The AAP Section on Ophthalmology continues its work advocating for pediatric ophthalmologists, pediatricians and most importantly, our patients!

At the 2016 AAPOS annual meeting in April, the AAP workshop titled, “Myopia - Pathogenesis, Control and Treatment: A Practical Update for the Clinician,” was well attended with standing room only attendance (and into the hallway)! We thank Ken Nischal for putting together such a successful program.

The Section nominated member, Dr. Stacey Kruger, to participate in the AAO’s Leadership Development Program (LDP); Dr. Kruger was chosen for the program and we look forward to her success! For more information on this, see page 2.

The Section has added a liaison from the AAPOS Committee on Young Ophthalmologists to its Executive Committee. The Section leadership would like to engage with young pediatric ophthalmologist members in order to assure that we are addressing issues important to them. We value and need their input and participation. We thank Section Executive Committee Member, Donny Suh, for this suggestion and for the work he did making it happen. For more information on this, see page 3.

The Centers for Disease Control and Prevention (CDC) meeting in collaboration with the American Academy of Pediatrics (AAP), titled Clinical Evaluation and Management of Infants with Congenital Zika Virus Infection, took place July 21-22, 2016. The purpose of this meeting was to bring together a variety of pediatric subject matter experts, professional organizations, federal partners, and family advocates to provide individual expert input regarding evaluation and management of infants with evidence of congenital Zika virus infection. The AAP Section on Ophthalmology was invited and participated by giving input on the recommendations which can be accessed at http://www.cdc.gov/mmwr/volumes/65/ww/mm6533e2.htm?s_cid=mm6533e2_w. For more information/resources on Zika from the AAP, please see page 8.

My term as Chair of the Section comes to a close at the end of October and Dan Karr will be taking over. Dan has many years of experience on the committee, including as immediate past education chair, and we all look forward to his leadership.

There are many people to thank. I have appreciated the collaboration with the leadership from AAO, AAPOS and AACO. Together we represent a unified force in protecting our patients. I thank the Section members for their participation which communicates to our pediatric colleagues our dedication to our shared patients.

I thank the members of the Section on Ophthalmology Executive Committee who volunteer their time when we are all stretched so thin by the ever increasing demands of our “real” jobs.

Special thanks go to Jennifer Riefe, our Section Manager, who makes it all happen. Her organization, knowledge, experience and ability to collaborate help to support us in an exceptional manner.

It has been an incredible opportunity to serve as Chair of the AAP Section on Ophthalmology and I look forward to the future participation of members who may not have been involved before in the activities and elections of the Section. Be on the lookout for emails on the AAP Ophthalmology listserv where we will be soliciting your help. Also, please contact Jennifer Riefe, our Section Manager, at jriefe@aap.org, or me at slehman@nemours.org with any ideas you have for initiatives and projects for the Section.

Thank You!

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Dr. David Granet Appointed Member of AAP’s Committee on Federal Government Affairs

Dr. David Granet, Immediate Past Chairperson of the Section, has been appointed to the AAP’s Committee on Federal Government Affairs (COFGA). As a surgical subspecialist, Dr. Granet is a unique addition to the COFGA; he is indeed the one and only surgical subspecialist on the COFGA leadership roster. Calling San Diego home, he is also the only COFGA member who resides on the West Coast. Dr. Granet brings a wealth of advocacy experience to his role in AAP Federal Government Affairs and hopes that, in his new position, he can work to further enhance the coordination between the AAP, AAO, and AAPOS as they respond organizationally to legislative issues at the federal level.

COFGA provides strategic guidance to AAP’s Department of Federal Affairs on advocacy with the White House, Congress and federal agencies. COFGA also works closely with AAP councils, committees, sections, the Executive Committee and the Board of Directors to analyze federal issues and provide strategies for addressing them at the national level.

Aligned with the components of AAP’s Agenda for Children, issues currently being addressed include: health reform implementation, disaster preparedness, federal appropriations, tobacco regulation, and pediatric practice and workforce issues. COFGA also serves as faculty for advocacy trainings and events such as the Legislative Conference in Washington, DC, helping AAP members understand the federal legislative process, acquire skills and techniques to successfully impact Congress and effectively utilize the media for advocacy.

COFGA members contribute their federal policy expertise to benefit children, whether by testifying before the federal government on a child health legislative priority, writing an opinion piece to a local or national media outlet, or by providing a pediatric perspective to federal legislators and their staff on Capitol Hill.

Dr. Granet attended his first COFGA meeting on September 18th and followed it up with visits to Capitol Hill on September 20th. See page 6 for a report from Dr. Granet.

For more information on the Academy’s federal policy priorities and advocacy activities, please visit https://www.aap.org/en-us/advocacy-and-policy/federal-advocacy.

Dr. Marilyn Miller to give the 2017 Leonard Apt Lecture

Dr. Marilyn Miller, Pediatric Ophthalmologist at the Illinois Eye and Ear Infirmary and Professor of Ophthalmology at the University of Illinois College of Medicine at Chicago, is to be the recipient of the 2017 Leonard Apt Lectureship Award. The lecture and associated award will be given at the AAPOS annual meeting, which is set to take place in April 2017 in Nashville, Tennessee.

Dr. Miller has a longstanding interest in international ophthalmology and has participated in educational activities in areas of Nigeria, India, Asia and various parts of South America. She was awarded an honorary degree from the University of Göteborg in Sweden for her research of congenital anomalies and teratogens, drugs that cause abnormal fetal development. She also received the Howe Medal from the American Ophthalmological Society. The Howe Medal denotes distinguished service in ophthalmology. First awarded in 1922, Dr. Miller is only the third woman to receive this honor. In addition, Dr. Miller received the Marshall M. Parks, MD, Silver Medal from the Children’s Eye Foundation. She joined the Illinois Eye and Ear Infirmary faculty in 1985.

The Leonard Apt Lecture was established and first presented in 2000 by the American Academy of Pediatrics (AAP) Section on Ophthalmology (SOOp) to honor Leonard Apt, MD, for his dedication and contributions in the fields of pediatrics and pediatric ophthalmology. Dr. Apt was the first physician to be board-certified in both pediatrics and ophthalmology. The Leonard Apt Lecture pays tribute to Dr. Apt not only for his educational and scientific contributions, but also for his pioneer role in helping to create pediatric ophthalmology as a new medical subspecialty.

SOOp Nominee, Dr. Stacey Kruger, Selected to Participate in the 2017 AAO Leadership Development Program

After being nominated by our AAP Section on Ophthalmology, Dr. Stacey Kruger, Pediatric Ophthalmologist from Miami, Florida, has been selected to participate in the AAO’s Leadership Development Program (LDP) Class of 2017. Dr. Kruger is delighted to have been given this opportunity and hopes that the focus of her project will help strengthen the bond between pediatrics and pediatric ophthalmology: “By participating in the LDP, it is my aim to be able to gain experience from national leaders to bring together the voice of organized ophthalmology and pediatrics in a meaningful way. It has been my experience in my state that these two parties of medical specialists have the potential to strengthen their partnership on a larger scale to help each other achieve mutually beneficial goals. It would be a priority to educate both ophthalmology and pediatric groups about the value one has to the other in terms of advocacy, professional and public education, as well as volunteer and outreach activities.”

Dr. Kruger earned her medical degree at S.U.N.Y. Health Science at Brooklyn and completed her residency in the Department of Ophthalmology at Mount Sinai School of Medicine in New York. She later completed her fellowship in pediatric ophthalmology at Medical University of South Carolina in Charleston.

She is extremely interested in advocacy activities having been actively involved in her home state of Florida. Early in attempted optometry scope expansion in Florida, she was selected by the state society to participate in the AAO’s media training program in Washington, DC. Soon thereafter, she traveled to the capital in Tallahassee to testify in front of the State Legislature during several hearings and was able to see the results of that testimony first hand. In addition, she worked with the Florida state legislature to create the first ever “Amblyopia Awareness Month” (August 2015). During this time a state-wide educational campaign was launched to educate the public about the importance of preschool vision screening. It is her long term goal to work with both
organized ophthalmology and pediatrics to see this become a required stature in Florida, and perhaps even nationally. In addition, for the past 15 years she has been part of a volunteer mission program to Guatemala and has interests in charitable, global ophthalmology programs such as this. Her areas of expertise are in pediatric cataract surgery and intraocular lens implantation. In 2004, she had the distinct honor of being one of only 12 sites recruited by the organizers of the Infant Aphakia Treatment Study, a NIH/NEI sponsored clinical trial that randomized infants undergoing unilateral cataract surgery under 6 months of age to receive an IOL or aphakic contact lens.

The Section leadership is pleased that its LDP nominee has been selected for participation in the program for the past two years, with Dr. David Silbert participating in the LDP Class of 2016.

**Section Establishes New Liaison Position from the AAPOS Committee on Young Ophthalmologists**

SOOp leadership is pleased to announce that Dr. Eniolami Dosunmu will become the first liaison to the section executive committee from the AAPOS Committee on Young Ophthalmologists (YO). Section leaders are enthusiastic about the creation of this liaison position and view the newly forged relationship between SOOp and the YO as a wonderful opportunity to engage in an active discussion about how the section can do more to support young ophthalmologists and to involve the YO and its constituents in the work of the AAP.

A summa cum laude graduate of Kentucky State University, Eniolami O. Dosunmu received her medical degree from The Ohio State University College of Medicine (OSUCOM), where she graduated, cum laude, in 2008. During her years at OSUCOM, she served on committees and received many scholarships and awards, including the Leonard Tow Humanism in Medicine Award and The Ohio State University College of Medicine Service Award, in her graduating class. She completed her Internship (Internal Medicine) and Ophthalmology Residency training at the Mayo Clinic, Rochester, Minnesota. Her last year of residency, which was also a rotating chief year, allowed her to participate in medical student and resident education. She also received the Mayo International Health Program Scholarship which allowed her to pursue her goal of participating in International Medicine – she worked in Bomet, Kenya. Dr. Dosunmu completed her fellowship training in Pediatric Ophthalmology at Duke University, Durham, North Carolina where she performed research on pediatric glaucoma that earned her the American Association of Pediatric Ophthalmology and Strabismus Research Fellow Award and the Pediatric Glaucoma and Cataract Family Association Award. She is currently an Assistant Professor in Ophthalmology at the Abrahamson Pediatric Eye Institute at Cincinnati Children’s Hospital Medical Center, University of Cincinnati, Cincinnati, Ohio.

**Dr. Gregg Lueder to Take on Second Term on the AAO Council**

Dr. Gregg Lueder, AAP Section representative to the AAO Council, has been appointed to serve a second three-year term as Councilor which will commence on January 1, 2017, and end on December 31, 2019. The AAO Council is a representative body that provides policy advice to their Board of Trustees and provides recommendations for board action based on membership concerns. The Council is comprised of ophthalmologists that represent the various states as well as 29 ophthalmic subspecialty and specialized interest societies (of which the AAP SOOp is one). We thank Dr. Lueder for his dedicated service in the role of Councilor for the past three years and for committing to an additional three year term.


**Announcements from Other AAP Sections and Councils**

**AAP Council on Quality Improvement and Patient Safety Invites You to Discover AAP Quality Connections**

The quarterly newsletter of the AAP Council on Quality Improvement and Patient Safety, titled *Quality Connections*, provides communication about the importance of quality improvement as well as updates on current AAP quality improvement programs and projects. It includes pertinent national quality and patient safety updates and is worth a read when you have a free moment. To browse the current issue and an archive of past issues, click here.

**Join the AAP Section on Epidemiology, Public Health and Evidence (SOEPHE)**

Do you have a passion for public health? Do you feel your knowledge in epidemiology, methodology or even your current research experience could be helpful within the AAP? Then SOEPHE is your section! Join us. We are a group of over 300 pediatricians, pediatric medical and surgical specialists, and public health professionals who use our knowledge and expertise to review AAP policies, guidelines, statements and other academic publications. Our members have opportunities for special seminars and training and are eligible for special awards, too! Be in the forefront of evidence-based medicine and public health and help us improve the health of children. Please join now by calling AAP Division of Member Services at 800/433-9016 ext 5897.

**From the Editor’s Desk – Geoff Bradford, MD, FAAP**

We hope you enjoy reading this edition of the newsletter. Please share it with colleagues, patients and friends and let them know you are a member of the Section. Much of this newsletter is devoted to communicating the activities of the AAP and of our Section to you, as well as providing updates on clinical and advocacy topics. Our newsletter can be an important avenue of communication for our Section and for those who share our passion of providing the best care possible in our field for children.
How 10 Minutes of Your Time Can Lead to Vision Screening for Thousands of Children

The Children’s Eye Foundation of AAPOS is pleased to announce the publication of a new educational resource for Primary Care Physicians: Instrument-Based Vision Screening in Children: A Practical Guide for Primary Care Physicians. Endorsed by the American Academy of Pediatrics (AAP), this guide complements the January 2016 AAP/AAO/AAPOS/AACO joint policy statement on visual system assessment and offers practical advice for incorporating instrument-based screening in pediatric practices. The guide can be found and downloaded at https://aapos.org/resources/nurse_and_primary_care_ppt_lectures/ and on October 22nd, to coincide with opening day of the AAP National Conference and Exhibition, it will also be available for pediatricians to download at www.childrenseyefoundation.org/see.

Robert Wiggins, MD MHA and current President of the American Association for Pediatric Ophthalmology and Strabismus echoes the importance and significance of this report, “I invite you to check out this wonderful Children’s Eye Foundation resource on instrument-based vision screening which complements the recently updated joint policy statement on vision screening. The Guide was authored by AAPOS members Sean Donahue, Geoff Bradford, Millicent Peterseim, David Epley, and Robert Arnold and was recently endorsed by the AAP. I encourage you to share it with your local community pediatricians and family practitioners and educate them on the latest ways to screen young children at an age when screening has typically been the most challenging and yet the rewards of detecting and treating amblyopia are the greatest.”

The mission of the Children’s Eye Foundation of AAPOS is to eliminate preventable blindness in children. As one way to achieve this mission, we aim to provide tools that facilitate awareness about the priority of eye and vision health and the important role of screening. The National Academies of Sciences, Engineering, and Medicine issued a report in September 2016 called the Vision for Tomorrow Report, which states: "Ensuring that people receive proper visual acuity screenings and preventative eye care services and adhere to effective eye protection practices would eliminate thousands of preventable or correctable cases of vision impairment that result each year from amblyopia and eye injuries. Failure of the United States to address these sources of preventable suffering and disparity is simply not acceptable."

Instrument-based screening technology is revolutionizing early detection and prevention of amblyopia by allowing screening of more children at a younger age. Primary care physicians play a critical role in detection of vision problems through instrument-based screening in preschool and school aged groups. Please take a few minutes of your time to share this guide with your referring pediatrician and your local chapter of the AAP. Your effort will help potentially thousands of kids benefit from early intervention.

AAP Endorses AAPOS Statement on Orthoptists as Physician Extenders

The AAP has endorsed the American Association of Certified Orthoptists as a valuable adjunct in the practice of pediatric ophthalmology and to ophthalmologists who treat strabismus and binocular vision disorders. On the recommendation of our Section on Ophthalmology, the AAP has endorsed the AAPOS position on “Orthoptists as Physician Extenders.” The full policy statement is available at: https://aapos.org/client_data/files/2015/1228_orthoptistsasphysicianextendersaapospolicystatement.pdf. In response to the AAP’s endorsement of this statement, Shelley Klein, CO, COMT, AACO Liaison to the AAP SOOp, expressed thanks from the AACO: “On behalf of the AACO, I want to thank the AAP for endorsing this very important AAPOS policy statement. Although we are a small profession, Orthoptists are a vital part of the pedi-ophthalmology team. We share the same goals and dedication to improving vision and binocularity in children. The support of a large and well respected medical organization such as the AAP insures our future and continued good work during these politically charged and changing times in health care.”

AAP Participates as Signatory on AAO Joint Position Paper on Co-Management of Ophthalmic Post-Operative Care

In September 2016, on the recommendation of our Section on Ophthalmology, the AAP joined as a signatory on the American Academy of Ophthalmology’s Joint Position Paper, titled “Comprehensive Guidelines for The Co-Management of Ophthalmic Post-Operative Care.” Noted in the opening lines of the position paper, “As more non-physician healthcare providers become part of the healthcare delivery team, it is important to clearly define how the ophthalmologist as surgeon can properly share pre and postoperative responsibilities with non-surgeon providers, and how those providers may be ethically and legally reimbursed for their services.” The AAO’s position paper offers guidelines on co-management and transfer of care, and provides guidance to assist ophthalmologists in their patient care. The paper can be accessed at: http://www.aao.org/ethics-detail/guidelines-comanagement-postoperative-care.

Executive Committee 2016

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Wilmington, DE

Daniel J Karr, MD FAAP
Chairperson-Elect
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Geoffrey E Bradford, MD FAAP
Newsletter Editor
Morgantown, WV

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Immediate Past Chair
Great Neck, NY

Donny Won Suh, MD FAAP
Omaha, NE

David B Granet, MD FAAP
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American Academy of Ophthalmology (AAO)

Gregory T Lueder, MD FAAP
American Academy of Ophthalmology Council (AAOC)

Christie L Morse, MD FAAP
American Association for Pediatric Ophthalmology and Strabismus (AAPOS)

Shelley Klein, CO COMT
American Association of Certified Orthoptists (ACO)

Staff

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The 2017 AAP Legislative Conference will take place April 23 – 25 in Washington, DC. Each year, the conference brings together pediatricians from across the country who share a passion for child health advocacy. Participants attend skills-building workshops, hear from guest speakers, learn about policy priorities impacting children and pediatricians and go to Capitol Hill to urge Congress to support strong child health policies. For the second year, the conference will include a Pediatric Subspecialty Advocacy Track.

The track will feature specific workshops, advocacy and educational opportunities for specialists, including a skills-building workshop on how to frame specialty expertise to legislators and build relationships with congressional staff, advocacy on legislative priorities especially relevant to pediatric subspecialists and the patients they treat, networking opportunities, and more.

All attendees who participate in the track will attend the events and workshops on the full conference agenda, with the below modifications/additions:

- **A skills-building workshop** on how to educate legislators and their staff about your field of expertise, how to credential yourself as a resource to legislators on issues related to your specialty when there isn’t legislation moving on that topic, and how to adapt broader legislative priorities to meet your focus and interest

- **At least one legislative priority workshop** on a subspecialty topic related to an issue impacting specialists and subspecialists (for example, sustaining a robust and specialized pediatric workforce)

- **Networking opportunities** to meet other pediatricians in other fields and compare advocacy challenges and achievements

If you are interested in learning more about the track and would like to be notified when registration for the conference opens, please email LegislativeConference@aap.org and mention your specific interest in the track. For more information on the Legislative Conference, please visit aap.org/legcon.

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**Section Advocacy Ambassador Dr. Smith Ann Chisholm Shares Impressions from the Mid-Year Forum**

“If you’re not at the table, you’re going to get eaten.” This is a quote from one of my residency attendings who was passionate about the interplay between politics and medicine. He would use this quote to encourage doctors to get involved in making the decisions that dictate the way in which we practice ophthalmology. Due to his influence, I became interested in advocacy early in my career. I was able to get involved with several advocacy events on a city and state level in residency but never got the opportunity to attend the American Academy of Ophthalmology Congressional Advocacy Day and Mid-Year Forum. I had several co-residents and faculty members who attended the event and came back with insight into how decision making occurred on the federal level and how the AAO played a role in that process. When I learned that the American Academy of Pediatrics Section on Ophthalmology sponsored a pediatric ophthalmology fellow to be an Advocacy Ambassador every year, I knew I had to apply for the position to experience this educational event first hand.

The first part of the Advocacy Ambassador Program was participating in the Congressional Advocacy Day. Being from a small state (South Dakota), I had the opportunity to meet with our Congress people and their staff with just one other ophthalmologist. At first, I was nervous about this arrangement as it forced me to speak up; however, it ended up being my favorite part of the conference. By the end of the day, I had learned how to express the Academy’s position on a number of topics ranging from surgical reimbursement to availability of the compounded medications that have become so important in ophthalmology. This was an incredible learning experience, and we were able to garner support for our positions while establishing relationships with our Congress members.

The remainder of the weekend was spent attending the AAO Mid-Year Forum. There was a program created especially for the Advocacy Ambassadors called L.E.A.P. Forward where we learned about Leadership, Engagement, Advocacy, and Practice Management. It was a wonderful way to interact with other young ophthalmologists as well as some of the leaders in the Academy while gaining helpful information about transitioning from training into practice.

Overall, my experience as an Advocacy Ambassador was great. I am so grateful to the AAP-SOOP for choosing me to represent the organization and allowing me to be involved with this wonderful program. I encourage continued support of the Advocacy Ambassador program as I feel it is a superb learning experience for the selected candidate and an essential way for pediatric ophthalmology to be represented within the Academy.

**Smith Ann Chisholm**

Section Advocacy Ambassador Dr. Smith Ann Chisholm Shares Impressions from the Mid-Year Forum
In mid-September I was honored to represent your needs via the AAP in Washington, DC, as the first surgical subspecialist to be appointed to their important Committee on Federal Government Affairs (COFGA).

Despite having served on the Section on Ophthalmology for 12 years (including as Chair), I learned a tremendous amount as the newest member of COFGA. Sitting with the AAP President, Bernard Dreyer, AAP EVP/CEO, Karen Remley, and a host of other leaders for 2 days of in-depth, wide-ranging discussions was enlightening as a Pediatric Ophthalmologist. The open discussion of various topics was not one of passing information down but rather looking for input on the agenda for children. Our sessions included interaction with the sub-committee on Access which works to ensure that all children have access to care - including access to subspecialists. The issues ranged from whether, when a child has surgery, will the anesthesiologist be covered, to what the impact of a high deductible plan on care might be. Via this process the AAP Federal Affairs office has an understanding of what issues matter and can comb through legislation with an eye towards positively impacting children.

In our daily lives, while we refract or operate on children and then counsel their families, we are not able to impact the world at large for them. From ensuring access to care for children to addressing concerns around nutrition and environmental health; from ensuring safe and effective drugs for children to tackling global health issues, and more, the AAP Department of Federal Affairs is making a difference.

For those of you unaware of what the AAP Department of Federal Affairs does: From the AAP website, “The AAP Department of Federal Affairs is advancing key child health priorities through lobbying Congress, building coalitions and raising public awareness. The department comprises legislative and public affairs professionals who provide data and information on various child health topics, offer feedback on legislative proposals, conduct media outreach on health issues confronting children, recommend legislative initiatives that will benefit children and adolescents, and organize briefings on specific topics of interest to members of Congress and their staff.”

Meeting the extraordinary staff of the Department of Federal Affairs led by Mark Del Monte was one of the highlights of the committee meeting. They are a group of committed difference-makers who convert the AAP priorities for children into legislative action. As I met with Congressional and Senate staffers, one after another they deeply praised the AAP, its priorities and the DC office. The AAP does not have a Political Action Committee (PAC); they represent about 66,000 members and are considered the trusted voice on Capitol Hill.

During the COFGA meeting the AAP released its Blueprint for Children in a wonderful, well-attended event hosted by Karen Remley, MD, MBA, MPH, FAAP and Rich Besser, MD, PHD, FAAP (the chief medical reporter for ABC news, a pediatrician and an old friend). This Blueprint details what each of the Governmental Agencies can do to impact the health and well-being of children in the next administration. It is a tour-de-force and an enlightening document; if you get a moment please take a look and let me know what you think: www.aap.org/blueprint. For more information on this, see page 7.

During this entire process one thing became clear: the AAP needs the voice of the surgical and medical subspecialist represented during these discussions. COFGA meets in Washington, DC, three times a year, and I will be there to assist in carrying that message. The AAP is THE voice for childhood advocacy, and your voice is multiplied by the 66,000 member voices of the AAP and the unrelenting efforts of the Department of Federal Affairs. Those of you involved in local state efforts likely have encountered the AAP value already. There are lots of ways to engage in the AAP to make a difference for children; look at the options and jump in. I did, and I am thrilled.

Please let me know if you have any ideas, thoughts or suggestions. My email address is dgranet@ucsd.edu.
AAP ADVOCACY UPDATES

Ensuring Children’s Access to Specialty Care Act
(H.R. 1859/S. 2782)
The AAP has obtained the signatures of over 70 societies – including the AAO and AAPOS – in supporting a bill that would strengthen the pediatric subspecialty workforce. The legislation would amend the Public Health Service Act to allow pediatric subspecialists practicing in underserved areas to participate in the National Health Service Corps (NHSC) loan repayment program. The AAP Dept of Federal Affairs will be strongly advocating for the passage of this legislation, which serves as a needed step toward curbing today’s demonstrated critical shortage of pediatric medical subspecialists, pediatric surgical specialists, and pediatric mental health specialists to help provide children with timely access to the vital health services they need. Please share this key AAP letter with your elected representatives. In addition, we encourage AAP members to engage their senators and representative on the issue right now through the AAP federal advocacy action center.

New Academic and Subspecialty Advocacy Report
A new Academic and Subspecialty Advocacy Report is available from the AAP Department of Federal Affairs. To read the full October 2016 report, visit: http://tinyurl.com/hq4hzqf

The Report contains updates on the following topics:

- AAP Advocacy for Academic and Subspecialty Pediatrics
- Advocacy Training for Pediatric Subspecialists
- 2016 Election Activities
- Access to Care
- Children’s Health Insurance Program
- Academic and Subspecialty Workforce
- Physician Payment
- Pediatric Drugs and Devices
- Pediatric Research
- Budget and Appropriations
- Emergency Medical Services for Children
- Grassroots Advocacy: AAP Key Contact Program
- FederalAdvocacy.aap.org: Dept. of Federal Affairs Online Resource Center
- Engaging with AAP on Social Media
- AAP 7 Great Achievements Campaign

Blueprint for Children: How the Next President Can Build a Foundation for a Healthy Future

To assist the next presidential administration in putting children and families at the center of its policy agenda, the American Academy of Pediatrics (AAP) has produced the Blueprint for Children: How the Next President Can Build a Foundation for a Healthy Future.

The Blueprint presents specific policy recommendations for the federal government to align its activities to promote healthy children, support secure families, build strong communities, and ensure that the United States is a leading nation for children.

Looking ahead to Election Day, one thing is clear – our children need leaders who act with their needs in mind. With the release of the Blueprint, the Academy, along with 10 endorsing health and medical organizations, has put forward a vision for how the 45th president of the United States and the federal government can do just that. For more information on the Blueprint and to read the full document, please visit aap.org/blueprint. For a copy of the September 20, 2016 AAP News article, which summarizes highlights from the Blueprint, please visit: http://www.aappublications.org/news/2016/09/20/Blueprint092016.

The Blueprint’s release preceded a special event that took place on September 19, 2016, in Washington, DC, Speaking Up for Children: A Conversation About Child Health in the Next Administration. The event, hosted by Dr. Karen Remley, CEO of the AAP, was moderated by ABC News Chief Health and Medical Editor Richard Besser, MD, FAAP, and included an interactive panel discussion with AAP President Benard P. Dreyer, MD, FAAP; Director of Michigan State University & Hurley Children’s Hospital Pediatric Public Health Initiative, Mona Hanna-Attisha, MD, MPH, FAAP; Chair of America’s Promise Alliance, Alma J. Powell; and Senior Fellow at Center on Budget and Policy Priorities Jared Bernstein, PhD. To view an archived video of the full event, which runs approximately 90 minutes, please visit: https://www.youtube.com/watch?v=-tMCj--3rY0.

The AAP has also produced a new video featuring several pediatrician leaders urging those who care for children to vote this November. Watch the video here and share it using #VoteKids. To learn more about our #VoteKids campaign go to www.aap.org/votekids. While children do not have a vote, through you, they have a voice.

VOTE KIDS.
Bolstered by funding from federal agencies, the Academy will be training pediatricians around the country to care for children who have contracted congenital Zika virus infection. The U.S. Department of Health and Human Services (HHS) recently announced it would award the Academy $350,000 to help prepare providers. The funds come on the heels of a $450,000 award from the Centers for Disease Control and Prevention (CDC) to the Academy and the American Congress of Obstetricians and Gynecologists.

“Clinicians worldwide have limited experience caring for infants or children of women exposed to Zika virus during pregnancy, and no network exists to connect providers newly caring for these patients with one another and with those who have relevant expertise,” HHS Assistant Secretary for Preparedness and Response Nicole Lurie, M.D., M.S.P.H., said in a news release. “The AAP effort can help us bridge this gap so that providers can learn from one another and are better prepared to support and care for their patients.”

In July, the CDC and the Academy convened a meeting of pediatric experts using some of the CDC award money. The group provided input to the CDC as it developed guidance on caring for children who have congenital Zika infections, regardless of whether abnormalities are apparent at birth. The guidance was published in August 2016 in the Morbidity and Mortality Weekly Report.

The new HHS funding takes the next step by helping primary care providers and other pediatric clinicians implement that guidance through the medical home. These providers will play a crucial role in evaluating children, supporting families and coordinating care with numerous specialists, including infectious disease doctors, neurologists, endocrinologists, ophthalmologists and geneticists.

To prepare for this role, the Academy will use the Project ECHO (Extension for Community Healthcare Outcomes) telementoring model to connect experts with clinicians in the U.S. and Puerto Rico, creating a network of trained providers.

AAP CEO/Executive Director Karen Remley, M.D., M.B.A., M.P.H., FAAP, said she is grateful to HHS and the CDC for providing funding for the Academy’s Zika response.

“These funds will help our pediatricians stay at the forefront of this emerging health threat and give them tools to care for children who may experience a broad spectrum of health impacts from this devastating infection,” Dr. Remley said.

As of September 8, 2016, in U.S. states and Washington, D.C., there have been 2,722 cases of the mosquito-borne infection, including 624 pregnant women, according to the CDC. In Puerto Rico there have been more than 10,000 total cases including more than 1,000 pregnant women, according to HHS.

Residents of 48 states have been infected so pediatricians nationwide should be prepared, said Fan Tait, M.D., FAAP, AAP associate executive director and director of the Department of Child Health and Wellness.

“Whether from traveling or whether it’s from the mosquitoes being in your community ... the potential is there for members to see infants with this,” Dr. Tait said.

The Academy will begin work on the training project in October and will announce educational opportunities as they become available. Pediatricians should continue to report suspected congenital Zika cases to their state, local, tribal or territorial health officials and provide clinical information throughout the infant’s first year to the U.S. Zika Pregnancy Registry or Puerto Rico Zika Active Pregnancy Surveillance System so the CDC can monitor outcomes and adjust recommendations accordingly.

Resources
• Information for clinicians, http://1.usa.gov/1PNfhuC
• Confirmed Zika cases by state, http://bit.ly/2bFopcm

Has Your Work Been Highlighted in a Recent News Article?
We are hoping to feature AAP Section on Ophthalmology “Members in the News” in upcoming editions of this newsletter.

If you have an article to share, please don’t be shy! We’d love the opportunity to showcase the work that members of our AAP Section are involved in on a daily basis.

Help us with this effort by submitting your update to Geoff Bradford, Newsletter Editor, at bradfordg@wvumedicine.org

SEEN @ AAP.ORG
A helpful link on the AAP website now gathers all AAP resources on hemangioma into one user-friendly spot. The AAP Section on Plastic Surgery helped review and write these documents. Please make use of this link and also share with your referring pediatric colleagues.

SEEN IN AAP NEWS

Mastering the Media: How to calm your nerves, get your message out during interviews
Most physicians get nervous when asked to be interviewed by the media yet we answer questions and give messages to our patients and families every day. Is that any different than giving a message to an interviewer? Read tips from Hansa D. Bhargava, M.D., FAAP, member of the AAP Council on Communications and Media.
SEEN IN THE PRESS FROM AAP

AAP Report Says Codeine Too Risky For Kids, Urges Restrictions on Use 9/19/2016
The American Academy of Pediatrics is urging parents and health providers to stop giving codeine to children, calling for more education about its risks and restrictions on its use in patients under age 18. A new AAP clinical report in the October 2016 issue of Pediatrics, “Codeine: Time to Say ‘No,’” cites continued use of the drug in pediatric settings despite growing evidence linking the common painkiller to life-threatening or fatal breathing reactions.

An opioid drug used for decades in prescription pain medicines and over-the-counter cough formulas, codeine is converted by the liver into morphine. Because of genetic variability in how quickly an individual’s body breaks down the drug, it provides inadequate relief for some patients while having too strong an effect on others. Certain individuals, especially children and those with obstructive sleep apnea, are “ultra-rapid metabolizers” and may experience severely slowed breathing rates or even die after taking standard doses of codeine.

Despite these well-documented risks and with concerns expressed by groups including the AAP, the U.S. Food & Drug Administration and the World Health Organization, the drug still is available without a prescription in over-the-counter cough formulas from outpatient pharmacies in 28 states and the District of Columbia. In addition, according to the AAP report, it still is commonly prescribed to children after surgical procedures such as tonsil and adenoid removal. More than 800,000 patients under age 11 were prescribed codeine between 2007 and 2011, according to one study cited in the AAP report. Otolaryngologists were the most frequent prescribers of codeine/acetaminophen liquid formulations (19.6 percent), followed by dentists (13.3 percent), pediatricians (12.7 percent) and general practice/family physicians (10.1 percent).

The new clinical report outlines potential alternatives to provide pain relief in children but acknowledges that relatively few safe and effective drugs are available for pediatric use.

“Effective pain management for children remains challenging,” said the report’s lead author, Joseph D. Tobias, MD, FAAP, “because children’s bodies process drugs differently than adults do.”

The AAP report, published online Sept. 19, calls for improved education of parents and health providers about the risks of codeine use in children and formal restrictions of its use in children, as well as further research on safe and effective pain treatment in children.

The role of the school nurse has evolved and become increasingly important since first introduced in the United States more than a century ago, yet school district policies regarding school nurses lack uniformity and should be updated, according to a policy statement issued by the American Academy of Pediatrics.

The policy statement, published in the June 2016 issue of Pediatrics (published online May 23), calls for a minimum of one full-time registered nurse in every school. The policy replaces a prior version published in 2008.

Previously, the AAP had supported ratios of 1 school nurse to 750 students in the healthy student population, and a 1:225 ratio for student populations who need daily professional nursing assistance. According to the updated policy statement, the use of a ratio for workload determination in school nursing is inadequate to fill the increasingly complex health needs of students.

“School nursing is one of the most effective ways to keep children healthy and in school and to prevent chronic absenteeism,” said Breena Welch Holmes, MD, FAAP, a lead author of the policy statement and chair of the AAP Council on School Health. “Pediatricians who work closely with school nurses will serve all of their patients better.”

The school nurse’s job comprises much more than just health services. School nurses provide surveillance, chronic disease management, emergency preparedness, behavioral assessment, ongoing health education and extensive case management, among other duties. The policy statement notes that school nurses today monitor more children with special needs, and help with medical management in areas such as attention-deficit/hyperactivity disorder, diabetes, life-threatening allergies, asthma and seizures.

Besides advocating for a full-time nurse in every school, the American Academy of Pediatrics recommends that pediatricians ask their patients school-related questions, such as whether health problems contribute to chronic absenteeism. Pediatricians are encouraged to include school contact information within the student’s electronic health record and share relevant information with the school nurse.

“As student health needs became more complex, the school nursing role has expanded to include additional responsibilities,” said co-author Anne Sheetz, MPH, RN, NEA-BC. “By establishing working relationships with the pediatrician, school nurses can help manage chronic conditions and develop individualized health care plans for each student.”

Rest has long been the cornerstone of concussion treatment. For sports-related head injuries, for example, current guidelines say children should avoid returning to play -- and all other physical activity -- until all concussion symptoms such as headaches are gone. A research abstract presented at the Pediatric Academic Societies (PAS) 2016 Meeting, however, suggests those who exercise within a week of injury, regardless of symptoms, have nearly half the rate of concussion symptoms that linger more than a month.

For the study, “Early Resumption of Physical Activities and Persistent Post-Concussive Symptoms Following Pediatric Concussion,” 3,063 children between ages of 5 and 18 who visited hospital emergency departments in
Canada answered survey questions about their level of physical activity and severity of symptoms 7, 14, and 28 days after injury.

Contrary to recommendations, researchers said, most (58 percent) of the children still experiencing concussion symptoms resumed exercising a week after being injured, and more than three-quarters (76 percent) were physically active two weeks later.

Ordinarily, discovering so many patients weren’t following strict medical guidelines might be cause for alarm. But in this case, researchers said, the non-compliance was associated with faster recovery.

“Exercise within seven days of injury was associated with nearly half the rate of persistent post-concussive symptoms, or those that last beyond a month,” said principal investigator Roger Zemek, MD, FRCPC, who directs the clinical research unit at Children’s Hospital of Eastern Ontario and serves as Associate Professor in the departments of pediatrics and Emergency Medicine and Clinical Research Chair in Pediatric Concussion at the University of Ottawa. He said the findings echo some previous, smaller studies calling into question the benefit of prolonged physical rest following an acute concussion, particularly exceeding three days.

“This is the first large-scale study to provide support for the benefits of early exercise on symptom recovery following acute pediatric concussion, shifting away from conservative rest towards more active physical rehabilitation recommendations,” Dr. Zemek said. “We definitely don’t want patients resuming any activity that could put them at risk of re-injury, like contact sports drills or games, until they are cleared by a doctor,” he said, but he added that light aerobic activity like walking, swimming or stationary cycling might emerge as a beneficial recommendation after further study.

More research is urgently needed to confirm the study’s findings and to determine the best timing for return-to-play following youth concussions, Dr. Zemek said. In addition to lessening long-term concussion symptoms, he said, re-introducing exercise sooner after injury could help reduce the undesired effects of physical and mental deconditioning.

“If earlier re-introduction of physical activities is, in fact, confirmed to be beneficial to recovery,” he said, “this would have a significant impact on the well-being of millions of children and families worldwide and cause a major shift in concussion management.”

Aerial Spraying to Combat Mosquitos Linked to Increased Risk of Autism in Children

4/30/2016

New research presented at the Pediatric Academic Societies 2016 Meeting suggests that the use of airplanes to spray anti-mosquito pesticides may increase the risk of autism spectrum disorder and developmental delays among children.

Researchers who presented the abstract, “Aerial Pesticide Exposure Increases the Risk of Developmental Delay and Autism Spectrum Disorder,” identified a swamplike region in central New York where health officials use airplanes to spray pyrethroid pesticides each summer. The pesticides target mosquitoes that carry the eastern equine encephalitis virus, which can cause swelling of the brain and spinal cord. They found that children living in ZIP codes in which aerial pesticide spraying has taken place each summer since 2003 were approximately 25 percent more likely to have an autism diagnosis or documented developmental delay compared to those in ZIP codes with other methods of pesticide distribution, such as manually spreading granules or using hoses or controlled droplet applicators.

“Other studies have already shown that pesticide exposure might increase a child’s risk for autism spectrum disorder or developmental delay,” said lead investigator Steven Hicks, MD PhD. “Our findings show that the way pesticides are distributed may change that risk. Preventing mosquito-borne encephalitis is an important task for public health departments,” he said. “Communities that have pesticide programs to help control the mosquito population might consider ways to reduce child pesticide exposure, including alternative application methods.”

An abstract of the study, “Effect of Fireworks Laws on Pediatric Fireworks Related Burn Injuries,” was presented at the PAS meeting in Baltimore on May 3. Researchers looked at federal and state data from the National Inpatient Sample, with data on 8 million hospital stays each year, and the Nationwide Emergency Department Sample, which annually compiles information on 30 million discharges from emergency medicine facilities. They determined the number of patients under age 21 treated and released by emergency departments between 2006 and 2012 rose modestly. Significantly larger increases were seen in injuries requiring inpatient hospital admission, which skyrocketed from 29 percent of cases in 2006 to 50 percent in 2012.

“The increase in fireworks-related injuries and the severity of these injuries in children since 2006 are very concerning,” said Charles Woods, MD, FAAP, one of the study’s authors. “Although our findings do not prove a direct link to relaxations in state laws governing fireworks sales, it may be time for lawmakers to reassess this issue. Parents and caregivers of children also should be aware of these increasingly serious injuries and the potential dangers involved in allowing young children to handle and play with fireworks,” he said.

A shortage of pediatric medical specialists combined with growing numbers of children with chronic health problems and special medical needs prompted the nation’s largest group of pediatricians to call for revamping the way graduate medical education (GME) is funded.
A newly updated American Academy of Pediatrics (AAP) policy statement in the April 2016 issue of Pediatrics, “Financing Graduate Medical Education to Meet the Needs of Children and the Future Pediatrician Workforce” (published online March 28), notes that although U.S. medical schools have increased their enrollment to address physician workforce shortages, there hasn’t been an equal number of federally funded training positions added for new medical graduates. In addition, only three years of residency training are fully funded, while additional years of subspecialty fellowship training and other programs that train more specialized caregivers are funded at 50 percent.

Pediatric training programs face additional challenges because while most teaching hospitals receive the bulk of their GME funds through Medicare, pediatric residency programs based in children’s hospitals rely on less secure funding from the Health Resources and Services Administration (HRSA) that must be re-allocated each year.

Among the recommendations in the updated policy statement, the AAP urges that GME training for all pediatricians, including pediatric medical subspecialists and pediatric surgical specialists, be fully funded. It also recommends increasing pediatric GME positions, stabilizing funding for children’s hospital residencies and expanding the sources of GME funding to include all those who benefit from a well-trained pediatrician workforce. Government, hospitals, healthcare systems, health maintenance organizations, the pharmaceutical industry, private and public insurers, medical device and equipment companies, health information technology companies and others, it says, should contribute funding to GME training without being able to influence the curriculum or training requirements.

Authors of the report said GME training is a “public good” that is essential to having pediatricians who practice the highest quality, patient-centered care that’s accessible to all children.

“The need to fix our nation’s graduate medical education funding system has reached a critical point,” said William B. Moskowitz, MD, FAAP, chair of the AAP Committee on Pediatric Workforce and one of the policy statement’s authors. “It has to be structured so that it can produce a physician workforce that meets the evolving health needs of the country, and especially its children.”

**SEEN IN PEDIATRICS**

**Case Report Analyzes Laser-Related Retinal Injuries; Declares Laser Injuries an Emerging Public Health Issue**

Retinal Injury Secondary to Laser Pointers in Pediatric Patients


This case report describes a number of cases of children with laser-related retinal injury due to the mishandling of laser pointer devices. It concludes that appropriate use of laser pointers in the pediatric population must be emphasized due to potential irreversible retinal injury. It calls on health professionals, school teachers, and parents to raise public awareness of this emerging public health issue by educating children about the dangers of laser pointers. Laser pointer devices among children should be discouraged and limited due to the possibility of permanent harm to themselves and others. Legislation and laws may be required to better control the sale and use of these devices.

**Study Looks at Prevalence of Rebound Growth in Infantile Hemangioma**

Rebound Growth of Infantile Hemangiomas After Propranolol Therapy.


This study found that 25.3% of babies with infantile hemangioma given propranolol therapy had rebound growth, with initial rebound at a mean age of 17.1 months. The findings, based on 912 infants, showed odds ratios of rebound growth of 3.3 for those with deep IHs and 1.7 for female babies.

**Article Discusses Formalizing the Process of Transition of Care From Pediatric to Adult Surgery**

Transition of Care From Pediatric to Adult Surgery.

David H. Rothstein, Roshi Dasgupta, on behalf of the Delivery of Surgical Care Committee of the American Academy of Pediatrics Section on Surgery Pediatrics Aug 2016, e20161303; DOI: 10.1542/peds.2016-1303

This article presents a discussion on the importance and benefits of a formal process of transition of care for children who undergo operations in infancy for a congenital anomaly. Three broad categories within pediatric surgery needing particular attention are also discussed.

**Review Article Examines the Safety of Oral Propranolol for the Treatment of Infantile Hemangioma**

Safety of Oral Propranolol for the Treatment of Infantile Hemangioma: A Systematic Review

Christine Léauté-Labrèze, MD, Olivia Boccara, MD, Caroline Degrugillier-Chopinet, MD, Juliette Mazereeuw-Hautier, MD, Sorilla Prey, MD, Geneviève Lebbé, PharmD, Stéphanie Gautier, MSc, Valérie Ortis, MSc, Martine Lafon, PharmD, Agnès Montagne, MD, Alain Delarue, MD, Jean-Jacques Voisard, MD Pediatrics Oct 2016, e20160353; DOI: 10.1542/peds.2016-0353

This review evaluates the safety profile of oral propranolol in the treatment of IH. An examination of existing literature leads authors to the conclusion that oral propranolol is well tolerated if appropriate pretreatment assessments and within-treatment monitoring are performed to exclude patients with contraindications and to minimize serious side effects during treatment.
Focus on Subspecialties: Network investigates treatments for common pediatric eye problems
by Katherine A. Lee M.D., FAAP

Many of the clinical trials performed by the Pediatric Eye Disease Investigator Group (PEDIG) have led to dramatic changes in pediatric eye care, including treatment for amblyopia, nasolacrimal duct obstruction (NLDO) and childhood strabismus.

Amblyopia treatment has been a primary focus of PEDIG, a network of pediatric ophthalmologists and pediatric optometrists that investigates common eye problems in children. Early studies identified that patching and atropine penalization were equally effective in the treatment of amblyopia in children 3-7 years of age. In addition, two hours of daily patching was found to be just as good as six hours of daily patching in the treatment of moderate amblyopia, and six hours of patching was just as good as full-time occlusion in the treatment of severe amblyopia in children 3-7 years.

Positive outcomes for patients rely on proper vision and eye health screening in the medical home with proper referral.

Another study addressed whether the inclusion of near activities improved the effect of patching - it does not. Finally, good use of appropriate glasses without additional treatment was observed to improve amblyopia substantially even to the point of resolution in about 30% of children.

Results of these early PEDIG studies encourage eye care providers to start amblyopia treatment with glasses alone. Once improvement plateaus and if residual amblyopia is present, atropine or patching can be pursued as equally effective additional treatments. The burden of patching for families is lessened with prescription of fewer hours without the inclusion of near activities.

PEDIG next evaluated the response of older children to amblyopia treatment and found that many children ages 7-18 years sustained visual acuity gains after treatment, particularly if they had no prior treatment. Atropine penalization and patching are similarly effective in amblyopia treatment for children 7-12 years.
Although these studies demonstrated a surprising level of responsiveness to treatment for amblyopia in older children, a meta-analysis of PEDIG amblyopia trials has shown that children 7-13 years are significantly less responsive to treatment than children 3-5 and 5-7 years, reinforcing the need for early identification of children with amblyopia.

Currently, PEDIG is comparing a binocular game treatment of amblyopia to traditional patching in children 5-18 years (http://1.usa.gov/1pVvGYS). If the game treatment compares well to patching, this would offer families an additional amblyopia treatment.


Children presenting with a unilateral NLDO from 6-10 months of age have a roughly two-thirds chance of spontaneous resolution in the subsequent six months (Pediatric Eye Disease Investigator Group. *Arch Ophthalmol.* 2012;130:730-734).

PEDIG has an ongoing interest in the management of childhood strabismus, particularly intermittent exotropia (IXT). Randomized trials comparing six months of part-time patching to observation in children 12 months to 10 years of age showed little worsening of IXT with or without treatment in this timeframe. Observation of these children for 36 months will provide additional natural history data regarding IXT. A study comparing two surgical managements of IXT is ongoing, and a protocol evaluating a spectacle treatment for IXT is under development.

Other areas of interest for PEDIG include childhood cataract, pediatric optic neuritis, esotropia and refractive surgery for children with high refractive errors and amblyopia.


*Dr. Lee is a member of the AAP Section on Ophthalmology and vice chair of the Pediatric Eye Disease Investigator Group.*

**Resource**

More information on Pediatric Eye Disease Investigator Group studies
The 2016 National AAP Election for president-elect and district officers begins Friday, October 21 and will conclude at noon CT on Monday, November 21. Members are asked to choose their next president-elect: Michael T. Brady, M.D., FAAP, or Colleen A. Kraft, M.D., FAAP. The winner will serve as the 2018 AAP president.

Voters also will elect district officers in six out of 10 districts: district chairpersons (who serve as AAP Board members), district vice chairpersons and National Nominating Committee representatives.

Visit the AAP Election Center on the AAP website, www.aap.org (login required) for more information about the election.

READ ON FOR PROFILES OF EACH OF THE AAP PRESIDENT-ELECT CANDIDATES...

Michael T. Brady, M.D., FAAP
Columbus, Ohio

Dr. Brady is associate medical director at Nationwide Children's Hospital (NCH) and professor of pediatrics at The Ohio State University (OSU).

Born in Wilkes-Barre, PA, he had early introductions to medicine through his father, a family physician, and his mother, a nurse. Both parents were role models showing him the challenges and rewards that accompany providing service to those in need. He and Jane, wife of 40 years, have two children, Tom and Kate, and two grandchildren, Ruth and Knox.

Graduating from the University of Notre Dame and Jefferson Medical College, his training included pediatric residency at NCH and pediatric infectious diseases fellowship at Baylor College of Medicine. Following fellowship, Dr. Brady joined the pediatric infectious disease faculty at NCH, focusing on infection control and HIV. Notable accomplishments included developing a family-centered HIV program recognized by the federal government in 2005 as a “Model That Works.” He was chair of the OSU Department of Pediatrics from 2005-2013.

Active with the Academy at national and state levels, Dr. Brady has been a member of the Section on Infectious Diseases, Committee on Pediatric AIDS and Committee on Infectious Diseases, which he chaired from 2010-2014. He is associate editor of the 2015 and 2018 Red Books. He assisted the AAP Ohio Chapter with improving human papillomavirus immunization rates and with legislation improving immunizations of children in child care.

Dr. Brady’s teaching awards from medical students at OSU and NCH pediatric/family practice residency programs are personal points of pride. He received the Leonard Tow Humanism in Medicine Award from OSU and the Tom Dooley Award from Notre Dame as an alumnus who has exhibited outstanding service to mankind.

Colleen A. Kraft, M.D., FAAP
Cincinnati, Ohio

Dr. Kraft is a graduate of the first Head Start class in 1965. She went on to receive her undergraduate degree at Virginia Tech and her M.D. from Virginia Commonwealth University. She completed her residency in pediatrics at Virginia Commonwealth University.

She is an associate professor of pediatrics at the University of Cincinnati School of Medicine and the medical director for the Health Network by Cincinnati Children’s (HNCC). HNCC is an innovation lab for alternative payment models with Medicaid managed care. HNCC provides data and incentives to the community-based network of providers in the Greater Cincinnati area, helping practices understand risk stratification and proactive care management for their population of pediatric patients.

Prior to her arrival in Cincinnati, Dr. Kraft was a primary care pediatrician in private practice in Richmond, Va., and the founding pediatric program director at the Virginia Tech Carilion School of Medicine.

She was president of the AAP Virginia Chapter from 2006-2008 and was best known for working with the Legislature to improve Medicaid payment rates for pediatric services.

Dr. Kraft is co-author of the book Managing Chronic Health Conditions in Child Care and Schools. She has been actively involved in pediatric engagement in school and child care for children with special health care needs. She serves on the AAP Task Force on Pediatric Practice Change and the National Medical Home Initiative Project Advisory Committee.

President-Elect Candidates Answer Question About Enhancing Engagement and Leadership Training for Early Career Physicians in All Areas of the AAP

The President-Elect candidates were recently asked:

How would you enhance engagement and leadership training for early career physicians in all areas of AAP?

Dr. Michael T. Brady

For early career pediatricians, engagement with AAP should begin during their pediatric residencies by providing tangible evidence that AAP offers value to them and to children’s health. All pediatric residents should receive hard copies of valuable resources such as Bright Futures, Red Book and Guidelines for Perinatal Care. These concrete resources will be used frequently during training and will serve as a constant reminder of benefits of AAP membership.

AAP must recognize that the new generation of pediatricians has different priorities, including heightened social consciousness. Providing opportunities in AAP that address their passions can be a foundation for life-long engagement. Chapters need to clearly and regularly promote their interest in having early career pediatricians participate in chapter activities. They should be specific about roles, responsibilities, time commitment and, most importantly, the value associated with participation. In deference to work-life balance, chapters and national AAP may need to restructure time commitments for AAP activities to be more attractive for pediatricians at all career stages to participate.

Leadership training programs should be developed within chapters to prepare members to participate in AAP activities at the chapter, district and national levels. The AAP NCE should host a pre-conference meeting to highlight the AAP structure, AAP leadership opportunities, networking skills
and leadership competencies. Individuals interested in becoming leaders in their chapters should be assigned capable mentors to encourage their leadership development.

Life-long engagement and leadership training go hand-in-hand. Ensuring early career members have leadership opportunities is itself an effective way to maintain life-long engagement.

Dr. Colleen A. Kraft
Early Career Physicians are individuals with different and unique needs, interests, and goals; the American Academy of Pediatrics has a place for everyone. Real opportunities is itself an effective way to engage our newer colleagues. Pediatricians have not been published or edited by the AAP. We have a mentor and can impact engagement and systems issues with school problems. Dr. Thomas Sullivan first approached me to lead the Child Care Committee of the Virginia Chapter AAP. Each one of us is a pediatrician with three young children. I found the guidance of Dr. Susan Aronson both pragmatic and inspiring. Two practice mentors, Drs. David Arkin and Harry Gewanter, helped me understand the academic, medical, and Virginia Chapter AAP. Each one of us is a pediatrician with three young children. I found the guidance of Dr. Susan Aronson both pragmatic and inspiring. Two practice mentors, Drs. David Arkin and Harry Gewanter, helped me understand the academic, medical, and systems issues with school problems. Dr. Thomas Sullivan first approached me to lead the Child Care Committee of the Virginia Chapter AAP. Each one of us is a mentor and can impact engagement and leadership through recognizing interest and talent in our early career colleagues.

Two suggestions for the AAP at a national level include improving the navigation on AAP.org, and offering the Pediatric Leadership Alliance (PLA) course on a semiannual basis. The PLA is a terrific leadership training experience with lifelong rewards; I still use the principles in my day-to-day career. Resources for part-time pediatricians, starting in practice, physician well-being, relocation and discounts on other programs are additional member benefits. The ability to easily find these on AAP.org will enhance engagement of all our members. The link is: https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Section-on-young-physicians/Pages/Resources.aspx.

The SOOp Box Fall 2016 / 15

AAP Call for Nominations

PREP Self Assessment

Editorial Board

The AAP is currently looking for qualified individuals to serve on the PREP Self-Assessment Editorial Board (https://pedialink.aap.org/visitor/moc/moc-part-2). We are seeking nominations to fill the following positions.

- Pediatric Pulmonologist
- Adolescent Medicine
- Pediatric Generalist
- Pediatric Gastroenterologist

For detailed information on Editorial Board Member Responsibilities, visit: http://downloads.aap.org/DOSP/PREP SA Job Description.doc.

The deadline for receipt of nomination materials is 4:30 PM (CDT), Friday, November 18, 2016. To request nomination materials for completion, please email Lisa Donato, Division Coordinator, at ldonato@aap.org. A nominee must submit a completed and signed PREP Self-Assessment Editorial Board Fact Sheet, a current CV, a completed AAP Full Disclosure Statement, and a writing sample. The writing sample should be a case-based multiple choice question and critique, 1-2 typed pages, which has not been published or edited by others. All information must be sent electronically. Email attachments should be in MS Word or PDF format. Nominees should email materials to ldonato@aap.org.

EQIPP Planning Group

The AAP is currently looking for qualified candidates to serve on the EQIPP Planning Group (https://eqipp.aap.org). We are seeking Academy Fellows with strong educational credentials and an interest in online learning and quality improvement to fill our two open positions.

For a description of position responsibilities of EQIPP Planning Group members, please visit: http://downloads.aap.org/DOSPRoles and Responsibilities_EQIPP.doc. The term of appointment is two years, with possibility of reappointment for an additional 2-4 years.

The deadline for receipt of nomination materials is 4:30 PM (CST), Friday, November 18, 2016. To request nomination materials for completion, please email Lisa Donato, Division Coordinator, at ldonato@aap.org. Each candidate must forward their CV and a fully completed EQIPP Planning Group Fact Sheet for consideration. All information must be sent electronically. Email attachments should be in MS Word or PDF format. Nominees should email materials to Lisa Donato, Division Coordinator, at ldonato@aap.org.
Energizing the Disengaged: How to Motivate Your Office Staff

By Susan Kressly, MD, FAAP

SOAPM Member

Reprinted from the Spring 2016 issue of the AAP Section on Administration and Practice Management Newsletter

Our practices cannot be successful without effective engagement of our employees. Employee engagement can be defined as "the extent to which a person chooses to apply their energy, talent and care toward any effort." Organizations that have truly engaged employees outperform their competitors by over 200%. Employee turnover is incredibly expensive.

Why does this matter? Engaged employees outperform their peers, stay/are more loyal to the organization and bring more creativity to their position. In general, employees can be divided into 3 groups: engaged, not engaged and actively disengaged. Do you know where your employees fit? Take the time to work down your payroll and categorize your staff. While you are at it, what about your physicians, NPs and PAs?

Engaged employees work with passion and feel a profound connection to the company. They drive innovation and move the organization forward.

Actively disengaged employees are very toxic to your practice. They are not just unhappy at work. They are busy acting out their unhappiness and every day they undermine what their engaged coworkers accomplish. 26% of workers in the US are in this category. Identify them early and get rid of them.

Not engaged employees are essentially "checked out." They are sleepwalking through their workday putting in time, but not energy or passion into their work. This represents about 45% of employees. Here's where to focus your attention. How can you engage them and improve your practice?

In order to do this well, practice leaders must understand what makes people happy, motivated, productive and creative at work. There is science behind the most effective ways to proactively impact engagement. (I encourage you to explore the resources listed below.) The steps to success include:

1. Pay people enough to take money off the table. You may think this is unrealistic, but if the staff is only showing up to cash a paycheck, you will never get the best from them. Consider taking all the money you lose every time you have to replace and retrain staff and pay the right people enough to follow this principle. If money is off the table, how do you incentivize them? Pay them in the currency that is important to them. This may be different for different staff members but may include things such as: time off, sharing of practice profits (the practice is financially successful, they got a portion), promotion, 401K, recognition, or a new role. Autonomy, mastery and purpose are demonstrated factors that lead to better performance and personal satisfaction.

2. Share your mission and vision. If you don't have this explicitly written down and shared, you can't expect full employee engagement. This can help employees find their purpose, and can facilitate autonomy. If they know what you stand for, they can do the 'right thing' without asking for permission.

3. Be a leader worth following. Set a good example, bring a positive attitude, display confident humility, and acknowledge team members. Are all of your practice leaders setting good examples? Do they show up on time with a good attitude and a commitment to promote the practice mission and vision?

4. Empower your entire team. This requires recognition of the strengths and weakness of team members. Give them responsibility and encourage them to problem solve. Set appropriate expectations and then support and advocate for them.
Inner work life matters more than you think. It is influenced by perceptions (making sense of workday events), motivation (what to do, whether/how/when to do it) and emotions (reactions to workday events). It's not intuitive, but studies have shown that the single thing that affects inner work life the most is: the feeling of forward progress. How do you promote forward progress? Set clear goals, allow autonomy, provide resources, provide sufficient time, help with the work, learn from problems/successes and allow ideas to flow. If employees leave every day feeling like they were fighting to keep up an unrealistic pace, they won't be energized to return tomorrow. If they leave feeling like they accomplished something meaningful, they will want to repeat the process.

So where do you start? Hire great employees. Give them a reason to come to work every day. Foster an environment where everyone feels like they are accomplishing something meaningful and making progress.

How do you nourish them? Respect and encourage them (give immediate positive feedback). Give them emotional support and a sense of affiliation: make them know that they are part of a bigger purpose.

Resources:
- The Puzzle of Motivation: TED talk by Dan Pink
- The Progress Principle by Teresa Amabile and Steven Kramer
- Drive by Dan Pink
- Leading Outside the Lines by Jon Katzenback and Zia Khan

Susan Kressly, MD, FAAP is founder and CEO of Kressly Pediatrics in Warrington, PA and the Medical Director at Connexin Software, Inc.
Attending the AAO Annual Meeting in Chicago October 15-18?

Wish you had a Quick Reference Guide for All Events Focused on Pediatric Ophthalmology?

As the AAP Section on Ophthalmology, we figured we’d help you out. What follows is a listing of all pediatric-focused events at the upcoming AAO meeting, including the schedule for the Pediatric Subspecialty Day meeting, which will take place on Saturday, October 15, and the schedule for the American Association of Certified Orthoptists (AACO) educational program.

Section 1 (pages 19-21)
Subspecialty Day - Pediatric Ophthalmology and Strabismus: Decision 2016 – Cast Your Votes Wisely

Section 2 (pages 22-23)
AAO 2016 Annual Meeting Scientific Schedule
Pediatric Ophthalmology and Strabismus Educational Sessions

Section 3 (pages 24-29)
AACO Educational Program
Subspecialty Day 2016
Pediatric Ophthalmology
Decision 2016—Cast Your Votes Wisely
Chicago | Oct. 15

Saturday, Oct. 15
7:00 AM CONTINENTAL BREAKFAST
8:00 AM Welcome and Introductions
R Michael Siatkowski MD

Section I: Strabismus Surgical Techniques 2016—Cutting Through the Spin
Moderator: Jonathan M Holmes MD
8:01 AM Introduction
Jonathan M Holmes MD

When the Poll Numbers Don’t Move: Complete Sixth Nerve Palsy
8:02 AM Foster Transposition With Preceding OnabotulinumtoxinA
Jon Peiter Saunte MD
8:07 AM Superior Rectus Transposition With Medial Rectus Recession
David G Hunter MD PhD
8:12 AM Panel Discussion

Fixing the Results: Posterior Fixation Sutures
8:17 AM Posterior Fixation by Strapping
Dominique Thouvenin MD
8:22 AM Central Posterior Fixation With Adjustable Recession
Jonathan M Holmes MD
8:27 AM Panel Discussion

Splitting the Vote: Partial Muscle Procedures
8:32 AM Partial Rectus Muscle Plication for Lateral Incomitance of Hypertropias
Federico G Velez MD
8:37 AM Splitting and Transposing Lateral Rectus for Total Third Nerve Palsy
David G Hunter MD PhD
8:42 AM Panel Discussion

Really Fixing the Results: To the Periosteum
8:47 AM Periosteal Fixation for Synergistic Divergence
Seyhan Bahar Ozkan MD
8:52 AM Periosteal Fixation for Total Third Nerve Palsy
Federico G Velez MD
8:57 AM Panel Discussion

Twisting the Message: Strengthening the Superior Oblique
9:02 AM Superior Oblique Tucking
Dominique Thouvenin MD
9:07 AM Superior Oblique Advancement on Adjustable Sutures
Jonathan M Holmes MD
9:12 AM Panel Discussion

Paralyzing the Competition: Intraoperative OnabotulinumtoxinA
9:17 AM OnabotulinumtoxinA for Convergence Insufficiency
Jon Peiter Saunte MD
9:22 AM OnabotulinumtoxinA-Augmented Recessions
Seyhan Bahar Ozkan MD
9:27 AM Panel Discussion
9:32 AM Wrap-up
Jonathan M Holmes MD

Section II: Great Debates in Pediatric Ophthalmology and Strabismus
Moderator: Sean P Donahue MD PhD
9:33 AM Introduction
Sean P Donahue MD PhD

ROP: Anti-VEGF Agents vs. Laser
9:34 AM Anti-VEGF for ROP
Helen A Mintz-Hittner MD FACS
9:38 AM Laser for ROP
David K Wallace MD MPH
9:42 AM Rebuttal
Helen A Mintz-Hittner MD FACS
9:43 AM Rebuttal
David K Wallace MD MPH

What Is the Best Anti-VEGF Agent for ROP?
Current as of 06/01/2016
9:44 AM    Bevacizumab in ROP          G Baker Hubbard MD
9:48 AM    Ranibizumab in ROP          David G Morrison MD
9:52 AM    Rebuttal                   G Baker Hubbard MD
9:53 AM    Rebuttal                   David G Morrison MD

**Hemangioma Treatment in 2016**

9:54 AM    Propranolol for Hemangioma  Amy K Hutchinson MD
9:58 AM    Surgery for Hemangioma     Louise A Mawn MD
10:02 AM   Rebuttal                   Amy K Hutchinson MD
10:03 AM   Rebuttal                   Louise A Mawn MD

**Inferior Rectus Surgery in Thyroid Eye Disease**

10:04 AM   Adjustment From a Standard Table    Oscar Alfredo Cruz MD
10:08 AM   Make a Decision on the Table         Elias I Traboulsi MD
10:12 AM   Rebuttal                       Oscar Alfredo Cruz MD
10:13 AM   Rebuttal                       Elias I Traboulsi MD

**Refractive Surgery in Pediatric Ophthalmology**

10:14 AM    Yes                          Evelyn A Paysse MD
10:18 AM    No                           Erick D Bothun MD
10:22 AM    Rebuttal                    Evelyn A Paysse MD
10:23 AM    Rebuttal                    Erick D Bothun MD

**Surgery for Congenital Superior Oblique Palsy**

10:24 AM    Don’t Duck the Tuck        David A Plager MD
10:28 AM    Inferior Oblique Weakening Is the First Option    David R Stager Jr MD
10:32 AM    Rebuttal                   David A Plager MD
10:33 AM    Rebuttal                   David R Stager Jr MD
10:34 AM    Wrap-up                    Sean P Donahue MD PhD
10:35 AM    REFRESHMENT BREAK and AAO 2016 EXHIBITS

**Section III: Nystagmus—Oscillations in Poll Data**

Moderator: R Michael Siatkowski MD

11:10 AM   Introduction               R Michael Siatkowski MD
11:11 AM   What Is Nystagmus? Differentiation From Other Eye Movement Disorders  Gillian Roper-Hall
11:19 AM   When Does Nystagmus Need Neurologic Investigation?  Steven A Newman MD
11:27 AM   Nonsurgical Treatment of Nystagmus  Grant T Liu MD
11:36 AM   Surgical Treatment of Nystagmus: Whom, When, and How to Operate? Richard W Hertle MD
11:46 AM   Nystagmus Cases: What Should We Do Here?   Edward G Buckley MD
11:47 AM   Nystagmus Cases: What Should We Do Here?   Richard W Hertle MD
11:49 AM   Nystagmus Cases: What Should We Do Here?   Gillian Roper-Hall
11:51 AM   Nystagmus Cases: What Should We Do Here?   Grant T Liu MD

12:11 PM   Wrap-up                    R Michael Siatkowski MD
12:12 PM   Advocating for Patients    Kenneth P Cheng MD
12:17 PM   LUNCH and AAO 2016 EXHIBITS

**Section IV: Emerging Technology—Real Deal or False Promises?**

Moderator: Yasmin Bradfield MD

1:10 PM    Introduction               Yasmin Bradfield MD
1:11 PM    Binocular Amblyopia Treatment  Eileen E Birch PhD
1:21 PM    Prenatal Ultrasound for Ocular Diagnoses  Arun D Singh PhD
1:31 PM    Anterior Segment OCT Demonstrating Extraocular Muscle Insertions  Stephen P Kraft MD
1:41 PM    Reading OCT: Pearls and Pitfalls  Yao Liu MD

Current as of 06/01/2016
1:51 PM  iPhone/Electronic Device Eye Apps  David B Granet MD
2:01 PM  Panel Discussion
2:09 PM  Wrap-up  Yasmin Bradfield MD

Section V: Genetics—Appealing to Your Base
Moderator: Tammy L Yanovitch MD
2:10 PM  Introduction  Tammy L Yanovitch MD
Case Studies in Genetics for the Pediatric Ophthalmologist
2:11 PM  Leber Congenital Amaurosis  Elias I Traboulsi MD
2:16 PM  Retinal Degenerations  Marilyn B Mets MD
2:21 PM  Congenital Cataracts  Elias I Traboulsi MD
2:26 PM  Syndromic Conditions  Marilyn B Mets MD
2:31 PM  What the Pediatric Ophthalmologist Needs to Know About Gene Therapy  Edwin M Stone MD PhD
2:36 PM  What the Pediatric Ophthalmologist Needs to Know About Stem Cell Therapy  Robert H Rosa Jr MD
2:41 PM  Wrap-up  Tammy L Yanovitch MD
2:42 PM  REFRESHMENT BREAK and AAO 2016 EXHIBITS

Section VI: Dark Horse Candidates: Not My Initial Diagnosis
Moderator: Erick D Bothun MD
3:15 PM  Introduction  Erick D Bothun MD
3:16 PM  Masquerade Case #1  Faruk H Orge MD
3:27 PM  Masquerade Case #2  Michael X Repka MD MBA
3:38 PM  Masquerade Case #3  Richard Alan Lewis MD MS
3:49 PM  Masquerade Case #4  Steven M Archer MD
4:00 PM  Masquerade Case #5  Gregg T Lueder MD
4:11 PM  Wrap-up  Erick D Bothun MD

Section VII: Surviving Budget Cuts—Increasing Efficiency and Patient Safety
Moderator: Daniel E Neely MD
4:12 PM  Introduction  Daniel E Neely MD
4:13 PM  Making an EHR Work for You, Not Against You  David K Coats MD
4:22 PM  Refraction Efficiency: Autorefractors and Prescribing  David I Silbert MD
4:31 PM  Maximizing Office Workflow Efficiency  Eric A Packwood MD
4:40 PM  Efficient Communication with Referral Sources  Eric A Lichtenstein MD
4:49 PM  Orthoptists in the Practice, Physician Extenders  Jorie Jackson
4:58 PM  ROP Rounds and Contracting  Lance M Siegel MD
5:07 PM  Wrap-up  Daniel E Neely MD
5:09 PM  Closing Remarks and Adjourn  R Michael Siatkowski MD

Current as of 06/01/2016
# AAO 2016 Annual Meeting Scientific Schedule

## Pediatric Ophthalmology and Strabismus Sessions

Note: Because this information was pulled from the AAO website and is subject to change, the SOOp is not responsible for any published information that is inaccurate.

<table>
<thead>
<tr>
<th>Day/Time</th>
<th>Session Code</th>
<th>Session Title</th>
<th>Location</th>
<th>Session Type</th>
<th>Special Interests (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saturday, 1:15PM - 2:30PM</td>
<td>SYM51</td>
<td>Academy Cafe: Pediatric Sports Injuries</td>
<td>S404</td>
<td>Academy Cafe</td>
<td>Recorded Session</td>
</tr>
<tr>
<td>Sunday, 7:30AM - 8:30AM</td>
<td>B122</td>
<td>Ophthalmic Care of Pediatric Patients With Cancer, Brain Tumors, and Hematology Diseases</td>
<td>HALL A</td>
<td>Breakfast With Experts</td>
<td>Ticketed Event</td>
</tr>
<tr>
<td>Sunday, 7:30AM - 8:30AM</td>
<td>B123</td>
<td>How to Start a Telemedicine Program for ROP</td>
<td>HALL A</td>
<td>Breakfast With Experts</td>
<td>Ticketed Event</td>
</tr>
<tr>
<td>Sunday, 9:00AM - 10:00AM</td>
<td>LEC102</td>
<td>New Techniques for Strabismus Surgery</td>
<td>S102D</td>
<td>Skills Transfer</td>
<td>Academy Plus Course Pass</td>
</tr>
<tr>
<td>Sunday, 10:15AM - 12:30PM</td>
<td>205</td>
<td>Pediatric Uveitis: What You Need to Know</td>
<td>S103BC</td>
<td>Instruction Course</td>
<td>Academy Plus Course Pass</td>
</tr>
<tr>
<td>Sunday, 10:30AM - 12:30PM</td>
<td>SYM06</td>
<td>Pediatric Neuro-Ophthalmology: Kids Aren't Little Adults</td>
<td>GRAND BALLROOM S100C</td>
<td>Symposium</td>
<td>Recorded Session</td>
</tr>
<tr>
<td>Sunday, 10:30AM - 12:30PM</td>
<td>LAB102A</td>
<td>New Techniques for Strabismus Surgery</td>
<td>N230</td>
<td>Skills Transfer</td>
<td>Ticketed Event</td>
</tr>
<tr>
<td>Sunday, 12:30PM - 1:30PM</td>
<td>PT04</td>
<td>Pediatric Ophthalmology, Strabismus Poster Tour: Session One</td>
<td></td>
<td>Poster Tour</td>
<td></td>
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<tr>
<td>Sunday, 12:30PM - 1:30PM</td>
<td>PT05</td>
<td>Retina, Vitreous Poster Tour: Session One</td>
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<td>Poster Tour</td>
<td></td>
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<tr>
<td>Sunday, 2:00PM - 3:30PM</td>
<td>SYM13</td>
<td>Congenital Anomalies: The Management of Anophthalmia, Microphthalmia, and Other Congenital Disorders</td>
<td>E350</td>
<td>Symposium</td>
<td>Recorded Event</td>
</tr>
<tr>
<td>Sunday, 3:45PM - 5:15PM</td>
<td>SYM20</td>
<td>Shake, Rattle, and Roll: The Shimmy on Nystagmus</td>
<td>GRAND BALLROOM S100C</td>
<td>Symposium</td>
<td>Recorded Event</td>
</tr>
<tr>
<td>Monday, 7:30AM - 8:30AM</td>
<td>B153</td>
<td>Children With Glaucoma: Care in the Modern Age</td>
<td>HALL A</td>
<td>Breakfast With Experts</td>
<td>Ticketed Event</td>
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<tr>
<td>Monday, 7:30AM - 8:30AM</td>
<td>B154</td>
<td>Pediatric Nasolacrimal Disorders</td>
<td>HALL A</td>
<td>Breakfast With Experts</td>
<td>Ticketed Event</td>
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<tr>
<td>Monday, 9:00AM - 11:15AM</td>
<td>411</td>
<td>What's New and Important in Pediatric Ophthalmology and Strabismus for 2016</td>
<td>S403B</td>
<td>Instruction Course</td>
<td>Academy Plus Course Pass</td>
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<tr>
<td>Monday, 9:00AM - 10:00AM</td>
<td>422</td>
<td>Reading, Dyslexia, and Vision Therapy</td>
<td>N427BC</td>
<td>Instruction Course</td>
<td>Academy Plus Course Pass</td>
</tr>
<tr>
<td>Monday, 9:00AM - 11:15AM</td>
<td>427</td>
<td>Concise Review in 2016: The Developmental Glaucomas</td>
<td>S105A</td>
<td>Instruction Course</td>
<td>New Course; Academy Plus Course Pass</td>
</tr>
<tr>
<td>Monday, 9:00AM - 11:15AM</td>
<td>429</td>
<td>Update on Diagnosis and Management of ROP: Pearls for ROP Screening, Introduction of Telemedicine, and Use of Anti-VEGF Medications in Practice</td>
<td>S105D</td>
<td>Instruction Course</td>
<td>New Course; Academy Plus Course Pass</td>
</tr>
<tr>
<td>Day/Time</td>
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<tr>
<td>Monday, 9:15AM - 10:15AM</td>
<td>LL22</td>
<td>At the Movies: Pediatric Ophthalmology, Strabismus</td>
<td>LEARNING LOUNGE THEATER 1</td>
<td>Learning Lounge</td>
<td>Academy Plus Course Pass</td>
</tr>
<tr>
<td>Monday, 11:30AM - 12:30PM</td>
<td>458</td>
<td>Pediatric Neuroimaging: What Every Ophthalmologist Should Know</td>
<td>E353C</td>
<td>Instruction Course</td>
<td>Academy Plus Course Pass</td>
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<tr>
<td>Monday, 11:30AM - 12:30PM</td>
<td>461</td>
<td>Evaluation of and Clinical Advances in Early-Onset Hereditary Retinal Dystrophies in Infants and Children</td>
<td>N135</td>
<td>Instruction Course</td>
<td>Academy Plus Course Pass</td>
</tr>
<tr>
<td>Monday, 11:30AM - 12:30PM</td>
<td>462</td>
<td>Pediatric Ocular Tumors</td>
<td>N427A</td>
<td>Instruction Course</td>
<td>Academy Plus Course Pass</td>
</tr>
<tr>
<td>Monday, 12:30PM - 1:30PM</td>
<td>PT09</td>
<td>Pediatric Ophthalmology, Strabismus Poster Tour: Session Two</td>
<td></td>
<td>Poster Tour</td>
<td></td>
</tr>
<tr>
<td>Monday, 2:00PM - 4:15PM</td>
<td>488</td>
<td>Difficult Strabismus Problems: Diagnosis and Management 2016</td>
<td>S103BC</td>
<td>Instruction Course</td>
<td>Best Of; Academy Plus Course Pass</td>
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<tr>
<td>Monday, 2:00PM - 4:15PM</td>
<td>498</td>
<td>New Approaches to the Prevention and Treatment of Myopia</td>
<td>S105BC</td>
<td>Instruction Course</td>
<td>New Course; Academy Plus Course Pass</td>
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<tr>
<td>Monday, 3:15PM - 5:30PM</td>
<td>511</td>
<td>Restrictive Strabismus</td>
<td>N136</td>
<td>Instruction Course</td>
<td>Academy Plus Course Pass</td>
</tr>
<tr>
<td>Monday, 4:30PM - 5:30PM</td>
<td>529</td>
<td>Surgical Caveats for Pediatric Cataract Surgery</td>
<td>S103D</td>
<td>Instruction Course</td>
<td>Academy Plus Course Pass</td>
</tr>
<tr>
<td>Tuesday, 7:30AM - 8:30AM</td>
<td>B173</td>
<td>Prescribing Glasses in Preverbal Children</td>
<td>HALL A</td>
<td>Breakfast With Experts</td>
<td>Ticketed Event</td>
</tr>
<tr>
<td>Tuesday, 8:30AM - 10:10AM</td>
<td>OP10</td>
<td>Pediatric Ophthalmology, Strabismus Original Papers and Best of AAPOS</td>
<td>GRAND BALLROOM S100C</td>
<td>Original Paper Session</td>
<td>Recorded Event</td>
</tr>
<tr>
<td>Tuesday, 8:30AM - 8:37AM</td>
<td>PA089</td>
<td>Pediatric Ocular Echography Study</td>
<td>GRAND BALLROOM S100C</td>
<td>Paper</td>
<td></td>
</tr>
<tr>
<td>Tuesday, 8:42AM - 8:49AM</td>
<td>PA090</td>
<td>Portable Nonsedated Electroretinogram Evaluation of Children With Nystagmus in the Pediatric Ophthalmology Clinic</td>
<td>GRAND BALLROOM S100C</td>
<td>Paper</td>
<td></td>
</tr>
<tr>
<td>Tuesday, 8:54AM - 9:01AM</td>
<td>PA091</td>
<td>Fluorescein Angiography of Persistent Incomplete Vascularization of the Retina After Bevacizumab Therapy in ROP</td>
<td>GRAND BALLROOM S100C</td>
<td>Paper</td>
<td></td>
</tr>
<tr>
<td>Tuesday, 9:06AM - 9:13AM</td>
<td>PA092</td>
<td>Factors Predictive of a Good Visual Outcome and Stereopsis in the Infant Aphakia Treatment Study</td>
<td>GRAND BALLROOM S100C</td>
<td>Paper</td>
<td></td>
</tr>
<tr>
<td>Tuesday, 11:30AM - 12:30PM</td>
<td>656</td>
<td>Pediatric Eye Emergencies You Don't Want to Miss!</td>
<td>S105D</td>
<td>Instruction Course</td>
<td>Endorsed by Young Ophthalmologist Committee; Academy Plus Course Pass</td>
</tr>
<tr>
<td>Tuesday, 11:30AM - 12:30PM</td>
<td>664</td>
<td>Assessing and Treating Torsional Diplopia</td>
<td>E351</td>
<td>Instruction Course</td>
<td>Academy Plus Course Pass</td>
</tr>
</tbody>
</table>
Friday, October 14, 2016
- 5:00-7:00 PM Combined BOD/EC River North
- 7:00 PM - 9:00 PM New Member Reception TBD

Saturday, October 15, 2016
- 7:00 AM-2:00 PM Registration opens Ballroom Foyer
- 7:00 AM - 8:00 AM Breakfast E –G Foyer
- 8:30AM-5:00PM Instruction Courses Salon D - G
- 5:30 PM - 7:00 PM Education Committee Meeting River North
- 7:30 PM - 9:00 PM Presidential Cocktail Reception Atrium

Sunday, October 15, 2016
- 7:00 AM-11:00 AM Registration Ballroom Foyer
- 7:00 AM - 8:00 AM Breakfast E –G Foyer
- 7:30 AM-10:30 AM AACO Business Meeting Salon D - G
- 11:00 AM -12:30 PM Scientific Session Salon D - G
- 3:45 PM - 5:15 PM AAO/AACO/AOC Sunday Night Symposium-Chicago Convention Center

Monday, October 17, 2016
- 7:00 AM - 8:00 AM Breakfast E –G Foyer
- 7:45-10:00 AM AAPOS Symposium Salon D - G
- 10:15 AM -12:00 PM Scientific Session Salon D - G
1:00 PM - 2:05 PM  Scobee Lecture  Salon D - G
2:20 PM - 3:50 PM  Scientific Session-meeting adjourns  Salon D - G
5:00 PM - 7:00 PM  AOJ Editorial Board Meeting  River North
Instruction Courses: **1 hour each course**

<table>
<thead>
<tr>
<th>TIME</th>
<th>&quot;SATURDAY&quot;</th>
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</thead>
<tbody>
<tr>
<td>8:30-9:30 AM</td>
<td>“Synoptophore Bliss and How to Get There” Lindsay Klaehn and Andrea Kramer</td>
</tr>
<tr>
<td>9:45-10:45 AM</td>
<td>“Optics: What We Should Know, But May Have Forgotten” Ron Biernacki, Lisa Fraine, Megan Evans and Felicia Korpi.</td>
</tr>
<tr>
<td>11:00 AM-12:00 PM</td>
<td>“Beyond the Basics: The (Not So) Complex Examination of the Complex Strabismus Patient” Sarah McKinnon, Sarah Whitecross</td>
</tr>
<tr>
<td>1:30-2:30 PM</td>
<td>“TED: Ideas Worth Spreading, Debating and Improving” Collin McClelland, MD, Laura May, CO, Kimberly Merrill, CO, Anna Schweigert, CO</td>
</tr>
<tr>
<td>2:45-3:45 PM</td>
<td>“Ancillary Motor Tests and Their Application in Strabismus” Manu Kadar, Christopher Gappy and Katie Patterson</td>
</tr>
<tr>
<td>4:00-5:00 PM</td>
<td>“Eye movements- assessment and application in neurological diseases”-Sangeeta Khanna</td>
</tr>
</tbody>
</table>

**“Synoptophore Bliss and How to Get There”** Lindsay Klaehn, CO, OC(C), COMT and Andrea Kramer, CO

**Purpose:** Overview of how to use the synoptophore when evaluating children and adults with strabismus

**Design:** Case reports

**Methods:** Through presentation of cases we will demonstrate how the synoptophore can be used to identify fusion status, fusion potential and specific barriers to fusion along with other tips and pearls. Presented cases will illustrate when, why and how to use simultaneous perception slides, motor fusion slides, torsion slides, and central-peripheral rivalry slides, as well as how to apply findings to patient management.

**Results:** The use of simultaneous perception slides on the synoptophore allows assessment of subjective and objective angles of deviation in all three planes (horizontal, vertical and torsional) as well as the ability of the brain to superimpose images. Simultaneous perception slides can also be used to measure the angle of deviation in 9 positions of gaze. Specific simultaneous perception slides allow assessment of central peripheral rivalry. Motor fusion slides determine the fusion status of a patient and often aid in determining the optimal surgical plan.

**Conclusions:** The synoptophore is a valuable tool for assessing patients with strabismus, with a unique advantage in both children and adults with torsion, or multifactorial diplopia.
“Optics: What We Should Know, But May Have Forgotten”
Ronald Biernacki CO, COMT, Lisa Fraine CO, COMT, Megan Evans CO, Felicia Korpi (orthoptic Student)

This course will discuss examples of optical problems we encounter every day in our clinics, how we apply optical equations to these real life clinical problems. The audience should be able to apply and understand these equations.

Beyond the Basics: The (Not So) Complex Examination of the Complex Strabismus Patient
Sarah MacKinnon, MSc, OC(C), CO, COMT, Sarah Whitecross, OC(C), CO

Target audience: Trainees, new orthoptists, and orthoptists who do not routinely see complex strabismus in their clinics.
Objectives: To highlight relevant testing and observations associated with complex strabismus.
Overview: In this lecture, we will emphasize pertinent examination findings, diagnostic testing and specific documentation and observations essential to the workup and diagnosis of patients presenting with complex strabismus.

The focus of this lecture will include but may not be limited to:

- Ancillary testing & documentation such as:
  - External photos and videos
  - Quantification of anomalous/compensatory head postures
  - Use of Lancaster Red-Green test for assessing torsion in addition to mapping motility
  - Utilization of the Goldmann perimeter to assess motility & binocularity
    - Quantifying eye movements
    - Mapping field of binocular single vision
- Key sensorimotor exam components and observations frequently linked to certain conditions
- Relevant family history pearls to help guide the examination and diagnosis of certain complex genetic conditions

The goal of this lecture is to review and elaborate on known examination techniques and observations common in an orthoptic clinic and to incorporate some new uses and pearls relating to these practices and clinical observations.
“Talking TED: Ideas Worth Spreading, Debating, Improving”
Collin McClelland, MD, Laura May, CO, Kimberly Merrill, CO, Anna Schweigert, CO

Thyroid Eye Disease (TED) is a common entity seen amongst orthoptists. Patients often come to multiple appointments with different specialists in order to manage this complex disease. The University of Minnesota Center for Thyroid Eye Disease has structured a distinctive eye clinic setting where TED patients are examined by orthoptists, neuro-ophthalmologist, strabismus and oculoplastic surgeons in one setting. This tends to minimize visits, referrals, and offers a unique opportunity for patients to get the newest medical treatment for this eye condition. This course will present current approaches to the management of typical and atypical TED using cases as a platform.

“Ancillary Motor Tests and Their Application in Strabismus”
Manvir Kadar, DBO, OC(C), CO, Christopher Gappy, MD, Katie Patterson, CTT

Evaluation of complex strabismus requires special expertise and diagnostic testing. The following ancillary motor tests and their intended application will be described: passive or forced duction testing, active force generation testing, optokinetic nystagmus, doll’s head maneuver, vestibular ocular reflex and saccadic eye movement testing. Pertinent tests in the diagnosis of suspected neuromuscular and thyroid eye disease will be reviewed. Several cases of strabismus will be presented to demonstrate the clinical application of each ancillary motor test. We will conclude with a discussion of how these tests assist us in arriving at a differential diagnosis, and their influence on the surgical and non-surgical management of these patients.

“Eye Movements-Assessment and Application in Neurological Diseases”- Sangeeta Khanna, MD and Sachin Kedar, MD

The objective of this course is to discuss and demonstrate bedside examination techniques for assessment of the different functional classes of ocular movements. We will review some of the commonly seen abnormalities of ocular motility in neurological diseases using brief videos.
Symposium  
AAO 2016  
American Academy of Ophthalmology  
October 15-18  
Chicago

Cosponsoring Organizations: American Orthoptic Council (AOC) and the American Association of Certified Orthoptists (AACO)

Symposium Title: “Shake, Rattle, and Roll – The Shimmy on Nystagmus”

Symposium Chairs: Stephen P. Christiansen, MD, Laurie A. Hahn-Parrott, COT

Background:

Purpose/Relevance: Nystagmus is a topic of interest to both ophthalmologists and orthoptists. Because nystagmus is a potential harbinger of more serious pathology, a comprehensive review of clinical manifestations and potential disease processes is essential. Further, providers should clearly understand the roles of orthoptic, medical, and surgical treatment in order to optimize patients’ visual function. This symposium will provide an update on the assessment of patients with nystagmus and their management, both surgical and non-surgical.

Current Outcomes: Because the assessment and management of nystagmus is perceived as complex, and because nystagmus can be an indicator of more serious neuro-ophthalmic disease, many providers quickly refer these patients to the subspecialist for evaluation and management.

Results: Attendees will learn: 1.) The essentials of assessment and initial management of patients with nystagmus; 2.) When to make appropriately-directed referrals; 3.) New surgical and non-surgical approaches to treatment; and, 4.) How to optimize both clinical and functional outcomes with multi-disciplinary team-based care.


Summary Abstract: Nystagmus is perceived by many as a complex entity with confusing clinical presentations and adaptive mechanisms. No two patients seem alike. Moreover, nystagmus may sometimes be an indicator of more serious underlying disease. Thus, the approach of many eye-care providers, when presented with such a patient, is to shrink from the challenge, avoid the potential risk, and refer the patient to the nearest subspecialist. However, the care of these patients is not only interesting, but incredibly rewarding, and a multi-disciplinary team-based approach ensures optimal clinical and functional outcomes. In this symposium, the essentials of assessment and initial treatment are reviewed and attendees will be updated on clinical and surgical approaches to management.

Subject Classification: Pediatric Ophthalmology

Target Audience: Pediatric Ophthalmologists, Neuro-ophthalmologists, Comprehensive Ophthalmologists, Orthoptists

Format: Lectures with case presentations and panel discussion.
Outline:
3:45-3:48 Introduction.
   Stephen P. Christiansen, MD, Boston, MA  spchris@bu.edu
   Michael Siatkowski, MD, Oklahoma City, OK  rmichael-siatkowski@ouhsc.edu
   Richard Hertle, MD, Akron, OH  rhertle@chmca.org
4:04-4:12 Examining Children with Nystagmus – Pearls for Success.
   Katherine Fray, CO, Little Rock, AR  FrayKatherineJ@uams.edu
   Jennifer Lambert, CO, Boston, MA  jennifer.lambert@bmc.org;
   Jane Edmond, MD, Houston, TX  jcedmond@texaschildrens.org
4:28-4:36 Nystagmus with Strabismus
   Kim Merrill, CO, Minneapolis, MN  kmerrill@umphysicians.umn.edu
   Rachel Jenkins, CO, Fletcher, NC  family.jenkins@sbcglobal.net
   Robert W. Lingua, MD, Irvine, CA  rlingua@uci.edu
4:52-5:00 Assisting the Child with Nystagmus Outside the Office
   Joan Parkinson, CO, Halifax, NS  joan.parkinson@iwk.nshealth.ca
5:00-5:15 Case Presentation, Panel Discussion, Questions.
   Stephen P. Christiansen, MD, Boston, MA  spchris@bu.edu