As we enter year three of COVID-19 pandemic, there is a light at the end of the tunnel. COVID-19 cases continue downward trend and the CDC is relaxing the mask recommendations for 70% of the population living in areas of low or medium risk of COVID-19. However, with only 31% of children ages 5-11 and 66% of teens ages 12-17 having received one dose of COVID-19 vaccine, pediatricians still have much work to do in building vaccine confidence and combating vaccine misinformation. We could also see more cases of multisystem inflammatory syndrome in children (MIS-C) following the spike in Omicron cases.

I wanted to welcome you to the Section on Osteopathic Pediatricians (SOOPe). As DO pediatricians, SOOPe is your professional home within the AAP. The Section continues to be active in developing/promoting educational programs that...
satisfy both AOA and AMA CME requirements. This is especially important to Section members who need AOA 1-A credits to maintain AOA board certification and/or state medical licensure. I wanted to take this opportunity to share with you a few highlights over the past few months.

• **2021 National Conference & Exhibition.** The 2021 National Conference & Exhibition was held virtually October 8-12. Huge thanks to Kimberly Wolf, DO (Program Chair) for putting together another successful Section H-Program. The theme was “Osteopathic Approach in the Time of COVID” and the invited faculty did an outstanding job. The Section also held joint H-Programs with Section of Integrative Medicine (SOIM), Section on Medicine Pediatrics (SOMP) and Section on Breastfeeding (SOBr). Thanks to all the DO pediatricians who served as faculty. With the help of PCOM, we were able to provide up to 8.5 AOA Category 1-A credits.

• **Osteopathic Medical Education (OMED).** OMED is the annual medical conference hosted by AOA that brings together thousands of osteopathic physicians and medical students. SOOPe had the opportunity to sponsor the pediatric track for OMED 2021. Kimberly Wolf, DO (Program Chair) did a yeoman’s job putting the program together with short notice. OMED was held virtual-only from October 22-24 and the pediatric track offered 5.5 AOA Category 1-A credits. Thanks to all the faculty. We look forward to future opportunities to collaborate with AOA.

---

**How to Join… It’s easy!**

There are **NO DUES** to join the SOOPe. Send an e-mail to Jackie Burke at jburke@aap.org to request to be added to the Section.
Comments from the Chair  

IN OUR ISSUE

Sections:
- Comments from the Chair ........................................................................................................................................ 1-4
- How to Join......................................................................................................................................................... 2
- Letter from the Editor: ......................................................................................................................................... 4-5
- Cardiovascular Sports Clearance Assessments in Children with Mild to Moderate Covid-19 Infection .......... 5-10
- CLINICAL TIP: .................................................................................................................................................. 10
- NCE SOOPe ANAHEIM 2022 ............................................................................................................................... 10
- UPDATE FROM THE SECTION ON PEDIATRIC TRAINEES .............................................................................. 11
- LEADERSHIP OPENINGS FOR THE OSTEOPATHIC PEDIATRICIANS EXECUTIVE COMMITTEE ............... 12
- Have an Issue? .................................................................................................................................................... 12
- For more information or to join the section ........................................................................................................ 12
- AAP Section on Osteopathic Pediatricians & the AAP Mentorship Program ...................................................... 13-14
- Osteopathic Manipulation Medicine Coding Resource from the AAP ............................................................... 15
- What is a Pediatric Doctor of Osteopathic Medicine (DO)? .................................................................................. 15
- Protecting and defending the right of DO’s .......................................................................................................... 15
- KidSmile Project Narrative .................................................................................................................................. 15
- Section on Osteopathic Pediatricians Executive Committee ............................................................................... 16
• **Continuing Medical Education.** As part of current strategic planning, the Section is exploring ways to expand educational program that satisfy both AOA and AMA CME requirement. The Section has worked with American College of Osteopathic Pediatrician (ACOP) to have co-sponsored educational meeting every 3 years (with the last meeting in 2021). The ACOP has 2022 Spring Conference coming up in May that will be in-person at Miramar Beach Florida and approved for 19.5 AOA Category 1-A credits. Dr. Kimberly Wolf is planning 9 hours of CME for our upcoming Section H-Program at 2022 NCE in Anaheim, California. In addition, we are submitting applications for a focused topic session on being a camp doctor and hands-on learning workshop on OMM at the 2022 NCE. We are also exploring opportunities to provide virtual CME through the new AAP online platform. Stay tuned.

• **Section Subcommittees.** Jennifer Belsky, DO, MS (Chair of the Research Subcommittee) had an on-demand session “Healing Hands: Osteopathic Approach to Pediatrics” at the 2021 NCE and was featured on AAP News. Kimberly Wolf, DO (Chair of the Education and MOC Subcommittee) has been busy with the planning our next Section H-Program. We are always looking for Section members to join any of these subcommittees. Please contact Jackie Burke (jburke@aap.org) if you're interested in getting involved.

• **Membership.** Our Section continues to grow and we currently have 3781 members (with 2343 trainee members). Thanks to everyone who completed the membership survey. The Executive Committee completed the new strategic plan last summer. The strategic priorities include:
  - Expand OMM educational program at AAP meetings
  - Promote open AAP leadership to SOOPe membership
  - Diversity the SOOPe Executive Committee
  - Explore working partnerships on education or research with AOA

I wish to thank all the Executive Committee members, Subcommittee chairs, and members for volunteering their time for SOOPe. I also want to thank Todd Brubaker, DO, our Newsletter Editor, for putting together this newsletter. I especially want to thanks Jackie Burke (Section Manager) for keeping the SOOPe running.

Please reach out to me at Robert.Lee@nyulangone.org with any ideas for SOOPe. Looking forward to another great year for the Section on Osteopathic Pediatrician!

**Letter from the Editor**

*Todd Brubaker, DO, FAAP*

Well, eight days ago I had something typed that seemed eloquent & pertinent for the time: Omicron's wave starkly declining, mask mandates ending – and then the world went literally to hell in a handbasket. So, my letter from the Editor had to change! There is much to unpack from her geopolitical standpoint, and I have neither the expertise nor the time to go there in this brief blurb. However I will call to attention the focus on the physicians, especially the Pediatric Hospitalists and Oncologists in the Ukraine who are caring for children in literal subway tunnels, hospital basements and the like. Kyiv has two Children's Hospitals, and a countless number of Pediatric Physicians. Our prayers, our thoughts & any assistance we can give them to continue to provide high level care to their patients I’m sure would be appreciated. We have already lost a Pediatric Subspecialist in that war – Dr. Marina Kalabina – and we as a community of Pediatricians should continue to provide outreach and support to all who are affected by the war in the Ukraine, not only in-country, but to those surrounding countries who will be managing the exodus from the Ukraine.
Now, back to COVID. I already touched on it above, but we are thankfully seeing a massive decline in Omicron's wave, and thankfully seeing the end of mask mandates. Anecdotally, our numbers here in Colorado are markedly down as well, and I can say that I have only treated two patients for COVID in the last week or so in the hospital. In other COVID news, the data regarding the Pfizer vaccine in children under 5 years of age is not impressive and thus back to the drawing board we go.

Finally, the Olympics. I'll be the first to admit that I am an Olympics geek and really for the 16 nights that the Olympics were on prime time here in the US, my wife and I didn't turn it off. So much so that my children can now hum the Olympic theme song by John Williams. There is much to unpack from the geopolitical standpoint in the Olympics as well, but I really want to turn your attention to recognizing the amount of skill, the amount of training, and the absolute lack of fear that most of these athletes have. It is only through stellar healthcare provided by pediatricians coupled with great coaching and an extremely strong mental health basis & care that allows these children and young adults to compete at the highest level. Bravo to all who care for these Olympians and all of the local athletes as well.

Until the next time, continue to think, “mind, body & spirit” as we care for all of our children and ourselves.

Cardiovascular Sports Clearance Assessments in Children with Mild to Moderate Covid-19 Infection

Christopher Collin Hayes, DO and Sri Rao, MD

Editor's Note: In this edition, Christopher Collin Hayes, DO and Sri Rao, MD both from the University of South Carolina, present a small-powered study COVID-19 Interim Guidance: Return to Sports and Physical Activity (aap.org) looking at the utility of sports EKG screening after COVID-19 infection for athletic clearance. There is a clear paucity of data on this subject and there is a need for continued research into this subject. This is a nicely designed study and bears a good read. For official AAP recommendations, go to this website: https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/

Affiliations: University of South Carolina School of Medicine Prisma Health Children's Hospital, Columbia SC 29203

Address Correspondence to:
Christopher Collin Hayes, DO
1627 S. Beltline Blvd. Columbia, SC 29205
Christopher.hayes@prismahealth.org
Cell: (732)-597-6257

Short title: Utility of Sports EKG Screening after Covid-19 Infection

Conflict of Interest Disclosures (includes financial disclosures):
The authors have no conflict of interest to disclose.

Funding/Support: No funding was secured for this study.

Role of Funder/Sponsor (if any): None

Clinical Trial Registration (if any): None

Abbreviations: electrocardiogram (EKG), echocardiogram (echo), left ventricular hypertrophy (LVH), right bundle branch block (RBB), atrial septal defect (ASD), Wolff-Parkinson White Syndrome (WPW)
Background and Objectives:
In the current climate, many children are being referred to a pediatric cardiologist for a sports clearance following Covid-19 infection as it is unclear how Covid affects the heart of the youth athlete. In this study our goal was to determine if routine EKG screening followed by select cardiac workup is an effective screening process for children returning to play sports following mild to moderate Covid-19 infection.

Methods: In this retrospective chart review, we analyzed cardiovascular assessments to include EKG and echocardiogram data for 56 youth athletes aged 12-18 years following mild to moderate Covid-19 infection who were referred to a pediatric cardiologist for sports clearance. All referred patients had a routine EKG and if abnormal, this triggered a formal evaluation by a pediatric cardiologist which often included additional echocardiogram imaging.

Results: EKG data revealed a majority of patients had no ST changes (92.9%) and had normal sinus rhythm (71.4%). Echocardiogram data showed similar findings with 86.4% having normal LV size and function. Overall, there were two abnormal findings of Wolff Parkinson White Syndrome and an Atrial Septal Defect, however these were determined to be incidental findings unattributable to Covid-19.

Conclusion: These findings suggest that children do not exhibit significant conduction or structural heart abnormalities attributable to Covid-19 following mild to moderate infection. As such, these patients may not need routine EKG and echocardiogram screening for sports clearance. Future studies may compare these findings among different coronavirus variants.

Introduction:
From the beginning of the Covid-19 pandemic, children have had milder symptoms and overall less morbidity and mortality than their adult counterparts (1). However, the discovery of Multisystem Inflammatory Syndrome in Children (MIS-C) associated with Covid-19 changed this narrative and has raised concern over the cardiovascular effects this virus has in children. It is now well known that Covid-19 can cause heart damage and myocarditis in children, with certain cases leading to heart failure and death (2-7).

In the current climate, many children are returning to play sports following Covid-19 infection. However, little is understood about how Covid-19 affects the heart of the young athlete. The recent evidence of Covid-associated myocarditis is particularly concerning since myocarditis is one of the leading causes of sudden cardiac death in children. Additionally, exercise has been shown to worsen heart function in murine models following the acute phase of myocarditis, highlighting the need for a safe screening process (8-10). Given this, local pediatricians are referring their patients for cardiac screening before returning to sports following Covid-19 infection. In this study, we assessed this cardiovascular screening process to determine if this is an effective method for screening for heart disease following mild to moderate Covid-19 infection in children.

Methods:
This study was approved by the Institutional Board Review of Prisma Health in South Carolina with informed consent waived. In this retrospective chart review, 56 medical records from young athletes ages 12 to 18 years old were reviewed who were referred to Prisma Health's Department of Pediatric Cardiology by their community pediatrician for a sports clearance following mild to moderate infection with Covid-19. Mild Covid-19 infection was defined as having symptoms consistent with an upper respiratory tract infection such as cough, congestion, and rhinorrhea, while moderate infection included anosmia, lack of taste, and having more severe or persistent respiratory symptoms that did not result in desaturation and did not require hospitalization. These sports clearance evaluations took place over a nine month period from August 1st 2020 through April 30th 2021. All patients referred for a sports clearance had a routine EKG. If this was found to be abnormal, patients then had a formal evaluation with a pediatric cardiologist in a timely manner. This appointment included a thorough family history and a review for Covid symptom severity and often led to an echocardiogram to evaluate for functional heart disease. EKG data was collected to include PR interval, QRS interval, and QTc duration, while echocardiogram data qualitatively assessed ventricular size, structure, and function. Additionally, demographic data was collected to include age, sex, and insurance status. All EKG and echocardiogram data was interpreted by trained board-certified pediatric cardiologists at Prisma Health Children's Hospital.

Results:
In this study, 56 cardiovascular assessments were reviewed from the electronic medical records of children who had mild
to moderate Covid-19 infection who presented to Prisma Health's pediatric cardiology office for a sports clearance. All EKG PR interval, QRS interval, and QTc duration with associated age and weight distributions are listed in Table 1. PR intervals were found to be within normal limits and ranged from 96ms to 188ms. QRS intervals ranged from 76ms to 144ms. QTc measurements ranged from 380ms to 445ms. Notably, there was found to be a wide amount of variability among PR, QRS, and QTc measurements. Weight also varied widely from 47.8kg to 110kg. However, 41 individuals were not weighed during their visit.

All final EKG and echocardiogram interpretations along with demographic data to include age, sex, and insurance status are listed in Table 2. Regarding EKG data, the majority or 71.4% had normal sinus rhythm and 52 individuals or nearly 93% of the cohort had no ST changes. Three subjects demonstrated early repolarization and one had a non-specific ST wave abnormality. Two individuals were found to have a right bundle branch block (RBB) and two others were found to have an incomplete RBB. 7.1% of individuals had sinus bradycardia whereas another 7.1% demonstrated left ventricular hypertrophy (LVH). Additionally, there was one case of premature ventricular contractions with Wolff-Parkinson-White Syndrome (WPW).

There were 22 echocardiograms performed during this sports clearance screening process and of those studies, a majority or 86.4% had normal findings. One study showed a mildly enlarged left ventricle with normal function, while another showed findings consistent with left ventricular non-compaction. Additionally, one individual was found to have moderate enlargement of the right ventricle secondary to a hemodynamically significant secundum Atrial Septal Defect (ASD).

Regarding demographics, 55.4% of subjects were male, 62.5% were Caucasian, with 21.4% African American. A majority or 58.1% of individuals had health insurance with Blue Cross Blue Shield.

**Discussion:**
In this study, we demonstrated that screening with EKGs and echocardiograms for return to sports clearance did not identify any notable findings in 56 children with mild to moderate Covid-19 infection. Of 56 screenings, only two were positive for an incidental secundum ASD and WPW. EKG readings did not reveal any AV block abnormalities that have been reported in severe cases of Covid-19 infection and MIS-C (11-12). Additionally, all 22 echocardiograms showed essentially normal findings without significant changes in LV size, structure, and function. These findings suggest that screening EKGs and echocardiograms may be unnecessary in children seeking to return to play sports following mild to moderate Covid infection.

Emerging data has revealed that Covid-19 infection and MIS-C can have severe effects in children as well as neonates (13). Given this, there is appropriate concern for Covid-induced myocarditis and sudden cardiac death in children when playing sports following Covid infection. While there are return to sports guidelines for adult athletes, there is currently no such equivalent for children. This may be in part due to the variety of physical activity ranging from childhood to adolescence and the difficulty of risk stratification among this age group. In their paper, Dean et al discussed that activity level, timing, and severity of Covid infection likely play a role in prognosis in returning to play sports in children (14). In this study, we did not account for the activity level and the timing of Covid infection in relation to the sports clearance exam. Future studies with a greater sample size may be able to more thoroughly investigate these variables.

Recently, Chowdhury et al emphasized utilizing cardiac MRI imaging if EKG and echocardiogram findings are found to be normal in the setting of an abnormal cardiac exam for children returning to sports following Covid-19 infection (15). To support this, Das described one high school athlete who had dyspnea and palpitations following Covid-19 infection and was found to have a normal EKG and echocardiogram and an abnormal CMRI demonstrating myocardial edema (16). The unremarkable EKG and echocardiogram findings in our study further supports the need to evaluate patients individually based on symptoms rather than through a general screening process as these studies imply.

**Conclusion:**
In this study, we demonstrated that screening with EKGs and echocardiograms for return to sports clearance did not identify any notable findings in 56 children with mild to moderate Covid-19 infection, suggesting that routine screening may not be beneficial for this risk group. Using this data, primary care providers can be reassured that children with mild to moderate Covid-19 infection do not need a formal pediatric cardiology evaluation to be cleared to return to play sports following mild to moderate Covid infection.
sports. Instead, children in this risk group may follow current AAP recommendations and gradually return to physical activity 10 days after their positive test result with close monitoring for cardiac symptoms (17). Future studies may further investigate the relation of timing of Covid infection and activity level including the effect of different Covid variants in this mild to moderate risk group.

Acknowledgements:
We thank Prisma Health and the Department of Pediatric Cardiology for their support with this research project.

References:
**Table 1** EKG PR Interval, QRS Interval, and QTc duration with associated age and weight distributions

<table>
<thead>
<tr>
<th></th>
<th>Min</th>
<th>Q1</th>
<th>Median</th>
<th>Mean</th>
<th>Q3</th>
<th>Max</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>12</td>
<td>14</td>
<td>16</td>
<td>15.38</td>
<td>17</td>
<td>18</td>
<td>1.679</td>
</tr>
<tr>
<td>PR.ms</td>
<td>96</td>
<td>126</td>
<td>140</td>
<td>140.2</td>
<td>150.5</td>
<td>188</td>
<td>19.99</td>
</tr>
<tr>
<td>QRS.ms</td>
<td>76</td>
<td>85.5</td>
<td>93</td>
<td>94.68</td>
<td>100.5</td>
<td>144</td>
<td>13.25</td>
</tr>
<tr>
<td>QTc.ms</td>
<td>380</td>
<td>399.8</td>
<td>405</td>
<td>406.6</td>
<td>414</td>
<td>445</td>
<td>11.89</td>
</tr>
<tr>
<td>wt.kg</td>
<td>47.8</td>
<td>54.05</td>
<td>62</td>
<td>68.85</td>
<td>81.85</td>
<td>110</td>
<td>19.95</td>
</tr>
<tr>
<td>wt.ped.p</td>
<td>13</td>
<td>33</td>
<td>59</td>
<td>59.8</td>
<td>92</td>
<td>99</td>
<td>32.64</td>
</tr>
</tbody>
</table>

**Table 2** Study Demographics with EKG and Echocardiogram Results

<table>
<thead>
<tr>
<th></th>
<th>All Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex female</td>
<td>25 (44.6%)</td>
</tr>
<tr>
<td>Sex male</td>
<td>31 (55.4%)</td>
</tr>
<tr>
<td>Race AA</td>
<td>12 (21.4%)</td>
</tr>
<tr>
<td>Race Caucasian</td>
<td>35 (62.5%)</td>
</tr>
<tr>
<td>Race Declined</td>
<td>4 (7.1%)</td>
</tr>
<tr>
<td>Race Other</td>
<td>5 (8.9%)</td>
</tr>
<tr>
<td>Insurance Absolute Total Care</td>
<td>1 (1.8%)</td>
</tr>
<tr>
<td>Insurance Aetna</td>
<td>3 (5.4%)</td>
</tr>
<tr>
<td>Insurance BCBS</td>
<td>29 (51.8%)</td>
</tr>
<tr>
<td>Insurance Blue Choice</td>
<td>3 (5.4%)</td>
</tr>
<tr>
<td>Insurance Golden Rule</td>
<td>1 (1.8%)</td>
</tr>
<tr>
<td>Insurance Molina of SC</td>
<td>2 (3.6%)</td>
</tr>
<tr>
<td>Insurance None</td>
<td>4 (7.1%)</td>
</tr>
<tr>
<td>Insurance Select Health</td>
<td>7 (12.5%)</td>
</tr>
<tr>
<td>Insurance Self Pay</td>
<td>1 (1.8%)</td>
</tr>
<tr>
<td>Insurance Tricare</td>
<td>4 (7.1%)</td>
</tr>
<tr>
<td>Insurance United Healthcare</td>
<td>1 (1.8%)</td>
</tr>
<tr>
<td>ST.Changes Non-specific S T wave abnormality</td>
<td>1 (1.8%)</td>
</tr>
<tr>
<td>ST.Changes None</td>
<td>52 (92.9%)</td>
</tr>
<tr>
<td>ST.Changes ST elevation secondary to early repolarization, possible LVH</td>
<td>1 (1.8%)</td>
</tr>
<tr>
<td>ST.Changes ST segment elevation - early repolarization</td>
<td>2 (3.6%)</td>
</tr>
<tr>
<td>Overall.Reading Benign variant, sinus tachycardia</td>
<td>1 (1.8%)</td>
</tr>
<tr>
<td>Overall.Reading Incomplete RBB, LVH</td>
<td>1 (1.8%)</td>
</tr>
<tr>
<td>Overall.Reading Incomplete RBB, Right Axis Deviation</td>
<td>1 (1.8%)</td>
</tr>
<tr>
<td>Overall.Reading left ventricular hypertrophy</td>
<td>1 (1.8%)</td>
</tr>
<tr>
<td>Overall.Reading RBBB</td>
<td>1 (1.8%)</td>
</tr>
<tr>
<td>Overall.Reading RBBB, sinus bradycardia</td>
<td>1 (1.8%)</td>
</tr>
<tr>
<td>Overall.Reading Sinus Bradycardia</td>
<td>4 (7.1%)</td>
</tr>
<tr>
<td>Overall.Reading Sinus Rhythm</td>
<td>40 (71.4%)</td>
</tr>
<tr>
<td>Overall.Reading Sinus Rhythm with exit block and PACs, IVCD</td>
<td>1 (1.8%)</td>
</tr>
<tr>
<td>Overall.Reading Sinus Rhythm with IVCD</td>
<td>2 (3.6%)</td>
</tr>
<tr>
<td>Overall.Reading Sinus Rhythm with PVC and WPW</td>
<td>1 (1.8%)</td>
</tr>
<tr>
<td>Overall.Reading Sinus Rhythm, LVH</td>
<td>2 (3.6%)</td>
</tr>
<tr>
<td>Echo Moderate enlargement of RV with Secundum ASD 14-20mm in diameter</td>
<td>1 (1.8%)</td>
</tr>
<tr>
<td>Echo Normal Echo</td>
<td>19 (36.4%)</td>
</tr>
<tr>
<td>Echo Normal LV wall thickness and sys function. Findings at LV Apex c/w LV noncompaction</td>
<td>1 (4.5%)</td>
</tr>
<tr>
<td>Echo Physiologic PFO, Trace Aortic Insufficiency, mildly enlarged LV with normal sys function</td>
<td>1 (4.5%)</td>
</tr>
</tbody>
</table>

**Contributor's Statement Page**
Dr. Rao conceptualized and designed the study and reviewed and revised the manuscript. Dr. Hayes collected the data and wrote the manuscript.
All authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work.

Cardiovascular Sports Clearance Assessments in Children with Mild to Moderate Covid-19 Infection

**Article Summary:**
There is no benefit to routine EKG and echocardiogram screening in children who wish to return playing sports following mild to moderate Covid-19 infection.

*Continued on Page 10*
What's Known on This Subject:
There is little data to guide pediatricians in how to safely clear patients to return to play sports after recovering from Covid-19. While many pediatricians refer their patients to cardiology for further evaluation, it is unclear if this is necessary.

What This Study Adds:
Routine EKG screening followed by select cardiac workup did not identify any cardiac abnormalities that were attributable to Covid-19 infection. As such, EKG screening with cardiac clearance may be unnecessary in children recovering from mild to moderate Covid-19.

CLINICAL TIP:


Here in Colorado we have had the primary & unfortunate window into the world of the growing numbers of teenagers affected by cannabis hyperemesis. For many, the treatment involves many long and scorching hot showers coupled with IV fluids, IV Zofran, PR Phenergan or even things like Benadryl, Ativan or vitamin B6. However in the study listed above, the authors created a small cohort and double-blinded them to IV Zofran vs IV Haloperidol.

IV Haloperidol was the clear winner. Per the Editors, “In this 33-patient randomized trial, haloperidol at a dose of either 0.05 or 0.1 mg/kg was superior to ondansetron 8 mg in reducing nausea and pain as measured by visual analog scale.” Personally, I consider it one more tool in the tool-box, albeit one that needs some monitoring for dystonic reactions and the like. I've used it a couple times on kiddos where they seem resistant to the usual medications above. Haloperidol was helpful and did get them out the door on the day it was given.

Lock this one away as another (possible) way to get these kiddos home faster.

Todd Brubaker DO, FAAP, EIT

SAVE THE DATE FOR THE 2022 AAP NATIONAL CONFERENCE IN ANAHEIM, CA!

AOA 1-A CME CREDITS WILL BE OFFERED!

CHECK https://aapexperience.org/ FOR DETAILS AND UPDATES.
UPDATE FROM THE SECTION ON PEDIATRIC TRAINEES

Chair: Catherine Coughlin, MD - cgcoughlin@gmail.com
Equity, Diversity, and Inclusion Work

Recent Webinars:

- Rx Against Racism with Dr. La Kesha Davison | focused on structural racism in medicine and how racism affects patient care and outcomes
- Climate Change and Pediatric Health Equity Virtual Town Hall | presented with the AAP Council on Environmental Health and Climate Change to discuss how children & minority communities are disproportionately impacted by the climate crisis
- SOPT Advocacy Campaign Book Club | nearly 40 members registered to discuss How to be an Anti-Racist, by Dr. Ibram X. Kendi in January. The next book club meeting will take place in April to discuss Blind Spot: Hidden Biases of Good People.
- SOPT Advocacy in Action: Building a Cultural Humility Curriculum
  7pm CT
- SOPT Rx Against Racism Campaign: Reflections on Diversity Strategies and Health Disparities in Medicine with Dr. Joe Wright 7pm CT

Opened SOPT Child Health, Anti-Racism, and Equity (CHANGE) Grant Program | application closed 2/1/22 | With the guidance of our Advocacy Workgroup, we opened up our Child Health, Anti-Racism, and Equity (CHANGE) Grant Program in December. The goal of this pilot program is to offer trainees who are underrepresented in medicine support to conduct research, interventions, and education within communities, and institutions addressing health disparity/health equity, lack of diversity in medicine, or the climate crisis/environmental justice. Individual projects can receive up to a max of $3,000 in funding. The SOECP Health Equity Grant Program is presented by the AAP Insurance Program.

Career Pathway / Leadership Development Activities

- Continue to offer Subspecialty 101 Webinars: These offerings are intended to help trainees explore careers in different subspecialties
  - Developmental and Behavioral Pediatrics
    Thursday, February 24, 2022 | 6:00pm CT
  - Hospital Medicine
    Tuesday, March 8, 2022 | 7:00pm CT
  - Hospice and Palliative Medicine
    Tuesday, March 15, 2022 | 7:00pm CT

Presented Narrative Writing Workshop Series: SOPT Narrative Medicine Group offered a series of writing workshops to help trainees develop personal writing skills and process challenging events
LEADERSHIP OPENINGS FOR THE OSTEOPATHIC PEDIATRICIANS EXECUTIVE COMMITTEE

The AAP Section on Osteopathic Pediatricians (SOOPe) has ONE open executive committee member position beginning November 1, 2023. Executive Committee positions help to steer the current and future activities of the SOOPe.

Leadership responsibilities include:

1. Reviews all relevant material before meetings. Makes contributions and voices objective opinions on issues.
2. Attends all meetings and conference calls (1-2 face to face meetings each year = travel paid by AAP) (conference calls, 1 hour each quarterly).
3. Take the lead in section activities appropriate to expertise and to serve on a subcommittee as necessary.
4. Carries out individual assignments made by the chairperson and/or staff.
5. Represents the section in meetings of other sections, committees, or organizations as directed by the Academy.
6. Serves as spokesperson on behalf of the Academy to the media, outside organizations, and others as requested by the Academy.
7. Discloses potential conflicts of interest.

SOOPe upholds the AAP Statement on Diversity and Inclusion and encourages individuals of diverse backgrounds and perspectives to apply for the Executive Committee. The SOOPe values all forms of diversity which may include (but not limited to) differences in age, race, ethnicity, geography, religion, socioeconomic status, language, immigration background, sexual orientation, gender identity, special health care need, politics, and other attributes.

This is a voluntary position but travel to AAP National Conference is covered by the Section.

If you are a member of SOOPe and are interested in a 3-year executive committee position, please send a bio-sketch to Jackie Burke at jburke@aap.org by December 15, 2022. Thank you.

Have an Issue?
Join the Section on Osteopathic Pediatricians Listserv
by contacting jburke@aap.org

For more information or to join the section . . .
visit our website
or collaboration site
Overview

Mentorship is an important tool for professional development and has been linked to greater productivity, career advancement, and professional satisfaction. There is an opportunity among DO pediatricians to mentor each other on training choices, focused career development, professional development and guidance. The AAP recognizes that mentorship is critical in helping to nurture and grow future leaders and that a mentorship program is key to career development. The AAP Mentorship Program seeks to establish mentoring relationships between trainees/early career physicians and practicing AAP member physicians. Connect with others and strengthen the field of pediatric osteopathic medicine.

What are the goals?

The AAP Section on Osteopathic Pediatricians (SOOPe) and AAP Mentorship Program aim to promote career and leadership development. Physician mentors and mentees both benefit. Physician mentors will have opportunities to further develop leadership skills and learn about emerging trends from the next generation of their peers. Physician mentees will gain a trusted advisor and learn methods to enhance career training and advancement.

How does it work?

Participants will complete an online mentor/mentee profile form. The profile form collects information on education, training, subspecialty interests, practice/professional/clinical interests, and the amount of time the participant is willing to commit; these factors all facilitate the matching process. Mentor/mentee pairs will have the ability to meet traditionally in person (if they choose a local match) or use one of several online tools to meet virtually.

What is the time commitment?

The program offers opportunities for long-term (one full academic year) or short-term “flash” mentoring. Mentors/mentees will be asked to set regular phone meetings to discuss mentee goals, objectives, and progress. Mentors/mentees should also answer all communications in a timely manner.
How can I **find another DO?**

You can search for other users in the Mentorship program as a mentor or mentee easily. Simply filter by the 'designation' field and look for those with the 'DO' credential.

**Who can **participate**?**

All national AAP members in good standing are invited to participate. Visit [http://bit.ly/2wluh3N](http://bit.ly/2wluh3N) for information about how to become an SOOPe member or renew your membership.

**How do I **get involved**?**

Visit [http://bit.ly/2rvQVx](http://bit.ly/2rvQVx) to access the AAP Mentorship Program. You'll be asked to sign in with your AAP login and password. You can sign up to be a mentor, mentee or both, as well as long-term or flash mentoring.

**How do I **get more information**?**

- Send an email to mentorship@aap.org.

Visit the **SOOPe**

[aap.org/do](http://aap.org/do)
What is a Pediatric Doctor of Osteopathic Medicine (DO)?

HealthyChildren page explains DO physician to parents. See the copy

Protecting and defending the rights of DO's

The AOA steps in when Dos and osteopathic students face professional barriers to training, licensure and credentialing.

Though osteopathic medicine is one of the fastest-growing health care professions in the country, DO physicians and students still occasionally encounter professional barriers related to access to training, licensure and credentialing. When these situations arise, the AOA steps in with the goal of ensuring all DOs enjoy the rights and respect they have earned as osteopathic physicians.

Need assistance?
If you are a DO or osteopathic student member of the AOA in need of professional advocacy or support, please send us an email at do-discrimination@osteopathic.org.

KidSmile Project Narrative

Veenah Francis
OMS-II, Class of 2024

Executive Peer Mentor, NSU-KPCOM Student Affairs Vice-President, TBR Pediatric Club Student Ambassador,
NSU-DO Dr. Kiran C. Patel College of Osteopathic Medicine Nova Southeastern University, Tampa Bay Regional Campus

There’s an ever-increasing likelihood that you or someone you know has been negatively affected by the COVID-19 pandemic. Now imagine the exacerbation of these effects if you lived in a third-world country with limited medical care facilities, a precarious infrastructure, and stigma surrounding mental health. The burden of the pandemic would then likely seem overwhelming. KidSmile is a project of International Health Initiatives, Inc (IHI) in partnership with the local Nepalese NGO, Health Research Together Initiative (HeaRT) that was created to lend a helping hand to the children of Nepal during these difficult times. The KidSmile team consists of five US osteopathic medical students from Nova Southeastern University, six public health graduate students from the Manmohan University of Health Sciences in Nepal, and three public health professionals who serve as advisors. The mission of KidSmile is to enhance the health of youth in Kathmandu through education, training, health promotion, disease prevention, and resource support. Through the literature, we identified potential areas of need that includes infectious diseases, water quality, hygiene, and sanitation, nutrition, health literacy, sexual health, social and behavioral health, as well as dental and vision screening. To bring to light the effects of COVID-19 on different health predictors, we are conducting a needs assessment using a quantitative survey design. This will be distributed to the teachers, parents, and physicians in the 17 public schools of the Gokarneshwor municipality in the Kathmandu valley, our service population, and the results will be used to inform further action and policymaking.

This COVID-19 prevention and control project also actively provides humanitarian relief. It is directed to students, teachers and staff and includes covid education workshops, supply of personal protective equipment, and distribution of culturally appropriate sanitation and safety flyers. Through capacity-building, the KidSmile team led a local manufacturing process of 10,000 three-ply masks tailored in Nepal and distributed to the school children. Covid education workshops are being held by team representatives in Nepal to empower and protect the youth. The team is currently writing a children's book and composing a health and safety musical composition in the Nepalese language to further its youth health and education objectives. Psychosocial support training for teachers and staff is being planned to address the holistic needs of adolescents during this time of stress. Our goal is to empower teachers and staff of these public schools to address various aspects of their students’ health and well-being. These humanitarian service activities are designed to introduce the basic principles of health behavior and disease prevention to adolescents while they are young. We anticipate that this will ultimately create lasting and good habits that will provide a better quality of life and a reduced burden of disease.
Section on Osteopathic Pediatricians
Executive Committee

Robert Lee, DO, MS, FAAP, FACOP
Chairperson
robertlee.do@gmail.com

Gregg Lund, DO, FAAP
Chairperson-Elect
gregglund@gmail.com

Erik Langenau, DO, MS, FAAP, FACOP
Immediate Past Chairperson
erikla@pcom.edu

Lauren Azeveo, DO, MS, FAAP
Member
azevedol@msu.edu

Jennifer Belsky, DO, FAAP
Member
jbelsky@iu.edu

Katherine Eggerman-Blount, DO, MPH, FAAP
Member
blountk@health.missouri.edu

Stacy Ellen, DO, FAAP
Member
stacy.ellen@gmail.com

Tami Hendriksz, DO, FAAP
Member
drhendriksz@gmail.com

Alpa Shah, DO, FAAP
Member
shaha10@chp.edu

Kimberly J Wolf, DO, FAAP, FACOP
Member
kwolf2@touro.edu

Sumedha Medicherla
In-Training Liaison
sumedhamedicherla@GMAIL.COM

Todd Brubaker, DO, FAAP
Newsletter Editor
brutoddskier@gmail.com

Staff
Jackie Burke
Section Manager
jburke@aap.org

Mark A. Krajecki
Newsletter Production Specialist
mkrajecki@aap.org