

California Chapter 2

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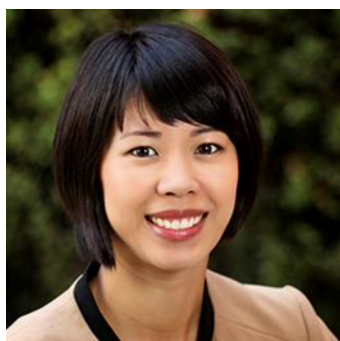
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AAP-CA2 35th Annual Advances in Pediatrics Symposium

Sponsored By UCLA Child And Family Health Leadership Training Program

2024 Symposium Pearls

Thank you for attending the AAP-CA2 35th Annual Advances in Pediatrics Symposium, hosted at UCLA's Carnesale Commons on April 27, 2024. In this document you will find the conference Pearls - a compilation of takeaway points submitted by each speaker. Please review the entire document, then access the Reflective Statements exercise to provide your responses. Reviewing these Pearls, followed by completion of the Reflective Statements meets compliance with the American Board of Pediatrics requirement for MOC Part 2 credit. Deadline for completion is 7/31/2024.



Atopic Dermatitis: Practical Tips From The Bedside **Dr. Minnelly Luu, MD**

Clinical Pearl #1: When examining a patient with atopic dermatitis, feel with your hands for rough bumpy areas. Follicular eczema is an under-recognized form of eczema and appears as fine follicular papules that are sometimes more easily detected through palpation than visual exam. Follicular eczema frequently causes itching, and in that case, treatment with low potency topical corticosteroid can be very helpful to improve control of the eczema.

Clinical Pearl #2: When evaluating a patient with nummular forms of eczema, look for other typical signs of atopic dermatitis to help with the diagnosis. For example, look for typical eczema on the cheeks, antecubital fossae, and popliteal fossae, or follicular eczema.

Clinical Pearl #3: Post-inflammatory hypopigmentation is a common sequelae of skin inflammation, particularly atopic dermatitis. It self-resolves as long as the eczema is under control. Counsel on the possibility of post-inflammatory hypopigmentation or hyperpigmentation early.



Supporting Children, Families, And Ourselves In The Aftermath Of Crisis

Dr. David J. Schonfeld, MD, FAAP

Clinical Pearl #1: It is important to shift our primary focus in the aftermath of major crisis events from a medical model -- characterized by screening, evaluation, diagnosis, referral and treatment for individual children -- toward a system of universal support focusing on building resilience.

Clinical Pearl #2: The interventions and support for children who are grieving differ from trauma treatments – not everything that is distressing is traumatic.

Clinical Pearl #3: Guilt is a common reaction to a crisis or loss; the illusion of control (and responsibility) may be an attempt to minimize the fear of recurrence.



Evolution Of RSV Treatment

Dr. Chris Landon MD, FAAP, FCCP, FRSM

Clinical Pearl #1: Real world experience with RSV vaccinations of mothers, the elderly, and universally for infants needs to be followed closely for duration of effectiveness and severe illness.

Clinical Pearl #2: The diagnosis and treatment of RSV during the season is supportive. Oxygen to maintain saturation 90-92%, nasal suctioning, and fluids, during recovery. No routine needed for testing, CBC, chest x-ray, or antibiotics.

Clinical Pearl #3: Serious bacterial infection in RSV infants is rare. Urinary tract infection should be considered if febrile or ill-appearing.



Pediatric Firearm Injuries: Examining Trends and Opportunities for Harm Reduction
Dr. Jeffrey Birnbaum, MD, FAAP

Clinical Pearl #1: Firearms have overtaken motor vehicles as the leading cause of injury-related death of young persons aged 1-24.

Clinical Pearl #2: Children in “low opportunity” zip codes have a significantly higher risk of firearm-related injuries compared to their “high opportunity” matched peers.

Clinical Pearl #3: Teaching children not to play with firearms is NOT an effective strategy to mitigate risk of firearm-related injury and mortality.

References:

1. Lee, Lois K et al. “Crossing Lines - A Change in the Leading Cause of Death among U.S. Children.” *The New England journal of medicine* vol. 386,16 (2022): 1485-1487.
2. Roberts, Bailey K et al. “Trends and Disparities in Firearm Deaths Among Children.” *Pediatrics* vol. 152,3 (2023): e2023061296.
3. SAFER: Storing Firearms Prevent Harm. AAP Learning Module



Voting As A Social Determinant Of Health
Dr. Richard Pan, MD, FAAP

Clinical Pearl #1: Voting and civic engagement is associated with better health outcomes. Healthy People 2030 and the AMA recognize voting as a social determinant of health. Registering to vote is not enough; voting is what matters.

Clinical Pearl #2: Parents of young children have among the lowest voting rates, and candidates and their campaigns focus on communicating with frequent voters (voted in 3 or more of the last 5 elections including primaries). Thus, the parents of our patients often do not receive information about candidates and elections and are less likely to be reminded to vote in both current and future elections.

Clinical Pearl #3: Pediatricians can get out the voters for kids by providing voting information and recommending to families of their patients to vote in every election. Pediatricians have good contact information to reach out to patient families to remind them to vote in each election. By working to get parents to become frequent voters, candidates and campaigns will communicate with them and get them to vote.



Research Awards and Presentation Promoting Service Access and Equity in Inland Southern California
Helen Setaghiyan, BA

Clinical Pearl #1: Families of children living with developmental disabilities in underserved regions face financial, language, and practical barriers to accessing critical professional services such as the Regional Center. Professional services have been shown to reduce levels of parenting stress.

Clinical Pearl #2: A community of practice (CoP) is a group of people who share a common interest, profession, or passion and come together to learn from each other, solve problems, and develop expertise in their domain. This educational framework can be applied in healthcare settings, for example, to promote learning and self-advocacy in caregivers of children with complex medical needs. Key elements of a CoP include the domain (area of shared interest), community (building relationships), and practice (collective development of tools, knowledge, and resources).

References:

1. Goedeke, Sonja, et al. "How Perceived Support Relates to Child Autism Symptoms and Care-Related Stress in Parents Caring for a Child with Autism." *Research in Autism Spectrum Disorders*, vol. 60, Apr. 2019, pp. 36–47, 10.1016/j.rasd.2019.01.005.
2. Pyrko, Igor, et al. "Thinking Together: What Makes Communities of Practice Work?" *Human Relations*, vol. 70, no. 4, 26 Sept. 2016, pp. 389–409, 10.1177/0018726716661040.



Hocus Pocus: Emerging Use Of POCUS In Pediatrics

Marsha Elkhunovich, MD

Clinical Pearl #1: Point of care ultrasound (POCUS) is meant to answer a specific question rather than being a comprehensive exam.

Clinical Pearl #2: POCUS can be used for a wide variety of diagnostic and procedural applications in children, and has been shown to improve diagnostic accuracy and procedural success in a variety of applications.

Clinical Pearl #3: There are numerous courses and certificate programs available for learning POCUS and studies have shown that non radiologists are able to learn POCUS technique and interpretation in a timely manner.

MOC Part 2 Credit Completion Instructions **For conference attendees only**

Please click below to access the Reflective Statements exercise to provide your responses. Reviewing these Pearls, followed by completion of the Reflective Statements constitute compliance with the American Board of Pediatrics requirement for MOC Part 2 credit. Deadline for completion is 7/31/2024.

[Click here](#) to provide your responses in the Reflective Statements form