should be created. This echoed the challenges American pediatric surgeons faced to gain recognition of the specialty. The equivalent to the American Board of Surgery in Canada was the Royal College of Surgeons.

---

**First Scientific Meeting, January 22, 1969, Vancouver, BC.**

R-L: Drs. Barry Shandling, Frank Guttman, Don Marshall, Harvey Beardmore, Fred Duval, Phil Ashmore, Graham Fraser, Sam Kling, Russ Marshall, Angus Juckes, Murray Kliman

**CAPS Founding Members:**

Barry Shandling (1928–2016)

Born and raised in South Africa, Shandling trained under the mentorship of Dr. Christian Bernard and Dr. Jannie Luow. He completed his training in the United Kingdom and then Toronto before joining the staff at the Hospital for Sick Children in 1963. During his 35-year career he cared for thousands of children, trained scores of residents and fellows, and had a major impact on the practice of pediatric surgery in Canada and around the world. His was one of the first pediatric surgeons to use laparoscopy in the management of the intra-abdominal testis, described the first punch biopsy technique for the diagnosis of Hirschsprung disease, and he performed the very first Kasai procedure for biliary atresia in Canada. Very early in his career he became passionate about helping children with fecal incontinence and established the first formalized bowel management program in Canada, including the introduction of annual rectal manometry to measure sphincter pressure, the development of a self-administered enema catheter and – with Peter Chait – the use of antegrade continence enemas through a catheter inserted by interventional radiology.

Shandling served at CAPS’s first secretary treasurer from 1967 to 1974 and then as the 6th CAPS President between 1981 and 1983.

Jean G Desjardins (1932–2019)

Born in Montreal on March 28, 1932 Desjardins started his medical program at the University of Montreal in 1951 and obtained his Canadian licensure in 1956. He received his Royal College diploma in general surgery in 1961. After six-months of training in the USA, he pursued his training in pediatric surgery at the Hospital for Sick Children in Toronto under the supervision of Dr. Clinton Stevens between 1961–1963.

He joined the Ste Justine team in 1963. He was interested in thyroid surgery in children. He was also interested in esophageal atresia and studied dysmotility using esophageal manometry in children who had undergone esophageal atresia repair. He was the 3rd director of general pediatric surgery at Ste Justine from 1986–1993. He retired from practice in 1997.

In addition of being a founding member of CAPS, Desjardins was its president from 1995 to 1997.
AAP Section on Surgery Famous Figures: Gordon McCorquodale Karn (1920-1981)

Born in 1920, Karn graduated from McGill University Faculty of Medicine in 1942 and saw active service with the Royal Canadian Army Medical Corps between 1944 and 1946 as captain. He joined the Montreal Children's Hospital (then called the Children's Memorial Hospital) in the 1950s and was a pioneer in early cardiac surgery with Dr. David R. Murphy. In his profession, Karn served as Chairman of the Medical Board of the Montreal Children's Hospital in 1970.

Karn was one of the early members of the Royal Heraldry Society of Canada. In 1969, he created the crest for CAPS and borrowed the motto from Ambrose Pare that adorns the crest.

Karn was a founding member CAPS.
He served on the AAP SOSu Executive Committee as SOSu Chair from 1975 to 1976.

Operative Notes Staff
Senior Editor and Contributor: Kenneth W. Gow, MD, FAAP
Editor and Contributor: Minna Minsing Wieck, MD, FAAP
A product of the AAP Section on Surgery Communications Committee; Publication date: March 2024
If you have questions or suggestions please email: sosu@aap.org