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A Geezer Reflects

I was at the Boston Children's infectious disease conference—I'm guessing 1995—when during the immunization segment Donna Ambrosino, (a former Dartmouth pediatric house staff), asked a roomful of 200 pediatricians how many of us had attended a case of H. flu meningitis in the past year. Not a hand went up! There was an electric silence for a moment as we scanned the room, then, with big smiles amidst burbling crowd chatter there was—applause. In a 35-year pediatric career of dramatic moments I can't think of any more dramatic than that.

Of course the centerpiece of that dramatic "no show" of hands was the Hib conjugate vaccine released just a couple of years before. An earlier polysaccharide Hib vaccine was only effective after 2 years of age, but unfortunately the disease peaked well before that age, which greatly limited its usefulness. Beginning the conjugate vaccine series at 2 months of age had made us all cautiously optimistic, but I had no idea just how spectacular the results would be until that day in Boston.

I left that conference with excitement and an early understanding of just how much that vaccine would go on to help our youngest patients, but it didn't occur to me that it would have a great impact on the way I practiced. As a pediatrician working most of my career without dependable ER coverage or a phone nurse triage service, I took hundreds of

late night fever calls from worried parents. I wasn't that interested in how high the fever was, but I concentrated on the questions that would make me less worried about meningitis: "How sick does he look? Just how fussy—is he consolable? Any vomiting? Does he interact with you?" Because, if I couldn't convince myself it wasn't meningitis, it was out of bed and into the ER for evaluation and a possible



LP.

Most ear infections or respiratory tract illness really can wait until morning, but the morbidity and mortality of meningitis made it a disease we never wanted to miss. As part of a practice group that took care of a couple of kids with meningitis every year, seeing the severe CNS sequelae firsthand—including death—impressed us with the im-

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portance of prompt diagnosis and treatment. In an office that saw about 25,000 visits a year it wasn't unusual to tap several kids a week midwinter, and I can remember doing 2 or 3 LP's in a single day. And, once diagnosed, a standard 10-day hospital stay for antibiotics really tested our group's ability to keep an IV running in a pre-Abvocath era.

So the new Hib vaccine, along with the pneumococcal conjugate vaccine that followed shortly, had a major impact on the way we approached febrile illness. It didn't happen all at once, but as we got through a couple of years without any bacterial meningitis, a lot of the pressure came off of those late-night calls. The frequency of LP's plummeted, but most importantly, the misery and complications of this illness to our patients virtually disappeared. (Meningococcal meningitis was still in play, but of course it was much more rare and had a much different clinical footprint.)

I'm old enough to remember losing a playmate to polio and getting my polio vaccinations as a kid—both shots and sugar cubes—but not old enough to have felt the relief doctors in the 1950's must have felt watching polio disappear. But I can put myself in their place with regard to Hemophilus influenza type b disease, and whenever I read an anti-immunization letter to the editor or get into a conversation with a parent who has opted out of baby shots, I can't help but think back to that day in Boston years ago when nobody raised a hand.

- Art Simington, MD



Transition Tip from the Health Care Transition Coalition

Help your patients prepare for independence by having them participate in their visit alone, without parents or guardian.

Many practices introduce the concept of having the adolescent patient be seen alone for some or all of their visits with their PCP or specialists as they get older. Often this requires preparing both the parents and the patient. It can be introduced at the 12 or 13 year old physical. Let the family know that in order for the teen to gain skills and independence regarding their health, they will have to learn to communicate independently, with their health care provider. Some adolescents and parents prefer to be present at the beginning of the visit, with a period of time during the middle of the visit where the adolescent is seen alone, then have the family return to the room for a wrap-up of the visit. Others prefer to be seen completely independently, and have the provider review with the parent the treatment plan at the end. Each patient should be encouraged to explore what works best for their needs. As a team, the family can help support their child by working with them to understand more about their health and any chronic illnesses they may have, including their medications and allergies. It is important that the patient learns what they are taking and why they take a particular medication or require a particular treatment. Understanding their medications will empower them to be able to make the next step of ordering refills from the doctor's office or the pharmacy, bringing them one step closer to independent management of their health care.

For more information and tips on transition, contact Kathy Cahill at Special Medical Services at KCahill@dhhs.state.nh.us or 603-271-4510.

- Lisa Plotnik MD

Prevent Snowmobile Injuries

This column is brought to you by the New Hampshire Child Fatality Review Committee which helps improve the safety messages providers share with families of infants, children, adolescents and young adults.

You: *“So, tell me, Anthony, what do you like to do for fun?”*

Your patient: *“I like to snowmobile! I go wicked fast and then turn real quick and make a big snow spray. And it’s way cool out on the lake—there’s no speed limit out there!”*

Snowmobiles are hugely appealing to many of our New Hampshire pediatric patients. Being at the controls of a roaring machine that can reach highway speeds is a thrill for teenagers and children alike. Because of the potential for significant injury, you might think that the use of snowmobiles by children would be strictly regulated. But in our state, the laws concerning snowmobile use are surprisingly lax. This means that when you take a few minutes to advise your patients and their parents about safety, you can have a significant impact. You might even save a life.

The American Academy of Pediatrics recommends that only young people over the age of 16 be allowed to operate a snowmobile. This is because it takes muscle power to control the machine and the maturity to ride responsibly. But in New Hampshire, a child of any age can operate a snowmobile. For children under 14, a licensed adult must be within in “sight and sound” distance and be able to

“affect physical direction.” But that involvement can be from another machine, which means that children can legally operate a snowmobile solo provided someone over 18 with a license is nearby. This puts a big responsibility on any adult who is supervising a child on a snowmobile. The adult must ensure that the child obeys the law--*and obeys them*--and doesn’t act in a way to endanger anyone.

Once a child reaches the age of 14, New Hampshire requires that he or she attend a one-day course on snowmobile safety in order to get an operator’s card. After that, the child can operate a snowmobile without any adult supervision at all. Some snowmobile classes are held in the warm weather when there is no opportunity for actually doing any riding. And some classes are so popular that there are up to 60 children in attendance. With such limited formal education and training, the need for close adult supervision is extremely important. You can ask the parents of your snowmobiling patients

how they manage that and whether their children understand the need to follow adult directions exactly.

One of the best ways to prevent injuries on snowmobiles is for riders to wear helmets. In New Hampshire, anyone under 18 must wear a helmet when riding or operating a snowmobile. As long as they fol-

low this rule, children will have a significant degree of at least head protection. But there is no equivalent protection for the rest of a child’s body. Snowmobiles are open vehicles and don’t come with seatbelts. There are no speed limits on open areas like fields or frozen lakes in the state. Snowmobiles can overturn, a child can be ejected from a fast-moving machine that turns abruptly or bounces or, if a child is riding in front of an adult, he or she can

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be crushed if the machine suddenly stops or even just slows down. A helmet can only protect the head, and even with one, there's no guarantee of protection in every situation. Slowing down is the best way to improve a child's chances if there is an accident.

Safety Messages on Snowmobiles:

1. Always wear a helmet and eye protection.
2. Children under 16 should not operate a snowmobile.
3. Keeping speeds down reduces the risk of accidents.
4. Know the laws about snowmobiling in New Hampshire and follow them.
5. Children need very close supervision from responsible adults when riding.

More information is available on line:

NH Fish & Game <http://www.ride.nh.gov/>

Bureau of Trails <http://www.nhtrails.org/>

NH Snowmobile Association <http://www.nhsa.com/>

- Submitted by Wendy Gladstone MD

Please Take Notice!

The New Hampshire Pediatric Society wants to improve immediate communication with and among our members. If your email address is not on our master list (or if you're not sure) please add your preferred address to the list by contacting Gil Fuld.

Our plan is to periodically send out the updated address list to everybody on it. If you haven't recently received a copy, we don't have your address.

**-Gil Fuld
Communications and
Public Relations Chair**

The Boyle Community Pediatrics Program at CHaD: Residency Training by Community & Family Faculty

From across the country each year seven pediatric residents arrive in Lebanon, New Hampshire to begin their residency at the Children's Hospital at Dartmouth-Hitchcock Medical Center. Each resident spends 3-4 weeks in the first year in a Community Pediatrics rotation directed by the



Boyle Community Pediatrics Program. The program teaches this basic premise: Children and families live in communities. Health care, with the exception of life threatening crises, occurs in community settings. To learn the systems of community-based care, the residents are taught by both community and family faculty. Community faculty includes pediatricians, nurses, agency directors, parent educators and legislators. Family faculty have a child with a serious chronic health condition, and residents learn from every member of the family the impact of the condition, what the family values in their health care team and how their community and school plays a vital role in the child's support.

Residents also begin their three year community project focusing either on advocacy or community service. Projects include a partnership with the Upper Valley Haven for pizza and conversation between pediatric residents and the guests of the Haven about their children's health. Residents are also working with Casey Family Services, The Family Place, Hannah House, and area schools.

A graduate from the residency program said, in the Boyle Program's Program Evaluation, "Family members and community members are willing to take

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voluntary time to help shape future pediatricians. I was a resident at the time so this is my world, but they went out of their way to make sure we learned this new dimension of learning."

In 2009, the Boyle Program created a family-centered short course for third year Dartmouth Medical Students. Students are oriented to four key questions for interviewing children and families, write a reflection based on using these questions, and at the conclusion of the clerkship meet the families who created the curriculum for questions and answers. One student said, "The encounters with the parents were fantastic. It will help me approach patients with chronic conditions with much more ease."

The Boyle Program is directed by Dr. Bill Boyle, a member of the NH Pediatric Society for 40 years, and recipient of the 2003 Pediatrician of the Year. In 2009 Dr. Steve Chapman joined the Boyle Program to oversee the Community Projects. Dr. Chapman has returned to New Hampshire from Washington State. He is the General Pediatrics medical Director and brings to the Boyle Program his knowledge, enthusiasm and success in community service.

An endowment established by the mother of a grateful patient in 1998 supports the Boyle Program. Her gift and others have made it possible for the Boyle Program to train over 90 residents, and create community and family partners throughout the Upper Valley Region. To learn more, please contact Dr. Boyle at 603-653-1488 or William.E.Boyle.Jr@Hitchcock.ORG.

- **Toni LaMonica, MSW**
Program Manager
Boyle Community
Pediatrics Program

Nominations Needed



Just a note to let you know we are now accepting nominations for the annual New Hampshire Pediatric Society Awards. Please send your suggestions for nominee together with a brief biographical sketch (this can be sent later) and a paragraph or two explaining your reasons for nominating the individual to me, Jenny Lipfert, NHPS Secretary, at jenny.lipfert@gmail.com at your earliest convenience (but before March 17th 2010). Your nomination shall remain confidential.

Important Change!

Please Note: In an effort to (1) make the awards ceremony more public and (2) allow for greater attendance by member pediatricians, the awards will be presented at the Spring CME meeting this year instead of the June Executive Committee. Therefore, the nominating and voting periods will be a few weeks earlier than in previous years. A final date for the Spring CME meeting will be announced soon

Listed below are the NHPS annual award winners in years past:

NH Pediatrician of the Year

2009 - Greg Prazar, MD
2008 - Leonard "Skip" Small, MD
2007 - Skip DeVito, MD
2006 - George Little, MD
2005 - Gene LaRiviere, MD
2004 - Chuck Cappetta, MD
2003 - William Boyle, MD
2002 - Sol Rockenmacher, MD

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- 2001 - Carl Cooley, MD
- 2000 - Gilbert Fuld, MD
- 1999 - Suzanne Boulter, MD
- 1998 - Wendy Gladstone, MD
- 1997 - Patricia Andrews, MD
- 1996 - Judith Frank, MD
- 1995 - Charles McMurphy, MD
- 1994 - Steve Kairys, MD
- 1993 - Selma Deitch, MD

**Franklin Norwood Rogers Award
(Retired NH Pediatrician of the Year)**

- 2009 - Eugene Lariviere, MD
- 2008 - Al Rozycki, MD
- 2007 - Sol Rockenmacher, MD
- 2006 - Spencer Brody, MD
- 2005 - Sam Dugan, MD
- 2004 - John Brooks, MD
- 2003 - Jim Pilliod, MD
- 2002 - Gilbert Fuld, MD
- 2001 - Pat Adams, MD
- 2000 - Robert Klein, MD
- 1999 - Robert Chamberlin, MD
- 1998 - Richard Waters, MD (posthumously)
- 1997 - Robert Wilson, MD

NH Public Citizen of the Year

- 2009 - Don Shumway
- 2008 - Terry Ohlson-Martin and Sylvia Pelletier
- 2007 - Elaine Frank
- 2006 - Susan Lynch, MD
- 2005 - Gina Balkus
- 2004 - Kathy Scambati and Sandi Van Scoyoc
- 2003 - Rep. Barbara French
- 2002 - Joan Ascheim (MCH) and Bill Boyle, MD
- 2001 - Jim Squires, MD
- 2000 - Katie Dunn and Tricia Brooks
- 1999 - Jane Hybsch (HHS)
- 1998 - Martha-Jean Madison (HHS - Spec. Med. Serv.)
- 1997 - James Pilliod, MD
- 1996 - Rep. Katherine Wells Wheeler and Sen C. Jeanne Shaheen

- 1995 - Rep. Mary Jane Wallner and Rep. Sharon Nordgren
- 1994 - Rep. Douglas Hall and Rep. Susan McLane

Special Lifetime Achievement Award given to Richard Sigel for his mother, Selma Deitch, MD - 2004

Special Recognition Award
2000 - Suzanne Boulter, MD

Any questions? Please do not hesitate to ask.
Regards...and good luck

- **Jenny Lipfert**
NHPS Secretary

Save the Date!

The next meeting of the NHPS Executive Committee is Wednesday, March 17 at 6 PM at DH – Concord (Note – NOT Manchester). All members are always welcomed and encouraged to attend! A light meal will be available. This meeting is being held immediately following the ALF (Academy Leadership Forum), so I'm sure there will be lots of exciting news! Watch your e-mail for the Minutes of the December meeting and the Agenda for the March meeting. Hope to see you!

- **Trish**





News from Children's Hospital at Dartmouth (CHaD) – January 2010

CHaD Welcomes New Providers

Children's Hospital at Dartmouth welcomes Eileen W. McCarthy, APRN to the Pediatric Endocrinology Department, providing services at 4 Elliot Way, Suite 105 in Manchester.

Ms. McCarthy earned her MSN at Boston College in Boston, MA. Her clinical interests include diabetes, growth concerns, and chronic disease management. She is certified by the National Association of Pediatric Nurse Practitioners. To view her provider profile, visit:

http://chad.dartmouth-hitchcock.org/endo/teamprofile/55260/Eileen_W_McCarthy_MSN

For more information or to coordinate a referral to any of our services, call the DHMC Physician Connection Line at 1-866-DHMC DOC (346-2362) or visit us on the web at www.dhmc.org/goto/referringmd.

New CHaD Programs

“Achieving Continence Together” Clinic with Biofeedback

CHaD at D-H Manchester is proud to offer state-of-the-art services to children with urinary and stool incontinence (dysfunctional elimination). These services include the ACT Clinic (Achieving Continence Together), which offers a multidisciplinary approach for this common condition, combining pediatric urology, pediatric gastroenterology, psychiatry, and nutrition. In addition to on-going services in complex uroflowmetry testing and pelvic floor electromyogram, we are now offering Biofeedback (pelvic floor rehabilitation) for the population of children who have failed standard treatment. This is a child-

friendly system that uses computer graphics to give children visual cues that will assist them with muscle control and relaxation. The ACT coordinating Nurse Practitioner has also completed training in hypnosis therapy which is targeted and designed to augment behavioral modification and relaxation therapy. This is especially helpful for those children with refractory dysfunctional elimination and nocturnal enuresis.

To make a referral or book an appointment, please call 603-695-2745. You can also find a referral form at <http://www.dartmouth-hitchcock.org/manchester/>

Neurodevelopmental Psychiatry Clinic

Children's Hospital at Dartmouth is pleased to announce a new clinic combining the efforts of both neurodevelopmental pediatrics and neurology: the Neurodevelopmental Psychiatry Clinic. Stephen Mott, MD and Sreenivas Katragadda, MD will provide expertise in child development, pediatric neurology and child psychiatry via a single portal of entry to evaluate children with complex neurodevelopmental and neurobehavioral issues. These children would otherwise have uncoordinated care with visits to multiple clinicians over a period of months. This clinic was developed out of work done by the Pediatric Psychiatry Work Group.

We anticipate that this program will grow in the future to include an Autism and Communications Disorders Clinic, combining the efforts and expertise of providers who specialize in neurodevelopmental pediatrics and pediatric neurology with speech therapy, physical medicine and rehabilitation, and an Occupational/Early Educational specialist for younger children and Psychologist for older children. It promises to be a good example of cross-disciplinary cooperation aimed at better serving our patients.

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***** Save the Date *****

NNEPQIN Winter Meeting - February 8, 2010
Dartmouth-Hitchcock Medical Center, Lebanon, NH

Breastfeeding, What You Need to Know
Featuring Dr. Thomas Hale, well-known international lecturer on lactation and author of five books as a leading authority in the use of medications and breastfeeding women.

TARGET AUDIENCE: Team of Chiefs of Obstetrics & Pediatrics, Nurse Manager, and Hospital Administration is recommended. Additional perinatal physicians, nurses, midwives nurse practitioners, lactation consultants and other perinatal care providers as space allows.

The 20th Dartmouth Pediatric Conference - February 25-28, 2010
Mt. Washington Resort, Bretton Woods, NH

Contemporary Issues in Office Pediatrics including: Pediatric Neurology Symposium, Pediatric Cardiology, Pediatric Behavioral Issues & Pediatric Infectious Disease

Join us for an outstanding clinical conference in a spectacular setting! Nationally known behavioral expert Dr. Barbara Howard (Johns Hopkins) will address moral development in children, discipline in early childhood, and ADHD. We will also dedicate one morning session a pediatric neurology symposium covering headaches, epilepsy, head injuries, autism, and neuro-lyme disease. The program is rounded out with numerous lectures on to hot topics in ambulatory pediatrics. Participants can enjoy nordic and alpine skiing, dog-sledding, and for the most adventure-some, the longest tree-top zip line 'Canopy Tour' in New England.

Early registration ends January 11, 2010.

TARGET AUDIENCE: Pediatricians, Family Physicians, and Allied Health Practitioners in Pediatric practice. CME and CNE provided.

Shield Our Children From Harm - April 15, 2010
Dartmouth-Hitchcock Medical Center, Lebanon, NH
The Child Advocacy Centers of The Family Place, Norwich, VT and of Grafton and Sullivan Counties at DHMC, along with the Children's Hospital at Dartmouth, are pleased to announce the annual professional conference, "Shield Our Children from Harm" will be held on Thursday, April 15, 2010 at Dartmouth-Hitchcock Medical Center, Lebanon, NH. The theme of the conference is "Child Exploitation in a Technological World". Keynote speaker is Sharon Cooper, MD, Executive Director of Developmental Forensic Pediatrics, P.A., a consulting firm that provides clinical care for children with disabilities and victims of child maltreatment.

TARGET AUDIENCE: Health care professionals who care for children and families, and individuals involved in law enforcement. CME and CNE provided.

For further information or to register for any of these programs, please contact:
Karen G. Lee, Educational Conference Manager
Dartmouth Hitchcock's Regional Program for Women's and Children's Health
(603) 650-3436
www.dhmc.org/goto/regionalprogram

—**Margaret Rose Minnock, MBA**
Director, Planning and Regional Services
Children's Hospital at Dartmouth

NEWS FROM PROS (PEDIATRIC RESEARCH IN OFFICE SETTING-YOUR AAP NATIONAL OFFICE-BASED RESEARCH NETWORK).

PROS was busy and productive in 2009 with multiple studies. SSCIB (Secondary Sexual Characteristics in Boys) concluded data collection in 2009, and data analysis is underway. Preliminary results are very interesting. Look for a publication of the results in 2010.

The study CEASE (Clinical Effort Against Second-hand Smoke Exposure) is underway and recruitment continues. The study will determine if changes in office-based routines can help parents quit smoking- and if not quit smoking, then at least keep a smoke-free home and car to minimize childhood exposure to second-hand and third-hand smoke (the smoke you can smell and feel in a home or car- or in your office!-when someone has been recently smoking). If your practice has a high percentage of parents who smoke, and you would like to participate, please let one of us (Greg, Kristen, Ardis) know.

BMI2 (Brief Motivational Interviewing to Reduce Childhood BMI) is also underway. This is a study to determine if motivational interviewing as a method of counseling can help PREVENT childhood obesity.

A newly funded study which may be of interest is looking at teen driving and ways to make it safer-via counseling and enrollment in a program that parents and teens can access via the internet. As you all know, motor vehicle accidents are the leading cause of death in adolescence. Highlighting driving safety during well teen visits could help reduce morbidity and mortality during this years.

PROS always welcomes new members and encourages you to check out the website www.AAP.org/PROS. You are not obligated to do any particular study when you join PROS. However, joining PROS allows you to receive updated emails on upcoming and current studies. Feel free to contact any of us (see below) about any of the above studies or with any questions about PROS.

- Greg Prazar MD

Greg Prazar: gprazar@ehr.org 772-8900
Kristen Johnson: krjohnson@ehr.org 772-8900
Ardis Olson: ardis.l.olson@dartmouth.edu 653-5000

The Section on Medical Students, Residents and Fellowship Trainees - National Conference Update

This year, on Oct. 16, 2009, I was given the wonderful opportunity to attend the AAP National Conference and Exhibition in Washington DC. My goal initially was to just learn more about the AAP through a resident level. However, I left with so much more! The conference was kicked off by the SOMSRFT Reception on Friday where the winner of the annual Clinical Case Competition was announced. Furthermore, the reception showcased the experiences of many of the International Travel Grant recipients. As a new second year resident, I had no idea the many opportunities that were available to us through the AAP!

Saturday was the main day for the SOMSRFT group in regards to official business matters. I had a chance to take part in the intricate processes that advocate for the group as well as elect national and regional leaders. In fact, I was so inspired by the entire process, I was able to run for Assistant District Coordinator for District One and was subsequently elected by my peers. This new position is a great outlet to not just learn more about the AAP, but also a way I, as a resident, will be able to take part in advocating for change and progress within the SOMSRFT group.

This year is going to be a very exciting year as we discussed several topics that we are trying to bring to attention. These include anything from Resident Loans Repayments, Medical Homes, Violence Prevention, to Obesity and Nutrition in schools. Of course, one of the most important topics this year for our group will be the 2009-2010 Advocacy Project- Immune Wise. We will be focusing on immunizations and providing residents with appropriate information needed to educate themselves as well as parents on immunizations. Thus far, we



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have residents/fellows all across the US giving presentations on this campaign to their programs. The hope is that we will be able to not only increase immunization rates in the US, but also give the correct information to our patients and families to make informed decisions. As you can see, in just the 2 months I have been in office, we are already making much progress! The next meeting I will be attending will be in Chicago in February. Stay tuned for updates! Last but not least, I must use this opportunity to thank the New Hampshire Pediatric Society Executive committee for giving me this wonderful opportunity to attend the NCE! I look forward to an amazing year!

- *Manasi Joshi MD*



Help Please!

We are looking for a member of the NHPS who would like to serve as the NHPS Specialty Representative to the NH Medical Society. This person would serve as the liaison between the two groups. S/he would need to be a member of the NHMS as well. The specialty representative is part of the NHMS Council which meets every other month on the second Wednesday from 3:30 PM to approximately 6:00 PM. in the NHMS offices in Concord. S/he would be expected to present a small report on the NHPS if there is anything to report, and if there is no report, it's a great way of networking! January is what is called the General Session meeting which is on a bigger scale and all members are invited to attend. This year, the General Session will be held at the Wentworth by the Sea on Jan 23. Upcoming Council Meeting dates are: March 10th, May 12th, July 14th, September 8th and November 10th. If interested or if you have any questions, please contact Trish Campbell at pcampbell@cheshire-med.com!

