Section on Anesthesiology & Pain Medicine NEWSLETTER

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

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Chairperson's Report

Anita Honkanen, MD, FAAP

Anita Honkanen

As I sit here looking out at a beautiful day of blue skies and sunshine, I realize that the day reflects the change I have felt personally with the national movement toward a more inclusive and stable government. The near coup that occurred on January 6th shook our nation to the core. It reminds us that there is nothing that can be taken for granted, including the bedrock we have always considered our democracy. As citizens of this great nation, we are called to examine our own beliefs and actions and speak out in support of those tenets we hold most dear, something so well expressed by our nation's first Youth Poet Laureate, Amanda Gorman, as she exemplified the amazing excellence of which our young people are capable. Certainly, there is hope that the new administration has a supportive perspective on issues affecting our nation's children, of all races, all backgrounds, all origins. As pediatric practitioners, this gives us the opportunity to advocate successfully for the resources in policy, clinical care, and research that will provide the strongest support for the health and wellbeing of our patients.

The COVID pandemic's ravages continue to be felt, but the beginnings of a downward trend in new cases can be glimpsed, accompanied by the availability of immunizations to protect our most vulnerable patients. Balanced against this glimmer of hope is the reality of the vast challenges ahead in developing herd immunity with adequate immunization. As every state has autonomy in exactly how the immunization roll-out occurs, I urge you all to advocate strongly for younger patients who suffer with medical conditions that make them more vulnerable to poor outcomes in the event of infection. Despite falling into younger age ranges, those in our communities of color, often suffering from poor baseline health, barriers to access of healthcare, and the need to put themselves at risk to sustain an income, clearly fall into higher risk categories and would benefit the most from early immunization.

Finally, the wellbeing of our providers has suffered over the past year, battered by increased workloads, challenges in parenting and schooling of our children, personal fears of infection for both ourselves and our loved ones whom we might inadvertently expose, and economic uncertainties. Our physicians, already exhibiting increased rates of burnout, have pulled together to meet the challenges of this past year. I pray that you all have the support of loved ones, friends and family, to help you meet these challenges. In addition, it's known that a strong sense of purpose, connection, and working to care for others are all approaches to support our own wellbeing. We can do this through our advocacy for our patients with the AAP, working together to ensure goals are met.

Through all of this, the AAP remains the leading child health advocacy organization in the U.S., working tirelessly on behalf of our patients. With a new administration in the White House and a new Congress on Capitol Hill, there are new opportunities for advocacy and new ways to speak up for children, including the first-ever virtual AAP Advocacy Conference, which will be held April 11-13, 2021. Dr. Mary Landrigan-Ossar, our Section on Anesthesiology and Pain Medicine (SOA) Chairperson-Elect, will be attending on behalf of the Section leadership, and we encourage those of you interested in advocacy to consider attending as well. It is certainly a unique opportunity to attend a meeting that would normally be held in person with a limited number of attendees. There is an immense amount of work ahead, and the AAP has a long list of child health advocacy priorities for the Biden administration, which have been outlined in AAP's Transition Plan.

(Continued on page 2)

Chairperson's Report *(Continued from page 1)*

For the Biden administration's first 100 days, the AAP will be providing special updates every few days on key child health priorities: the latest policy developments, actions the White House/ Congress is taking and how AAP is advocating to put children first. These Special Editions of the AAP *Capital Check-Up* have been very enlightening to read. If you are not already on the mailing list for the *Capital Check-Up*, now is a good time to sign up. So far, the *Check-Up* has covered a number of topics, including Immigrant Child Health and Climate Change and Child Health.

The Biden administration has begun taking action to support the health and well-being of immigrant families. On his first day in office, President Biden issued several executive orders on immigration policy, including to defend the Deferred Action for Childhood Arrivals (DACA) program and to end the Muslim ban. President Biden issued additional executive orders that:

- Create a taskforce to reunify families that were separated at the border
- Begin the process of rolling back the Trump administration's public charge rule
- Aim to restore the U.S. asylum system

AAP issued a statement applauding President Biden's announcements and calling on his administration to seek input from pediatric medical providers when reunifying separated families.

The statement urged that extensive work is needed to address the ongoing chilling effect of public charge that has kept immigrant families from accessing important services for which they are eligible. The AAP has also joined the Protecting Immigrant Families campaign in applauding the Biden administration's plan to reverse the public charge rule.

The Biden administration is also acting to prioritize climate change and environmental justice, two key AAP priorities. On his first day in office, President Biden took the following actions:

- Committed the United States to re-join the Paris Climate Agreement - a landmark international accord that includes nonbinding commitments by nearly every nation to combat climate change and adapt to its impacts
- Began the process of reviewing or revoking several environmental rollbacks from the last administration

AAP strongly supports these critical first steps on climate action. They lay the groundwork for regulatory changes the Academy has long called for to address the child health impact of climate change and other environmental exposures, including lead and mercury. The AAP has joined health and medical organizations in a Declaration on Climate Change and Health.

Over the past year, we have seen increasing evidence of the troubling inequities and systemic racism that persist in our health care systems and communities. Unless and until we address these inequities at their root cause, we will never be able to make meaningful progress toward reducing disparities and promoting optimal health for all children. As a step in the right direction, the AAP Board of Directors recently approved an ambitious one-year workplan to continue the AAP's commitment to health equity and accelerate the implementation of the AAP Equity Agenda. This plan focuses on every aspect of the AAP's work, including internal processes, education, workforce and leadership, clinical practice and policy and advocacy.

I would be remiss not to mention the great work that the AAP has done in response to the COVID-19 pandemic. You can visit the COVID-19 web page on AAP.org to find clinical guidance, practice management resources, including telehealth and coding, educational resources for clinicians and families, data reports, a discussion board, and details on AAP advocacy efforts. This page is updated daily and is the best place to locate AAP resources. For questions or comments related to the pandemic, you can also email COVID-19@aap.org.

Additional resources:

- *AAP News*: Coronavirus disease outbreak coverage
- AAP Red Book Online: 2019 Novel Coronavirus (COVID-19) Infections
- *Pediatrics* curated collection of articles on COVID-19
- HealthyChildren.org: Articles on COVID-19
- Cases in Children: Children and COVID-19: State-Level Data Report
- AAP Advocacy Report summarizing AAP's most recent COVID-19 federal and state advocacy activities all in one place

Several policy statements remain "under-construction" by our Section, including statements addressing Oxymetazoline (Afrin) use in pediatrics, the care of children with chronic pain, the assessment and management of acute pain in pediatrics, and the pediatrician's role in the evaluation and preparation of pediatrics patients undergoing anesthesia. Shared statements on topics in collaboration with other AAP sections include pain management in the neonate and premedication for neonatal intubation, the recognition and management of opioid dependence in children, the preoperative approach to pediatric patients with congenital heart disease, the approach to DNR orders for children coming for anesthesia and surgery, oral health care for developmentally disabled children, and the relief of anxiety and pain in children presenting to the emergency room.

I look forward to seeing many of you during our first ever virtual AAP/SPA Pediatric Anesthesiology winter meeting coming up this weekend. For a list of AAP sponsored events and awards taking place during the meeting, please see page 2 of this newsletter. I also want to offer a big congratulations to Dr. Corrie Anderson as the winner of the 2021 Robert M. Smith Award, a much deserved honor for a true champion in our field.

If you are reading this and are not yet a member of the AAP Section on Anesthesiology and Pain Medicine, now is the time to get involved! We need your ideas and your energy, with everyone working together to create a better world for every child – the one they deserve. May you and your loved ones all stay well.

AAP-Sponsored Events and Awards at the 2021 Virtual Meeting — February 25-28, 2021

The AAP Section on Anesthesiology and Pain Medicine takes great pleasure in having the opportunity to partner with the Society for Pediatric Anesthesia (SPA) each year in offering the SPA/AAP Pediatric Anesthesiology Meeting. This year's joint meeting will take place virtually February 25-28. The mobile meeting guide can be viewed here.

The AAP proudly sponsors a number of events and awards at the annual Pediatric Anesthesiology meeting. Please read on for information about the 2021 AAP Ask the Experts Panel, AAP Advocacy Lecture, John J. Downes Resident Research Award winners, and the esteemed 2021 Robert M. Smith Award winner.

AAP Ask the Experts Panel

Friday, February 26, 2021
11:30 am – 12:45 pm EST

Moderators:

Christina D. Diaz, MD;
Lisa Wise-Faberowski, MD

Topics/Panelists:

Diversion of Resources during COVID-19 Pandemic: a Front-line COVID Perspective

Frank H. Kern, MD, FCCM


Frank H. Kern

Professor of Anesthesia
Northwell/Hofstra University

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

- Discuss why novel disease management requires frequent modification to improve outcomes
- Define factors that are necessary to respond to an unexpected crisis
- Recognize that early management without a known therapeutic is based on supportive care, trial and error, and using past knowledge to trial unproven therapies and mitigate viral spread

Mental Health Concerns Related to COVID-19 Pandemic

Anne Glowinski, MD, MPE


Anne Glowinski

Professor of Psychiatry (Child and Adolescent Psychiatry Division)
St. Louis Children's Hospital/Washington University

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

- Identify mental health stressors due to the COVID-19 pandemic
- Describe strategies to address mental health concerns

AAP Advocacy Lecture

Saturday, February 27, 2021
10:00am – 10:50 am EST

Implications of COVID Pandemic on Pediatric Healthcare

Yvonne A. Maldonado, MD, FAAP


Yvonne A. Maldonado

Senior Associate Dean for Faculty Development and Diversity

Taube Professor of Global Health and Infectious Diseases

Professor of Pediatrics (Infectious Diseases) and of Epidemiology and Population Health

Stanford University School of Medicine

Attending Physician and Medical Director of Infection Prevention and Control

Lucile Packard Children's Hospital at Stanford

Stanford, California

Yvonne (Bonnie) A. Maldonado, MD, is Professor and Chief of the Division of Infectious Diseases, Department of Pediatrics, at Stanford University School of Medicine. She is also the Senior Associate Dean for Faculty Development and Diversity at the Stanford School of Medicine. Dr. Maldonado attended Stanford University School of Medicine, where she completed a pediatric internship. She was a pediatric resident and fellow in Pediatric Infectious Diseases at Johns Hopkins Hospital. Dr. Maldonado then served as an Officer in the Public Health Service in the Epidemiology Intelligence Service (EIS) for the Centers for Disease Control and Prevention, where she was awarded the Alexander D. Langmuir Prize, named in honor of the founder of the EIS Program.

She has led a number of NIH, CDC, USAID, Gates Foundation and WHO funded domestic and international pediatric vaccine studies, as well as studies in prevention and treatment of perinatal HIV infection in the US, India, Mexico and Africa. With the onset of the COVID-19 pandemic she has over 10 clinical, epidemiology and laboratory-based studies in this area and is involved in epidemiologic modeling at the University, state and national level.

She is the Chair of the American Academy of Pediatrics Committee on Infectious Diseases, a member of the Infectious Diseases Society of America, the Society for Pediatric Research, the Pediatric Infectious Diseases Society, the Society for Healthcare Epidemiology of America, and the American Public Health Association. She is a member of the Board of the Pediatric Infectious Diseases Society, a liaison to the USPHS Advisory Committee on Immunization Practices (ACIP) and previously a member of the Board of Scientific Counselors for the Office of Infectious Diseases at the Centers for Disease Control and Prevention.

Dr. Maldonado has been the director of two federally funded T32 training grants in Infectious Diseases and Epidemiology and has devoted substantial effort to teaching and training activities at Stanford University as well as in the national and international setting, including undergraduates, medical students, postdoctoral students, and infectious diseases fellows. Dr. Maldonado has published over 200 peer-reviewed articles in scientific journals and is co-editor of the textbooks "Remington and Klein Infectious Diseases of the Fetus and Newborn Infant" and "Report of the American Academy of Pediatrics Committee on Infectious Diseases (Red Book)".

Within the Dean's office at the School of Medicine, Dr. Maldonado has served as the Senior Associate Dean for Faculty Development and Diversity since 2014, leading the School of Medicine's diversity efforts. In that role she has oversight of four Associate Deans, including the Associate Dean of Medical School Admissions, ensuring that there is a commitment to enhance medical student diversity. In addition, she is the PI of the NIMHD-funded Stanford Precision Health for Ethnic and Racial Equity Center (SPHERE), one of the first national centers focused specifically on using precision-medicine tools to improve the health of underserved ethnic and racial groups. Her hope is to bring her expertise and resources in this role to promote diversity, inclusion and equity in the academic workforce.

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

- Understand the clinical and epidemiologic impact of SARS-CoV-2 infection in infants and children
- Define the effect of the COVID-19 pandemic on global child health

2021 AAP John J. Downes Resident Research Award Winners

Each year, the AAP Section on Anesthesiology and Pain Medicine selects three abstracts to receive the American Academy of Pediatrics John J. Downes

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AAP-Sponsored Events and Awards at the 2021 Virtual Meeting (Continued from page 3)

Resident Research Award. This year's winners are:

1st Place

Jeffrey A. Wharton, MD
Emory University

Suprasternal Ultrasound of the Endotracheal Tube Cuff to Predict Depth of Insertion in Infants and Neonates


Jeffrey A. Wharton

2nd Place

Alison F. Brown, MD
Duke University

Opioid Prescribing Patterns for Tonsillectomy in Children


Alison F. Brown

3rd Place

Andrew J. Renuart, MD, FAAP
Children's Hospital of Philadelphia

Perioperative Pediatric Cardiac Arrest: Etiology, Treatment, and Outcomes


Andrew J. Renuart

The oral abstract presentations and awards will be given on Saturday, February 27, from 12:15 to 12:45pm EST.

2021 AAP Robert M. Smith Award Winner

Corrie T. M. Anderson, MD, FAAP
Professor of Anesthesiology
University of Washington Medicine
Department of Anesthesiology and Pain Medicine
Seattle Children's Hospital
Seattle, WA


Corrie T.M. Anderson

The presentation of the 2021 Robert M. Smith Award will take place on Saturday, February 27, from 10:50 to 11:10 am EST, immediately following the AAP Advocacy Lecture.

A Tribute to Dr. Corrie Anderson for the 2021 Robert M. Smith Award

By Sean Flack, MBChB DA FCA
University of Washington | Seattle Children's

"A broad smile and mischievous laugh". If asked to describe Dr. Corrie Anderson, that would be my first answer. I might follow with, "thoughtful and deeply engaged, he really cared about knowing me". Those who know him will recognize these traits. I am so happy that the 2021 Robert M. Smith Award is being presented by the AAP to Dr. Corrie Anderson, a colleague so deeply deserving of this award.

I should start by describing Dr. Anderson's professional accomplishments, but to do so would be a disservice to him. Corrie is first and foremost a family man, husband to his soulmate, Virginia, and father to Virginia and Chase. A son and a brother. If he had not had the illustrious career for which this award is long overdue, these relationships would nevertheless speak to a life of unqualified success and achievement. The pride and love for his family is evident in any conversation with him and is expressed in the sincere interest he takes in hearing about the goings-on in the lives of his colleagues and trainees. It is no surprise then that his career is notable for the depth of mentorship and guidance he has provided, and that so many colleagues chose to nominate Dr. Anderson for this award.

Dr. Anderson graduated Harvard University A.B. Cum Laude (Biochemistry and Molecular Biology) and then attended Stanford University School of Medicine. Thereafter, he returned to Boston for a Pediatric residency at The Children's Hospital followed by Anesthesia residency at The Brigham and Women's Hospital. He returned to The Children's Hospital, Boston for his fellowship in Pediatric Anesthesia.

As an undergraduate at Harvard, Dr. Anderson's future successes were portended with a Harvard Fellow's Scholarship, a Browne Scholarship and a Dreyfus Fellowship for Biomedical Research. At Stanford University, his commitment to and aptitude for scientific discovery and education lead to a Merck, Sharp and Dohme Research Fellowship and acceptance to a Medical Scientist Training Program (MSTP)-NIH Research Training Program.

Post-fellowship, Dr. Anderson was recruited to UCLA School of Medicine as an Assistant Professor of Anesthesiology and Pediatrics. In Los Angeles, his career flourished, and he advanced rapidly, earning a promotion to Associate and subsequently full Professor. Awards earned at UCLA include Outstanding Physician of the Year from the Department of Nursing and Outstanding Teaching by an Assistant Professor from the Department of Anesthesiology. Dr Anderson was Director of the Pediatric Anesthesiology Program at UCLA for a number of years and rose to Director of the UCLA Child Pain Study Center and Director of the UCLA Pediatric Pain Service.

In 2001, his expertise in pediatric pain medicine led to his recruitment to University of Washington and Seattle Children's as Director, Pain Medicine. His career in Seattle is notable for extensive involvement in both University and Hospital affairs, with leadership roles on numerous committees addressing a broad range of academic and clinical priorities. As before, his wholehearted commitment to education has resulted in numerous Teacher of the Year awards from the Anesthesiology residents.

He has been in the forefront of education in regional anesthesia for children and has traveled widely to deliver ultrasound guided nerve block workshops and literally hundreds of lectures. His compassion in teaching has led to numerous trainees from underserved countries visiting Seattle to learn about regional anesthesia techniques that can transform anesthetic care for children in their countries.

Dr. Anderson has an inventive and inquiring mind. At UCLA and in Seattle he earned numerous grants for research and innovation. He established a fund for support of the Pediatric Pain Program in Seattle. He has numerous patent awards related to patient comfort, pain management and regional anesthesia.

Along with his wife, Virgina, Dr. Anderson is also a philanthropist. Most recently, the couple funded an endowment in support of Regional Anesthesia Research and Education at the University of Washington.

My career path and Corrie's crossed when I joined the Department in Seattle in 2004. Since then, I have benefited immensely from his personal and professional counsel. Whether discussing youth soccer (Corrie had the courage to coach his kids; I just volunteered to "manage" my daughters' teams), being reminded to prioritize family above all else, or collaborating on numerous publications or clinical endeavors, his friendship and collegial presence has been so very valuable to me.

Dr. Anderson has been an AAP member since 2004 and served on the Executive Committee of the Section on Pediatric Anesthesiology and Pain Medicine from 2007-2014. For almost 10 years, he contributed tirelessly as Newsletter Editor for the Section. His service on behalf of the Section continues, most recently as lead author on the revision of the Academy's policy statement on The Assessment and Management of Acute Pain in Infants, Children, and Adolescents.

This award recognizes Dr. Anderson's lifetime of academic excellence and his exemplary career in pediatric anesthesia. His career-long commitment to mentorship and his leadership in the development of pediatric pain medicine are accomplishments that deserve, even demand, recognition. The name, Corrie T. M. Anderson, is one that belongs alongside those previously recognized for making significant advances in the practice of pediatric anesthesiology.

Call for 2022 Robert M. Smith Award Nominees


Robert M. Smith

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

At this time, the AAP Section on Anesthesiology and Pain Medicine Nominations Committee is ready to review nominations for the 2022 Robert M. Smith Award. If you have a potential nominee in mind, please do the following:
1. Complete the online nomination form at https://www.surveymonkey.com/r/V9ZB88K. Submit a 2-3 page bio-sketch of the nominee to Jennifer Riefe, Manager, AAP Section on Anesthesiology and Pain Medicine, at jriefe@aap.org. All nominations are due by May 28, 2021.

Robert M. Smith Award Winners

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

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

IN CASE YOU MISSED IT....

AAP PODCAST: "PEDIATRICS ON CALL"

In July 2020, the AAP launched a podcast to explore the latest news and innovations in children's health, discuss the science behind child health recommendations, and hear first-hand from leading experts in child and adolescent medicine. Each 30-minute, weekly episode of "Pediatrics On Call," features interviews about new research and hot topics in the field of pediatrics.

Some episodes you may want to get started with include:

Telehealth During COVID-19, Bariatric Surgery in Adolescents
Episode 44

In this episode S. David McSwain, MD, MPH, FAAP, explains how telehealth has evolved during the pandemic and what to expect next. Hosts David Hill, MD, FAAP, and Joanna Parga-Belinkie, MD, FAAP, also talk to Janey S.A. Pratt, MD, FACS, FASMBS, about her article in the journal *Pediatrics* focusing on success rates of bariatric surgery in different adolescent age groups. Then they share a "Giving Voice" from Khadijia Tribié Reid, MD, MPH, FAAP, about medical and behavioral health care integration.

Meet New AAP President Dr. Lee Savio Beers, Rise in Non-fatal Drug Overdoses
Episode 40

In this episode Lee Savio Beers, MD, FAAP, new president of the AAP, talks about her journey to and through pediatrics and what she hopes to accomplish in her leadership role. Hosts David Hill, MD, FAAP, and Joanna Parga-Belinkie, MD, FAAP, also talk to Douglas Roehler, PhD, MPH, Division of Overdose Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, about his research in the peer-reviewed journal *Pediatrics* documenting a rise in non-fatal drug overdoses. And Mekala Neelakantan, a fourth-year medical student at the Western Michigan University Homer Stryker M.D. School of Medicine, shares a "Giving Voice."

What Brings People to Pediatrics, and What Keeps Them Moving Through It?

In this special series of *Pathways to Pediatrics*, hosts David Hill, MD, FAAP, and Joanna Parga-Belinkie, MD, FAAP, get personal with four pediatricians. Find out:

- In Episode 35: how the Sandy Hook shootings inspired Ruchi Kaushik, MD, MPH, FAAP, to advocate for firearm safety but also led to a valuable lesson about self-care.
- In Episode 36: why struggling with the MCAT and med-school application process helped Luis E. Seija, MD, FAAP, become a champion of equity and inclusion.
- In Episode 37: how a daily walk to school taught Rhea Boyd, MD, MPH, FAAP, about racial inequality and set in motion a lifelong mission to stop structural racism.
- In Episode 38: why mentoring Black women in medicine led Omolara T. Uwemedimo, MD, MPH, FAAP, to a second career as an entrepreneur.

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

2021 Section Election

WHAT: Elect the future leaders of your AAP Councils & Sections and vote on any applicable bylaw referendums. Our Section on Anesthesiology and Pain Medicine has four positions currently open for voting as well as a proposed change to our bylaws.

There is (1) member position open on our Section Executive Committee for which there are three candidates running (Dr. Elizabeth Drum, Dr. Justin Long, and Dr. Kevin Zacharoff; see bios below). In addition, the position of Chairperson-Elect will be on the ballot this spring, a role for which Dr. Debnath Chatterjee is running unopposed. Lastly, there are (2) member positions on the Executive Committee for which incumbent members, Drs. Christina Diaz and Lisa Wise-Faberowski, are running unopposed.

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

WHEN: March 1-31, 2021. The elected Section leaders will take office on November 1, 2021.

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

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

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

Thank you in advance for your participation!

About Our SOA Candidates

For Chairperson-Elect (Unopposed):

Debnath Chatterjee, MD, FAAP


Debnath Chatterjee

Debnath Chatterjee, MD, FAAP, is a pediatric anesthesiologist at Children's Hospital Colorado and the program director for the pediatric anesthesiology fellowship at the University of Colorado. He is currently an Associate Professor of Anesthesiology at the University of Colorado School of Medicine. After completing medical school in India, he moved to the United States in 1999 to pursue his anesthesiology residency training in Syracuse, NY, followed by a pediatric anesthesiology fellowship at Boston Children's Hospital. He moved to Colorado in 2009.

Dr. Chatterjee is passionate about medical education and uses innovative teaching methodologies to inspire the next generation of pediatric anesthesiologists. He recently joined as an education editor for the journal *Pediatric Anesthesia*. As one of the pediatric anesthesia section editors of *Open Anesthesia*, he regularly records video podcasts on core pediatric anesthesia topics, which are downloaded about 2500-3000 times worldwide. He is one of the founding editors of the Society for Pediatric Anesthesia (SPA) Question of the Week project, which is accessed by several SPA members every week. As the Vice-Chair of SPA's Communications Committee, he recently helped with the complete re-design of the SPA website.

Dr. Chatterjee's areas of clinical interest include anesthesia for fetal interventions and adolescent bariatric surgery. He is the director of fetal anesthesia at the Colorado Fetal Care Center and recently led a team of experts from the American Society of Anesthesiology (ASA) Committees on Pediatric and Obstetric Anesthesia and the North American Fetal Therapy Network to develop a consensus statement on anesthesia for fetal interventions. He has been invited for Visiting Professorships at several academic institutions in North America. He is also an oral board examiner for the American Board of Anesthesiology.

Dr. Chatterjee has been a member of the executive committee of the American Academy of Pediatrics Section on Anesthesiology (AAP SOA) since 2019 and represents them at the National Button Battery Task Force. He recently helped develop infographics about the potential dangers of button battery ingestion in children for both parents and anesthesiologists. He looks forward to strengthening collaborations with pediatricians and pediatric sub-specialists within the AAP and partnering with anesthesiologists at the SPA and ASA to improve the perioperative care of all pediatric patients. He remains committed to strongly supporting AAP's advocacy efforts to promote the health and well-being of all infants, children, and adolescents.

For Section Executive Committee Member (Contested):

Elizabeth T. Drum, MD, FAAP


Elizabeth T. Drum

Dr. Drum joined the faculty of the General Anesthesiology Division at The Children's Hospital of Philadelphia in 2015 where she is the Medical Director of Radiology Anesthesia Sedation Services and Associate Division Chief for Clinical Operations. She also serves as the department's Medical Director of Global Health Initiatives. Dr. Drum has sub-specialty certification in Pediatric Anesthesiology by the American Board of Anesthesiology. She is credentialed by the National Disaster Medical System of the Department of Health and Human Services and served as a Major in the US Army Medical Corp from 1991-1994. She has extensive experience in surgical mission work around the world, including participating in 36 international medical education trips to 8 countries. Many of her trips have focused on building educational systems and collaborating with local providers to create infrastructure that supports educational initiatives. She received the 2015 International Physician of the Year Award by medicalmissions.org and the 2020 Nicholas M. Greene, MD Outstanding Humanitarian Contribution Award from the American Society of Anesthesiologists for her work. She is an advocate for improving the safety and capacity of anesthesia care around the world in conjunction with increasing surgical capacity. As a member of the American Society of Anesthesiologists Global Humanitarian Outreach Committee, she founded a scholarship program to send US Anesthesiology residents to low-income countries, and she serves as its US Program Director and Chair of the Committee. She is a member of the Council of the World Federation of Societies of Anaesthesiologists, a member of the Society for Pediatric Anesthesia Committee on Global Health, a member of the Board of Directors of the Alliance for Surgery and Anesthesia Presence, a member of the Global Initiative for Children's Surgery and Chair of the Anesthesiology Investigative Task Force of the Pan-African Academy of Christian Surgeons. She is an Associate Professor of Clinical Anesthesiology and Critical Care Medicine at the Perelman School of Medicine at the University of Pennsylvania. Prior to joining the faculty at CHOP, she was a Professor of Anesthesiology and Pediatrics at Temple University School of Medicine where she still holds an Adjunct Clinical Appointment.

Justin B. Long, MD, MHI, FAAP


Justin B. Long

Dr. Long completed medical school at the Medical College of Georgia, residency at Johns Hopkins University, fellowship at Northwestern University, and a master's degree in Health Informatics from Northwestern University. He is currently an Assistant Professor of Anesthesiology and Pediatrics at Emory University. He was recently promoted to Associate Professor, which will take effect in

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(Continued from page 6)

September. He is the Director of Pediatric Cardiac Anesthesiology at Children's Healthcare of Atlanta at Egleston, one of the busiest congenital cardiac programs in the country. He has leadership roles throughout the health system including informatics, the Heart Center, and operating room operations.

Dr. Long's Research is focused on perioperative quality improvement, medical informatics, pediatric cardiac anesthesiology, and pediatric regional anesthesiology applications in cardiothoracic surgery. He has grant funding for a prospective trial for paravertebral nerve blocks in infants and a retrospective study on current Malignant Hyperthermia incidence among academic medical centers in the United States. He views medical informatics as the key to further improving medical care and supporting anesthesiologists in providing the highest levels of perioperative care.

Dr. Long has been a member of the American Academy of Pediatrics since becoming an attending and views participation in the Section on Anesthesiology and Pain Medicine's advocacy efforts as crucial to advancing the specialty of Pediatric Anesthesiology. As an active member of the Section he has participated in education efforts targeted toward general pediatricians in perioperative optimization and family education. He has published in *AAP News* and given lectures at the AAP National Conference and Exhibition. He is also an active member in the Education Committee for the Society for Pediatric Anesthesia, participating in program planning and in the American Board of Anesthesiology collaboration with SPA for continuing education.

As a hopeful member of the executive committee of the Section on Anesthesiology and Pain Medicine, he plans to continue and bolster the section's advocacy efforts on behalf of children. He believes the AAP SOA has the opportunity to drive important health interventions in the perioperative environment (e.g. counseling on vaping, counseling on drug use) as well as the responsibility to ensure the perioperative environment does not enhance any biases that are already present in healthcare with respect to diversity, equity, and inclusion issues. He also hopes to increase the visibility of medical informatics as an important safety, quality assurance, and performance improvement tool within the perioperative environment and system of care.

Kevin L. Zacharoff, MD, FAAP

Dr. Kevin L. Zacharoff is a Board-Certified Anesthesiologist with over 25 years of clinical experience in Anesthesiology and Pain Medicine. He has been an active Faculty Member and Clinical Instructor for the past 15 years at the Renaissance School of Medicine at Stony Brook University in the Department of Family, Population & Preventive Medicine where he is also the Course Director for Pain and Addiction, Pain, Drugs, and Ethics, and Distinguished Visiting Scholar in Medical Humanities, Compassionate Care, and Bioethics. He is a member of the medical staff at St. Catherine of Siena Medical Center in Smithtown, New York since 1985, where he serves as the Ethics Committee Chair. He also serves as a Consultant to the Ethics Committee at Stony Brook University Hospital in Stony Brook, New York. He has been particularly devoted to ethical issues involving pain management and substance abuse, education on these topics, and research in these areas for the past 20 years, authoring several texts and peer-reviewed journal articles, along with serving as investigator for numerous NIH-funded research grants in these areas. In addition to lecturing nationally on these subjects, Dr. Zacharoff will soon be completing a 4-year term as a member of the Anesthetic and Analgesic Drug Products Advisory Committee to the United States Food and Drug Administration. He is the Editor-in-Chief of *The PAINWeek Journal* and serves on the editorial review board of several peer reviewed journals including *The Journal of Pain*, *Pain Medicine*, *The British Medical Journal*, *Pharmacoepidemiology and Drug Safety*, and the *Journal of Addictive Diseases*.

Kevin L. Zacharoff

For Section Executive Committee Member (Unopposed):

Christina Diaz, MD, FASA FAAP, D. ABA (incumbent)

Christina Diaz

After graduating from the University of Denver and receiving my Medical Doctorate from Baylor College of Medicine in Houston, I completed my Anesthesiology Residency and Pediatric Anesthesiology Fellowship at the Medical College of Wisconsin, Milwaukee. I currently serve as an Associate Professor at Children's Wisconsin, with special interests in simulation and team-based training, fellowship education, presenting skills, and mentorship. I also participate as Children's Site Director for the Anesthesia Assistant program. As a member of the Acute Pain Service I train our pediatric anesthesia fellows/resident in perioperative pain control. In my role as a Pediatric Anesthesiologist, I have given regional/national advocacy talks on the risks of dental sedation, vaping, and EVALI.

I believe it is important to advocate for my patients, my specialty, and the future landscape of healthcare. Therefore, I am an active member of the AAP, the American Society of Anesthesiologists (ASA) and the Society for Pediatric Anesthesia (SPA). I have served in the ASA House of Delegates for the past 8 years, serve on the Committee on Pediatric Anesthesia, chaired the SPA Annual Meeting in 2016, co-chaired the Wisconsin Society of Anesthesia Annual Meeting (2014), participate annually at Doctor's Day Advocacy at the State Capitol, and have been a Wisconsin Society of Anesthesiology Board Member since 2012. I wish to continue to advocate for my pediatric patients and serve my specialty, and I look forward to continuing our work within the AAP Section on Anesthesiology and Pain Medicine.

Lisa Wise-Faberowski, MD, FAAP (incumbent)

Lisa Wise-Faberowski

Dr. Lisa Wise-Faberowski, Associate Professor of Anesthesiology, Perioperative and Pain Medicine (Pediatric), Stanford University; I began my journey with training and board certification in pediatrics in the early 1990s. I completed my anesthesia training and research fellowship training in 1997 with board certification in anesthesiology. I continued with training and board certification in pediatric critical care medicine and pediatric anesthesia. So, through and through I am a pediatrician, but also an anesthesiologist.

It has been an honor to serve for the AAP, an organization that has supported me throughout my career, and I look forward to continuing with a second term. The AAP Section on Anesthesiology and Pain Medicine has supported my research endeavors in pediatric neuroprotection and anesthetic neurotoxicity through the John J Downes award at two of the Society for Pediatric Anesthesia annual meetings. Amazingly, I received one of the awards after the birth of my twins Alyssa and Cooper.

As a mother of four children and as a pediatrician and anesthesiologist, I understand the importance of accepting the life of one's child into my hands in providing anesthetic care. Our children are our heart and soul, and an irreplaceable component of our life. So, it is with honor and a passion for the best care of our children in anesthesia and in life that I would like to serve a second term as an Executive Committee member for the American Academy of Pediatrics Section on Anesthesiology and Pain Medicine.

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

PEDIATRICS
OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Hospital Pediatrics
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Pediatrics in Review
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NeoReviews
AN OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

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

On Challenges for Physicians

Strategies to support colleagues during COVID-19 pandemic – January 2021

Physician burnout associated with medical errors but not suicidal ideation – February 2021

On Medical Decision Making

Preoperative Blood Transfusions and Morbidity in Neonates Undergoing Surgery – November 2020

Variations in Sedated Echocardiography and Association With Repeat Echocardiography in Nonrefractory Kawasaki Disease – January 2021

A Gut Feeling: Abdominal Symptoms as an Initial Presentation of EVALI – January 2021

Sustained Lung Inflations During Neonatal Resuscitation at Birth: A Meta-analysis – January 2021

Is Unplanned PICU Readmission a Proper Quality Indicator? A Systematic Review and Meta-analysis – February 2021

On Conversations with Parents and Teen Care and Autonomy

RE: Parents Demand and Teenager Refuses Epidural Anesthesia – November 2020

Understanding and Managing Adolescents with Conversion and Functional Disorders – December 2020

High rates of teen vaping reported in early 2020 – February 2021

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On COVID 19 and Other Infectious Diseases

SARS-CoV-2 Positivity Rates Among Children of Racial and Ethnic Minority Groups in Mississippi – January 2021

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Neonates Born to Mothers With COVID-19: Data From the Spanish Society of Neonatology Registry – February 2021

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Factors Associated With Severe SARS-CoV-2 Infection – February 2021

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On Evolving Medical Practice

We All Need a Little TLC: An Argument for an Increased Role of Child Life Services in Patient Care and Medical Education – October 2020

Disagreement About Surgical Intervention in Trisomy 18 – January 2021

Child Life Services – January 2021

On Pain Management

Benefits of spinal anesthesia for pediatric urologic procedures continue to evolve – October 2020

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Acute, Severe Abdominal Pain in a Non-Sexually Active Adolescent Female – February 2021

Development of a Structured Regional Analgesia Program for Postoperative Pain Management – February 2021

On Opioids and Substance Use

Neonatal Opioid Withdrawal Syndrome – November 2020

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Three-Year Outcomes After Brief Treatment of Substance Use and Mood Symptoms – January 2021

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On Race and Equity in Medicine

Racial and/or Ethnic and Socioeconomic Disparities of SARS-CoV-2 Infection Among Children – October 2020

An Equity Lens for Identifying and Addressing Social Needs Within Pediatric Value-Based Care – October 2020

An Antiracist Framework for Racial and Ethnic Health Disparities Research – December 2020

Racial and Ethnic Disparities in Firearm-Related Pediatric Deaths Related to Legal Intervention – December 2020

Health Disparities in Tobacco Use and Exposure: A Structural Competency Approach – December 2020

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Indwelling Lines – February 2021

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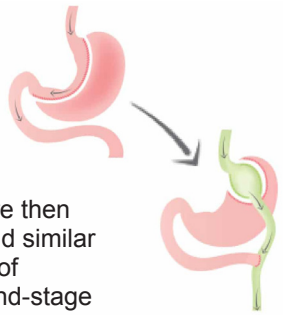
Implications of the 21st Century Cures Act in Pediatrics – February 2021

New Research of Interest from *PEDIATRICS*

Younger Teens Benefit from Metabolic and Bariatric Surgery, an Under-utilized Treatment for Severe Obesity



A *Pediatrics* study of adolescents with severe obesity who underwent metabolic and bariatric surgery found younger teens were just as likely to benefit from the treatment as older adolescents. The study, "Outcomes of Bariatric Surgery in Older versus Younger Adolescent," to be published in the March 2021 *Pediatrics* (published online Feb. 1), found that younger and older teens showed similar weight loss, resolution of hypertension and dyslipidemia, nutritional deficiencies, and improvement in quality of life after surgery. The researchers analyzed records from 242 adolescents who were divided into age groups 13-15 and 16-19 who underwent surgery to treat severe obesity at five children's hospitals. In this study, investigators from the NIH funded Teen-LABS consortium collected baseline data on participants within 30 days of the procedure. Participants were then evaluated at six months, twelve months, and then annually, for up to five years after surgery. Their analysis found similar improvements in all areas, although diabetes remission was slightly higher in older youth. Obesity and duration of obesity are significant risk factors for early mortality, type 2 diabetes, cardiovascular events, multiple cancers, end-stage renal disease, end-stage liver disease, and decreased quality of life. Metabolic and bariatric surgery is an effective early intervention that is underutilized, according to the researchers, who conclude that age alone should not dissuade providers and patients from pursuing surgery when medically indicated.

Youth Who Try E-cigarettes Three Times as Likely to Smoke Traditional Cigarettes: Pediatrics Study

A national 4-year study in the February 2021 *Pediatrics* found that U.S. youth who used e-cigarettes were three times more likely to take up daily cigarette smoking by adulthood compared to those who never tried e-cigarettes. The study, "Use of E-cigarettes and Other Tobacco Products and Progression to Daily Cigarette Smoking" (published online Jan. 11), reviewed data of 12-24-year-olds to determine if they had ever used tobacco products; the age of their first use; and daily use for 12 tobacco products. The data, provided in four annual surveys (2014-2017) as part of the U.S. Population Assessment of Tobacco and Health (PATH) Study, found that trying e-cigarettes and multiple other tobacco products before age 18 years was strongly associated with 2017 daily cigarette smoking. The representative sample of 15,826 youth and young adults found that almost two-thirds had experimented with at least one tobacco product and almost one-third experimented with five or more tobacco products, of which e-cigarettes and cigarettes were the most popular. Each additional product tried markedly increased the odds of becoming a daily cigarette smoker as did experimenting with tobacco before age 18. From 2016-2019, lifetime cigarette smoking among U.S. high school seniors declined from 28.3% to 22.3%, whereas lifetime e-cigarette use increased from 38.8% to 45.6%. The authors suggest the recent large increase in e-cigarette use will likely reverse the decline in cigarette smoking among U.S. young adults.

Limiting Work Shifts to 16 Hours Improves Physicians' Neurobehavioral Performance, Study Finds

A new study has found that work rosters that limit shifts to 16 consecutive hours improved on-shift neurobehavioral performance of resident physicians compared to extended duration (more than 24 hours) work rosters. "Extended Work Shifts and Neurobehavioral Performance in Resident–Physicians," which will be published in the March 2021 issue of *Pediatrics* (published online Feb. 22), adds to the growing body of evidence that sleep deprivation, particularly via shifts lasting longer than 16 hours, has a detrimental effect on physician performance and patient safety. The study, which used a cluster-randomized crossover clinical trial across six U.S. pediatric intensive care units, found that eliminating 24-28 hour extended duration work rosters and scheduling 16-hour maximum work shifts improved neurobehavioral performance and reduced sleepiness in resident-physicians over a 4-week PICU rotation, particularly overnight.

Welcome New Members!

Dennrik Abrahan, MD
Tampa, FL

Viviana Ruiz Barros
Mountain View, CA

Kara Anne Bjur, MD, FAAP
Portland, OR

John Hagen, MD, MBA, FAAP
New York, NY

Christina Hamby, NP
Newburgh, IN

Frederick Kuo, MD
Jamaica Plain, MA

Scott Licata, MD, FAAP
Pittsburgh, PA

Barbara Meinecke, MD, FAAP
Milwaukee, WI

Andres Pacheco, MD
Guayaquil, Ecuador

Stephanie Pan, MD, FAAP
Redwood City, CA

Yamini Singh, MD
Noida, India

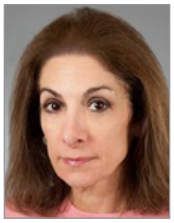
M-Irfan Suleman, MD, FAAP
Potomac, MD

Mariah Tanious, MD, FAAP
Brookline, MA

Meghan Christine Whitley, MD, FAAP
Hershey, PA

Pediatric Examples of the ASA-PS Classification have finally arrived!

Lynne R. Ferrari, MD, FAAP


Lynne R. Ferrari

The American Society of Anesthesiologists Physical Status Classification System (ASA-PS) is used worldwide to classify patients based on comorbid conditions prior to general anesthesia. This system has several benefits including ease-of-use, simplicity, and flexibility. Although developed primarily for perioperative physical status in adult patients, the ASA-PS has been universally applied to pediatric patients with potential for the ASA-PS classification to underestimate the chronic disease burden in children undergoing general anesthesia. Despite its popularity, the ASA-PS classification system has been shown to have poor interrater reliability due to its subjective definitions, especially when applied to the pediatric population. The use of the ASA-PS in children is challenging due to the subjectivity of classifications and their limited descriptions. Derived predominately for stratification of adult patients most of the health conditions and behaviors provided in the ASA-PS system documentation (e.g., myocardial infarction, alcohol dependence, smoking, etc.) do not apply to children. The chronic health conditions which are more prevalent in the pediatric population and the burden of risk that they carry were not well defined which may result in ambiguity and subjectivity of the scores.

To better reflect pediatric conditions with the goal of improving the accuracy of ASA-PS use in this population, pediatric specific examples of ASA-PS were proposed. A diverse group of pediatric anesthesiologists from national and international health care systems collaborated to define pediatric specific ASA-PS examples which are now included in the current ASA-PS document, which was approved in December 2020. This is a step forward in the care of our pediatric patients.

The link to the ASA website and the new ASA-PS document is:

https://www.asahq.org/standards-and-guidelines/asa-physical-status-classification-system

American Society of Anesthesiologists™

Current Definitions and ASA-Approved Examples

ASA PS Classification	Definition	Adult Examples, Including, but not Limited to:	Pediatric Examples, Including but not Limited to:
ASA I	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use	Healthy (no acute or chronic disease), normal BMI percentile for age
ASA II	A patient with mild systemic disease	Mild diseases only without substantive functional limitations. Current smoker, social alcohol drinker, pregnancy, obesity (30<BMI<40), well-controlled DM/HTN, mild lung disease	Asymptomatic congenital cardiac disease, well controlled dysrhythmias, asthma without exacerbation, well controlled epilepsy, non-insulin dependent diabetes mellitus, abnormal BMI percentile for age, mild/moderate OSA, oncologic state in remission, autism with mild limitations
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, history (>3 months) of MI, CVA, TIA, or CAD/stents.	Uncorrected stable congenital cardiac abnormality, asthma with exacerbation, poorly controlled epilepsy, insulin dependent diabetes mellitus, morbid obesity, malnutrition, severe OSA, oncologic state, renal failure, muscular dystrophy, cystic fibrosis, history of organ transplantation, brain/spinal cord malformation, symptomatic hydrocephalus, premature infant PCA <60 weeks, autism with severe limitations, metabolic disease, difficult airway, long term parenteral nutrition. Full term infants <6 weeks of age.
ASA IV	A patient with severe systemic disease that is a constant threat to life	Recent (<3 months) MI, CVA, TIA or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, shock, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis	Symptomatic congenital cardiac abnormality, congestive heart failure, active sequelae of prematurity, acute hypoxic-ischemic encephalopathy, shock, sepsis, disseminated intravascular coagulation, automatic implantable cardioverter-defibrillator, ventilator dependence, endocrinopathy, severe trauma, severe respiratory distress, advanced oncologic state.
ASA V	A moribund patient who is not expected to survive without the operation	Ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction	Massive trauma, intracranial hemorrhage with mass effect, patient requiring ECMO, respiratory failure or arrest, malignant hypertension, decompensated congestive heart failure, hepatic encephalopathy, ischemic bowel or multiple organ/system dysfunction.
ASA VI	A declared brain-dead patient whose organs are being removed for donor purposes		

Calling for newsletter articles!

For our next SOA newsletter, the Fall edition

Please send proposals to Anita Honkanen,
Newsletter Editor at *honkanen@stanford.edu*

By August 15, 2021

News from the AAP Department of Membership

Nearing the End of Your Career or Retired? Did you Know About AAP's Senior Membership Category?

Any AAP member in good standing who has attained the age of 70 OR is 65 or older and no longer derives income from professional activities is eligible for the Senior Member category. Senior Members who were previously FAAPs will retain the right to vote on any matter submitted to a vote of the members, to use the designation "Fellow of the American Academy of Pediatrics" or "FAAP", to serve on national committees of the Academy, to sponsor applicants for national membership, to apply for section or council membership in accordance with section or council bylaws, and to be listed in the member directory, but may not serve as national officers of the Academy. National Senior Membership is currently $205 annually.

For members 80 and over, national dues are waived, and the individual is considered a Life Fellow. The AAP annually converts members to life fellows; no action is needed by or on behalf of the member.

To become a senior member, contact AAP Member & Customer Care at (866) 843-2271.

If transitioning to the senior membership category, you may also want to consider joining the Section on Senior Members, open to members 55 or older. The Section is free to join for national senior members and is $20 annually for other eligible National member types.

AAP Adds Malpractice Insurance to Member Program

The Academy and USI Affinity are adding medical malpractice insurance to the AAP Insurance Program, providing AAP members with a comprehensive medical malpractice offering.

Members who purchase medical malpractice insurance also will receive complimentary access to Pediatric Care Online, a tool that includes point-of-care references, tools, videos, handouts and more.

"We're excited to provide access to a medical malpractice policy as a member advantage program offering from the American Academy of Pediatrics and administered by USI," said Jenny Zhang, USI Affinity's chief operating officer. "AAP members can trust that they are insured with the most comprehensive and reliable malpractice option available."

The AAP Insurance Program provides group buying power and member rates not available to the public for life and disability, dental, vision, long-term care, student loan refinancing, business insurance and pet insurance.

"The medical malpractice insurance coverage is the perfect addition to the existing AAP Insurance Program, providing pediatricians, pediatric medical subspecialists and surgeons with both business and personal insurance," said Martha C. Middlemist, M.D., FAAP, chair of the AAP Insurance Trust. "This offering will provide AAP members with peace of mind and confidence that they have the best program to fit their needs."

Explore options for medical malpractice insurance at https://www.aapinsurance.com/ or call 855-874-0816 to speak with a USI customer care specialist.

Register for the 2021 Virtual AAP Advocacy Conference!

The virtual 2021 AAP Advocacy Conference – formerly named the Legislative Conference – will take place **April 11 - 13, 2021.** Early bird registration will close on Sunday, February 28th. We encourage members to register early and take advantage of the discounted rates.

Join us for this year's virtual conference and learn how to become a strong voice for children! Participants will hear from distinguished guest speakers, attend advocacy skills-building workshops and learn about timely policy issues impacting children, families, and pediatricians.

Speaker announcement!

Participants will hear from **Stacey Abrams** who served as Democratic Leader of the Georgia House of Representatives for seven years prior to running for Governor of Georgia. She launched Fair Fight Action after the 2018 gubernatorial election to ensure every American has a voice in our election system.


Stacey Abrams

On the final day of the conference, participants will attend **virtual meetings with their congressional offices** and others from their state to discuss a timely child health issue.

To learn more and to register, please visit AAP.org/AdCon.

We hope to see you in the spring!

THE OFFICIAL NEWSMAGAZINE OF THE AMERICAN ACADEMY OF PEDIATRICS
AAP News

Take the challenge: Do one more thing to advocate for children

by Lee Savio Beers M.D., FAAP, President, American Academy of Pediatrics

As a new presidential administration and Congress begin work, policymakers at all levels - federal, state and local - face decisions about how to prioritize their time, energy and budgets in the coming year.

There will be hard decisions to make in the setting of increased need and decreased resources due to the impacts of the COVID-19 pandemic. Political tensions are high, sometimes making the path toward progress seem shaky and difficult. In the midst of all of this, children and families face tremendous challenges. Often, they disproportionately bear the burden of ineffective and inequitable policies and programs, with some bearing more of this burden than others.

In my practice, I've seen firsthand how the pandemic has exacerbated longstanding inequities and barriers to care, and I know you have as well. The additional stresses and traumas that children are experiencing likely will impact them for years, if not decades, to come.

Unfortunately, when it comes to policy solutions, children far too often are an afterthought, when they need to be our first thought. The science of adverse childhood experiences tells us that if we do not approach this crisis with the urgency it deserves, it will have long-term effects on children's health and well-being.

To achieve our potential as a nation, now and in the future, it is essential that we center our decision-making around children and families and prioritize their health and needs as we allocate resources and implement policy. Those who bear the greater burden will need greater consideration and access to resources.

While this may feel overwhelming or discouraging, I am hopeful that together we can catalyze meaningful change for the families for whom we care. As pediatricians and pediatric subspecialists, we have the opportunity and privilege to be advocates for child health. Each one of us has influence in our communities, our organizations and our statehouses. When we use our voices together with our patients and community partners, we are even stronger.

The AAP's *Blueprint for Children* (https://bit.ly/3npaTKg) "recommends policies to promote healthy children, support secure families, build strong communities, and reclaim America's role as a leading nation for youth." The *Blueprint* and the accompanying *Transition Plan: Advancing Child Health in the Biden-Harris Administration* (https://bit.ly/3pTWd7D) give policymakers a detailed and specific guide to improve child health. The *Blueprint* also is a guide for pediatricians, pediatric subspecialists and pediatric advocates, allowing us to speak with a common voice in support of policy changes that will bring us closer to a better future.

The AAP has many resources at https://services.aap.org/en/advocacy/ to support members to be effective child health advocates. Chapters, committees, councils and sections all offer opportunities for learning and

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THE OFFICIAL NEWSMAGAZINE OF THE AMERICAN ACADEMY OF PEDIATRICS
AAP News

mentorship. This year, the annual Advocacy Conference (formerly the Legislative Conference) will be virtual, expanding access to this remarkable opportunity. To register, visit https://shop.aap.org/2021-aap-advocacy-conference/.

Many of you are seasoned child health advocates, and some of you may still be learning and gaining experience. Regardless, I challenge each of us to think of just one more thing we can do to advocate for child health. Perhaps, you will learn something new, call your state representative about an issue important to you, join your AAP chapter (if you are not already a member), write an op-ed for your local paper or attend a community meeting. Perhaps a few of you will even decide to run for the local school board or a state or federal office. Just know, no matter what you do, no matter how seemingly small, it makes a difference.

Pediatricians are incredibly effective advocates, and our advocacy can improve the lives of our patients and communities, providing hope for a better future for all children.

Related Content

- Additional Letters from the President

Reprinted with permission from the February 2021 issue of AAP News

RESIDENT/FELLOW CORNER

Scope of Practice During a Pandemic: A Greater Dilemma for Pediatric Trainees

By Danielle Rabinowitz, MD

It was past midnight on a cool, rainy evening in early Spring 2020. I couldn't sleep. The glow of the street lamp shone ominously through my window, shedding light on the inorganic calm of the neighborhood at that hour–the COVID-19 pandemic was upon us, and the world was still. Earlier in the day, the leaders of my pediatric residency program had sent out an email plea for resident volunteers to join the adult COVID teams at one of our affiliated hospitals. I was conflicted about adding my name to the list. On the one hand, I recognized the tremendous opportunity for growth in joining my colleagues on the front lines of the viral outbreak, which was notably leading to much higher hospitalization rates for adult relative to pediatric patients. On the other, I felt uneasy about my own vulnerabilities as a pediatric resident caring for adults, a population with different health issues than I'm used to treating. The notion of taking on management responsibilities for patients with co-morbidities such as congestive heart failure or chronic obstructive pulmonary disease made me bristle. While the request to serve on the COVID teams was not obligatory in my own training experience, I recognized that this was unlikely to be the case in other programs across the country. Thus, not only did I have qualms about my personal role in caring for adult COVID patients, but I also questioned that role for any of my pediatric trainee colleagues. While grappling with the conundrum that lay before me, however, I ultimately came to recognize that in the midst of pandemic, pediatric trainee engagement may be vitally important.

In response to the atrocities of September 11th 2001, the American Medical Association (AMA) reaffirmed the duty of the physician to care for patients in times of unprecedented crisis through the updating of their ethical code of conduct[1]. In so doing, the AMA acknowledged the physician's right to "choose whom to serve…to associate [with]…and the environment in which to provide medical care," but reinforced that this changes in the context of emergencies[2]. After the SARS epidemic in 2003, the AMA strengthened and expanded the responsibility of medical providers to care delivery "even in the face of greater than usual risks to [their] own safety, health, or life[3]." Subsequently, scholars have justified the code's validity despite its infringement on the autonomy of the physician[4]. Nevertheless, one of the shortcomings of this code is that it does not explicitly address the possible concerns surrounding scope of practice, which may be particularly relevant to consider when pediatric residents care for adult patients. In this scenario, there is an additional risk, not to the physician but to the patient, that is rooted in the possible lack of training necessary among providers to appropriately care for certain populations.

A recent paper addressing pragmatic considerations in caring for adults in pediatric contexts during emergencies echoes the very concerns I wrestled with when faced with the possibility of providing adult care amid the COVID-19 pandemic as a pediatric trainee[5]. In this manuscript, the authors emphasize the need to think critically about the bounds of scope of practice, both institutionally and on a provider-by-provider basis, including as it pertains to pediatric residents. They also urge those responsible for developing deployment schema to strongly consider the relative expertise of individual caretakers on teams—ensuring prioritization, for example, of those with dual pediatric and adult training (i.e. with training in Medicine-Pediatrics or Family Medicine over those in other pediatric specialties or subspecialties). Further, in considering next steps in optimizing patient safety, they discuss a need for greater focus on more widespread Advanced Cardiac Life Support (ACLS) training and education on addressing adult emergencies for those providers who may have to care for adults in crisis contexts[5].

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RESIDENT/FELLOW CORNER

Scope of Practice During a Pandemic: A Greater Dilemma for Pediatric Trainees

By Danielle Rabinowitz, MD

Thoughtful discussion surrounding these issues has been further propelled by the Pediatric Overflow Planning Contingency Response Network (POPCoRN), a newly formed group of pediatric physicians dedicated to increasing the capacity of pediatric facilities to care for adult patients in emergencies and to creating educational materials to support pediatric providers caring for adults[6].

Yet, in order to develop a more effective framework for pediatrician deployment to adult inpatient units, it is also important to juxtapose theoretical discussion with thoughtful reflection on the lessons learned from settings in which pediatricians, trainees among them, successfully managed adult patients during the initial COVID-19 surge. Physicians from the Children's Hospital at Montefiore recently wrote of the approaches and outcomes associated with the establishment of a 40-bed adult COVID ward staffed-in-full by pediatricians, discussing what they perceived to be the benefit of provider experience with the system that "outweighed the lack of familiarity with the treatment and management of common adult medical conditions[7]." The Montefiore example underscores the many contributors to an environment of safety, which encapsulates not only medical knowledge but also an understanding of hospital infrastructure and policies. In this way, pediatric residents have much to offer in facilitating care delivery, even with larger gaps in medical knowledge, especially when they have facility with the electronic health record, and are comfortable with hospital workflows including but not limited to "requesting consults and escalating emergencies[7]." Thus, perhaps the best perspective to embrace in disaster contexts lies less in taxing oneself about the upper limits of scope of practice and more in recognizing the numerous factors that enable safe patient care. While better equipping pediatric residents to join the ranks ought to be a focus moving forward, we should at the same time acknowledge that pediatric trainees already bring strengths to the fore in caring for all patients, including adults, in crisis settings and beyond.

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Personal Perspectives: Telemedicine, an Advancement in Care?

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Editor's Note (as printed in the AAP SOOp Fall 2020 newsletter): While this article is written from the perspective of a nephrologist, its message may still hit home with many of us.

I just completed a busy clinic and was sitting in my office cleaning up orders with my nurse when we had a phone call from the state troopers. My patient, Quinton, and his mother, Anne, flying home from our clinic visit were involved in a plane crash killing all 6 passengers and 2 crew members. This was one of those moments when everything in my life slowed down. The next 2 days all I could think about was this lovely young man and his mother dying just to visit me. I had known Quinton and his mother for all 17 years of his life. He had posterior urethral valves and all of the usual complications. We had over 100 clinic visits over the years. I saw him in good times and bad times. At his last visit he had stage 5 CKD and was active on the transplant list. I was seeing him monthly to review labs and discuss transplant and ESKD care. There was rarely much to do medically, as he and his mother were the ideal team. He had perfect BP and perfect labs (EVEN phosphorus!!). He was an Alaskan Native Yup'ik. For most visits he remained silent. I learned over the years to read his face, eyebrows, eye position and his posture and could understand his answers to my questions. He would speak up at the end of each visit with a huge smile on his face, trying to teach me a Yup'ik word, one new one for each visit. He wanted me to learn so I could help his people better. I remember talking to mom at his last visit "Quinton is so good and the weather is getting bad, how about every other month visit and if there is an issue you can text me". Mom looked at me and said "No", she was a quiet and strong woman who rarely spoke more than 2 words at a time, "I need you to look me in the eye. When I look into your eyes I know if my son is OK or not". That was our last conversation.

After his death I really was in shock. 80% of my patients travel more than 50 miles to see me. 50% take a plane to see me. Was it really worth seeing me? Many, like Quinton, take 2 planes and more than 6 hours to get to Anchorage and it is truly a 2-3 day affair including travel home. Telemedicine seemed to be the answer, no more patients dying to see their doctors and nurses, better efficiency, less missing school. I talked to the state Medicaid Care Management Organization about relaxing the telemedicine visit requirements, as many villages in Alaska do not have broadband and many families did not have data plans on their cell phones. We were working on a proposal and then COVID-19 happened. The world went all telemedicine instantly. I was ecstatic. I assumed avoiding a clinic visit would make parents and children happy. Less time off from school, work, less expense for travel and less fatigue after a 3-day trip should make their lives easier. With telemedicine, somehow I am able to remain on schedule better with patients in Zoom, than in person. I was able to schedule more patients in a day and get more work done. Without vitals being taken the staff stopped hearing my endless complaints about getting the patient in the room so I don't get off schedule! I figured staff, administrators, patients, and families were happy.

Something strange started happening after the 3rd month of total telemedicine. People started calling and asking for in person visits. I was happy! I really missed seeing the kids and interacting with them. I was tired of my cubicle, the internet delays, lost signals and the endless clicking that Zoom meetings were associated with. After talking to many patients and parents I now realize there is a ritual about seeing the doctor that is important for the patient and parent. It is marked on the calendar. You wake up, miss school, dress nicely and go to the clinic. Everyone at the clinic knows you and marvels at your height, weight, outfit that day. You see the doctor who shakes your hand, pats your shoulder, puts their hand on mom or dad in reassurance. The doctor explains the medical issues, has some nonmedical conversation and parent and child feel reassured that things are managed and are under control. Afterwards there is usually a treat, trip to Chucky Cheese (a favorite for children coming from out of town), McDonald's etc. I did not realize these trips are special times for the children and parents and frequently a bonding experience for all involved, including the doctor. Many times, the children leave me mementos to commemorate these visits, pictures, drawings, selfies, etc., because they are so special. This never happens online. The ritual and specialness of the

visit is lost online. In fact, I am certain others have the same problem as I do; the children don't want to be on camera and the entire visit is spent with the parent. This prevents the patient-doctor trust relationship from developing as fully. So, what is the answer? Online or in person? I think it depends on the patient, diagnosis, parental circumstances, and the doctor. As I have grown older the personal attachments to patients and parents has become more important to me. Sometimes just smiling at a child and telling them it will be all right is better than any medication or test, especially, when you have had time to develop a trust bond. It seems like telemedicine is an efficient use of technology. However, bad news and difficult decisions probably are not best discussed online, as they generally require the healing touch of a clinician.

Telemedicine is wonderful and I am certain we will all find the way to incorporate it into our individual practices to suit our needs. It will never replace the reassuring pat on the shoulder, the high five for achieving weight loss, that uncomfortable silence looking in a patient's eyes trying to decide on the correct treatment as they see you are playing various scenarios in your mind, or the smile when opening up the labs and seeing a great phosphorus!

Sometimes a mom just has to look into your eyes to find peace.

Quyana, the Yup'ik word for expression of gratitude, was the last word Quinton's mom said to me.

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