

Section on Osteopathic Pediatricians

Newsletter

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

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Comments from the Chair Section on Osteopathic Pediatricians

Robert C. Lee, DO, MS, FAAP, FACOP, Chairperson

I wanted take this opportunity to welcome you to the [Section on Osteopathic Pediatricians](#) (SOOPe). Since 2007, our section has been the home in AAP for osteopathic pediatricians and trainees.

I wanted to share with you the current strategic plan (updated in 2017) for the section and a few highlights.

Develop and promote pediatric osteopathic educational opportunities and resources

- We continue to take steps in providing pediatric osteopathic educational opportunities to earn AOA Category 1-A and AMA PRA Category 1 credits with the help from PCOM Georgia. Many of our section members have 1-A requirements for [AOA board certification](#) and/or [state CME requirements](#).
- We have been able to provide 8.0 hours of “dual credit CME” each year at our Section H Program during the AAP National Conference & Exhibition. We are looking forward to seeing all of you in New Orleans (October 25-29, 2019). This year we will be splitting the [Section H Program](#) over two days.
- We had our third successful [joint CME conference](#) with the American College of Osteopathic Pediatricians (ACOP) last year and we are looking forward to more future collaboration.
- The AAP and SOOPe took a giant leap in sponsoring a standalone specialty CME course that offered up to 22.0 hours of “dual credit CME” this past February. See the recap for more details.
- For all our work in developing and promoting pediatric osteopathic educational opportunities, our section was recognized by the Section Forum Management Committee with the “Outstanding Service in Educational Excellence” award at the 2019 Annual Leadership Forum.

Caring for the Whole Child: Supporting Children and Families in Today's Context
Sponsored by the American Academy of Pediatrics (AAP) and the AAP Section on Osteopathic Pediatricians (SOOPe)

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JW Marriott Tucson Starr Pass Resort

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The American Academy of Pediatrics
The Section Forum Management Committee recognizes the
Section on Osteopathic Pediatricians
For
Outstanding Service in Educational Excellence
2019 Annual Leadership Forum

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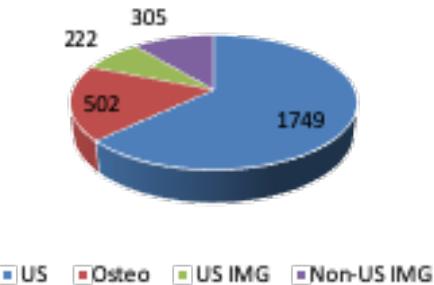
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Develop and promote resources to support the professional needs of osteopathic pediatricians

- This year 502 osteopathic students/graduates matched into ACGME pediatric residency programs and filled ~18% of positions. This was due in part to the record-high number of osteopathic students/graduates in this year's NRMP Match. This year was also the final year of the AOA Match as the profession transitions to a single system of GME accreditation.

NRMP Match Data for Pediatrics



- SOOPe membership is up to 3259. We will be welcoming the 502 osteopathic pediatric trainees to our section. We are currently the fifth largest section in the AAP. We are looking to expand membership to more osteopathic students.
- SOOPe and [AAP mentorship program](#) aim to promote career and leadership development for osteopathic pediatricians and trainees. Consider becoming a mentor or mentee.

AOA is planning to offer [two pathways](#) to osteopathic board certification. Candidates will have a choice of board certification in the osteopathic practice of pediatrics or board certification in pediatrics without formal osteopathic content. We will continue to monitor the planned changes and how it will affect our members.

Support pediatric osteopathic research

We continue to offer at least 3-4 hours of osteopathic manipulative medicine (OMM) lectures and hands-on workshop from American Academy of Osteopathy (AAO) members at our Section H Program.

I would like to thank Kimberly Wolf, DO (Director of Pediatric OMM at TUCOM) for taking over as Chair of Education and MOC. She is committed to osteopathic research and will do a terrific job incorporating OMM into future educational opportunities.

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Comments from the Chair *Continued from Page 2*

SOOPe maintains a [database](#) of citations that applies to the use of OMM in pediatrics. Thanks to Taylor Sawyer, DO, MEd and the Research Subcommittee for maintaining the database.

I would like to welcome the two incoming Executive Committee members: Tami Hendriksz, DO and Alpa Shah, DO, who will be starting on November 1, 2019.

Consider getting involved with the section. There are many opportunities to participate in section activities. Contribute to the newsletter or join one of the subcommittees. Support the section by attending the Section H Program at the NCE.

Big shout-out to Jackie Burke (Section Manager) and Tracey Coletta (Section Coordinator) for keeping our section running smoothly.

Finally, I would like to thank immediate past chair, Erik Langenau, DO, MS, for his leadership and dedication to the section. I would not be here without his friendship and mentorship.



Robert C. Lee, DO, MS, FAAP

Follow me on Twitter at @DrRobertCLee

Ch-Ch-Changes to AOA Osteopathic Board Certification

Robert C. Lee, DO, MS, FAAP

The American Osteopathic Association (AOA) Board of Trustees approved the creation of [two pathways to osteopathic board certification](#) at its last meeting in February. Osteopathic pediatric trainees who completed ACGME-accredited residencies can choose from two initial American Osteopathic Board of Pediatrics (AOBP) board certification options.

- To become board certified in pediatrics that include assessment of the full practice of osteopathic medicine, including osteopathic manipulative treatment (OMT)
- To become board certified in pediatrics without formal osteopathic content.

Exams for both pathways will be developed by practicing osteopathic pediatricians.

Osteopathic pediatricians who have an interest in OMT will be able to pursue additional certification by taking a written exam with content assessing osteopathic principles and practices.

"Offering two paths to board certification is an opportunity to reach a broader market of DOs and to provide a certification choice for MDs as well, especially those trained in osteopathically recognized programs," AOA President William S. Mayo, DO said

Click [here](#) for frequently asked questions about the planned changes to board certification.

For more information or to join the section ...
visit our [website](#) or [collaboration site](#)

Commentary

Kimberly Wolf, DO, FACOP, FAAP

As a proud osteopathic pediatrician, who specifically opted for AOA board certification, this is a particularly disheartening change for our profession. I am proud of my osteopathic training and incorporate osteopathic philosophy and principles into my daily practice as a pediatrician. The same way I am often held liable to a broader spectrum of pediatric content on my boards than I might manage in my daily practice, I see no harm in holding others accountable for osteopathic content that they have all been trained in and previously tested on. Also, I find it very disappointing that now as an osteopathic pediatrician who still wants this extra certification, I will now be penalized with an extra exam and additional costs for a certificate that has an unknown significance. This change in fact further discourages practicing osteopathic pediatricians from pursuing this content. I fail to understand why our profession is aiming to target DOs who did not originally opt for this pathway or MDs who are not trained in our philosophy and principles at all, rather than investing in the numerous proud osteopathic pediatricians who embrace this aspect of our training.



2019 Section on Osteopathic Pediatricians (SOOPe) Educational Program at AAP National Conference New Orleans, LA

Saturday, October 26 1-5 PM and Sunday, October 27 8 AM – Noon

(Program is split into 2 days)

Whether you are an osteopathic pediatrician reacquainting yourself with osteopathic manipulative treatment (OMT), an osteopathic pediatrician refreshing your OMT skills, or an allopathic pediatrician hoping to learn more about osteopathic medicine, this is the section program for you! The educational program will also include the section's business meeting with section updates and opportunities to share ideas and collaborate. Participants will leave the session with a clearer understanding of osteopathic medicine, approach to upper and lower respiratory tract infections, school readiness, applied behavioral analysis, breast feeding, screening procedures and tools for adolescents, and opportunities to participate with the Section on Osteopathic Pediatricians.

Saturday, October 26

1:00 - 1:10 Welcome and Introduction

*Robert Lee, DO, MS, FAAP (Section Chair) and
Kim Wolf, DO, FAAP (Educational Chair)*

1:10 - 2:10 Holistic Approach to School Readiness

Jessica Glass Kendorski, PhD, NCSP, BCBA-D

2:10 - 3:10 Applied Behavioral Analysis for Autism

Jessica Glass Kendorski, PhD, NCSP, BCBA-D

3:10 – 4:10 Mental Health Screening in Adolescents

Cynthia Mears, DO, FAAP

4:10 - 5:10 Osteopathic Pediatricians: philosophy, history and impact on child health

Ronald Marino, DO, MPH, FACOP, FAAP

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Sunday, October 27

8:00 - 8:10	Welcome and Introduction <i>Robert Lee, DO, MS, FAAP (Section Chair) and Kim Wolf, DO, FAAP (Educational Chair)</i>
8:10 – 10:00	Osteopathic Considerations for Breast Feeding (including OMT demonstrations and practice) <i>Heather Ferrill, DO</i>
10:00 - Noon	Osteopathic Considerations for Respiratory Tract Problems (including OMT demonstrations and practice) <i>Lisa DeStefano, DO</i>

Recap of February 2019 DO CME Course

Did you join us in “sunny” Tucson, Arizona for the 3.5 day DO CME course? This program attracted almost 200 pediatricians and allied health professionals and offered 22 AMA and AOA CME credits as well as MOC. Highlights:

THURSDAY, FEBRUARY 21 | 8:00 AM-5:00 PM

- **Vaccine Updates • Newborn Discharge Readiness**
Henry (Hank) Bernstein, DO, MHCM, FAAP
 - **Anxiety in Adolescents**
Victoria Maizes, MD
- **Increasing Resiliency in Kids, Families and Communities**
 - **Poverty, Toxic Stress and ACE's**
Daniel R. Taylor, DO, FACOP, FAAP
 - **OMT for Pediatric Athletes**
- **Osteopathic Considerations for ENT Issue**
Kimberly Wolf, DO, FACOP
 - **Child Sexual Abuse Case Studies**
- **Understanding and Responding to Child Sexual Abuse**
Martin A. Finkel, DO, FAAP

FRIDAY, FEBRUARY 22 | 8:00 AM-12:00 PM

- **ADHD: An Integrative Approach**
Noshene Ranjbar, MD
- **Prevention and Control of Influenza**
Henry (Hank) Bernstein, DO, MHCM, FAAP
- **Connecting Families with Community Resources**
Daniel R. Taylor, DO, FACOP, FAAP
- **Osteopathic Consideration for the Pediatric GI Patient**
Kimberly Wolf, DO, FACOP
 - **Visual Diagnosis: Hot Rashes**
- **Challenging Pediatric Infectious Disease Cases**
James H. Brien, DO, FAAP
- **Understanding and Responding to Child Sexual Abuse 2**
Martin Finkel, DO, FAAP

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SATURDAY, FEBRUARY 23 | 8:00 AM-4:30 PM

- Overview of Clinical Hypnosis
- Acupressure for Common Pediatric Somatic Complaints
Melanie A. Gold, DO, DMQ, FAAP
 - Child Advocacy
- Political Advocacy Career Path
Richard J. Pan, MD, MPH, FAAP
- Treating Common Respiratory Disease with OMT
 - Physiological Basis for OMM
Jane E. Carreiro, DO
 - Physician Wellness
 - A Clinical Approach to Depression
Noshene Ranjbar, MD
- Early Literacy and Brain Development
Dipesh Navsaria, MD, MPH, MSLIS, FAAP

SUNDAY, FEBRUARY 24 | 8:00 AM-12:35 PM

- Mindfulness and Self Care for Physicians and Adolescents
Melanie A. Gold, DO, DMQ, FAAP
- Social Media and Web 2.0 Technologies • Children, Screens and Learning
Dipesh Navsaria, MD, MPH, MSLIS, FAAP
 - Pain Syndromes
Jane E. Carreiro, DO
 - Implementing Advocacy
Richard J. Pan, MD, MPH, FAAP



Snow in Tucson, AZ February 2019

Thank you to Philadelphia College of Osteopathic Medicine for serving as our AOA CME sponsor!

AAP SOOPe Conference Recap

Robert C. Lee, DO, MS, FAAP (Program Chair)



The American Academy of Pediatrics and the AAP Section on Osteopathic Pediatricians sponsored a specialty CME course held in Tucson, AZ from February 21-24, 2019. This was the first time that the AAP offered a standalone CME course that offered up to 22.0 hours of “dual credit CME” (AMA PRA Category 1 Credit and AOA Category 1-A Credit) and 20 points of MOC Part 2 for conference attendees.

With over 200 attendees and faculty members gathered at the beautiful JW Marriott Tucson Starr Pass Resort, this conference featured three and a half days of general sessions, concurrent breakout sessions, and OMT workshops.

With ten faculty members, highlights from the conference included general session by Martin A. Finkel, DO (Professor of Pediatrics at Rowan University School of Osteopathic Medicine, Founder and Director of the CARES Institute), who spoke about understanding and responding to suspected child sexual abuse.

James H. Brien, DO (Professor of Pediatrics at Texas A&M College of Medicine) presented his popular “Challenging Cases in Pediatric Infectious Diseases” lecture at this conference.



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(Dr. Hank Bernstein, Dr. Martin Finkel, and Dr. Ron Marino)



(Dr. Richard Pan)

Richard J. Pan, MD, MPH (Pediatrician and California State Senator) spoke on why child advocacy is part of the practice of pediatrics and shared a case study on how California was able to eliminate non-medical exemptions for vaccination (SB277).



(Dr. Ron Marino and Dr. Dipesh Navsaria)

Dipesh Navsaria, MPH, MSLIS, MD (Associate Professor of Pediatrics at University of Wisconsin School of Medicine and Public Health, Founding Medical Director of Reach Out and Read Wisconsin) spoke on current AAP recommendations for screen time and how early literacy promotion can affect early brain development and child development.

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Melanie Gold, DO, DABMA, MQT (Professor of Pediatrics and Population & Family Health at Columbia University Medical Center, Medical Director of CCHE School-Based Health Centers) spoke on clinical hypnosis, acupressure, and mindfulness for both physicians and adolescents.

(Dr. Melanie Gold)

Victoria Maizes, MD (Professor of Medicine and Public Health at University of Arizona College of Medicine, Executive Director of the University of Arizona Center for Integrative Medicine) gave an overview of practical non-pharmacological approaches to anxiety in adolescents.

Henry (Hank) Bernstein, DO, MHCM (Professor of Pediatrics at Zucker School of Medicine at Hofstra/Northwell, Chief of Division of Pediatrics at North Shore University Hospital) gave the latest ACIP vaccine recommendations including influenza updates.

Daniel Taylor, DO (Associate Professor of Pediatrics at Drexel University College of Medicine, Director of Community Pediatrics and Child Advocacy at St. Christopher's Hospital for Children) discussed the effects of toxic stress/poverty on children, and how pediatricians can collaborate with community partners to address social determinants of health.

Sutapa Dube, MD (Clinical Assistant Professor of Psychiatry at University of Arizona College of Medicine) talked about integrative approaches to both ADHD and depression.



Kimberly Wolf, DO (Assistant Professor of OMM at Touro University College of Osteopathic Medicine, Director of Pediatric OMM) did yeoman's work in giving three lectures and leading multiple OMT workshops due to a last minute cancellation from the other OMM faculty. Both MD and DO pediatricians were eager to learn more about how to integrate OMM into clinical practice.

(Dr. Kim Wolf)

Overall, this was a successful first-time venture for our section. I would like to thank all the faculty members and the University of Arizona Center for Integrative Medicine for presenting at this conference. I would also like to thank Jackie Burke, Tracey Coletta, and all the planning committee members (Ron Marino, DO, MPH; Julia Pillsbury, DO; Gary Freed, DO; and Erik Langenau, DO, MS) for all the evening conference calls and behind-the-scenes work for making this dream project happen.

AAP Pennsylvania Chapter's Legislative Conference

Nancy Xia, DO

St. Christopher's Hospital for Children Child Neurology Resident

Pennsylvania Osteopathic Medical Association Board of Trustees Resident Representative

Social Media Coordinator, Section on Pediatric Trainees (SOPT) American Academy of Pediatrics

Twitter: @nancyxia

"What do you want to be when you grow up?"

"A microbiologist," answered my continuity clinic patient, who is currently 10 years old and in 5th grade. I stared at him in awe.

"How did you get interested in that?" I asked.

He casually replied that he had come upon an old microbiology textbook in a thrift shop and found it fascinating. He was particularly enthralled with the virulence of viruses, one of which was measles. We proceeded to discuss the terrifying nature of measles, including how it can linger in the same space and cause infections for up to two hours after an infected patient was there! This reiterated the need to have a profound appreciation for the severity of infectious diseases.

We continued to converse about the importance of one of the greatest inventions in the past century, helping raise the average life expectancy by more than 30 years—vaccines! Childhood immunizations of MMR, rotavirus, polio, Hib, pneumococcal, and varicella have done a wonderful job of protecting us, so much so that they have basically eradicated these infectious diseases. They have decreased their incidences to neglectable levels for so long that even the memories of the spread of these fatal diseases have faded. As the memories of the grave sequelae of these diseases became more distant, so did the fear of the morbidities and mortalities of these diseases, leading to the current rapid decline of vaccinations. Immunization rates have plummeted below the tipping point of herd immunity, triggering recent outbreaks of measles in NYC and Pittsburgh as well as mumps at Temple University in Philadelphia.

As a first year resident physician at St. Christopher's Hospital for Children providing patient care on the frontlines of outbreaks in the heart of Philadelphia, I have come to realize that it was not only my responsibility to deliver high quality patient care but also to ensure other providers are able to do the same. Thus I embarked on the fight for better vaccines policies, traveling to Harrisburg this past week to attend the Legislative Conference held by the Pennsylvania Chapter of the American Academy of Pediatrics. There I discovered many like-minded individuals with the goal of always putting children first.

It was not only an enriching educational experience but also very inspiring and motivational as I felt empowered to make a difference and change the world for the better. These emotions were evoked by passionate speakers such as Drs. Jeannette Tepper, Paul Offit, and Rachel Levine as they talked about their personal experiences highlighting the importance of vaccinations. Their speeches reaffirmed my beliefs, adding fuel to an already burning passion. I absorbed every word on how to best appeal to the policy makers who have the authority to stop this public health crisis. After speaking with them, I started to ruminate over the best delivery of a pitch that would convince legislative members to commit to supporting our position, combining facts with emotions, conjuring up vivid imagery to strike the point home.

If you introduce one person infected with measles into a room of 100 people, more than 90 people will become infected. Before the measles vaccine there were 4 million cases in the US each year, with 1,000 cases developing encephalitis and 500 cases of death. Vaccines reduced cases of measles by 99%! To create a safe haven, we must increase current vaccination rates to protect our youth and our immunocompromised through herd immunity.

Lives are in our hands and we have a duty to ensure that everyone receive the best possible care, including preventative. I truly hope we can successfully block House Bill 286 and bring ourselves one step closer to eliminating all non-medical exemptions of vaccines, as vaccines are one of the most effective preventative measures we have in our tool kits recommended by the AAP and CDC. If we do not let our children ride in cars without appropriate car seats or without seat belts, why should we let them be vulnerable every day when they ride the buses to school or be exposed when

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AAP Pennsylvania Chapter's Legislative Conference *Continued from Page 10*

they venture out on play dates? We need to join together as a united community to save lives and to provide our future generations a safe environment to grow up in, free of preventable infections with the utilization of vaccines for all!

Pediatric trainees at PA AAP Legislative Conference standing in The Pennsylvania State Capitol Complex after speaking with senators and representatives about opposing HB 286 and eliminating all non-medical exemptions of vaccines.



All Kids Go to School...So Why Don't Doctors and Teachers Talk?

Michelle Curtin, DO FAAP

Grownups go to work; children go to school. It's as expected as April showers bringing May flowers.

Many of us ask about school at well child visits with a "how's school going?" Kids give us the obligatory "it's fine." Sometime later, perhaps inevitably, we get the call: the family is frantic because Something Bad Is Happening, like class suspension or failure of a state assessment. We are baffled—everything was just "fine!"

Universally we hear the panicked cry from the family to DO SOMETHING. Everyone has a different process for dealing with the school complaint and their go to differential (I know I certainly do). We hear and we respond. We react to what we have to work with to get things back on track. We try to heal.

That's why we're here after all.

How often, though, do we find ourselves reaching across the divide to talk to the classroom teacher? (I don't mean sending Vanderbilt forms to school.) Getting an academic history, like when did the child start school, when did the child first start to fail, what interventions does the child receive, and more goes beyond what a simple (though mighty) report form can reasonably do.

To get the full story, we have to know what's happening at school.

I already have twenty thousand ideas about why this doesn't happen, even though we are all on the same team. The amount of time it takes, lack of schedule alignment, not having the right release of information, the EMR just crashed stopping everything in its tracks (every time!) are all just part of the problem. However, if we don't know what the school sees and is doing for the child in "their world," how can we make the best decisions on evaluation and care in "our world"? The child that doesn't pay attention is one thing; the one that has intermittent staring spells not responding to name calls is a whole other beast! No, I don't think about absence seizures for everyone, until I start to get that tell-tale history, then I'm all over it like wrinkles on a Shar Pei. (You will never forget that visual now, I'm betting.)

The reverse is true as well. The school can't know that little Mulan is at high risk for a learning disability because of the speech-language delay you diagnosed before preschool, treated by Early Intervention and private therapy (great job team!) if that information was never shared. There can be risk factors in any child's medical and family history, and doctors are the secret keepers for all of those breadcrumbs leading up to the big reveal. Without this information, Mulan barely passes through school, her teachers worried but not sure there's enough evidence for more help. Or perhaps she winds up being retained once (or twice). Kids that aren't identified early become discouraged, have increased rates of dropping out, or fail to get a diploma even when they stick it out.

An open door versus a closed door to life can be that simple.

It doesn't have to be this way, we CAN collaborate. Schools appreciate doctor input and discussion. They want to know about the medical things that impact learning and attention like preterm birth, in utero substance exposures, early delays, and many more things that are listed on your chart. Likewise, I know so many doctors that lament how "if only I'd known the school was doing an evaluation" it would have changed their assessment and care. Evaluations can be coordinated; we can refer for EEG or sleep study, they can look at cognitive and academic skills. With a simple release of information, it's easy to share medical concerns, risk factors, family history, and any pertinent information with a school system.

True interdisciplinary care for children has to be a partnership between education and medicine. Pediatric allied health professionals in our world have to include teachers, special educators, and all of the team members of the school system. We need to find a way to share the most important pieces of information so we can all do what we do—the exact means for this is a dealer's choice situation—with the child at the forefront.

That's the future.

That's whole childcare.

Honduras

Cassandra Nelson, DO, FAAP

At the end of intern year, I had the opportunity to go on a medical brigade trip to Li Hicaca, Honduras. After the challenges of intern year, the week in Honduras reminded me why I chose to be a pediatrician. At the same time, it highlighted disparities in healthcare in time where immigration and related policies are in the forefront of the news.

After a day of driving and an overnight stop in Olanchito, we finally made it through a river and up a mountain to La Hicaca. The village square wasn't much: a schoolhouse, a two room clinic, a few houses, and a large field where the children played amongst pigs, chickens, stray dogs, and sometimes even donkeys and horses. We saw many healthy, thriving children. But we also saw many children with a wide range of health problems and no easy solution to treat them. Our antibiotic choices were limited, follow up would be extremely difficult, and controller medications for chronic problems were hard to obtain. We were able to provide every child with a toothbrush, toothpaste, a 2 week supply of vitamins, anti-parasite medication, and 1 bottle of tylenol or motrin. For many families, that would be the only medication that they would have for the following year. In contrast, here in the United States, follow ups are easy to schedule, medications are plentiful, and we are able to easily address both acute and chronic conditions due to the available resources. Here, I sometimes worry that parents will under- or over-dose tylenol or motrin, but I rarely worry if they have access to the medicine. Our system is nowhere near perfect, but it is so much more than what most of the world has. Access to basic healthcare needs to be viewed as an universal right, not a privilege determined by where a child lives. Immigrant families endanger their lives to enter into our country with differing motivating factors, but it easy to see how access to healthcare would rank highly as a push and pull factor for families to come here.

The hours we worked were long and hot, but flew by as they were filled with laughter and interactions with the children. My Spanish is limited; I can piece together a simple conversation, full of wrongly conjugated verbs and hand motions, but it did not matter. We traditionally believe language plays a crucial role in how we connect, but it turns out that we do not need a common spoken language to make a meaningful connection when laughter and smiles are universal. From the time our trucks reached La Hicaca, to the moment we left, the children spent their moments playing with us, teaching us, and interacting with us. I found myself, and the other members on the trip, spending every extra minute with these kind, fun-spirited, open children. In such a short time, they welcomed us into their communities, lives, play, and hearts without hesitation.

Shortly after returning to the United States, the headlines were dominated by the immigration crisis, as many Central Americans make the journey towards our home. I do not know what the perfect policy regarding immigration looks like but I do know what medical care looks like in their homes that are leaving. It is impossible to flourish and grow without meeting basic health and safety needs. As these families enter our country looking for an opportunity at a better life, I hope we are able to always remember that these are people. I hope we model these children's kindness and openness. I hope we can remember to see the similarities, not the differences. And I hope as we reform immigration policies, we welcome those smiling and laughing children.

Have an Issue?

Join the Section on Osteopathic Pediatricians Listserv

by contacting tcoletta@aap.org

AAP Section on Osteopathic Pediatricians Creates DO Liaisons at the Chapter Level

The goals of the Section are:

1. To develop educational programming, to foster good working relations between state osteopathic associations and their allopathic counterparts and to unite all pediatricians in order to become even stronger advocates for children.
2. Educating medical students, osteopathic pediatric residents, young physicians and all pediatricians on the resources the AAP has to offer (i.e., education, publications, policy statements, advocacy efforts, etc.).
3. Education both DO and MD on osteopathic principles.

To foster good working relations between state osteopathic associations and their allopathic counterparts, the Section created **DO CHAPTER LIAISONS**. DO Chapter Liaisons:

1. Communicate with the local AAP chapter and share information between the Section and the local chapter.
2. Make the chapter aware of the state's osteopathic medical society, and encourage them to obtain AOA CME credit for local chapter CME offerings. If your chapter offers both types of credit, please let the AAP DO Section know this at jburke@aap.org
3. Occasionally write an article for the Section's and/or Chapter's newsletter or web page.

The following individuals are currently serving as DO liaisons to AAP Chapters:

Chapter	DO Liaison
Maine	Lisa Ryan, DO and Vanessa DeSousa, DO
Iowa	Greg Garvin, DO
Delaware	Julia Pillsbury, DO
Indiana	Heather Richardson, DO
Illinois	Gene Denning DO
California Chapter 4	Michael Weiss, DO
New Mexico	Grace Park, DO
Ohio	Antoinette Burns, DO
Pennsylvania	Edward Everett, DO
New York 2	Robert Lee, DO
Florida	Edward E. Packer, DO
Wisconsin	Mehul Sheth, DO
Oregon	Lee Herkowitz, DO
Oklahoma	Michael Stratton, DO, FAAP
Michigan	Gerald Breitzer, DO, FAAP
Uniformed Services East	Antoinette Burns, DO, FAAP
West Virginia	Jennifer Bailey, DO, FAAP
Texas	Shimona Bhatia Thakrar, DO, MPH, FAAP
Connecticut	Anna Weingarten, DO

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Uniformed Services West	Anthony J. Recupero, DO, FAAP
Hawaii	Anthony J. Recupero, DO, FAAP
Tennessee	Timothy J. York, DO, FACOP, FAAP
Virginia	James Burhop DO, MS, FAAP, FACOP
Massachusetts	Mona Doss, DO, FAAP

Updated 6/22/18

If you are interested in being a DO liaison to your AAP chapter, please contact Lee Ann Conard, DO, FAAP at LeeAnn.Conard@cchmc.org

American Academy of Pediatrics

Section on Osteopathic Pediatricians

Subcommittees

To join a subcommittee, e-mail our staff jburke@aap.org

Subcommittee Members	Description	Chairperson
Education and MOC	<p>Develop and organize Section "H" programs for AAP National Conference. Devise strategies to enhance opportunities and visibility of CME programs (especially for those offering both AOA and AMA CME credit).</p> <p>Explore other organizations as partners.</p> <p>(If Section does a stand-alone CME course, a different planning committee will be identified.)</p>	<p>Kim Wolf, DO, FAAP wolfkimb@gmail.com</p> <p>Jessica Castonguay, DO jscourson@aol.com</p> <p>Sladjana Courson, DO, FAAP jscourson@aol.com</p> <p>Joanne Ray, DO, FAAP jmrkido@gmail.com</p> <p>Jedd Raney, DO, FAAP jedd.raney@gmail.com</p> <p>Trupti Naik, DO TNaik99@hotmail.com</p> <p>Lisa Warren (?) lwarren@westernu.edu</p> <p>Suzanne Rogers, DO slrogers81@yahoo.com</p>
Research	Maintain the "Pediatric OMT/OMM Citations," collaborate with other organizations (schools, residencies, etc.) on various OMT/OMM research topics, and devise strategies to enhance osteopathic research related to pediatrics.	<p>Azadeh Sami, DO, MSPH azadeh1396@gmail.com</p> <p>Kim Wolf, DO, FAAP wolfkimb@gmail.com</p> <p>Taylor Sawyer, DO, FAAP taylorleesawyer@hotmail.com</p> <p>Jennifer Belsky, DO Jennifer.Belsky@nationwidechildrens.org</p>

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In-Training	<p>Provide updates on current training issues, such as ACGME single accreditation system and training of students and residents.</p> <p>Provide Updates on medical student, resident and fellowship training initiatives in AAP.</p> <p>Identify strategies to engage students and residents in SOOPe initiatives. Other initiatives include: engage osteopathic trainees in the activities of the section, both at the undergraduate and GME levels. We are actively working on several initiatives to support osteopathic trainees, including outreach to AACOM local pediatrics clubs, helping DO students navigate the transition to single accreditation, helping 4th year students find away/ audition rotations at pediatric residency programs, and providing DO specific support to ACGME residency program coordinators so that they can better serve their DO residents. We also are developing a mentorship program that I hope will provide you with meaningful networking and professional development opportunities.</p>	Taylor Olian, DO	<p>Stephen DeMeo, DO, FAAP sdemeo@wakemed.org</p> <p>Sladjana Courson, DO iscourson@aol.com (330) 837-6647</p> <p>Suma Kolla (Medical Student) sumakolla55@gmail.com</p> <p>Alpa Shah, DO shaha10@chp.edu</p> <p>Bhumi Kumar, DO, FAAP KUMARB@EMAIL.CHOP.EDU</p> <p>Taylor Olian (medical Student) taylorol@pcom.edu</p> <p>Jonathan Bardahl, DO jbardahl87@gmail.com</p>
Chapter Liaison	Recruit DO pediatricians to serve as liaison to their local AAP Chapter for purposes of collaboration and education.	Lee Ann Conard, DO, FAAP leeann.conard@cchmc.org	

IMPORTANT NOTE: ONLY MEMBERS OF THE SOOPE SUBCOMMITTEES WILL BE ELIGIBLE TO APPLY FOR FUTURE DO EXECUTIVE COMMITTEE POSITIONS.

Updated May 2019

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.

Section on Osteopathic Pediatricians Announces Section Election Results

The following members have been elected to the SOOPe executive committee:

Executive Committee Member:
Tami Hendriksz, DO, FAAP (first, three-year term)

Executive Committee Member:
Alpa Shah, DO, FAAP

Thank you to each person who voted in the election. The new terms will commence November 1, 2019.
If you have any questions about the election or future leadership openings, please e-mail our staff at jburke@aap.org

Thank you to Erik Langenau, DO, FAAP for serving as Chairperson of the Section's nominations committee.

Open SOOPe Leadership Positions

The AAP Section on Osteopathic Pediatricians (SOOPe) has four openings for Executive Committee Member positions and Chairperson beginning November 1, 2020. 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.

If you are a member of the SOOPe and serve on a SOOPe subcommittee and are interested in a 3-year executive committee position, please send a biosketch to Jackie Burke at jburke@aap.org by November 15, 2019.

AAP Section on Osteopathic Pediatricians & the AAP Mentorship Program

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.

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AAP Section on Osteopathic Pediatricians & the AAP Mentorship Program

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> for information about how to become an SOOPe member or renew your membership.

How do I **get involved?**

Visit <http://bit.ly/22rvQVx> 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 <http://bit.ly/2eHOcRj>.
- Contact Tina Morton at tmorton@aap.org with any questions about the AAP Mentorship Program.

Visit the **SOOPe**

<https://collaborate.aap.org/SOOPe/Pages/default.aspx>

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We'd Like to Promote Category 1A CME Opportunities!

The leadership team for the AAP Section on Osteopathic Pediatricians often hear that section members are looking for category 1-A CME opportunities.

If you are hosting or know of a course that offers these credits for DO pediatricians, please e-mail our staff at the AAP.

We will promote these opportunities through the section's communication channels such as list serv, web page and newsletter.

Send your "ads" to our staff at jburke@aap.org. Thank you

Coding Resources from the AAP on Osteopathic Manipulation Treatment

Osteopathic manipulative treatment (OMT) is a form of manual treatment applied by a physician or other qualified health care professional to eliminate or alleviate somatic dysfunction and related disorders. This treatment may be accomplished by a variety of over 20 different manual treatment techniques. The American Academy of Pediatrics has a coding resource for OMT. You must be a member of the AAP to access these resources.

<https://www.aap.org/en-us/professional-resources/practice-support/Coding-at-the-AAP/Pages/Private/Osteopathic-Manipulation-Therapy-Coding-Fact-Sheet.aspx?nfstatus=200&nftoken=9181e998-9d84-4bbe-bbd3-10faccb8c0f2&nfstagstusdescription=Set+the+cookie+token>

[Healthychildren.org](http://www.healthychildren.org)

Includes a Definition of Osteopathic Pediatricians for Parents

[Healthychildren.org](http://www.healthychildren.org), is a parent web page developed by the AAP.

Healthychildren includes up-to-date pediatric health information especially designed for families. Click the link below to see a definition of an osteopathic pediatrician:

<http://www.healthychildren.org/English/family-life/health-management/pediatric-specialists/pages/What-is-a-Pediatric-Doctor-of-Osteopathic-Medicine.aspx>

Next DO Newsletter Article Request

It is with great pleasure that I serve as your editor for the newsletter of the AAP Section on Osteopathic Pediatricians. We are requesting articles representing health topics, pediatric research, medical education, personal stories or related topics of interest for our section. Articles submitted may be edited for formatting purposes.

Deadline for the Winter submission is **November 15, 2019**. Please feel free to contact me below if you have suggestions or comments.

Thank you,

Todd Brubaker, DO, FAAP
brutoddskier@gmail.com

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