

# NEWS

VOL 69, NO 1

JANUARY 2004

los angeles pediatric society



## FROM THE PRESIDENT

Sheila S. Phillips, M.D.



The heart of my practice is the contact with children and their families, and that remains the main task and offers the greatest rewards for what I do. When I began my career in medicine there was no thought of involvement in medical associations. Participation on hospital committees grew to include collegial work with local pediatric groups, and a pleasant duty of my new office is to write a president's column. For the last many years we have been fortunate in having a string of capable and dedicated physicians serving in executive positions in our organization. I am grateful for the example and advice they provide. There are many issues we have to address and I count on the committees and others to continue to strengthen our organization as we define and realize our goals. From this bully pulpit I hope to exhort you to become active in the community of pediatricians so that our mission as doctors can be better fulfilled, as well as to address organizational issues that may be more ho-

hum. But it is urgent, both for the community we serve, and for our progress as practitioners, that we seek opportunities to offer the fruits of our training, our expertise, beyond the confines of our day-to-day practice. Many doctors volunteer their time at free clinics. Many travel in desperately poor areas to help those who have no access to quality care. Many serve at summer camps for children with infirmities. Those efforts greatly benefit the patients served, of course. But I've spoken to many doctors who volunteer and I believe that our community of pediatricians is helped by the efforts of all who give. It is not the gratitude or the honor they may receive; it is that those who give grow from bringing their experience back to their regular practice.

The act of giving makes us better, perhaps even more than the patients we help. There can be no more fit subject for my first column than to thank those pediatricians who are volunteering their time, and to urge those who have not yet done enough to seek opportunities for such involvement. One of the best programs of our own organization is the Gene Black Summer Program. I shall have more to say about it in another column, but it is a program that all members should support and in which more should participate.

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Our invaluable secretary, Eve Black, maintains a file of organizations that have ongoing needs for volunteers; if a pediatrician would like to consider giving some time a list of needy organizations shall be available on our website.

At medical functions we often hear colleagues talk about their experience as volunteers. The need is great, and all of us know about many opportunities. Many of us have promised ourselves that someday we shall see what we can do. Procrastinate no more. Make that contact, book that trip, and schedule the time. As your new president urging you to consider giving is the first item on my agenda.

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FAX-323/779/3505  
e-mail: lapseve@aol.com  
www.lapedsoc.org

**FUTURE MEETINGS**

**February 14-20, 2004**

*Pediatric Potpourri®*

Hosted by University Childrens Medical Group and  
AAP, California Chapter 2  
Site: Hawaii



**March 4-7, 2004**

*Combined Southern California Pediatric Postgraduate Meeting Clinical Pediatrics*

Hosted by American Academy of Pediatrics,  
California Chapter 2,  
Cosponsored by: Los Angeles Pediatric Society  
Site: Hilton Palm Springs Resort, Palm Springs, CA  
See page 3.

**April 15-18, 2004**

*Advances In Pediatrics, 15<sup>th</sup> Annual Las Vegas Postgraduate Meeting*

Hosted by American Academy of Pediatrics, California Chapter 2,  
Site: Flamingo Hotel, Las Vegas, NV

**May 19, 2004**

*Emerging Infections of the new Millenium*  
Sportsmen's Lodge, Studio City, sponsored by  
Los Angeles Pediatric Society  
See page 14.

**July 3-9, 2004**

*Pediatrics in the Islands ... Clinical Pearls*

Hosted by University Childrens Medical Group and  
AAP, California Chapter 2  
Site: Hawaii

**September 30-October 3, 2004**

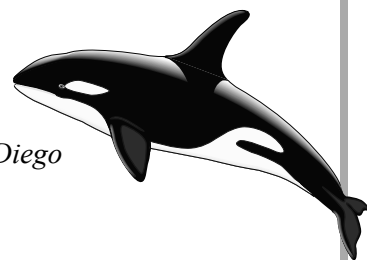
*61<sup>st</sup> Annual Brennemann Lectures, Bahia Hotel, San Diego*

Sponsored by Los Angeles Pediatric Society  
See page 10.

**November 18-21, 2004**

*Pediatric Update, 26<sup>th</sup> Annual Las Vegas Seminars*

Hosted by American Academy of Pediatrics, California Chapters, 1, 2, 3 & 4  
Site: Venetian Hotel, Las Vegas Nevada



For information on the HAWAII MEETINGS ONLY, please contact  
Laura Thomas, (323) 669-2305, (800) 354-3263, 1(800) 3-KID-CME or  
[www.ucmg.org](http://www.ucmg.org)

For information on the other meetings, please contact Eve Black or Barbara  
Carr, P.O. Box 4198 Torrance, CA 90510-4198  
(323) 757-1198/(310) 540-6240/fax (323) 779-3505 and fax (310) 543-2375  
e-mail: [aapcach2@aol.com](mailto:aapcach2@aol.com) or <http://www.aapca2.org>



**COMBINED SOUTHERN CALIFORNIA  
PEDIATRIC POSTGRADUATE MEETING**

# CLINICAL PEDIATRICS

Hosted by:  
California Chapter 2, AAP, and American Academy of Pediatrics and cosponsored  
by Los Angeles Pediatric Society

**MARCH 4-7, 2004**  
**At the HILTON PALM SPRINGS RESORT**  
**in Palm Springs, California**

**FACULTY**

**HEIDI M. FELDMAN, M.D., Ph.D.,**  
Ronald L. and Patricia M. Violi Professor of  
Child Development, Children's Hospital of  
Pittsburgh; Professor of Pediatrics, University  
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**LAURIE SMITH, M.D., FAAP, FAAAAI,  
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**This program is CME approved. For more information, call 310/540-6240 or 323/757-1198;  
Fax 310/543-2375 or 323/779-3505; or email aapcach2@aol.com.**



**MEETING ADVANCE  
REGISTRATION**

**CLINICAL PEDIATRICS**  
**American Academy of Pediatrics**  
**California Chapter 2**  
**Hilton Palm Springs Resort**  
**March 4-7, 2004**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Email address \_\_\_\_\_ Fax ( ) \_\_\_\_\_

<i>Tuition Fee:</i>	<i>Before Feb 4</i>	<i>After Feb 4</i>	
Physicians: Members of AAP California Chapter 2, LAPS . . . . .	\$525	\$550	\$ _____
Physician Non-members . . . . .	\$575	\$600	\$ _____
Pediatric Residents Hospital _____ . . . . .	\$150	\$175	\$ _____
Allied Health Personnel . . . . .	\$150	\$175	\$ _____
Physicians Emeritus with AAP Chapter 2, LAPS. . . . .	\$100	\$125	\$ _____
GOLF FEE: Golf for Men and Women . . . . .	\$ 70	\$ 95	\$ _____
Starts 12:00 noon Saturday — limited to first 40 registrants . . . . .		TOTAL	\$ _____

Give names in your party \_\_\_\_\_  
Your check or credit card is acceptable in payment. MasterCard VISA (circle one)  
# \_\_\_\_\_ Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

Please make checks payable to: American Academy of Pediatrics Chapter 2 and return to: PO Box 4218 Torrance,  
CA 90510-4218 or fax completed form with credit card information to 310/543-2375 or 323/779-3505.

**HOTEL  
REGISTRATION**

**CLINICAL PEDIATRICS**  
**American Academy of Pediatrics**  
**California Chapter 2**  
**Hilton Palm Springs Resort**  
**March 4-7, 2004**

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_

Hotel Accommodations Requested: \_\_\_ Double \_\_\_ Single Number in Party \_\_\_\_\_  
Arrival: Time \_\_\_\_\_ Date \_\_\_\_\_ Departure: Time \_\_\_\_\_ Date \_\_\_\_\_

Hotel Accommodations: 100 rooms of the Hilton Palm Springs Resort will be available to registrants. Special rates are \$189/night  
single or double occupancy. Subject to tax. Note: Accommodations can be guaranteed only if reservations are made 30 days prior  
to the meetings. **Chapter 2 disclaims any responsibility for hotel arrangements.**

**IT IS RECOMMENDED THAT YOU MAKE RESERVATIONS FAR IN ADVANCE OF THE MEETING.**

Your check or credit card is acceptable in payment. MasterCard VISA Amer. Express (circle one)  
# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_  
Please make checks payable and send to: Hilton Palm Springs Resort, 400 E. Tahquitz Way, Palm Springs, CA 92262.  
Phone 800/522-6900, 760/320-6868



MEDICAL HOMES FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS

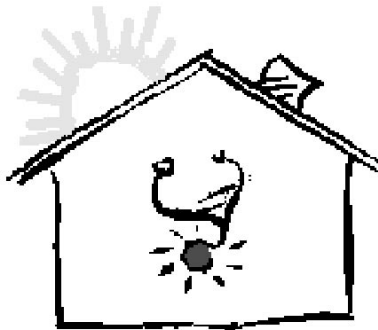
FREQUENTLY ASKED QUESTIONS

Following please find a document prepared by the CA Medical Home Project, that describes the medical home, how it improves care for children with special health care needs, and practice suggestions to improve one's "medical homeness". The information in this Frequently Asked Questions document comes out of the work of our 7 local coalitions, working with providers throughout the state to increase the number of medical homes for children with special needs.

You've probably heard the term 'medical home' recently and may wonder what this means. Is it a residential treatment facility for children? Is it the home of a child who has complex medical treatment needs? Below are answers to frequently asked questions about the medical home concept.

What is a Medical Home?

A medical home is not a building or a place, but an approach to providing high-quality, cost-effective care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective. Pediatric providers and parents work together to identify and meet the child's health, developmental and psychosocial needs (AAP).



palate, technology dependence, developmental disabilities or behavioral or mental health conditions. It is estimated that about ten percent of children in California have special health care needs, so in all likelihood, these children are in your practice. Innovations aimed at enhancing the "medical homeness" of your practice can benefit not only the patients and their families, but you and your staff as well.

What are some of the challenges experienced by children with special health care needs and their families?

What does a Medical Home look like?

A medical home provides an ongoing source of coordinated health care for children. This should include a regular source of primary care, attention to the comprehensive needs of the child and family, referrals for families to needed services, services organized for families' ease of use, clear communication with the family, and partnered decision-making with families at all levels.

Children with special health care needs and their families use a myriad of distinct and uncoordinated programs and service systems when accessing appropriate care for their children. Each of these programs or systems has their own eligibility criteria, application procedures, and array of services that may or may not completely meet the needs of the child. Limited communication between providers, programs and families may lead to gaps and duplication in services, creating confusion and frustration for families. Family-centered care coordination is a central component of the medical home model and can help families deal with these issues.

Children with special health care needs (CSHCN) include children who have, or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.

How do I know if I am a medical home?

How can I plan improvements?

There are some excellent resources to assist providers with serving as a medical home. A self-assessment tool called the Medical Home Index is available from the Center for Medical Home Improvement. The purpose of this tool is to assess the "medical homeness" of one's practice. The companion Medical Home Family Index solicits feedback from parents. In addition, a tool kit is available to assist practices to improve their "medical homeness" in each of the defined areas. This kit consists of assessment tools and strategies for improvement. For information on these materials, go to www.medicalhomeimprovement.org, or call the California Medical Home Project Program Office at (323) 913-4400 or go to www.medicalhomela.org.

With limited time and staff, how can I make my practice more like a medical home for the children and families that I see?

Through the work of the California Medical Home Project (more on this below), local coalitions throughout the state have identified

Who are children with special health care needs?

Children with special health care needs (CSHCN) include children who have, or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally. (Maternal and Child Health Bureau, 1998). This definition includes children with conditions such as asthma, attention deficit hyperactivity disorder, sickle cell disease, congenital defects like cleft



ways in which practices can enhance their “medical homeness” without extraordinary expense or use of resources. Some of the suggestions identified by the local coalitions include:

- Changing the color of the charts of children with special needs so that staff recognizes that families may need extra time or special accommodations.
- Using prescription-size pads with preprinted resources and phone numbers (e.g., Regional Center or Head Start) for easy distribution to families.\*
- Having up-to-date resource directories in the office for staff to use in making referrals to community-based agencies.\*
- Encouraging families to use notebooks to organize their children’s medical and related information for sharing among providers.\*
- Developing a relationship with and referring families to local family support organizations. (See next page for Family Voices of California.)

\*Sample materials are available from the California Medical Home Project Program Office.

**What is the California Medical Home Project?**

Begun in September 2001, the California Medical Home Project aims to increase the number and enhance the quality of medical homes for children with special health care needs in California. The project consists of a network of seven local coalitions throughout the state that plan and coordinate activities to promote the concept of the medical home in their respective communities. Each local coalition is responsible for convening a group of key stakeholders to discuss community needs, and potential barriers and strategies for implementation of the model. Local coalition members include parents, pediatric providers, administrators of agencies and programs serving children with special health care needs such as California Children Services and Regional Centers, special education programs, family resource centers and hospitals and health centers.

To obtain information about the medical home model, or resources for children with special health care needs, please contact the following:

- The California Medical Home Project Program Office  
[www.medicalhomela.org](http://www.medicalhomela.org)  
(323) 913 4400
- The Center for Medical Home Improvement  
[www.medicalhomeimprovement.org](http://www.medicalhomeimprovement.org)  
(603) 653 1480
- The Medi-Cal Policy Institute  
[www.medi-cal.org](http://www.medi-cal.org)  
(510) 286 8976
- The California HealthCare Foundation  
[www.chcf.org](http://www.chcf.org)  
(510) 238 1040
- The UCLA Center for Healthier Children, Families and Communities  
<http://healthychild.ucla.edu>  
(310) 794 2583
- The American Academy of Pediatrics  
[www.aap.org](http://www.aap.org)  
(847) 434 4000
- Family Voices of California  
[www.familyvoicesofca.org](http://www.familyvoicesofca.org)  
(415) 282 7494

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**POSITIONS WANTED**

Bright, energetic, California licensed , B/E pediatrician looking for full time position in Los Angeles area. Please call Susan at (646) 303-5872.

**POSITIONS AVAILABLE**

Position available, starting summer, 2004. For full time pediatrician in group practice in Long Beach adjacent to Miller Children’s Hospital. Call Kim Holford at (562) 424-4538 for more information.



**DR. JIM SEIDEL MEMORIAL FUND**

The Los Angeles Pediatric Society has established the Dr. Jim Seidel Memorial Fund in support of the Gene Black Summer Medical Career Program. Once the goal of \$25,000.00 is reached, we will issue a Dr. Jim Seidel Memorial Scholarship to one student in this program each summer. Selection of the student will be based on Hospital Counselor recommendations and the student’s essay about their experience in the program.

Please make donations payable to the Los Angeles Pediatric Society, with “Dr. Jim Seidel Memorial Fund” in the memo section of your check and mail to P.O. Box 4198 Torrance, CA 90510-4198. Tax ID #95-2673275.

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An occasional commentary...

The Problem of Transition – The Challenges of Success

Richard G. MacKenzie MD.CM. FAAP, Editor, LA Pediatric Society Newsletter, Director, Division of Adolescent Medicine, Childrens Hospital Los Angeles  
Associate Professor of Pediatrics and Medicine, USC Keck School of Medicine

The success of modern pediatric medical care has been nothing but astounding! But with each success a new set of challenges becomes evident, particularly with those children who are left with chronic disease or the sequelae of treatment.

The life expectancy of children and youth with chronic illness has increased dramatically over the past 20 years. Nationally it is estimated that more than 2 million young people between the ages of 10 and 18 have some functional limitation due to chronic and disabling conditions. This represents a greater than 100% increase since 1980! Improved pediatric care, advances in understanding disease and its management and improved technology have greatly influenced survival rates and/or quality of life, particularly with such diseases as childhood cancers, cystic fibrosis, congenital heart disease, spina bifida and other diseases of neurological compromise, hemophilia, asthma, chronic bowel diseases, bronchopulmonary dysplasia and those who have received organ or stem cell transplants. And there is every indication that these numbers will continue to rise.

With more young people transitioning into adulthood with both the burden of their disease and the physical, psychological and social sequelae, new healthcare delivery models need to be created to ease this transition. Professionals from both pediatrics and adult medicine need to be sensitized to the special issues involved. Besides the developmental demands and challenges common to the period of adolescence, chronically ill adolescents must deal with illness related stressors such as restricted physical activity, painful treatments, complex daily care regimens, prolonged hospitalizations and unexpected illness trajectories. Adolescents with chronic illness have the potential to become overwhelmed with the added daily responsibilities, both illness and non-illness related (what I call the work of daily living), so that success in mastering anticipated social and developmental roles may not be achieved easily. The ultimate ideal goal of a transition program is to provide a new medical home for a patient who must now move from a pediatric “home” where they have developed trust, familiarity and dependency on the group of professionals who have been integral to their survival and development. The ideal transition program would provide a continuity of medical and health care that, to the adolescent, is seamless, coordinated across service providers and institutions and resources, is integrated into the developmental needs on an individual basis, is community linked, is psychosocially appropriate and comprehensive in function. This program must function in a positive philosophy of growth and wellness - that is, it acknowledges to the young person that he has achieved a new stage of development in an environment of increased independence and responsibility.

There is no universal agreement as to what is the most successful model for a successful transition program. Programs nationally have generally fallen into four basic categories.

- **Disease-focused model** – provides services based on the management and care needs of a specific chronic illness or disability usually within a sub-specialty clinic setting.
- **Adolescent-focused model** – provides coordination of the sub-specialist team through adolescent health specialists. The focus of the adolescent medicine physician is to integrate the multi-specialty management input into a coordinated plan action that takes into account the young persons bio-psychological demands and social influences.
- **Primary Care model** – relies on the family physician, general pediatrician or internist to coordinate care among consulting pediatric sub-specialists, internists and other involved parties.
- **Transition Coordination model** – provides a multidisciplinary team to assess transition need and referrals to community and adult institutional health care providers and resources. The present model encouraged by the California Children’s Services (CCS) under the rubric of ‘case management conference’ is an example of this model.

Over the past 40 years, much has been learned about both the adolescent as a person and the adolescent as a patient. It is the interface of these two life identities, i.e. personhood and patienthood that determines the success of most of the professional — patient interaction that will modulate the effectiveness of any transition initiative. All parties involved in the transition initiative must experience a sense of doing the right thing for the overall benefit of the adolescent sometimes with significant modification of the ideal and generally accepted treatment plan.

Below I have identified several guiding principles that need to be integrated into a successful transition program. These principles derive from both my experience and that of colleagues across the US, Canada and Europe.

1. All services and associated activities must be adolescent focused — that is the needs of the individual adolescent must always be central. It is not uncommon in multidisciplinary medicine, practiced in an environment of scarce resource and competing priorities, that the needs of the professional, the institution, the community, family or funding agency become the primary consideration in decision making. The adolescent in a sense becomes a bystander to the process and victim of the system at a very fragile time in his/her medical relationships and disease management. When this is ignored, the common behavioral response of the adolescent is to become non-compliant or increasingly dependent and regressive.
2. Each individual needs a ‘transition manager’ who coordinates the care across disciplines and institutions. This transition man-



ager functions somewhat as a ‘case manager’ but with expanded knowledge and skills in transition practices, communication, hospital systems, community resource, development, families and problem solving. Ideally the transition manager would demonstrate and model skills such as assertiveness, advocacy, decision-making, problem-solving and social communication that needs to be developed and affirmed in the young person experiencing the process. Presently, in random transition efforts, this ends up being the medical team and often the physician.

- Having clear guidelines that promote consistent decision-making and that are shared and agreed upon by all professionals and staff involved.
- Understanding the dilemma and pitfalls of being an adolescent with an illness burden who is being asked to uproot and move their ‘medical home’.
- Although professionals must acknowledge the foremost need for quality medical care they must do so in an environment that acknowledges the youth’s unique “personhood.” The young patient must see this as a positive experience and as “growth” rather than abandonment.
- The new medical home must provide a confidence and expertise of knowing about the young person’s illness, history and current treatment modalities.
- The adult needs of the individual must be recognized by providing services that address vocational, educational, social, and sexuality issues as well as physical and emotional health needs.

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Nationally it is estimated that more than 2 million young people between the ages of 10 and 18 have some functional limitation due to chronic and disabling conditions.

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3. A forum needs to be developed for the varied and multiple service providers to discuss management plans and readiness issues. Both pediatric and adult providers need to be present to discuss treatment and patient management issues. Issues of compliance and developmental conflicts need to be sorted out and appropriate measures taken to minimize the impact of these on a successful transition. Experience has shown that it is not just the disease condition that affects the outcome. The social and family environment are essential to promoting adult functioning and diminish the impact of disease dependent social isolation that increases the risk of depression and suicide attempts.
4. A number of elements have been identified that promote a successful transition experience. These include:
  - Having a high expectation of the individual making the transition and reinforcing capability through encouragement and personal validation.

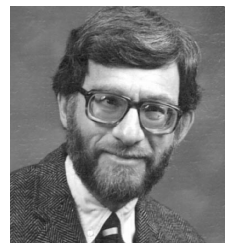
Transitioning is a process rather than an event. Research has shown that the majority of adolescents spend about four years in the transition. Most will need to be introduced to the process and program between the ages of 14 and 17 years old if they are to complete the program between 18 and 21. It is a staged procedure and one that requires the consistency of attention and expertise that brought the young patient to the threshold of need for such a program.

Real impediments exist, some within the purview of third party payers, but many lie within the attitudes and knowledge limitations of both pediatric and adult health professionals. Although the advances of modern biomedical technology contributes greatly to diminishing or modifying the disease burden, it will be smooth systems, collaboration and advocacy that will allow the gift of life to be experienced and enjoyed.

## ANNUAL SPRING/PARMELEE LECTURE

**Marshall G. Goldberg, M.D., Program Chairman**

**S**ave the date, May 19, 2004! It’s Parmelee Lecture time again and the Society has a real winner again this year. The last three lectures addressed autism, ADHD, and childhood obesity. This year Dr. Laurene Mascola, director of the Acute Communicable Disease Control Program of the Los Angeles county Department of Health Services will discuss “Emerging Infections of the 2000s.” As SARS, Influenza with its changing strains, and West Nile Virus among other diseases have attacked our populations, the importance of becoming familiar with the epidemiology, clinical aspects, prevention and potential treatments is obvious to all of us. Dr. Mascola is not only an acknowledged expert in these areas, but is also an excellent and stimulating speaker. I urge you all to avail yourselves of this unique opportunity, not only to learn, but also to enjoy a wonderful evening to socialize with your friends and colleagues. Remember May 19th, 2004, Wednesday night at the Sportsmans Lodge in Studio City. See you there!





THE GENE BLACK SUMMER MEDICAL CAREER PROGRAM

The Summer Medical Career Program was established by the Los Angeles Pediatric Society in 1969. The purpose of the program is to stimulate high school students to choose careers in the health professions. This is accomplished by providing first hand experience observing doctors, nurses and allied health professionals at work in hospitals and through career guidance provided by counselors at each participating institution.

A weekly stipend of \$75.00 is given each student to cover incidental expenses and a certificate of completion at the end of the program. In addition two \$500 scholarships are awarded each year from the Edward M. Rissman Scholarship Fund.

Funding is provided by contributions from individuals and groups, Medical Careers Unlimited Medical Group Members and our new Circle of Friends and Donors. To show our appreciation, contributions received this year are listed below. All are cordially invited to join. You will help students get started in the right direction just as perhaps someone helped you.

Individual

- Sonia Andonian, MD
Richard Antin, MD
Katherine S. Bao, MD
Robert H. Barnhard, MD
Masood Bral, MD
Donna M. Barras, MD
Carol D. Berkowitz, MD
Mary Ann Carlson, MD
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Mayo R. DeLilly, III, MD
Ruth Canero Demonteverde, MD

- Jess Diamond, MD
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MEDICAL CAREERS UNLIMITED 2004/2005 MEMBER

- Individual \$50.00 Donor \$100.00 Medical Group \$100.00

If Medical Group Donation, list name and address of medical group and names to be listed:

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Donors will be recognized publicly in the newsletter. Donations of \$1000.00 or more will be recognized for five years from date of donation.

(Make checks payable to the Los Angeles Pediatric Society and mail to P.O. Box 4198 Torrance, CA 90510-4198.)





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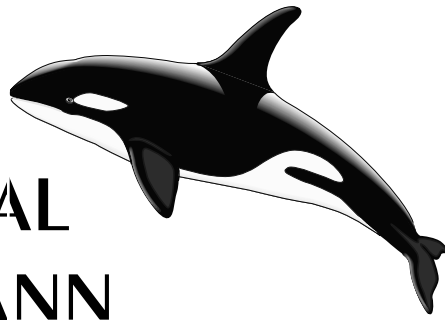
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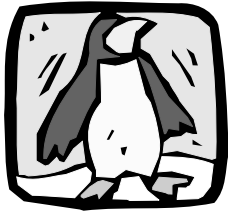
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# 61<sup>ST</sup> ANNUAL BRENNEMANN MEMORIAL LECTURES

## SEPTEMBER 30-OCTOBER 3, 2004

### Faculty

**DAVID FEINBERG, M.D., M.B.A.**, Medical Director, UCLA Neuropsychiatric and Behavioral Health Services; Associate Professor of Clinical Psychiatry, David Geffen School of Medicine at UCLA, Los Angeles, California.

**JAMES GARRICK, M.D.**, Director, Center for Sports Medicine, Saint Francis Memorial Hospital, San Francisco, California.

**ORA H. PESCOVITZ, M.D.**, Edwin Letzter Professor of Pediatrics, Executive Associate Dean for Research Affairs; Professor of Cellular and Integrative Physiology; Director, Pediatric Endocrinology and Diabetology, Indiana University School of Medicine, Indianapolis, Indiana.

**MICHAEL E. PICHICHERO, M.D.**, Professor, Microbiology and Immunology, Pediatrics and Medicine, University of Rochester, Rochester, New York.

**LAWRENCE SCHACHNER, M.D.**, Interim Chairman and Professor of Dermatology and Cutaneous Surgery; Professor of Pediatrics; Director of Division of Pediatric Dermatology, University of Miami School of Medicine, Miami, Florida.

### Accreditation



This activity is offered by a CMA-accredited provider, the Los Angeles Pediatric Society. Physicians attending this course may report up to 15 hours of Category 1 credits toward the California Medical Association's Certificate in Continuing Medical Education and the American Medical Association's Physician's Recognition Award. The California Board of Registered Nursing approved 15 hours of continuing medical education. Provider number CEP11121.

### 61<sup>st</sup> Brennemann Lectures Meeting Advance Registration

Name ..... Date .....

Address .....

City ..... State ..... Zip .....

Phone ( ) ..... Fax ( ) .....

Email .....

Tuition Fee	Before 8/25	After 8/25	
Physicians: Members of LAPS .....	\$500 .....	\$550 .....	\$ .....
Physician Non-members .....	\$550 .....	\$600 .....	\$ .....
Pediatric Residents Hospital: .....	\$. 40 .....	\$ 60 .....	\$ .....
Allied Health Personnel Category: .....	\$.250 .....	\$300 .....	\$ .....
Emeritus with LAPS .....	\$125 .....	\$150 .....	\$ .....

\*SATURDAY EXCURSION *Seaworld*: \$60.00 adults \$40 children (3-11)

*Includes: All-day admission ticket, special tour, dinner. Limited to first 125.*

No. of adults \_\_\_ x \_\_\_ No. of children 3-11 \_\_\_ x \_\_\_ 2 & under \_\_\_ x N/C = \$ .....

\*Must be registered in advance..... **TOTAL...** \$ .....

Please make checks payable to: Los Angeles Pediatric Society and return to:

P.O. Box 4198 Torrance, CA 90510-4198. *We regret credit cards cannot be accommodated.*

### 61<sup>st</sup> Brennemann Lectures Hotel Advance Registration

Name .....

Address .....

City ..... State ..... Zip .....

Phone (Please include area code).....

Number in Party .....

Hotel Accommodations Requested: \_\_\_ Double \_\_\_ Single

Arrival: Time..... Date.....

Departure: Time..... Date.....

Your check or credit card is acceptable in payment.  
MasterCard VISA American Express (circle one)

#..... Exp. Date .....

Signature .....

*150 rooms are available to registrants at the special rate of \$144 per day single or double occupancy plus tax. Part of this fee is commissionable to LAPS. Note: Special rates will be available only until August 15, 2004 or until all 150 blocked rooms are taken. Once these rooms are taken, regular hotel rates will apply. WE RECOMMEND YOU MAKE RESERVATIONS FAR IN ADVANCE OF THE MEETING. The Los Angeles Pediatric Society disclaims any responsibility for hotel arrangements. Please make check payable and send to Bahia Hotel at address listed above. Phone Number: 1-800-288-0770.*

**LOS ANGELES PEDIATRIC SOCIETY APPLICATION**  
**35th ANNUAL — GENE BLACK SUMMER MEDICAL CAREER PROGRAM**  
**July 6 -30, 2004 (4 weeks)**

**Applicants must be at least 16 years old and a high school student (students currently enrolled in grades 11 & 12 only). This application must be signed by a high school official.**

**PLEASE PRINT OR TYPE**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail \_\_\_\_\_ School Grade at present (circle one): (11) (12)

Ethnic Group (optional, for grant tracking purposes only) \_\_\_\_\_

High School Name, \_\_\_\_\_

High School Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Extracurricular Activities and Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Honors or Honor Society Membership \_\_\_\_\_

Academic and Career Future Plans: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In an Emergency Contact: \_\_\_\_\_ Relation \_\_\_\_\_

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_

**TO COMPLETE THIS APPLICATION:** (These items *MUST* be included when mailing or faxing your completed application)

1. Write an essay of no more than one page about why you are interested in the program.
2. Attach one or more letters of recommendation from a school official (high school principal, counselor, teacher, or other professional) who is familiar with your abilities and interests.
3. If you need more space for "Extracurricular Activities and Interests" or "Honors or Honor Society Membership," please write on a separate sheet of paper and submit with your completed application.
4. Have a school official sign the application below.
5. Your parent or guardian **MUST** sign the consent form on the back of this application.
6. The following is a lists of hospitals participating in our program this year. Please indicate your 1st and 2nd choice. The second choice will only be used if the first choice hospital is not available. **Select carefully as you are responsible for your own transportation.**

____ Arrowhead Regional Medical Center, Colton	____ Kaiser Hospital, Harbor City	____ St. Johns Hospital/Santa Monica Hospital
____ Cedars Sinai Medical Center, Los Angeles	____ Kaiser Hospital, Woodland Hills	____ St. Mary Medical Center, Long Beach
____ Childrens Hospital, Los Angeles	____ King/Drew Medical Center, Los Angeles	____ Tarzana Medical Center, Tarzana
____ Harbor UCLA Medical Center, Torrance	____ LAC/USC Medical Center, Los Angeles	____ UCLA Medical Center, Los Angeles
____ Huntington Memorial Hospital, Pasadena	____ Olive View Medical Center, Sylmar	____ White Memorial Medical Center, Los Angeles

This program is best described as a shadow program. Students work under the supervision of a health care professional (Hospital Counselor) and get a realistic view of what it is really like to be a doctor, nurse, etc. Students selected will receive a stipend of \$75.00 at the end of each week in the program. This is for bus, gas, food, and any other expenses needed to participate. This program is four weeks, Monday through Friday, about eight hours a day (no nights or weekends).

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

School Official Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail to:** Gene Black Summer Medical Career Program  
 Los Angeles Pediatric Society, PO BOX 4198 Torrance, CA 90510-4198  
 Fax: (323) 779-3505 or (310) 543-2375

**DEADLINE FOR APPLICATIONS IS MARCH 19, 2004**  
 Applicants will be notified by the May 10 if accepted or not.

If you have any questions or need additional copies of this application or a brochure, call Barbara Carr (310) 540-6240, fax (310) 543-2375  
 8:30am-5pm, **Monday through Friday only.** Web site: [www.lapsoc.org](http://www.lapsoc.org)

**YOUR ESSAY, SIGNED CONSENT FORM ON THE REVERSE SIDE, AND LETTERS OF RECOMMENDATION MUST BE RETURNED WITH YOUR COMPLETED APPLICATION.**  
**LETTERS OF RECOMMENDATION RECEIVED SEPARATELY WILL NOT BE ACCEPTED.**

**LOS ANGELES PEDIATRIC SOCIETY**  
**35th ANNUAL GENE BLACK SUMMER MEDICAL CAREER PROGRAM**  
**JULY 6 – 30, 2004 (4 WEEKS)**

Consent and Agreement for Student Participation in the Gene Black Summer Medical Career Program,  
July 6-30, 2004 (4 weeks).

*As the parent or legal guardian of ("Student")* \_\_\_\_\_

I agree as follows:

- 1.** I give my unqualified, unconditional, and express consent for Student to participate in the Gene Black Summer Medical Career Program sponsored by the Los Angeles Pediatric Society ("LAPS").
- 2.** On behalf of Student and myself, I waive and release all claims of every type against LAPS, its members, and any persons associated with it regardless of whether any claim is based on intentional conduct, negligence, or any other type of act or failure to act by any person or entity, known or unknown.
- 3.** On behalf of Student and myself, I agree to indemnify LAPS and all persons or entities associated with LAPS and to hold them harmless from any liability of Student, including but not limited to all costs, expenses, and attorneys' fees.
- 4.** In the event of an emergency and I cannot be reached, I consent to any medical care, treatment, or surgery necessary to Student if there is an accident, injury, or sickness of any kind. This consent does not mean that LAPS or any person or entity associated with LAPS is under any obligation to provide medical care, treatment, or surgery.
- 5.** If any part of this consent and agreement is held by a court to be invalid or otherwise unenforceable, the remaining portions of this consent and agreement shall remain in full force.
- 6.** I have read and understood this consent and agreement in its entirety and have had the opportunity to discuss it with a representative of LAPS. By signing this consent and agreement, I intend to be bound by it in its entirety. I acknowledge that neither LAPS nor any person or entity associated with LAPS is obligated to allow Student to participate in the Gene Back Summer Medical Career Program and that my signing of this consent and agreement is a condition of any such participation.
- 7.** Prior to the start of the Program LAPS will require proof of immunizations plus tuberculosis test and a disclosure of medical/health problems and a list of any medication currently being used.

*Dated:* \_\_\_\_\_

*Signature of Parent or Guardian* \_\_\_\_\_

*Parent's or Guardian's Printed Name* \_\_\_\_\_

*Address* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

*Phone Number* \_\_\_\_\_



## CHANGES TO THE GENE BLACK SUMMER MEDICAL CAREER PROGRAM



The LAPS Gene Black Summer Medical Career Program is planning some changes in the next few years. We are hoping to expand the program by increasing the number of participating hospitals or pediatric groups, as well as the number of students at each site.

We would like to ask members to consider becoming a preceptor. This entails arranging a four-week schedule for the students in the practice as well as at hospital sites with your colleagues (surgery, the nursery, OB, the

Emergency Department, etc.). Although this does take some time, the rewards are great. The students really blossom during the experience and one has the opportunity to influence a young person's career and educational decisions.

We are planning to meet with the high school counselors to plan for future years to see how the program needs to be modified and how we can streamline the recruitment of students. One of our goals is to increase the number of individuals from underserved communities in the program. We have always done well in this area but we have not tracked the students. We hope to develop a more formal tracking system that will be updated annually.

Our Summer Medical Careers Program is unique and very special. We are extremely proud of the accomplishments to date of the program and our students. The LAPS members have played an important role in development and sustaining of the program through their generous donations. We urge you to continue your support as well as consider being a preceptor in the future.

Please note that an application to participate in the 2004 program is on page 11 and 12. Please feel free to share a copy with any of your patients (junior or senior high school students) who might be interested in applying to join the program.

Anyone interested in participating in next years' Gene Black program can contact Dr. Hamilton at (310) 264-2100.

## COMMITTEE ON PEDIATRIC EMERGENCY MEDICINE

Judith Brill, MD and Paula Whiteman, MD, Co-Chairs

We hope to continue the work and aspirations of Dr. Jim Seidel by making strides in the care of the critically ill or injured child. The Committee of Pediatric Emergency Medicine has been working with the Los Angeles Emergency Medical Services Agency (LEMSA) to certify area Emergency Departments (ED) as Emergency Department Approved for Pediatrics (EDAP) and to survey and certify those EDs associated with a Pediatric Intensive Care Unit (PICU) that are capable of handling medical and trauma as Pediatric Critical Care Centers (PCCC).

These designations influence how ambulances triage children to their ultimate destination taking into consideration both time en route and severity of illness. Not all areas in Los Angeles will have a PCCC; however, many of the hospital in these areas have PICUs. These PICUs may be able to handle medical emergencies but lack the resources necessary to deal with pediatric trauma patients. Therefore, the intermediary designation of Medical Pediatric Critical Care Center (MPCCC) has been created. It is our hope to establish MPCCCs in those areas were PCCCs are under-represented to reduce prolonged transport times and secondary transfers after stabilization to higher levels of care. Subsequent transfer of a patient from an MPCCC to a PCCC will still be expected if that children's condition requires additional services or resources.

Just before Dr. Seidel's untimely death, the MPCCC guidelines were finished. MPCCC applications have been sent out to approximately a dozen hospitals and as the applications are returned to the LEMSAs, this new survey process will begin.

This is one of the main projects we are working on. We invite new members with an interest in Pediatric Emergency Medicine, Pediatric Intensive Care, or Pediatric Urgent Care to consider joining this committee.



THE ANNUAL SPRING MEETING AND PARMELEE LECTURE

Wednesday, May 19, 2004

Sportsmen's Lodge Restaurant, Studio City

Reception: 6:30 pm — Banquet: 7:00 pm — Lecture: 8:00 pm

PROGRAM SPEAKER

Laurene Mascola, M.D.

Laurene Mascola, Director, Acute Communicable Disease Control Program, Los Angeles County Department of Health Services; Clinical Professor in Pediatrics, USC Medical Center.

TOPIC

EMERGING INFECTIONS OF THE NEW MILLENIUM

As SARS, West Nile virus, and Influenza with its changing strains, among other diseases have attacked our populations, the importance of becoming familiar with the epidemiology, clinical aspects, prevention, and potential treatments is critical.

REGISTRATION

ANNUAL SPRING MEETING AND PARMELEE LECTURE

los angeles pediatric society

ADVANCE REGISTRATION — ANNUAL SPRING MEETING AND PARMELEE LECTURE

Wednesday, May 19, 2004

Name .....
Street .....
State / City / Zip .....

Tuition Fee: BANQUET AND LECTURE

Physician, Member LAPS — \$50.00 ..... \$
Physician, Non-Member — \$75.00..... \$
Allied Health Professionals — \$50.00 ..... \$
Pediatric Residents (hospital ..... ) \$30.00 ..... \$
Non-member Pediatrician new to area in 2003/2004 — \$30.00..... \$

Tuition Fee — LECTURE ONLY

Must be registered in advance to insure seating
Physician Member LAPS — \$20.00 ..... \$
Physician, Non-member — \$25.00..... \$
Allied Health Professionals — \$20.00 ..... \$
Pediatric Residents (hospital ..... ) — \$10.00 ..... \$
Non-member Pediatrician new to area in 2003/2004 — \$10.00..... \$

Checks payable to: los angeles pediatric society
Return to: PO Box 4198, Torrance CA 90510-4198
For additional information: 310/540-6240, 323/757-1198, LAPSEVE@aol.com





**IF YOU ARE NOT ON OUR MAILING LIST:**

Complete the following and return to Los Angeles Pediatric Society, PO Box 4198, Torrance, CA 90510-4198.

Name .....

Street .....

City .....

State / Zip .....

Email .....

Specialty .....

Certified       Eligible

Check if interested in membership.

All pediatricians, as well as other specialists with a professional interest in the health and welfare of children are eligible. There are no geographical limits. Annual dues of \$100, includes partial fees to the Annual Brennemann Lectures and Spring/Parmelee meeting.

**FREE MEMBERSHIP**

Free membership in LAPS until June 30, 2004 to all third-year pediatric residents graduating this June, 2003. Our gift to you. Just fill out the application on page 11 of this newsletter and return to PO Box 4128 Torrance, CA 90510-4198 or fax to (310) 543-2375 or (323) 779-3505.



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