

Pediatric Hospital Medicine

July 23 - 26, 2009

Tampa Marriott Waterside
Tampa, Florida

**PRELIMINARY
PROGRAM**



Academic Pediatric Association



American Academy of Pediatrics



Society of Hospital Medicine



ACADEMIC
PEDIATRIC
ASSOCIATION

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



shm
Society of Hospital Medicine

www.academicpeds.org

Purpose

Pediatric Hospital Medicine 2009 is the largest meeting of pediatric hospitalists of the year. This meeting marks the 4th annual meeting sponsored by the Academic Pediatric Association, the Society of Hospital Medicine and the American Academy of Pediatrics, Section on Hospital Medicine. Each year attendance and excitement about this meeting have grown.

Sponsoring Organizations

Academic Pediatric Association (APA)

The Academic Pediatric Association is a national organization dedicated to improving the health of children and adolescents through leadership in education of child health professionals, research and dissemination of knowledge, patient care and advocacy in partnership with children, families and communities.

For additional information on APA, please visit www.academicpeds.org.

American Academy of Pediatrics (AAP)

The American Academy of Pediatrics (AAP) and its member pediatricians dedicate their efforts and resources to the health, safety and well-being of infants, children, adolescents and young adults. The AAP has approximately 60,000 members in the United States, Canada, Mexico, and many other countries. Members include pediatricians, pediatric medical subspecialists and pediatric surgical specialists. More than 34,000 members are board-certified and called Fellows of the American Academy of Pediatrics (FAAP).

For additional information on the AAP, please visit <http://www.aap.org/visit/facts.htm>

Membership in the AAP Section on Hospital Medicine (SOHM) is open to pediatric hospitalists, general pediatricians, academicians, primary care pediatricians, subspecialists, residents, and physician assistants with an active interest and involvement in general inpatient pediatrics. The Section focuses on systems, logistics, and organization of general inpatient pediatric care in addition to relevant clinical issues. Areas of focus of the SOHM include education, policy membership, communication, and research.

For additional information on the Section, please visit www.aaphospmed.org

Society of Hospital Medicine (SHM)

The Society of Hospital Medicine is one of the leading medical societies representing hospitalists, physicians who care specifically for hospitalized patients, and the only focused solely on hospital medicine. Studies prove hospitalists decrease patient lengths of stay and hospital costs, while increasing patient satisfaction. Currently, hospital medicine is the fastest-growing medical specialty in the U.S.

For more information, visit www.hospitalmedicine.org.

Needs Statement

The program committee is made up of representatives from the three sponsoring organizations – the APA, the AAP, and the SHM. Content of this meeting was selected based on the evaluations from previous conferences and needs assessments for those conferences. Certain topics were also selected by the expert program committee that is deemed to be important to the field of hospital medicine. Time in the conference is set aside for presentation of new research and evidence-based review of current hot topics.

Program Committee

The Pediatric Hospital Medicine 2009 (PHM 09) Program Committee consists of the following members:

Dan Rauch, MD Chair

Doug Carlson, MD

Mary Ottolini, MD, MPH

Jennifer Daru, MD

Jeff Sperring, MD

Mathew Garber, MD

Erin Stucky, MD

Goal of the Activity

The goal of the Pediatric Hospital Medicine 2009 is to increase/enhance the participants' knowledge and competence in the areas of clinical medicine, practice management, education, and research specifically as they relate to pediatric hospital medicine. The knowledge acquired will help individual hospitalists improve their practice and will also promote the necessary skills required to move the field of hospital medicine forward.

Who should attend

Pediatricians who focus on the medical care of hospitalized pediatric patients including department chairs, program directors, directors of general pediatric divisions, general pediatric residents, nurse practitioners and physician assistants.



Conference Learning Objectives

To address in a manner sufficient to enable participants to better understand the following areas identified through needs assessment:

- Clinical issues involving pediatric inpatients including sedation, care of the medically complex child, and current hot topics as well as how to develop best practice guidelines.
- Practice management including coding and billing; job skills such as contract negotiating and consulting; and career skills such as academic advancement and preventing burnout.
- The role of the hospitalist in medical education including how to use and teach evidence based medicine, specific teaching techniques, and developing an inpatient curriculum.
- Basic concepts in clinical research, how to turn QI into research, and methodologies of educational research.

At the conclusion of this educational activity the participant should be better able to:

- Comprehend new information and skills in various areas of the clinical practice of pediatric hospital medicine.
- Apply knowledge gained and implement advances in the practice management, systems and logistics areas of pediatric hospital medicine.
- Understand new tools for teaching and practicing pediatric hospital medicine.
- Identify opportunities and mechanisms for hospitalists to conduct pediatric inpatient research.
- Advocate and influence the evolution of pediatric hospital medicine.

Content

The course will provide in-depth exposure to the areas of clinical practice, medical education, conducting research, and practice management from the beginning to advanced levels. Structured time for networking and meeting with leaders in the field are provided. Sessions will be devoted to presenting the latest research in hospital medicine.

Continuing Medical Education (CME)

The American Academy of Pediatrics is accredited by the ACCME to provide continuing medical education for physicians.

The AAP designates this educational activity for a maximum of 16.25 AMA PRA Category 1 Credits (TM). Physicians should only claim credit commensurate with the extent of their participation in the activity.

This activity is acceptable for a maximum of 16.25 AAP credits. These credits can be applied toward the AAP CME/PD Award available to Fellows and Candidate Members of the AAP.

The American Academy of Physician Assistants accepts AMA PRA Category 1 Credits (TM) from organizations accredited by the ACCME.

This program is approved for 16.25 NAPNAP contact hours of which 2.35 contain pharmacology (Rx) content per the National Association of Pediatric Nurse Practitioners Continuing Education Guidelines.

Pediatric Hospital Medicine 2009

Allison Ballantine, MD

*Pediatric Hospitalist
Section Chief of Education
Children's Hospital of Philadelphia
Medical Director, Integrated Care Service
Philadelphia, PA*

Benjamin D. Bauer, MD

*Assistant Professor
Indiana University School of Medicine
Indianapolis, IN*

Sharon Calaman, MD

*Pediatric Intensivist
St. Christopher's Hospital for Children
Assistant Professor
Drexel University College of Medicine
Philadelphia, PA*

Douglas Carlson, MD

*Chief of Pediatric Hospital Medicine
St. Louis Children's Hospital
Washington University
St. Louis, MO*

Tina L. Cheng, MD, MPH

*Professor of Pediatrics
Johns Hopkins School of Medicine
Immediate Past President
Academic Pediatric Association
Baltimore, MD*

Edward E Conway Jr., MD, MS

*Professor and Chairman of Pediatrics
Chief of PCCM
Beth Israel Medical Center
New York, NY*

Patrick Conway, MD

*Chief Medical Officer
Department of Health and Human Services
Office of the Secretary
Philadelphia, PA*

Jennifer Daru, MD

*Chief, Division of Pediatric Hospital Medicine
California Pacific Medical Center
San Francisco, CA*

Mark Del Beccaro, MD

*Chief Medical Information Officer
Professor and Vice Chair for Clinical Affairs
Department of Pediatrics
Pediatrician in Chief
Seattle Children's Hospital
Seattle, WA*

Scott A. Flanders, MD

*Associate Professor
Associate Division Chief
Division of General Internal Medicine
University of Michigan
Associate Director of Inpatient Programs
Department of Internal Medicine
Ann Arbor, MI*

Jonathan Fliegel, MD

*Assistant Professor
Pediatric Hospitalist Division Director
University of Michigan
Ypsilanti, MI*

Matthew Garber, MD

*Director of pediatric hospitalists
Children's Hospital of Palmetto Health Richland
Assistant Professor
University of South Carolina School of Medicine
Columbia, SC*

Katherine Gargiulo, MD

*Pediatric Chief Resident
St. Christopher's Hospital for Children
Philadelphia, PA*

Jeff Gill, MD

*Pediatric Hospitalist
President of Inpatient Specialists Medical Group, Inc.
Brea, CA*

Paul Hain, MD

*Associate Chief of Staff and Medical Director
Monroe Carell Jr. Children's Hospital
Vanderbilt University
Nashville, TN*

Yong Han, MD

Physician Advisor to Care Management
Texas Children's Hospital Inpatient Service
Houston, TX

Timothy Hartzog, MD

Pediatric Hospitalist
Medical University of South Carolina
Medical Director of Information Technology
University Hospital System
Charlotte, NC

Nakul Jerath, MD, MPH

Medical Director of Pediatric Imaging
Fairfax Radiological Consultants
Chief of Pediatric Radiology
Inova Fairfax Hospital for Children
Virginia Commonwealth University School of Medicine
Fairfax, VA

Riva Kamat, MD

Pediatric Hospitalist
Inova Fairfax Hospital
Clinical Instructor
Virginia Commonwealth University School of Medicine
Fairfax, VA

Chris Landrigan, MD, MPH

Research and Fellowship Director
Children's Hospital Boston Inpatient Pediatrics Service
Boston, MA

Chris Maloney, MD, PhD

Chief, Division of Pediatric Inpatient Medicine
Associate Medical Director for Medical Services
Primary Children's Medical Center
Salt Lake City, UT

Jennifer Maniscalco, MD

Pediatric Hospitalist
Children's Hospital of Los Angeles
Los Angeles, CA

Michelle M. Marks, DO

Department of General Pediatrics
The Cleveland Clinic
Center Head of Pediatric Hospital Medicine
Institute of Pediatrics at the Cleveland Clinic
Cleveland, OH

Erich Maul, DO

Assistant Professor
Associate Program Director
University of Kentucky, College of Medicine
Lexington, KY

Matthew B. McDonald, MD

Chief Pediatric Resident
St. Christopher's Hospital for Children
Philadelphia, PA

Robert McGregor, MD

Associate Chair for Clinical Affairs
Department of Pediatrics
Drexel University College of Medicine
Pediatric Residency Director
St. Christopher's Hospital for Children
Philadelphia, PA

Margaret T. McHugh, MD, MPH

Associate Professor of Clinical Pediatrics
New York University School of Medicine
New York, NY

Stephen Muething, MD

Associate Professor
University of Cincinnati
Cincinnati Children's Hospital Medical Center
Cincinnati, OH

Mary Ottolini, MD, MPH

Professor of Pediatrics
George Washington University
Chair of Education
Hospitalist Division Chief
Children's National Medical Center
Washington, DC

Rita Pappas, MD

Staff physician
Center for Pediatric Hospital Medicine
Department of General Pediatrics
Cleveland Clinic
Cleveland, OH

Pediatric Hospital Medicine 2009

Jack Percelay, MD

*Pediatric Hospitalist
Saint Barnabas Medical Center
New York, NY*

John Anthony Pope, MD, MPH

*General Pediatrics Department
Phoenix Children's Hospital
Medical Director of Pediatric Inpatient
and Hospitalist Services
Scottsdale Healthcare Hospital System
Scottsdale, AZ*

Mary Ann Queen, MD

*Assistant Chief
Section of Pediatric Hospital Medicine
Children's Mercy Hospitals & Clinics
Assistant Professor of Pediatrics
University of Missouri
Kansas City School of Medicine
Kansas City, MO*

Shawn Ralston, MD

*Associate Professor of Pediatrics
University of Texas Health Science Center
Director of Inpatient Research
Division of Inpatient Medicine
San Antonio, TX*

Daniel Rauch, MD

*Director, Pediatric Hospitalist Program
New York University School of Medicine
New York, NY*

Kris Rehm, MD

*Assistant Professor of Pediatrics
Division of Hospital Medicine Director
Monroe Carell, Jr Children's Hospital
Vanderbilt University
Nashville, TN*

Michele Saysana, MD

*Assistant Professor of Pediatrics
Indiana University School of Medicine
Riley Hospital for Children
Indianapolis, IN*

Julie V. Schaffer, MD

*Assistant Professor of Dermatology and Pediatrics
Director of Pediatric Dermatology
New York University School of Medicine
New York, NY*

Samir S. Shah, MD, MSCE

*Assistant Professor of Pediatrics and Epidemiology
University of Pennsylvania School of Medicine and
Attending Physician in the Divisions of Infectious Diseases
and General Pediatrics
The Children's Hospital of Philadelphia
Philadelphia, PA*

Ted D. Sigrest, MD

*Pediatric Hospitalist
University of Rochester
Rochester, NY*

Jeffrey M. Simmons, MD

*Pediatric Hospitalist
Assistant Professor of Pediatrics
Cincinnati Children's Hospital Medical Center
Primary Children's Medical Center
Cincinnati, OH*

Tamara Simon, MD, MSPH

*Assistant Professor
Division of Inpatient Medicine and Department of Pediatrics
University of Utah
Primary Children's Medical Center
Salt Lake City, UT*

Geeta R. Singhal, MD

*Assistant Professor of Pediatrics
Baylor College of Medicine
Director of the Pediatric Hospitalist Program
Texas Children's Hospital
Director
Baylor College of Medicine
Pediatric Hospital Medicine Fellowship Program
Co-Director of Faculty Development
Baylor College of Medicine
Section of Pediatric Emergency Medicine
Houston, TX*

Laura Smals, MD

Assistant Professor
Drexel University College of Medicine
St. Christophers Hospital for Children
Philadelphia, PA

Nancy Spector, MD

Associate Chair
Education and Faculty Development
Associate Pediatric Residency Program Director
St. Christopher's for Children
Philadelphia, PA

Jeff Sperring, MD

Associate Chief Medical Officer
Riley Hospital for Children
Pediatric Hospitalist Program
Indiana University School of Medicine
Riley Hospital for Children
Indianapolis, IN

Raj Srivastava, MD, MPH

Assistant Professor
University of Utah
Pediatric Hospitalist
Children's Hospital in the Intermountain West
Salt Lake City, UT

Erin Stucky, MD

Pediatric Hospitalist
Rady Children's Hospital and
Health Center San Diego
San Diego, CA

Glen Tamura, MD, PhD

Head, Division of Hospital Medicine
University of Washington
Medical Director
Inpatient Medical Unit
Seattle Children's Hospital
Seattle, WA

David T. Tayloe, Jr., MD

President
American Academy of Pediatrics
Goldsboro, SC

Ronald J Teufel II, MD, MSCR

Assistant Professor
Medical University of South Carolina
Director, Pediatric Hospitalist Section
Charlotte, SC

E. Douglas Thompson Jr., MD, MMM

Director, Division of Hospital Medicine
St. Christopher's Hospital for Children
Assistant Professor of Pediatrics
Drexel University College of Medicine
Philadelphia, PA

Joel S. Tieder, MD, MPH

Pediatric Hospitalist
Seattle Children's Hospital
University of Washington
Seattle, WA

Jennifer DH Walthall, MD

Assistant Professor
Indiana University School of Medicine
Indianapolis, IN

Stephen E. Whitney, MD, MBA

Pediatric Hospitalist
Texas Children's Hospital
Assistant Professor of Pediatrics
Baylor College of Medicine
Professor of the Practice of Healthcare Management
Jones Graduate School of Management
Rice University
Houston, TX

Karen M. Wilson, MD, MPH

Pediatric Hospitalist
Academic General Pediatric
University of Rochester Medical Center
Rochester, NY

Pediatric Hospital Medicine 2009

Thursday, July 23

4:00 pm

Registration Opens

6:00 - 7:00 pm

Keynote Address

Health Policy Perspectives *Pat Conway*

Introduction by *Daniel Rauch*

7:00 - 9:00 pm

Welcome Reception with Exhibits

Friday, July 24th

7:00 - 8:00 am

Breakfast with Exhibits

8:00 - 9:00 am

Welcome

APA President *Tina Cheng*

SHM President *Scott Flanders*

AAP President *David Tayloe, Jr.*

9:00 - 10:15 am

Concurrent Session A

Clinical

A1 Treatment of Childhood Pneumonia (and other common infections):

Transitioning from Intravenous to Oral Therapy

Samir Shah

A2 Skin Conditions in the Hospitalized Child

Julie Schaffer

Practice Management

A3 Billing and Coding for Pediatric Hospitalists "Show me the Money"

Yong S. Han, Steve Whitney

Quality and Safety

A4 Clinical Care Pathways: Improving Safety and Quality in Pediatric Hospital Medicine

Michelle Marks, Rita Pappas (Offered only once)

Academic

A5 Designing A Pediatric Hospital Medicine Elective: From Training to Reality

Ben Bauer, Michele Saysana, Jen Walthall (Offered only once)

10:15 - 10:45 am

Break- Visit Exhibits

Friday, July 24th

10:45am - 12:00 pm

Concurrent Session B

Clinical

B6 Imaging of Common Diagnostic Dilemmas: Where do you begin?

Nakul Jerath and Riva Kamat (Offered only once)

B7 Pediatric EKGs for Morons:

The Simple, Fun Way to Make Sense of All Those Annoying Squiggly Lines

Erich Maul (Offered only once)

Practice Management

B8 Throughput

Paul D. Hain (Offered only once)

Quality and Safety

B9 Planning and Improving Pediatric Safety at a Community Hospital

John A Pope (Offered only once)

Academic

B10 Abstract Writing for Scientific Meetings

Chris Landrigan, Samir Shah, Tamara Simon, Ron Teufel, Joel Tieder and Karen Wilson (Offered only once)

12:00 - 1:30 pm

Topic Table Luncheon

1:30 - 2:45 pm

Concurrent Session C

Clinical

C1 Treatment of Childhood Pneumonia (and other common infections):

Transitioning from Intravenous to Oral Therapy

Samir Shah

C2 Skin Conditions in the Hospitalized Child

Julie Schaffer

Practice Management

C3 Billing and Coding For Pediatric Hospitalists "Show me the Money"

Yong S. Han and Steve Whitney

Quality and Safety

C11 Hand-off Communication

Chris Maloney (Offered only once)

Academic

C12 Keeping up to Date in 2009: How Hospitalists Can Reinforce EBM Skills

Jon Fliegel (Offered only once)

Friday, July 24th

2:45 - 3:15 pm

Break – Visit Exhibits

3:15 - 4:30 pm

Concurrent Session D

Clinical

D13 The Diagnosis and Management of Entropy: Complex Care Made Simple

Allison Ballantine (Offered only once)

D14 Pediatric Neurologic Emergencies

Edward E. Conway Jr. (Offered only once)

Practice Management

D15 Clinical Conundrums 3

Jennifer Daru (Offered only once)

Quality and Safety

D16 Pediatric Health IT Issues

Mark Del Beccaro and Timothy Hartzog (Offered only once)

Academic

D17 Clinical Reasoning: Teaching Strategies to Avoid Diagnostic Errors

Mary Ottolini, Geeta Singhal

4:30 - 5:30 pm

Poster Presentations with Authors in Attendance

Exhibits open

Saturday, July 25th

7:00 - 8:00 am

AAP Organizational Forum
Breakfast and Exhibits

8:00 - 9:15am

Concurrent Session E

Clinical

E18 Clinical Conundrums 1

Jennifer Maniscalco

E19 Accident, Neglect or Abuse- Pathways to an Answer

Margaret McHugh

Practice Management

E20 Advanced Business Practices for Pediatric Hospitalists

Jack Percelay and Jeff Gill

Quality and Safety

E21 How to Design, Implement, and Evaluate a Robust Program of Family-Centered Rounding

Ted Sigrest and Glen Tamura

Academic

E22 Research Studies and Quality Improvement Projects

Christopher Landrigan, Samir Shah, Tamara Simon, Raj Srivastava Joel Tieder, Ron Teufel and Karen Wilson,

9:15 - 9:45 am

Break - Visit Exhibits

9:45 - 10:45 am

Research Platform Session

Topics To Be Determined

10:45 - 11:45 am

Plenary breakouts 1-3

11:45 am - 12:15 pm

Break - Pick up lunch - Visit Exhibits

12:15 - 1:15 pm

Lunch

Top 10 Articles in Pediatric Hospital Medicine

Matthew Garber and Shawn Ralston

Saturday, July 25th

1:15 - 2:30 pm

Concurrent Session F

Clinical

F18 Clinical Conundrums 1

Jennifer Maniscalco

F19 Accident, Neglect or Abuse- Pathways to an Answer

Margaret McHugh

Practice Management

F23 Maintaining a Pediatric Hospitalist Program

Paul D. Hain and Kris Rehm

Quality and Safety

F24 QI 101: Quality Improvement Initiatives in the Hospital Setting:

What do I need to know, and how do I do it?

Patrick Conway, Christopher Maloney, Stephen Muething, Mary Ottolini, Jeffrey Simmons and Erin Stucky

Academic

F17 Clinical Reasoning: Teaching Strategies to Avoid Diagnostic Errors

Mary Ottolini and Geeta Singhal

2:30 - 3:00 pm

Break - Visit Exhibits

3:00 - 4:15 pm

Concurrent Session G

Clinical

G21 How to Design, Implement, and Evaluate a Robust Program of Family-Centered Rounding

Ted Sigrest and Glen Tamura

G25 Clinical Conundrums 2

Jennifer Maniscalco

Practice Management

G26 Early Career Tips and Tools

Mary Ottolini, Daniel Rauch and Jeff Sperring

Quality and Safety

G27 QI 201: Quality Improvement in the Hospital Setting:

Advanced tools, infrastructure, and leadership

Patrick Conway, Christopher Maloney, Stephen Muething, Mary Ottolini, Jeffrey Simmons and Erin Stucky

Pediatric Hospital Medicine 2009

Saturday, July 25th

3:00 - 4:15 pm

Concurrent Sessions Continued

Academic

G28 The Use of Simulation in Inpatient Pediatric Education

Sharon Calaman, Katherine Gargiulo, Matthew McDonald, Nancy Spector, Laura Smals, and E. Douglas Thompson, Jr. (Offered only once)

4:15 - 5:15 pm

APA Organizational Forum

5:15 - 6:15 pm

PHM Roundtable Meeting Follow-up: Discussing the Future of Hospital Medicine

Sunday, July 26th

7:00 - 8:00 am

Mentor Breakfasts

8:00 - 9:00 am

SHM Organizational Forum

9:00 - 10:15

Concurrent Session H

Clinical

H25 Clinical Conundrums 2

Jennifer Maniscalco

H29 Sedating the Pediatric Patient: Qualifications, Safety and Rules

Douglas Carlson (Offered only once)

Practice Management

H20 Advanced Business Practices for Pediatric Hospitalists

Jack Percelay and Jeff Gill

Quality and Safety

H24 QI 101: Quality Improvement Initiatives in the Hospital Setting:

What do I need to know, and how do I do it?

Patrick Conway, Christopher Maloney, Stephen Muething, Mary Ottolini, Jeffrey Simmons, and Erin Stucky

Academic

H30 Inpatient Teaching – Rounds and More

Daniel Rauch and Mary Queen (Offered only once)

Pediatric Hospital Medicine 2009

Sunday, July 26th

10:15 - 11:30 am

Concurrent Session I

Clinical

I26 Early Career Tips and Tools

Mary Ottolini, Daniel Rauch and Jeff Sperring

I31 The Newborn and the Hospitalist: Care Updates and Diagnostic Conundrums

Jennifer Daru (Offered only once)

Practice Management

I23 Starting and Maintaining a Pediatric Hospitalist Program

Paul D. Hain and Kris Rehm

Quality and Safety

I27 QI 201: Quality Improvement in the Hospital Setting:

Advanced tools, infrastructure, and leadership

Patrick Conway, Christopher Maloney, Stephen Muething, Mary Ottolini, Jeffrey Simmons, and Erin Stucky

Academic

I22 Research Studies and Quality Improvement Projects

Raj Srivastava, Christopher Landrigan, Samir Shah, Tamara Simon, Raj Srivastava, Karen Wilson, Joel Tieder and Ron Teufel

11:30 am

Wrap-Up

Schedule at a Glance

Thursday, July 23rd

4:00 pm	Registration Opens
6:00- 7:00 pm	Keynote Address Healthy Policy Perspectives
7:00-9:00 pm	Welcome Reception with Exhibits

Friday, July 24th

7:00 - 8:00 am	Breakfast with Exhibits
8:00 - 9:00 am	Welcome AAP, APA and SHM President's

Pediatric Hospital Medicine 2009

Friday, July 24th

Schedule at a Glance

TRACK	Clinical	Clinical	Practice Management	Quality and Safety	Academic
9-10:15 am	Treatment of Childhood Pneumonia (and other common infections): Transitioning from Intravenous to Oral Therapy A1	Skin Conditions in the Hospitalized Child A2	Billing and Coding for Pediatric Hospitalists "Show me the Money" A3	Clinical Care Pathways: Improving Safety and Quality in Pediatric Hospital Medicine (offered only once) A4	Designing A Pediatric Hospital Medicine Elective: From Training to Reality (offered only once) A5
10:45 am - 12:00 pm	Imaging of Common Diagnostic Dilemmas: Where do you begin? (offered only once) B6	Pediatric EKGs for Morons: The Simple, Fun Way to Make Sense of All Those Annoying Squiggly Lines (offered only once) B7	Throughput (offered only once) B8	Planning and Improving Pediatric Safety at a Community Hospital (offered only once) B9	Abstract Writing for Scientific Meetings (offered only once) B10

12:00 -1:30 pm Topic Table Luncheon

TRACK	Clinical	Clinical	Practice Management	Quality and Safety	Academic
1:30-2:45 pm	Skin Conditions in the Hospitalized Child C2	Treatment of Childhood Pneumonia (and other common infections): Transitioning from Intravenous to Oral Therapy C1	Billing and Coding For Pediatric Hospitalists "Show me the Money" C3	Hand-off Communication (Offered only once) C11	Keeping up to Date in 2009: How Hospitalists Can Reinforce EBM Skills (Offered only once) C12
3:15 – 4:30 pm	The Diagnosis and Management of Entropy: Complex Care Made Simple (offered only once) D13	Pediatric Neurologic Emergencies (offered only once) D14	Clinical Conundrums 3 (offered only once) D15	Pediatric Health IT Issues (offered only once) D16	Clinical Reasoning: Teaching Strategies to Avoid Diagnostic Errors D17

4:30-5:30 pm Poster Presentations with Authors in Attendance – Exhibits open

Pediatric Hospital Medicine 2009

Saturday, July 25th

7:00 - 8:00 am	AAP Organizational Forum				
Track	Clinical	Clinical	Practice Management	Quality and Safety	Academic
8:00 - 9:15 am	Clinical Conundrums 1 E18	Accident, Neglect or Abuse-Pathways to an Answer E19	Advanced Business Practices for Pediatric Hospitalists E20	How to Design, Implement, and Evaluate a Robust Program of Family-Centered Rounding E21	Research Studies and Quality Improvement Projects E22
9:45 - 10:45 am	Research Platform Session – Topic is To Be Announced				
10:45 - 11:45 am	Plenary breakouts				
12:15 - 1:15 pm	Lunch/Top 10 Articles in Pediatric Hospital Medicine Matthew Garber				
Track	Clinical	Clinical	Practice Management	Quality and Safety	Academic
1:15 - 2:30 pm	Accident, Neglect or Abuse-Pathways to an Answer F19	Clinical Conundrums 1 F18	Starting and Maintaining a Pediatric Hospitalist Program F23	Quality Improvement Initiatives in the Hospital Setting: what do I need to know, and how do I do it? F24	Clinical Reasoning: Teaching Strategies to Avoid Diagnostic Errors F17
3:00 - 4:15 pm	Clinical Conundrums 2 G25	How to Design, Implement, and Evaluate a Robust Program of Family-Centered Rounding G21	Early Career Tips and Tools G26	QI 201: Quality Improvement in the Hospital Setting: Advanced tools, infrastructure, and leadership G27	The Use of Simulation in Inpatient Pediatric Education (offered only once) G28
4:15 - 5:15 pm	APA Organizational Forum				
5:15 - 6:15 pm	PHM Roundtable Meeting Follow-up: Discussing the Future of Hospital Medicine				

Pediatric Hospital Medicine 2009

Sunday, July 26th

Schedule at a Glance

7:00 - 8:00 am	Mentor Breakfast				
8:00 - 9:00 am	SHM Organizational Forum				
TRACK	Clinical	Clinical	Practice Management	Quality and Safety	Academic
9:00 - 10:15 am	Sedating the Pediatric Patient: Qualifications, Safety and Rules (offered only once) H29	Clinical Conundrums 2 H25	Advanced Business Practices for Pediatric Hospitalists H20	QI 101: Quality Improvement Initiatives in the Hospital Setting: what do I need to know, and how do I do it? H24	Inpatient Teaching – Rounds and More (offered only once) H30
10:15 -11:30 am	The Newborn and the Hospitalist: Care Updates and Diagnostic Conundrums (offered only once) I31	Early Career Tips and Tools I26	Starting and Maintaining a Pediatric Hospitalist Program I23	QI 201: Quality Improvement in the Hospital Setting: Advanced tools, infrastructure, and leadership I27	Research Studies and Quality Improvement Projects I22
11:30 am	Wrap-up				



Workshop Topics/Descriptions

Workshop topics will include four major areas of Pediatric Hospital Medicine:

- Clinical
- Practice Management
- Quality and Safety
- Academic

Clinical Track Workshop Sessions

Accident, Neglect or Abuse- Pathways to an Answer

Margaret McHugh

This session will review the various clinical presentations in which the diagnosis of child maltreatment may be considered in the inpatient setting. Definitions of the types of physical abuse and neglect will be discussed with particular emphasis on individual distinctions based on state child protection legislation. The basic concepts of (1) history (2) physical examination and (3) labs/radiographic studies will be utilized to suggest how evaluations should be done to determine if abuse and/or neglect may have occurred. The range of presentations will be reviewed, from the acute trauma resulting from child abuse as seen in the emergency room to an incidental disclosure of abuse by a child admitted for a unrelated medical problem. The use of hospital services, namely social work and child development staff, will be discussed, both in the evaluation of possible abuse cases and the interactions with the child protection system after a case is reported. Protocols and hospital procedures will be discussed.

Clinical Conundrums 1 and 2

Jennifer Maniscalco

Clinical conundrums are back! This is an interactive session designed to facilitate discussion regarding several challenging or intriguing clinical cases, representing a variety of disciplines. Come test your knowledge, contribute to the discussion, and learn from your colleagues! This session will focus primarily on clinical issues related to inpatient pediatric medicine.

Clinical Conundrums 3

Jennifer Daru

This session will highlight 2-3 case scenarios submitted and presented by attendees with a focus on difficult decisions encountered by pediatric hospitalists. Group participation will be encouraged to outline different solutions to ethical or other problems encountered by hospitalists as a clinical scenario is presented and resolved.

The Diagnosis and Management of Entropy: Complex Care Made Simple

Allison Ballantine

The care of children with complex medical needs is an inevitability for today's hospitalist. In this session we will explore a systematic approach to these patients and defining their goals of care. This framework enhances the hospitalist's ability to partner with families and other providers to provide efficient and effective care to this challenging population.

Imaging of Common Diagnostic Dilemmas: Where do you begin?

Nakul Jerath and Riva Kamat

The range of diagnostic dilemmas facing the pediatric hospitalist is increasingly broad, and the workup of each potential disease more complex. This workshop is designed to help the practicing hospitalist order the correct diagnostic test for their patient. Learning Objectives:

To address in a manner sufficient to enable participants to better understand the following areas:

- Choosing through the arsenal of radiologist tests to best identify the diagnosis, limiting expense and decreasing length of hospital stay.
- Minimizing radiation exposure to a vulnerable patient population.
- Understanding exam ordering and patient procedure preparation.
- Reviewing clinical case scenarios to highlight the best radiologic test to obtain a diagnosis using evidence based medicine.

At the conclusion of this education activity, the participant should be better able to:

- Weigh pros and cons of varying imaging algorithms.
- Understand limitations of frequently used imaging modalities.
- Navigate off hours testing and varying imager comfort with pediatric patients.

The Newborn and the Hospitalist: Care Updates and Diagnostic Conundrums

Jennifer Daru

This session will review delivery room and newborn scenarios that will cover newer topics including; neonatal cooling, and diagnostic conundrums, such as a child with dropping Apgars despite resuscitation. Through these scenarios we will also review billing and coding tips/updates. The active participant will walk away with an updated neonatal approach and a way to bill for it as well.

Pediatric EKGs for Morons:

The Simple, Fun Way to Make Sense of All Those Annoying Squiggly Lines

Erich C. Maul

Basic interpretation of electrocardiograms (EKG's) is an everyday occurrence in the adult inpatient unit. However the same cannot be said for inpatient pediatrics. While we all learned this skill in residency, unless practiced is maintained, the familiarity with the process degrades. Knowing EKG interpretation beyond simple pattern recognition is an essential skill for the pediatric hospitalist. It is a valuable tool in the diagnosis of congenital heart disease, hypertension, electrolyte disturbances, and conduction anomalies, just to name a few.

The objectives of the workshop are the following:

1. Review EKG physiology,
2. Emphasize age related changes in EKG's,
3. Construct a reliable system for EKG review and interpretation.

At the conclusion of this session, the participant should comprehend the skills necessary for proper EKG evaluation and apply them to daily inpatient situations. Also, the learner should be able to make more effective and efficient cardiology referrals based on proper EKG interpretation.

Pediatric Neurologic Emergencies

Edward E. Conway Jr.

This session will address the most common pediatric neurologic emergencies which the hospitalist will encounter in their daily practice. The goal(s) of the session will be to increase the participant's knowledge base and their level of comfort and confidence when challenged by children presenting with these clinical issues. The participants will learn to recognize and manage life-threatening neurologic emergencies. This session will be based on interactive case scenarios combined with didactic, evidence based summaries of the recognition and management of the neurologic process presented in the vignette. Cases will include those which highlight the following entities: cerebral edema in patients with DKA, intracranial hypertension, status epilepticus, nonaccidental head injury, altered mental status and coma and ventricular shunt malfunction.

Sedating the Pediatric Patient: Qualifications, Safety and Rules

Douglas Carlson

This session will highlight safe sedation practice, using recommendations of the American Academy of Pediatrics and the American Society of Anesthesiology. Safe systems of care will be highlighted. Training and credentialing of pediatric hospitalists to provide safe sedation will also be discussed.

Skin Conditions in the Hospitalized Child

Julie Schaffer

This session will provide a framework for the approach to cutaneous eruptions in pediatric inpatients. A case-based format will be utilized to illustrate the differential diagnosis, evaluation, and management of exanthematous, bullous, and purpuric skin conditions. Common and potentially severe dermatoses with infectious, drug-induced, and primary inflammatory etiologies will be discussed. Special considerations in immunocompromised patients, including hematopoietic stem cell transplant recipients, will also be addressed.

Treatment of Childhood Pneumonia (and other common infections): Transitioning from Intravenous to Oral Therapy

Samir Shah

Learning Objectives:

1. Explain the rationale for sequential intravenous-oral therapy for common childhood infections
2. Identify situations that merit transition from intravenous to oral therapy
3. Describe characteristics and clinical usefulness of oral antibiotics used to treat common childhood infections

Advances in drug development have increased the availability of antibiotics with good bioavailability. Furthermore, economic pressures in healthcare delivery have necessitated a focus on reducing costs and resource utilization while maintaining or improving the quality of care. For several diseases, there is frequently controversy and occasionally consensus regarding the cost-effectiveness and safety of switching from intravenous to oral therapy. Within the framework of common childhood infections, participants will be able to understand the rationale for sequential intravenous-oral therapy, identify situations that merit consideration of switching from intravenous to oral therapy, and describe the spectrum of activity and pharmacokinetics of antibiotics that are often used to transition children from intravenous to oral therapy.

Practice Management Workshop Sessions

Advanced Business Practices for Pediatric Hospitalists

Jack Percelay and Jeff Gill

Advanced business practices will be introduced from quantitative and qualitative viewpoints. Three different quantitative models for demonstrating return on investment of pediatric hospitalist programs will be presented: 1) hospitalists cumulative contribution to increased physician revenue and hospital revenue to the various components of “the system;” 2) impact on throughput through increased bed availability, and 3) time value of non-revenue generating activities such as administrative, quality, safety, educational etc. A basic review of marketing theory and practical applications for your Pediatric Hospitalist program will be presented: “Wants vs. Gets,” Differentiation, and basic market research methods. A discussion of a key underlying principle in negotiation will also be presented: Positions vs. Interests.

Billing and Coding for Pediatric Hospitalists “Show me the Money”

Yong S. Han and Steve Whitney

During this interactive session, basic concepts of coding and billing guidelines that are applicable for the practice of Pediatric Hospital Medicine will be reviewed. Some of the topics to be discussed will include information on how to choose the appropriate level of care, utilization of time in choosing the level of care, coding for procedures etc. . . . Additionally, some strategies to optimize the appropriate selection of codes will be provided. Ample time will be available for discussions.

Questions can be submitted prior to the session and these will be discussed as time permits. Send your questions to Maribeth@academicped.org.

Early Career Tips and Tools

Daniel Rauch, Mary Ottolini and Jeff Sperring

This session is for young hospitalists looking to make a career out of Pediatric Hospital Medicine. The three presenters will discuss what to look for in a job and how to get ahead, academically and clinically. We will talk about the core competencies and how to utilize them as a self assessment. Attendees are encouraged to come with questions.



Starting and Maintaining a Pediatric Hospitalist Program

Paul D. Hain and Kris Rehm

This session will address the following areas of directing a Pediatric Hospitalist Program:

How to make the case that your hospital needs a Pediatric Hospitalist Program

- Consideration of financials
- The Quality Case
- The Safety Case
- The Service Case
- The Education Case

Steps to take to actually start a program

- Securing relationships with the hospital
- Recruiting physicians
- Determining workload
- Building a referral database
- Making the program indispensable

How to maintain and grow a program

- Serving your referral base while demonstrating indispensability to the hospital
- Doing jobs nobody else does
- Expanding services
- Expanding referral base
- Academic promotion and satisfaction

Throughput

Paul D. Hain

This session will cover the throughput challenges facing pediatric hospitals today. Emphasis will be given to the following areas:

Why throughput is important

- To Hospital CEOs
- To the bottom line
- To future construction plans
- To Hospitalists who are trying to get their patients beds quickly

Approaches to improving throughput

- Theory of Constraints
- Queuing Theory
- Statistical Process Control/LEAN/Six Sigma

Real world example: Monroe Carell Jr. Children's Hospital at Vanderbilt

- Access Center development
- Hospitalist reductions in length of stay
- Innovative increases in short term capacity
- Planning for long term expansions

Quality and Safety Workshop Sessions

Clinical Care Pathways: Improving Safety and Quality in Pediatric Hospital Medicine

Michelle Marks and Rita Pappas

In this workshop, the participant will learn:

1. Key strategies in leading a multidisciplinary group and evidence based care path development
2. Successful implementations of care paths
3. Key steps to study the outcomes of care paths

Clinical care paths use active decision analysis to guide management with best evidence. Our Pediatric Hospitalists standardized care through pathways for asthma, bronchiolitis, nutritional insufficiency (NI), and diabetic ketoacidosis (DKA). These pathways view clinical practice as a process, incorporate evidence-based practice, and foster collaborative learning.

During the workshop, the participants will review the key strategies in leading a multidisciplinary group and developing evidence based carepaths. We will use our pathways as case studies to address opportunities and challenges encountered. The participants will learn stepwise approach to successful implementation of carepaths. We will use the data that we have collected to illustrate how to successfully obtain quality outcome measures.

Hand-off Communication

Chris Maloney

Participants attending this session will develop a skill set to:

1. Discuss the Joint Committee requirement regarding hand-off communication
2. Understand different methods of hand-off communication
3. Apply tools for effective hand-off communication
 - a. Physician – Physician
 - b. Physician – Nurse
 - c. Nurse – Physician
 - d. Nurse – Nurse
4. Teach others at your institution how to use effective hand-off communication to improve patient safety

The session will be an open discussion initially with a history of the problem with hand-off communication, solutions from pediatric hospitalists from around North America and current research. Participants will then break into small groups and describe strategies that have been both effective and ineffective at their respective institutions. Finally each small group will present the outcomes to develop a further understanding of the next steps for hand-off communication to identify areas necessary to influence patient safety.

How to Design, Implement, and Evaluate a Robust Program of Family-Centered Rounding

Ted Sigrest and Glen Tamura

Target Audience:

1. Anyone who would like to start family-centered rounding at their institution and do it in a way that generates enthusiasm for the change
2. Anyone who has begun to round in a family-centered style, but has not been able to gain acceptance of their program because of a lack of proven benefit
3. Anyone who began FCR with great enthusiasm at the outset, but then found that the movement has clearly "run out of steam."

Learning Objectives:

1. By sharing their experiences in starting FCR, attendees will be able to recognize and discuss best methods for starting (or re-starting) a program of family-centered care and rounding.
2. After a short discussion of the challenges and controversies involved in setting realistic goals and measuring desired outcomes in FCR, attendees will divide into workgroups to develop the basic outline of a program of FCR that includes their own specific goals and objectives.
3. Attendees will be able to differentiate and choose between setting up a FCR program involving formal research versus a program that is set up to allow practical evaluation and gradual improvement over time. Sample tools will be handed out and discussed.
4. Attendees will be given the opportunity to participate in collaborative efforts after the PHM 2009 meeting, with the goal being to develop standardized methods of conducting and evaluating family-centered rounding.

This workshop was developed as a result of surveys that were sent to AAP SOHM members in 2007 and 2008. Although $\frac{3}{4}$ of the institutions had started some form of family-centered rounding, only a small fraction of those programs had done any kind of formal evaluation of their rounds. With no statement of goals and objectives, and no standardized way of measuring the success of their efforts to provide family-centered care, many hospitalists have been unable to defend the need for providing or expanding FCR. This workshop was designed to be a fun and interactive way to compare and build on each other's experiences, and to begin the process of developing a model FCR program.

Pediatric Health IT Issues

Mark Del Beccaro and Timothy Hartzog

In this session we will review the issues regarding implementation of an Electronic Medical Record (EMR) in the inpatient setting. Participants will be able to:

1. Describe the basic features necessary for an EMR especially with regard to pediatric requirements
2. Describe the cultural issues that need to be addressed for a successful implementation and use of an EMR by physicians
3. Understand the challenges and potential unintended consequences of CPOE implementation
4. Describe strategies for successful implementation and ongoing use of an EMR in the inpatient setting

Planning and Improving Pediatric Safety at a Community Hospital

John A Pope

Learning Objectives:

1. Understand how to create a culture of pediatric safety in community hospital
2. Learn how to identify safety stakeholders and assemble a safety team
3. Outline possible methods and forums for safety planning
4. List at least three potential pediatric safety projects to implement in your hospital

The workshop session will consist of a power point presentation on planning and improving patient safety at a community hospital and will provide a workbook for safety planning. The power point will provide an overview of hospital safety, challenges specific to the community hospital setting, creating a culture of patient safety, identifying safety stakeholders, approaches to bringing people together to discuss safety, methods for setting safety goals, and measuring success of projects. The work book will serve as a source book and provide a framework for attendees to plan safety programs and interventions for their hospital.

QI 101: Quality Improvement Initiatives in the Hospital Setting:

What do I need to know, and how do I do it?

Patrick Conway, Christopher Maloney, Mary Ottolini, Stephen Muething, Jeffrey Simmons, and Erin Stucky

Learning Objectives:

1. Learners will identify 2 key factors influencing the Quality Movement and explain their importance
2. Learners will define PDSA and FMEA and describe their use based on interactive tabletop work
3. Learners will acquire skills necessary to layout a quality project

Using and interpreting quality improvement (QI) methods and data is rapidly becoming an expectation of all physicians. Pediatricians working in hospital settings have great potential to lead initiatives to improve health care by studying inpatient disease management and care processes. Implementation of QI efforts, however, requires understanding of and experience in using QI tools. This session will offer didactics in: 1) Overview – Importance of QI in pediatrics; 2) QI Basics - tools, project layout, and use of IT; and 3) QI Metrics and Interventions – PDSA and FMEA. Participants will work in breakout groups using the tools learned, under faculty guidance. Groups will share their results, and together discuss opportunities and challenges to performing QI. The ability to improve the health of hospitalized children while promoting scholarship will be emphasized. Based on input from last year's session, more time will be spent on tabletop work. Participants are encouraged to bring a process or idea relevant to his/her own setting for this interactive session.

QI 201: Quality Improvement in the Hospital Setting: Advanced tools, infrastructure, and leadership

Patrick Conway, Christopher Maloney, Mary Ottolini, Stephen Muething, Jeffrey Simmons and Erin Stucky

Learning Objectives:

1. Learners will define reliability and articulate how it can be used in assessing and creating safe health-care systems
2. Learners will apply advanced identify QI tools and data interpretation through tabletop work
3. Learners will identify and discuss the system components and leadership skills necessary for successful QI implementation

This session is geared toward those who have taken the 101 course or are familiar with basic QI tools and metrics. Participants will gain experience in use of advanced QI tools, reliability, data analysis and presentation of data. Participants are encouraged to bring examples from his/her own setting to which to apply these principles. Didactics will include the culture of safety, creation of infrastructure in different settings, and leadership skills needed to advance QI. Participants will work in breakout groups to apply these principles, with faculty guidance. Groups will share their results, and together discuss opportunities and challenges to advancing QI within a division and system. Based on input from last year's quality workshop, this session was created for those who have engaged in more than 1 quality activity, have or are interested in leading quality projects, and/or hold or aspire to QI leadership positions.

Academic Track Workshop Sessions

Abstract Writing for Scientific Meetings

Samir S. Shah and Ronald J. Teufel II, Christopher P. Landrigan, Tamara Simon, Raj Srivastava, Joel Tieder, and Karen Wilson

Learning Objectives:

1. Recognize the differences between abstracts for manuscripts and for meetings
2. Understand key steps in writing a good abstract
3. Identify common problems in abstracts submitted for presentation at scientific meetings.

Description:

“I have made this letter longer than usual because I lack the time to make it shorter”

(Blaise Pascal, Provincial Letters, XVI, 1657)

Hospitalists, as part of an emerging subspecialty, may lack necessary skills, mentorship, or collaborative environment to support their research. Research is selected for presentation at scientific meetings on the basis of a written abstract. Writing a good abstract is a formidable undertaking and many researchers wonder how it is possible to condense months or years of work into a few hundred words. Nevertheless, creating a well-written abstract is a skill that can be learned. Mastering the skill will increase the probability that your research will be selected for presentation. The objective of this workshop is to acquaint the reader with practical strategies for producing abstracts that are informative, interesting, and concise.

The session will begin with a review of guidelines for abstract writing. Topics will include hints for improving your writing style and ways to avoid common pitfalls such as unclear primary message, poor organization, and excessive detail. Participants will then be divided into smaller groups to analyze both well-written and flawed abstracts to discover what reviewers and readers expect to see in a submitted abstract, and to reinforce strategies on how to avoid common pitfalls associated with abstract writing.

Clinical Reasoning: Teaching Strategies to Avoid Diagnostic Errors

Mary Ottolini and Geeta Singhal

Learning Objectives:

1. Describe the magnitude of medical errors caused by incorrect diagnosis
2. Describe common pitfalls in clinical reasoning leading to incorrect diagnoses.
3. Discuss how theories of cognition can be applied to improving clinical reasoning in pediatric hospitalist practice.
4. Discuss how diagnostic errors can be reduced by deliberate practice.
5. Describe strategies to teach and evaluate clinical reasoning.

This interactive workshop will introduce participants to the cognitive theory behind metacognition and practical applications to hospitalist daily practice. Through video clips and role play participants will have a chance to deliberately practice key concepts. Ideas regarding teaching strategies and practical evaluation methods will be shared.

Designing A Pediatric Hospital Medicine Elective: From Training to Reality

Jennifer Walthall, Michele Saysana and Ben Bauer

I. Introduction: "Why we need Hospital Medicine Electives" Dr. Walthall will give an overview of the growth of hospital medicine as a specialty and the training experience of pediatrics residents entering the field. She will discuss the need for exposure to this paradigm versus the "inpatient ward month," specific training that is overlooked in the general pediatrics residency program, and introduce a pediatric hospital medicine pathway that complements existing pediatric hospital medicine fellowships.

II. The Riley Experience

a. Resident needs assessment survey results

b. Development of the curriculum

Dr. Walthall will give a brief overview of a suggested approach to managing curriculum development across the wide variety of pediatric hospital medicine practices.

c. Outcomes

Dr. Walthall will give an overview of the elective at Riley Hospital for Children and the outcomes of the residents who have taken the elective.

III. Overview of competencies

Drs. Bauer and Saysana will give a brief outline of clinical competencies as they relate to pediatric hospital medicine education.

IV. Large group brainstorming session (10 minutes) Facilitated by Dr. Walthall

a. Barriers

b. Strengths

V. Breakout small groups

a. Two competencies assigned to each table

b. Design a curriculum subset based on strengths/resources

c. Complete curriculum form on implementation and evaluation

VI. Small groups present

VII. Wrap-up and hand out flash drive "Tool Kit"

Dr. Walthall will present the educational tool kit for elective curriculum development.

Inpatient Teaching – Rounds and More

Daniel Rauch and Mary Ann Queen

Most hospitalists are involved in teaching trainees. The most common venue for teaching is attending rounds. This venue offers the possibility to teach many different topics. Additionally, there are many other "teachable" moments during the course of the day and night. We will discuss different approaches to attending rounds and then how to utilize the bedside, direct observation, chart review, and more. We will also tie in to the ACGME competencies and touch on how to endear yourself to the clerkship/residency director.

Keeping up to Date in 2009: How Hospitalists Can Reinforce EBM Skills

Jonathan Fliegel

Keeping up to date in current medical literature is an on-going challenge for all of us. The tools and methods of Evidence-Based Medicine are one framework for practitioners to answer clinical questions. Most medical schools and residency programs have curricula that introduce and teach the key skills of the EBM process. Gaps remain in the reinforcement of EBM, applying it on a real-time basis and evaluating those who use it. In this workshop, we will briefly review several of the core concepts of EBM and share and discuss how to more successfully use opportunities (such as rounds, lectures, or journal clubs) to use, teach and evaluate EBM skills. Whether a novice or an expert, participants can expect to actively participate, leave with new ideas and gain additional resources about learning, teaching and evaluating EBM skills.

Research Studies and Quality Improvement Projects –

What every hospitalist should know if they wish to publish their findings

Raj Srivastava, Christopher Landrigan, Samir Shah, Karen Wilson, Tamara Simon, Joe Tieder and Ron Teufel

Hospitalists, as part of an emerging subspecialty, may lack necessary skills, mentorship, or collaborative environment to support their research.

As the majority of hospitalists are young in their career, research is typically the last area, after clinical, education and even administration; they have found time to focus on. However, as hospitalists move along in their career, they are usually presented with an opportunity to participate in a research study or wish to work on one of their own. Many times, this may in the form of a quality improvement study. Junior faculty may find themselves wanting specific and concrete information regarding how they can accomplish their study. What are the barriers they need to consider? And what are realistic timelines and resources they can expect/look for?

The session will provide an overview of topics that those wishing to pursue a research study should consider including, picking a research study (defining the question) and how to choose the best study design, choosing a scientific meeting and writing the abstract, finding a mentor, finding the resources to get the study done, considering realistic timelines, publishing the paper and making the work count for your job. In addition, how to publish the quality improvement study will also be discussed – with comparisons and contrast to a clinical research study.

After attending this workshop the hospitalist should be able to 1) recognize the key steps leading to completion of a research study 2) identify how they may complete a research study from beginning to end and 3) identify what areas are available in their own institution and what areas they need further help with to pursue and publish their research or quality improvement project.

The session will begin with an overview of the major issues one should consider when conducting a research study. Through specific examples, we will emphasize how the study was accomplished with attention to each issue, highlighting the amount of effort and rewards.

The Use of Simulation in Inpatient Pediatric Education

E. Douglas Thompson Jr., Sharon Calaman, Laura Smals, Nancy Spector, Katherine Gargiulo and Matthew McDonald

The evolution of medical education has led to the challenges of decreased learning opportunities secondary to work hour restrictions and the need to document the learner's abilities in the six competencies outlined in the Accreditation Council on Graduate Medical Education. Simulation provides one tool that can be used to meet these challenges. This workshop will be an interactive experience that allows the participants to investigate the role of simulation in pediatric education. The presenters will introduce the concepts of simulation in medical education and discuss their experience with simulation. A variety of applications of simulation, including its use as a teaching tool and as a mechanism to document competencies, will be demonstrated. The participants will break into small groups to discuss their experience with simulation including actual and/or potential applications to pediatric education. The discussions will consider the entire spectrum of learners including medical students, residents, fellows and practicing physicians. The workshop will conclude with a large group discussion summarizing the combined experiences in small groups.

Keynote Address

Patrick Conway, MD, MSc

The keynote will provide a perspective into health policy and its impact on hospitalists, including clinical care, research, and education. It will include an overview of the Department of Health and Human Services and its role in health care (e.g. structure, roles, how decisions are made and then executed). A description of Dr. Conway's time spent in Washington D.C. as White House Fellow, and then Chief Medical Officer in the Office of the Secretary in Policy Planning and Evaluation Division. And a summary of several key issues for pediatric hospitalists to consider: effect of SCHIP on the care of children and associated quality and research initiatives, value driven health care (paying for quality and value) efforts at federal and state level, how hospitalists can influence health policy (e.g. advocacy work at local, state, or federal level; research; direct involvement), and the importance of collaborative networks to answer clinical questions in the future (e.g. comparative effectiveness, QI and safety in different settings).

Organizational Forums

Please plan to attend the organizational forums presented by each of the sponsoring organizations. These sessions are the place to learn more about how each organization can support pediatric hospitalists and to meet other members.

Saturday, July 25

AAP 7:00 - 8:00am

APA 4:30 - 5:30 pm

Sunday, July 26

SHM 8:00 - 9:00am

Mentor Breakfast

Attendees will have breakfast with a senior pediatric hospitalist to discuss how to get the most out of a mentoring relationship. Sign up for this activity will be available on site at the meeting.

Location info

Tampa Marriott Waterside Hotel and Marina
700 South Florida Avenue
Tampa, FL 33602
813-221-4900

A discounted room rate of \$149 per night is available for meeting attendees by calling the number above and identifying yourself as part of Pediatric Hospital Medicine 2009. You must reserve your room by June 24, 2009 in order to receive the discounted group rate.

Tampa is home to some of the best attractions and diversions in the country. The Tampa Marriott Waterside Hotel and Marina puts you in the center of all the fun. Busch Gardens, Adventure Island, the Museum of Science and Industry and more than a dozen golf courses are all within a quick drive. Ybor City and Channelside entertainment complexes are only blocks away.

Ground Transportation

From Tampa International Airport

Bay Shuttle is offering a discounted rate of \$9 each way for meeting attendees. Advance reservations are required. Call (813) 251-3107 and identify yourself as Pediatric Hospital Medicine 2009 attendee to receive the discounted rate.

Estimated taxi fare: 22.00 USD (one way)



Cancellation Policy

Cancellation of registration cannot be accepted by phone. All cancellations must be in writing. A \$50 fee will be assessed for cancellations received by June 24, 2009. No refunds will be issued after June 24, 2009, except in the case of an emergency. All refunds will be processed after the meeting.

For questions contact:

Maribeth Sarnecki
Academic Pediatric Association
6728 Old McLean Village Drive
McLean, VA 22101
703-556-9222
Maribeth@academicpeds.org

Save the Date for Pediatric Hospital Medicine 2010
July 22-25
Hyatt Regency Minneapolis
Minneapolis, MN



Pediatric Hospital Medicine 2009

Registration

Pediatric Hospital Medicine 2009 July 23-26, 2009

Name: _____

Degrees: _____ Title: _____

Organization: _____

Address: _____

City/State/Zip/Country: _____

Phone/FAX/Email: _____

All communications regarding the meeting will be sent via email

Dietary Restrictions: _____

Registration Fee

	Early Discount by 6/24/2009		After 6/24/2009
APA/AAP/SHM Member	\$595	APA/AAP/SHM Member	\$695
NonMembers	\$695	NonMembers	\$795
Student/In-Training	\$295	Student/In-Training	\$345

Payment:

Payment may be submitted via check or credit card.

Check (Make payable to APA) Credit Card

Credit Card Number (VISA or Master Card) _____

Exp: _____ Signature: _____

Payment must accompany registration form.

Preliminary Registration will be open until July 17th, 2009. After that date registration may only occur onsite. Register online at www.academicpeds.org.

REGISTER EARLY TO SECURE YOUR SPOT!

Send completed form to:

Academic Pediatric Association
6728 Old McLean Village Drive
McLean, VA 22101
Tel: 703-556-9222
Fax: 703-556-8729

For Office Use

Paid Amount: _____

Date Received: _____

CK/CC #: _____

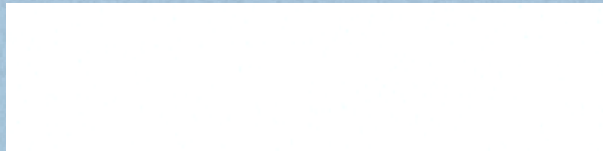
Academic Pediatric Association



ACADEMIC
PEDIATRIC
ASSOCIATION



*American Academy
of Pediatrics*



*Society of Hospital
Medicine*



shm
Society of Hospital Medicine

www.academicpeds.org