

MARCH 2021

NEWSLETTER

APSAlutely What You Need to Know



APSA

American Pediatric
Surgical Association

Saving Lifetimes™

President's Message

Dear APSA Colleagues,

This has been an eventful year for us as an organization, the nation and the world. While many of the events on all 3 fronts have been challenging, we are approaching a new, better and more hopeful day. Thanks to the hard work of many of you, APSA has come through a challenging year stronger, more invigorated, and eager for the future. With your help we have made strong inroads toward addressing our financial concerns and becoming more diverse, inclusive and representative of not only our members, but of those we serve, our patients. We have made the successful transition from one management company to another, Veritas Association Management, and brought in a new executive director, Dr. Tom Tracy, both of which will go a long way to ensuring our organizational health and sustainability. We have begun initiatives to improve the quality of care for children throughout America and to improve access to children needing surgery. We have continued and must continue to provide high quality educational materials through PedSurgLibrary and other initiatives and resources on an ongoing basis, not just at the annual meeting, but throughout the year. We must find new and innovative ways to give our members better value for what is becoming an increasingly scarce membership dollar.

I believe that APSA is at a crossroads. In the past we have been an organization primarily for pediatric surgeons, but I believe that in the future APSA must be an organization representing and advocating for the care of the pediatric surgical patient and all aspects of that care, including training for need, certification, workforce distribution, education and maintenance of competence once in practice. While being an association of surgeons is important, our vital mission is to see that we provide the highest standard of care to children everywhere in America. In addition, our virtual meeting last year showed that there is a hunger for our educational resources and because we come from a resource rich and privileged environment I believe it is incumbent on APSA to provide for that need around the globe. Our membership categories must be more welcoming and inclusive and we must continue to do our work on diversity, equity and inclusion so that people are inspired by us and want to join us as we try to improve the surgical health of children. This can only make us stronger. Pediatric Surgeons have audacious goals and aspirations. Our membership has proved time and time again our capability to meet those goals and move beyond them. It has been a great pleasure to work with many of you in the past 9 months and I look forward to a bright future. Thank you for all you do for APSA, now and in the years to come.

Sincerely,

John Waldhausen



John H.T. Waldhausen

“I believe that in the future APSA must be an organization representing and advocating for the care of the pediatric surgical patient and all aspects of that care, including training for need, certification, workforce distribution, education and maintenance of competence once in practice.”



Letter from the Executive Director

Dear APSA Members,

I am very happy to join you for this inaugural newsletter. I was honored and genuinely grateful that Jay Vacanti asked me to join with APSA leadership to help assess and implement the business challenges that developed for the transition to a new management company. I was equally honored when John Waldhausen asked me to stay on as the new Executive Director. I get to work with great team at Veritas Association Management and can once again focus on the aspirations and needs of APSA and my love for pediatric surgery.

Since I joined, we have been able to evaluate and revise every policy and guideline. We have extensively revised our financial processes with Marj Arca, our Treasurer. Our committee optimization work has brought more resources and tools for communication and productivity. In all these efforts and more I am joined by two great partners, Marina Petrulla and David Powell.

This year's annual meeting will truly be just that, a year's long presentation of our finest science, clinical content, and issues that are fundamental to our challenges with healthcare policy and everyday practice. The committee work and expertise to have this take shape and be presented professionally is amazing.

APSA has grown to over 1,600 members and while that may seem small compared to other surgical associations the business support behind it and the American Pediatric Surgical Foundation requires the same infrastructure as an organization 10 times our size. Through all of our work with Veritas, from its accountants to marketing and media support, they have a tremendous team that stands behind us. Their expertise and support rewards us every day. I am learning about new platforms or processes that can be used by APSA to either innovate for new business practices or strengthen current ones. We have reviewed every element of our work to eliminate costs and practice financial controls. We stay out of costly rabbit holes.

The success of our enhanced communication with members has paid off as measured by how many new and great ideas there are to try. A prime example is this newsletter for us to get to you what is happening up front and behind the scenes. We want an open Association that thrives on its relevance to, and engagement with each of us. We succeed when we help facilitate all of our members career and professional goals across all of their stages. Finally, as always, APSA will stand for its education, research, and patient care goals to promote the finest scholarship and content delivery for our members.

Please do not hesitate to contact me for any concerns or suggestions to improve our service or collaboration with you and our Association.
ttracy@apsaped surg.org.

All the best,

Tom Tracy



Tom Tracy

“The success of our enhanced communication with members has paid off as measured by how many new and great ideas there are to try. We want an open Association that thrives on its relevance to, and engagement with each of us. We succeed when we help facilitate all of our members’ career and professional goals across all stages.”



FOUNDATION NEWS

A Year of Change and Growth for the APSA Foundation

Mary Fallat, Chair

The APSA Foundation (ASASF) has had a year of change and growth, which I look forward to telling you about in more detail at the APSA annual meeting. Although we will still be virtual, I will provide you with some exciting and updated information about our new initiatives.

New Ways to Donate

In addition to creating new pathways for donation, we have created new ways to donate and to direct donations. We have a new Gift agreement with pathways to donate that were not facile in the past.

New Board Members

Unlike in years past, the Foundation Board made a decision to select the Treasurer and Secretary separate and distinct from the APSA Board. Our APSA Treasurer and Secretary, Drs. Marj Arca and Max Langham, respectively, helped with the decision and we thank them for their efforts and service. Additionally, two former Grosfeld Scholars were selected to serve on the Board. The Board embraced bringing in these two mid-career surgeons. In the future, the Grosfeld scholars will be selected by the APSA membership, retaining two APSAF Board positions for representation of Dr. Grosfeld's legacy.

Jay Grosfeld, MD, Scholarship

The APSA Grosfeld scholars are a select group who have directly benefited from the Foundation. The "return on investment" has been exemplary with \$68 million dollars in extramural funding awarded to 12 previous APSAF recipients. Many have commented on the validation and prestige of the award at their individual universities.

(continued)



Please Welcome Our Newest Board Members!



TREASURER
Dr. Steve Stylianos



SECRETARY
Dr. Shaun Kunisaki
2011 Grosfeld
Scholar



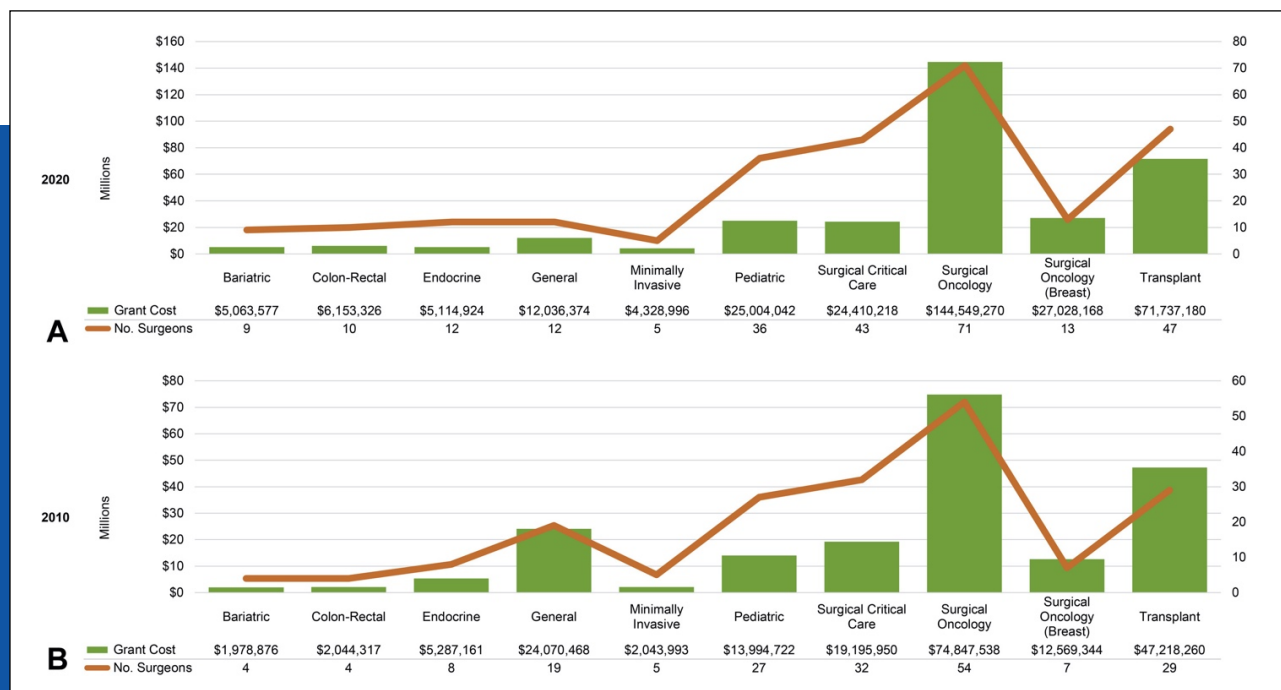
TREASURER-ELECT
Dr. KuoJen Tsao
2012 Grosfeld
Scholar

This recently published data specifically highlights the accomplishments of our discipline:

Pediatric surgeon scientists increased in number of investigators and total NIH funding over the past 10 years (2010-2020). The authors reviewed national databases to determine the number of surgeon scientists with NIH funded research. The number of pediatric surgeons increased from 27-36 and total funding nearly doubled from \$13.9M to \$25M. This increase was much greater than was found for Critical Care, Endocrine, Colo-Rectal, Bariatric, and General Surgical subspecialties. The authors also found that the proportion of funded surgeon-scientists increased significantly over the study interval while NIH funding of other physician specialties decreased.

This data acknowledges that the contributions of the APSA Foundation Scholars grants to the careers and work of our developing pediatric surgery investigators is critical to their eventual goals to be successfully funded by the NIH.

Our initial appeal and one that we hope to fulfill before the annual meeting is to gain 100% support for the Foundation by our companion APSA and APSAF Boards and our scholars. Our goal is participation and no gift is too small to help our Foundation grow!!



NIH Research Funding to Support Surgeon-Scientists Is Rising Despite Decreases for Other Specialists
 Demblowski LA, Busse B, Santangelo G, Blakely AM, Turner PL, Hoyt DB, Zeiger MA. NIH Funding for Surgeon-Scientists in the US: What Is the Current Status? J Am Coll Surg. February 12, 2021 [Epub ahead of print].



What's up with PedSurgLibrary?



By the Numbers:

370

TOPICS

712

CONTRIBUTORS

1,548

EDUCATION CREDIT QUESTIONS

1,012,520

VIEWS

Thanks for all your support, but what you really want to know is “What have you done for me lately?”

- Fifteen new **editors and editorial board**
- Seventeen new and updated **NaT topics**
- 105 new and updated **ExPERT questions**
- Twenty-three new **Practicing Surgeons Curriculum** infographics
- New **Quality and New Technology** toolkits
- Updated **APSA committee pages** with more resources and case studies
- **In the NaT**, click on the “Links” icon to see real time context sensitive artificial intelligence powered literature and topics searches.



In ExPERT, click on the “For You” tab for a machine learning powered personalized learning plan.

Pediatric Surgery NaT Feedback

Appendicitis

Julia Grabowski, MD, Steven L Lee, MD

Introduction

Appendicitis is the most common pediatric abd active research. The pathogenesis of acute an diagnosis of the condition, its optimal medical e complications are all being evaluated.

Content in this topic is referenced in SCORE |

For a list of quality improvement projects relate

Section Recommendations

Recommended Articles

- Antibiotic Treatment and Appendectomy for Uncomplicated Acute...
- Appendicitis in a Neutropenic Patient: A Multicentric...
- Cost-effectiveness of Imaging Protocols for Suspected Appendicitis.
- Nonoperative Treatment Versus Appendectomy for Acute Nonperforate...

Recommended Topics

- Appendicitis
- Acute Abdominal Pain
- Appendectomy
- Cecostomy for Antegrade Enemas

Relevant PedSurg Resource Articles

- Appendicitis
- STEPS presentations
- Patient and Parent Education
- Oncology

Were these recommendations useful? 👍 💬

Click here for an immediate literature, topic and question search

Want to join the PedSurgLibrary contributor community? Reach out at think@apsaped surg.org.

ExPERT
Earn MOC CME credits with APSA ExPERT

Search Courses by Keyword

For You 2.88 CREDITS

SCOR BY: Start Date

Personalized Knowledge Gaps

- Hernias, Diaphragmatic, Congenital >
- Trisomy 18 Syndrome >
- Cystic Adenomatoid Malformation of Lung, Congenital >
- Trisomy >
- Colitis, Ulcerative >
- Severe Acute Respiratory Syndrome >
- Alkalosis, Respiratory >
- Incisional Hernia >
- Sagittal Abdominal Diameter >
- Dihydroalprenolol >
- Neuroblastoma >
- Failed Back Surgery Syndrome >
- Cardiac Catheterization >
- Intubation >
- Sentinel Lymph Node Biopsy >

[Generate a Personalized Course](#)

Relevant NaT Topics

- Congenital Diaphragmatic Hernia
- Congenital Diaphragmatic Hernia Repair
- Intestinal Rotational Abnormalities
- Omphalocele
- Umbilical Hernia
- Leukemia
- Prune Belly Syndrome
- Congenital Pulmonary Airway Malformations
- Poland Syndrome
- Chest Wall Deformities
- Pulmonary Resection for Congenital Lesions
- Cervical Germ Cell Tumors

Relevant Prime Articles

- Association between Age and Umbilical Hernia Repair Outcomes in Children: A Multistate Population-Based Cohort Study.
- Lymphatic Leakage after Surgery for Neuroblastoma: A Rare Complication?
- Pharmacokinetic modeling of intravenous sildenafil in newborns with congenital diaphragmatic hernia.
- Predictors of the Performance of Early Antireflux Surgery in Esophageal Atresia.
- 18F-FDG PET/CT Imaging of Testicular Myeloid Sarcoma in a Pediatric Patient.
- Implications of Abial-Level Shunting by Echocardiography in Newborns with Congenital Diaphragmatic Hernia.

Click here for an immediate personalized learning plan



APSA Board Member Elected to NBCRNA Board of Directors

Dr. Ellen Reynolds, MD, MBA, pediatric surgeon at St. Luke's Children's Hospital in Boise, ID, has been elected as the new Surgeon Member to the Board of Directors of the National Board of Certification and Recertification for Nurse Anesthetists ([NBCRNA](#)).

"The NBCRNA Board is looking forward to the wealth of knowledge and expertise Dr. Reynolds brings to this position," said NBCRNA Board President Kevin Driscoll, DNP, MSN, CRNA. "The NBCRNA Leadership Development and Nominations Committee is excited to nominate our first pediatric surgeon to the NBCRNA Board

of Directors. We look forward to the Dr. Reynolds' participation and contributions to the NBCRNA," said Susan McMullan, PhD, MSN, CRNA, CNE, CHSE, Chair of the Leadership Development and Nominations Committee.

Dr. Reynolds' three-year term will begin in October 2021.



Implicit Bias Training – Building on APSA's Commitment to Equity and Social Justice

Following the Implicit Bias training in which the APSA Board participated during their 2021 Strategic Meeting, the training session is now available to all members on the [PedSurg.TV channel](#) of the PedSurgLibrary and APSA's [YouTube channel](#). This outstanding program, Recognizing and Responding to Implicit Bias, is made possible by APSA's Diversity, Equity and Inclusion committee. Drs. Quinn Capers, Kathryn Martin, Sabina Siddiqui, Hanna Alemayehu, Hira

Ahmad, Kanika Bowen-Jallow and Numa Perez discuss how to recognize and avoid implicit bias.

Implicit bias training is now a requirement for all sitting and incoming Board members and Committee Chairs.

We urge all members to see this excellent education session prior to the annual meeting.



COMMITTEE CORNER

Committee Optimization Plan

In 2020 a strategic task force was formed to evaluate APSA's many processes and procedures, including the structure of its committees, subcommittees, task forces and special interest groups. The goal was to reorganize the committee experience to allow for a more strategic and defined resource allocation while still maintaining an environment of inclusion and community.

The final Committee Optimization Plan addresses institutional organization, leadership, communication and membership, focusing on the need for internal and external committee succession planning and membership

recruitment. In combination with new software platforms for communication, project management and document sharing, this new structure allows for both vertical and horizontal communication, increased efficiency and centralized information resources.

Additionally, a Council of Chairs has been formed to further enhance and expedite communication, sharing of ideas and reduction of project overlap among committees.

[View Committee Optimization Plan](#)

[View Committee Guide](#)

[View Council of Chairs Guidelines](#)

Professional Development Committee Updates

The Professional Development Committee is alive and well. Our primary charge remains to work with multiple APSA committees to identify, prioritize and address knowledge gaps of our specialty.

Specific PDC outputs include:

- **TEC (Top Educational Content) Talks.** Four topics for 2021 APSA annual meeting; namely, family centered care, cancer as chronic disease, changes in trauma/ATLS resuscitation, intestinal rehabilitation.
- **Top 10 knowledge gaps for 2021**
- **70 new EXPERT questions (PSSAP 24)** developed during 1.5 day virtual meeting
- **Sunday Spaced Learning Program** has an added 3rd question each week as a visual abstract, produced by the Education committee
- **AOI (Articles of Interest)** are reviewed monthly. Submissions from the Outcomes committee and other clinical committees on a rotating basis to highlight most impactful research.

We welcomed Dr. Paul Jeziorczak to the PDC this year to represent new and younger members of APSA. Finally, our gratitude to Dr. David Powell who has been our guiding star.



Four New Toolkits Posted in PedSurgLibrary from the APSA New Technology Committee

Nam Nguyen, Chair
Bethaly Slater, Vice Chair

APSA Toolkit for Use of Magnets in Esophageal Atresia

The toolkit for Use of Magnets in esophageal atresia provides an overview of how compression anastomosis with magnets works and its clinical application. The use of magnets is a nonsurgical alternative for esophageal anastomosis in selected patients. They have been used for lengthening and anastomosis, recalcitrant strictures, and as second stage after a surgical lengthening procedure.

APSA Toolkit for Fluorescence-guided Surgery Using Indocyanine Green

The toolkit on Fluorescence-guided Surgery (FGS) provides a practical introduction on this recent and emerging technology. FGS utilizes indocyanine green (ICG), which is used to detect fluorescently-labeled structures during surgery allowing definition of anatomy or detection of tissue viability in real time. Pediatric applications relevant for the practicing pediatric surgeon in biliary, intestinal, thoracic and oncologic surgery are highlighted and its literature references listed. The toolkit includes an overview of doses and timing of ICG injection by indication. Available platforms and their capital investments are briefly reviewed.

Ultrasound (US) Toolkit

For the surgeon considering the adoption of US-guided techniques, this toolkit provides tips on factors to consider in selecting an US device, and briefly outlines the data supporting US-guided approaches to various pediatric surgery procedures. This includes central line placement, anorectal procedures, gastrostomy placement, hernia repair, biopsy, abscess drainage, foreign body removal, ECMO cannula positioning, and chest tube insertion. General technical considerations are outlined, as well as advice for the surgeon looking to further develop their ultrasound skills.

Cryoablation Toolkit

Traditionally pain control after pectus excavatum repair has been challenging. Multimodal therapies including thoracic epidurals, patient-controlled parenteral opiate administration (PCA), anti-inflammatories, gabapentinoids, and muscle relaxants, have become the gold standard. However, with increasing concerns regarding use of opiates, there has been recent interest in using cryoablation in pediatric patients undergoing repair of pectus excavatum. This toolkit reviews the surgical steps of the procedure, the recent literature, and potential complications associated with cryoablation. Overall, recent studies show that use of cryoablation in conjunction with a multimodal approach to postoperative pain control, results in a decreased length of hospital stay and decreased usage of opioid analgesics both as an inpatient and after discharge.



Updates from the Program Committee

Casey Calkins, Chair

Kathy van Leeuwen, Vice Chair

Your 30-member Program committee has been hard at work planning the plenary, scientific and committee APSAsodes for the upcoming virtual meeting and PedSurgTV.

Our committee consists of surgeons with a wide age range and diverse backgrounds and you will see them all represented as moderators and program hosts in May and beyond.

Although the virus has rearranged our lives, we remain committed to providing a virtual meeting experience that is informative and innovative. The primary purpose of our committee is to select the scientific work that is presented at your annual meeting. Abstract review began in October and culminated in a selection process meeting in November. The members carefully reviewed 329 abstracts in a blinded fashion and ultimately selected 139 high quality scientific papers that will be presented in a number of different meeting forums during the course of the upcoming year. We ask all members to review half of the abstracts, which is an arduous task, but allows

for a thorough vetting of the submitted work. Our goal has been to be inclusive of all of our members scientific endeavors as this remains the centerpiece of the annual meeting – so **plan to have some educational fun and mark your calendars for the main meeting from May 20-22, 2021! APSAsodes begin immediately after the meeting with the first installment broadcasting on May 26.**

Going forward, the program committee will be flexible and work closely with the Professional Development Committee, the Council of Chairs and the Board to help APSA adapt to the rapid changes in our field. Our goal is to disseminate quality educational content and inspire APSA members to stay up to date. We will continue to highlight opportunities for younger members to be involved in crafting the meetings. We are optimistic about meeting again in person in 2022 and are in active discussions about how to incorporate lessons learned from the virtual meeting process into our future annual offerings.



Updates from the Membership Committee

Kevin Mollen, Chair

Sam Soffer, Vice Chair

Paving the Way to Membership

This past fall, the Membership Committee was charged by the Board of Governors with evaluating, revising and modernizing the APSA Membership Categories. In approaching this important task, we first agreed upon a set of general principles which would guide our work and inform our decisions. We felt strongly that:

- APSA should strive to become more inclusive
- Any hurdles to membership should be reduced or removed
- APSA should engage new members and cultivate early opportunities for leadership
- APSA should try to expand its international footprint by making the International Membership more accessible and appealing
- APSA must aggressively address current financial issues resulting from the Covid-19 pandemic

Over a series of committee meetings, culminating in the APSA Strategic Retreat in January of this year, we took on this charge enthusiastically and created a proposal for the Board to consider. Our conversations were lively, addressing several controversial issues which would inevitably be raised by our membership with committee members actively and honestly trying to see all sides of each issue. Several of our recommendations were received enthusiastically by the Board of Governors and will be brought to a vote for proposed bylaws changes this year.

Faster Route to Regular Membership

One key change is a decrease in the amount of time that a fully trained and practicing pediatric surgeon must wait to qualify for Regular Membership. We saw this as a hurdle to early engagement in leadership positions, marginalizing our junior members. On a practical note, the prolonged Candidate period contributed to problems with membership retention and a missed opportunity to increase revenue. In order to make this change, the Board of Governors needed to open Regular Membership to Board-eligible candidates instead of only board-certified pediatric surgeons.

Expanding Associate Membership

A second key change is a re-organization of the Associate Membership category, recognizing that acute care general surgeons are currently filling gaps in access to care and will continue to do so. We feel that these individuals should be welcomed into APSA Membership in order to recognize their contributions and facilitate educational opportunities. We have also suggested a pathway to Regular Membership for Associate Members who dedicate a large portion of their time to the surgical care of children over several years.

Welcoming our International Colleagues

Working with the Global Pediatric Surgery Committee, we helped revise the International Membership category to increase its appeal and lower barriers to membership.

New Membership Category

Finally, in order to expand and diversify the pipeline of talent to our field, we have proposed a new Medical Student Member category.

Affiliate Membership

Most controversial in our discussions has been the consideration of a new Membership Category for Physician Assistants and likely other types of health care providers that participate in the surgical care of children within our scope of practice. The structure of this proposed membership category has been a “hot topic” of debate for some time, but our committee remains dedicated to the development of this category.

Dues Increase in 2022

Surprisingly, discussion about an across-the-board dues increase was much less controversial. In the wake of the Covid-19 pandemic, societies like APSA face a less certain financial future. Since we have not seen a dues increase in over 10 years, we fully endorse an increase to insure our future organizational health. Moreover, membership should be told precisely why this is necessary and we believe feedback will be favorable if we are fully transparent.

Fetal Diagnosis and Treatment Committee Updates

Rony Marwan, Chair
Darrell Cass, Vice Chair

Fetal Trauma Manuscript

During pregnancy, trauma is the leading non-obstetric cause of maternal morbidity and mortality. Fetal injuries and death can occur due to maternal trauma, and this is a potentially preventable cause of morbidity and mortality for the fetus. Fetal injuries can also occur in relation to planned fetal intervention or surgery. The committee has developed a manuscript in which available information fetal injury is summarized and consolidated, and when possible provided recommendations to optimize identification and management of these injuries in utero and in the immediate neonatal period.

NaT (Not a Textbook) Chapters

The committee has identified areas of the Gastroschisis, Omphalocele, CDH, Cystic lung lesions, SCT, and Intestinal atresia chapters in need of updates. We are expanding the available information about in utero management of these

disorders, and the role of the pediatric surgeon in prenatal care, planning and family counseling.

The NEW FD&T Webpage

The FD&T committee has completely re-imagined and redesigned our FD&T committee webpage to provide for a means by which APSA membership and the pediatric surgery community at large to stay abreast with activities of the committee.

Systematic Review Projects

- Prenatal aspects of cystic lung lesions
- Survey regarding practice patterns on the management of congenital diaphragmatic hernia (patch and/or flap use) with planned distribution to APSA members

Coming soon

FD&T APSA sode: "FETO in the management of CDH, Is it the Future?"

Update from the Benjy Brooks Committee

Marion Henry, Chair
Erin Perrone, Vice Chair

The Benjy Brooks committee was proud to highlight our black women pediatric surgeons during February for Black History Month. Twenty outstanding members of our community, like Dr. Andrea Hayes-Jordan, Dr. Ala Stanford, Dr. Erika Newman and Dr. Christa Grant were all highlighted. **Please check out the tweets @apsasurgeons or see the posts on the APSA Facebook page.**

For March, Women's History Month, the committee is bringing your attention to some of our early career colleagues and the wonderful efforts they are making in our field. Please tune in all March to hear about these rising stars! And stay tuned for next year when we will highlight the incredible women leaders in Pediatric Surgery!

The Benjy Brooks committee looks forward to bringing its second virtual reception to APSA this spring. **We will be hosting a zoom reception on Wednesday evening, May 19th.** We look forward to having robust conversations with colleagues in a variety of breakout rooms to discuss multiple challenges such as research, different practice types, negotiations, promotion, and keeping up with new advances in pediatric surgery.

Finally, the committee is busy finalizing a survey evaluating pediatric surgery careers and job satisfaction that will reflect upon how our field has changed in the last two decades. Keep an eye out for it later this year! We hope that ALL APSA members will complete the survey to give us a robust account of the state of the field of pediatric surgery!

Optimum Regional and Specialty Access Task Force

Mary Fallat, Chair

Kenneth Gow and Jonathan Kohler, Vice Chairs

The original Rural Surgery and Rural Trauma Task Forces have merged and are now the “Optimal Regional and Specialty Access Task Force” (thanks to Dr. Tom Tracy). At this point, we are still a “task force”, which is technically defined by a limited life span. Who knows where this will lead?? We have two Vice-Chairs, Jonathan Kohler and Ken Gow. We are in lockstep with the Workforce Committee’s aim to operationalize the “Right Surgeon, Right Child” initiative. There are other considerations (global, military, and rural) that we recognize within these interest groups.

We have three aims that are organized around the action groups below:

1. Close the gaps in pediatric trauma/acute care in underserved and rural environments
2. Provide access to outreach education and communication in rural and underserved areas through telehealth and improved guidelines and protocols
3. Work with our partners in other disciplines, including anesthesia, to optimize the infrastructure available for children’s care in rural and underserved environments that supports and is commensurate with the available scope of practice

Acute Care Surgery and Trauma:

Lead Mary Fallat

This group is focused on 1. looking internally at our own contemporary pediatric trauma workforce and the gaps in trauma care for children in underserved and rural environments and how to close the gaps. We plan to ask the membership to engage in a brief survey that will ask that you honestly provide us with information about your own practice but also your own interest in taking care of trauma patients. Part 2 is a partnership with the Acute Care

Surgery Fellowship program through the American Association for the Surgery of Trauma to develop a pediatric trauma and acute care surgery curriculum as a standardized vs elective rotation for this fellowship program.

Telehealth and Outreach Education:

Lead Jon Kohler

The telehealth and outreach interest group is committed to improving the care of children in their communities by providing local care providers with the resources they need to deliver pediatric care in accordance with best practices. By providing education and connection to care communities without local pediatric surgical specialists, we aim to help the providers in those communities recognize when children need to be transferred to specialized centers, how and who to call for help, and how to provide excellent local care when appropriate.

Subspecialty Interest Group:

Lead Ken Gow

This group is focused on pulling together representation from different subspecialties that provide surgical care for children. Our goal is to incorporate the needs of as many surgical specialties as possible to be able to determine optimal models for delivery of care for children, which includes getting them to the right place if transfer is desirable. This group includes Anesthesia, Pediatric General Surgery, Urology, Orthopedics, Otolaryngology, Cardiac Surgery, Neurosurgery, Ophthalmology, and Gynecology. The solutions may result in a unified approach but will more likely vary based on the expertise required. Ultimately, the group will consider success when a feasible approach has been determined for each discipline that offers the best care for children that live in rural and urban locations.

Update from the Education Committee

Steven Lee, Chair

Eunice Huang, Vice Chair

The Education Committee has multiple subcommittees working on the projects listed below. All of our content is located in pedsurglibrary.com.

Patient and Family

Creating enhanced content to add to the existing [patient/family education materials](#). New content to include videos, informed consents, and more. We are continuing with a collaborative between AAP, ACS, and APSA to produce education information on HealthyChildren.org.

Student and Resident

[Ongoing projects](#) include STEPS presentations with additional topics being released soon. The student and resident handbook is also being revised to make it more user friendly. This subcommittee is also planning a virtual Student and Resident Reception APSAsode to provide information and network opportunities to those interested in pursuing a career in Pediatric Surgery.

Practicing Surgeons

Additional visual abstracts as part of the Practicing Surgeons' Curriculum are being added. These visual abstracts will continue to enhance learning as part of the weekly Sunday Spaced Learning Questions available to EXPERT subscribers.

Distribution and Social Media

This subcommittee continues to help promote all of our content through various social media outlets.

Rural Surgery

This new subcommittee was created to help develop a Rural Surgery Curriculum to help support the Right Child, Right Surgeon Initiative. This curriculum will help guide additional training to provide appropriate surgical care to children in rural areas.

Informatics and Telehealth

This committee recently joined the Education Committee and is working on developing best practices for telehealth. A collaborative with AAP is also underway to develop telehealth content for specific Pediatric Surgical conditions. A breakout session focusing on telehealth will be a future APSAsode.

In addition to these projects, the Education Committee is planning the Variations in Care Plenary Session for the Annual Meeting and a separate APSAsode on the educational challenges during the COVID pandemic.



Update from the Workforce Committee

Sam Alaish, Chair

Abigail Martin, Vice Chair

The APSA Workforce Committee has been charged with organizing this year's APSA Presidential Symposium, entitled **"Are We Training Too Many Pediatric Surgeons?"**

We are pleased to announce the distinguished speakers for the debate. We will have Drs. Mary Brandt and Robert Ricca represent the PRO side, while Drs. Edward Barksdale and Doug Barnhart take the CON argument. This will not be bland.

Also at APSA's Annual Meeting this year, Dr. Abigail Martin will present the results from our survey of recent fellowship graduates regarding their job selection.

The committee continues its work to bring the Right Child/Right Surgeon Initiative to fruition.

Looking to gain anesthesia partnership, we have a subcommittee collecting de-identified workforce data on pediatric anesthesia practices from their respective national organizations. We have an additional subcommittee defining the case domains for the basic, fundamental and advanced pediatric surgeons outlined in the RC/RS Initiative. A third subcommittee focuses on developing a process for advanced pediatric surgery certification.

Lastly, the committee has been collaborating with the Education and Rural Surgery Committees on a Rural Surgery/General Surgery educational curriculum to address the access and expertise issues in our specialty.



GENERAL

APSA Members with Interest in Surgical Critical Care

Dr. Samir Gadepalli, University of Michigan, hosts a monthly case conference of the pediatric surgery critical care fellows on the first Wednesday of each month 5:00 - 6:00 pm ET via Zoom. Anyone interested can join with the link below.

<https://zoom.us/j/96342016754?pwd=bDU3N21rRDY0TnJtYzFSbWx0ckNHQT09>

Meeting ID: 963 4201 6754 Passcode: 651264

In a relatively informal fashion, we discuss a patient case, presented by one of the surgical ICU fellows, and have a discussion about the various aspects about their ICU management. We imagined this to be about critical care topics, which may overlap with pediatric surgery education, but the focus is on the Critical Care aspects of the patient's care. This is not meant as a replacement for other educational conferences, but to augment where there may not be any textbook source information.

For example, in a recent discussion about a patient with tracheoesophageal fistula, we discussed thoughts preoperatively if they have difficulty what we should do or how to handle, intraoperative concerns, and postoperative management – how do we decide when to extubate, what to do if they self-extubate, etc. In another patient with dumping – how to diagnose, approaches to management and resuscitation. For a severe congenital diaphragmatic hernia – our protocol, what factors we use for management of pulmonary hypertension.

The fellows can pick the cases that they see, like a head trauma, an ECMO evaluation, or a patient with sepsis, or the ICU faculty suggest someone so we cover the basics. Hoping the conversation on these cases, especially around our various perspectives, might be really useful – I've sure learned a lot over the past few months. I will moderate to try to keep us on time.

Everyone is encouraged to participate in the conversations by contributing their own experiences, thoughts, lessons and questions for the group – just raise your hand and I'll look for it.

Here is a list of potential topics/patients for the next few conferences

Term newborn with CDH. Course complicated by:

- Insufficient anticoagulation resulting in clot in arterial canula (AT3 deficiency)
- Chylothorax requiring thoracotomy and thoracic duct ligation
- Redo VA ECMO cannulation

SICK premature baby transferred after multiple surgeries for NEC at outside hospital, with <40 cm remaining:

- Enterocutaneous fistula managed conservatively
- Proximal bowel obstruction requiring ex-lap and further bowel resection

Toddler with pneumothorax and empyema:

- Chest tube mgmt, TPA, VATS timing

COVID respiratory failure placed on ECMO with numerous complications:

- ECMO complications resulting in VV-VA ECMO
- Excessive bleeding from groin site
- Pneumothorax requiring chest tube followed by persistent leak through bronchopleural fistula
- MRSA bacteremia and necrotizing pneumonia

ADVOCACY

American Academy of Pediatrics Breaking News

With new members of Congress and a new presidential administration taking office in 2021, the AAP Advocacy Conference will be a critical opportunity to make sure elected leaders put children's health at the top of their agenda. As our country continues to combat the COVID-19 pandemic, it is more important than ever that lawmakers prioritize the needs of children and families.

Register for the 2021 AAP Advocacy Conference formerly named the Legislative Conference – **which will take place April 11-13, 2021.** To learn more and to register, please **visit AAP.org/AdCon**. Early bird registration closes on February 28. We hope to see you in the spring!

The Advocacy Conference for 2021 will be **completely virtual** because of the ongoing pandemic. The new event name, the AAP

Advocacy Conference, reflects the broad scope of content and skills that the conference encompasses. While the conference this year will be adapted to a virtual environment, attendees should expect the conference to cover much of the same curriculum as it always has, including virtual Capitol Hill visits.

The conference brings together pediatricians and pediatric trainees from across the country who share a passion for child packed agenda, including distinguished speakers, advocacy skills and issue sessions and opportunities to learn how to be a strong voice for children.

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

2021 American College of Surgeons Leadership and Advocacy Summit

[The ACS 2021 Leadership & Advocacy Summit](#) will be conducted **virtually May 15-17**. The Leadership portion of the Summit will be on **Saturday, May 15**, followed by the Advocacy portion on Sunday, May 16, and Monday, May 17.

The Leadership & Advocacy Summit is a dual meeting offering comprehensive and specialized sessions that provides ACS members, leaders, and advocates with topics focused on effective surgeon leadership, as well as interactive advocacy training with coordinated visits to Congressional offices.

Further details, including times and presenters, will be announced in the coming weeks.





APSA
American Pediatric
Surgical Association
Saving Lifetimes™



Virtual Annual Meeting

May 20-22, 2021

MEETING HIGHLIGHTS

Two Plenary Scientific Sessions
covering the best submitted abstracts

Four Top Educational Content Talks

Two Systematic Reviews & Quality Improvement Toolkits

Variation in Care Panel
Adolescent Inguinal Hernia

Presidential Symposium
Are We Training Too Many Pediatric Surgeons?

Presidential Address
Dr. John H.T. Waldhausen

Past Presidential Address
Dr. Joseph P. Vacanti

REGISTER TODAY!