



Ohio Napnap News

NOVEMBER 2010 Newsletter

President's Report

Michelle Widecans

Happy Fall everyone! Can you believe it is already November. The first quarter of school is over for many children, the leaves are almost all fallen and we are having to pull out our winter coats. I can't believe we are already moving into the Holiday season.

As I mentioned before, this is a very critical time for Ohio HB 206. If it does not move forward for a vote to the senate before the end of the year, the bill will be dead and we will have to start all over again. Please read the section in this newsletter regarding Health Policy with all the suggestions and ideas to help move this vote forward. We are a strong organization of now over 400 PNPs and need to keep the momentum to get the bill passed.

I wanted to thank the program/education committee for putting on a wonderful conference in Independence, Ohio near Cleveland. The speakers were great, the food was delicious and the Embassy Suites was a wonderful site for our Fall Conference. I want to invite as many of you as possible to join us at our national conference for NAPNAP 2011, 32nd Annual Conference on Pediatric Health Care from March 23-26, 2011. I am hoping to plan an Ohio get together as we did last year on either Wednesday or Thursday evening. It is always a great way to meet up with other members of our chapter and network. Watch for information on the List serve as we get closer to the conference date.

Our next education meeting focusing on Pharmacology will be from 4/29- 4/30 in the Columbus area. More information is available later in the newsletter.

National has asked everyone join an eGroup to continue to network and communicate with other members of NAPNAP. Directions can be found below:

Subscribe to your eGroups

1. Login to www.napnap.org with your Member ID and password
2. Click on the Community Profile link
3. Click on eGroup link (located in the light blue bar – under the Advocacy tab)
4. Click on My Subscriptions (on the left side bar)
5. Set your notification preferences for each eGroup
6. Click Save

Also, National is requesting nominations for the [Henry K. Silver Award](#).

The Henry K. Silver Memorial Award is awarded in odd years to the nominee who has contributed to the expansion or improvement of pediatric health care and the advancement of the profession of Pediatric Nurse Practitioners at the national and/or international level.

Completed Nomination Packets, found on the national web site, are due in the National Office by December 30th.



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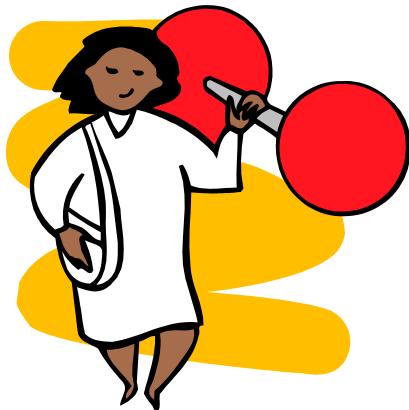
Finally, **Member Vacation Button** offered by National office,

The National Office would like to spread the news on exclusive Membership Discount for NAPNAP's Vacation Center, one of the NAPNAP membership benefits. The button will be on the National and State website.

I hope everyone has a safe and blessed holiday season. Please feel free to contact me with any questions, concerns or ideas for Ohio NAPNAP at Michelle.Widecan@cchmc.org.

**President-Elect
Clinical Practice**

Jill Kilanowski



[New practice guidelines from the AAP](#)

[AAP: At 12 Months Infants Should Be Screened for Iron Deficiency](#)

From [Alice G. Walton](#)

<http://www.thedoctorwillseeyounow.com/content/kids/art3109.html>

According to a new statement from the American Academy of Pediatrics (AAP), babies should have their iron levels tested at 12 months to screen for iron deficiency and iron deficiency anemia.

Previously in 1999, the AAP released a recommendation regarding the iron fortification of infant formula. Now, the AAP urges practitioners to give iron supplements to breastfed babies starting at 4 months old.



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According to the paper <http://pediatrics.aappublications.org/cgi/reprint/peds.2010-2576v1.pdf>, published online October 5, 2010 in the journal *Pediatrics* the new recommendations conclude that exclusively breastfed term infants should receive an iron supplementation of 1 mg/kg per day, starting at 4 months of age and continued until appropriate iron-containing complementary foods have been introduced. For dosing, breastfed babies should receive 1 mg/kg of body weight starting at four months. From six to 12 months, breastfed babies should get 11 mg/day, no matter how much they weigh, and toddlers should get 7 mg/day until they are three.

As infants progress to solid foods, red meat (which has in the past been one of the last new foods introduced), may be offered earlier.

For those vegetarian families cereals, vegetables, and beans may not provide enough iron, and it may be necessary to supplement further.

For more information, see the AAP's report

Nits and school

The American Academy of Pediatrics has issued a revised report on the problem of nits and school. "Head Lice", published in the August 2010 issue of *Pediatrics*, clarified and revised its protocols for diagnosis and treatment of lice and has deemed it inappropriate to keep children with nits out of school. This change in policy has been met with controversial opinions of teachers and parents. Spread mainly from direct, head-to-head contact, the AAP encourages parents to educate their children about not sharing personal items, such as combs, hats, helmets, pillows, bedding, brushes, hair accessories and towels. While the AAP may revise their opinion, nurse practitioners and parents may still need to abide by school district policy until formal changes in policy are made.

Read more at Suite101: [Head Lice and Nits Guidelines Changed by AAP](http://www.suite101.com/content/head-lice-and-nits-guidelines-changed-by-aap-a284069#ixzz144KjJFhn)
<http://www.suite101.com/content/head-lice-and-nits-guidelines-changed-by-aap-a284069#ixzz144KjJFhn>



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Ethics Advisor

Linda A. Strong

I have no looming ethical dilemma other than should I have seconds of turkey and pumpkin pie with whipped cream or practice what I advise my families. If you have questions or an ethical dilemma, please contact me at lastrong@cox.net.
HAPPY HOLIDAYS!!!!

Policy Committee

Barbara Schaffner

Legislative/Policy Report

1. Work is ongoing for passage of HB 206 (schedule II privileges) in a short, lame duck session after elections. Important that letters and phone calls be sent to legislators in the Senate. **NEED TO MAKE A LOT OF NOISE, NOW!!!**

Can address all letters to the Senators at One Capitol Square, Columbus, Ohio 43215. Tell these members that you want them to contact President Harris and Health Chairman Coughlin to ask them to pass HB 206 during lame duck session. **You also need to ask them to vote for the bill.**

Let them know that we have support from 50 trade associations, consumer groups, organizations, corporations, hospitals and unions and that this is a very important bill to Ohio patients and APNs alike The Senators and phone numbers are listed below.

Ohio Senators	
Senate President Bill Harris	614 466-8086
Senator Coughlin	614 466-4823
Senator Gillmor	614 466-8049
Senator Buehrer	614 466-8150
Senator Goodman	614 466-8064
Senator Jones	614 466-9737
Senator Stewart	614 466-8076
Senator Morano	614 644-7613
Senator Smith	614 466-4857
Senator Miller	614 466-5131
Senator Neihaus	614 466-8082
Senator Faber	614 466-7584

Your Senator to identify your senator link to www.ohiosenate.gov



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2. Ordering Respiratory care Therapy from the CMS (Centers for Medicare and Medicaid Services)

NEW RULES ALLOWING NPS AND PAS TO ORDER RESPIRATORY SERVICES p. 50419

PART 482--CONDITIONS OF PARTICIPATION FOR HOSPITALS

44. The authority citation for part 482 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395(hh)).0

Sec. 482.57 Condition of participation: Respiratory care services. (b) * * *

(3) Services must only be provided under the orders of a qualified and licensed practitioner who is responsible for the care of the patient, acting within his or her scope of practice under State law, and who is authorized by the hospital's medical staff to order the services in accordance with hospital policies and procedures and State laws.

(4) All respiratory care services orders must be documented in the patient's medical record in accordance with the requirements at Sec. 482.24.

3. Medical Home legislation

Implementation of what was passed as HB 198 is ongoing. It is important to identify APNs that have independent practices in Ohio and can be candidates to lead medical homes, please send names of independently practicing APNs to Barb Schaffner at bschaffner@otterbein.edu. At this point, there is only a small amount of funds for this project.

4. Institute of Medicine Report on Future of Nursing

The Institute of Medicine (IOM) report on the Future of Nursing was released on Tuesday, October 5. The full report is nearly 600 pages and is available for download for free at <http://www.nap.edu/catalog/12956.html>. Click the links below for the press release and a link to a brief of the report. If you have not read the report yet, it is well worth the time -- the brief will give you the highlights. This is a very powerful report that supports the work of APNs -- a true MUST READ.

Press Release:

<http://www8.nationalacademies.org/onpinews/newsitem.aspx?RecordID=12956>.



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Brief of the report:

<http://www.iom.edu/~media/Files/Report%20Files/2010/The-Future-of-Nursing/Future%20of%20Nursing%202010%20Report%20Brief%20v2.pdf> .

Newsletter / Website

Linda Kerr

#1 Please check out the new and improved Ohio NAPNAP website at www.ohio-napnap.org . Lori Reale has been giving us a new face! Plans are still in process as we are looking into a chatroom or message board for members with questions and ideas concerning legislative and political concerns. Barb Schaffner and Keeley Harding , our 2 Board members that are more involved in the political/ legislative issues, have offered to be available to the membership to answer their concerns. A notification will be sent out on the Listserve when this is complete.

#2 The information that was promised by Mallory Curran will be available on the SMART BOARD at the website.

#3 Registering with PayPal for conferences did well considering it was our introductory use. We will change things slightly. Students will now be in the drop down box. Once you pay by PAYPAL you will **automatically be registered** unless your membership information has changed since your last membership renewal. If your information has changed, please submit a conference registration to the appropriate place. IN A NUTSHELL, IF YOUR MEMBERSHIP INFORMATION HAS REMAINED THE SAME, YOU CAN PAY AND REGISTER WITH PAYPAL IN ONE STEP. You will receive an email acknowledging receipt of your registration in a timely manner.

#4 If you have questions, comments, or concerns about any of the above or new ideas, email me at kerrli@hotmail.com . HAPPY HOLIDAYS to you and your families.



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SOCIAL NETWORKING WITH YOUR NAPNAP COLLEAGUES

Login to the NAPNAP Community today to connect and share your ideas and advice with colleagues.

Getting Started

Before you can use the networking features of the NAPNAP new website you must go to your preferences. This tells the website that you want everyone

to see, what you belong to, what information you want to be sent to you, and where and how you want it sent. You only need to do this once, but everyone you want to share information with must set their preferences.

Instructions for logging into the NAPNAP website to set your preferences:

1. Go to www.napnap.org and log in with your member number and password. If you forgot your password, click on "forgot password" link and an email will be sent to you. Contact NAPNAP at 877-662-7627 for assistance.
2. Click the "ACCOUNT" tab right under the "Welcome and your name" banner at the top of the page.
3. Check out the information in your profile. This is the information that was entered from your membership form into the database. Correct any errors. SCROLL all the way to the end and make sure everything is correct and that you check how you want the information sent and if you want to vote electronically. No one else can see this information but you.
4. Now click MEMBER CENTER in the left hand column which will return you to the member center page. This is where you will find the WEBINAR that walks you through the website and setting up your groups.
5. Go to the top of the page under the "Welcome and your name" banner and click on the COMMUNITY PROFILE link and begin reviewing your profile.
6. This is where you SET YOUR PREFERENCES and update your information. Your profile should be preloaded with any groups you belong to per your membership form.
7. Now go to the left hand column and click on the PREFERENCE link.
8. Now go down the list and set the preferences, as this sets what people see information you have put on the Website.
9. Now click on the EGROUP tab at the top of the page in the light blue banner under Advocacy.
10. Click on MY SUBSCRIPTIONS in the left hand column.
11. Now you need to ENROLL or SUBSCRIBE to each one of the groups listed. This is very important because if you do not do this then you will not receive a notice that someone has posted information for you on the Web.



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- Under the group you should see the e-mail address listed where you want to receive notifications. Confirm this address.
- You must check if you want messages sent to you in “**real time**” or when messages are batched at the end of the day (**daily digest**) or you can state you **don't want any e-mail** from that group. Most people will not have a **PDA** that they want things sent to but if you do, you can check this box. We are working on being able to send text messages to your phone rather than an e-mail but we do not have that available yet. Be sure that HTML is checked at the top (the text here does not mean a text message but the format the message is delivered in).

12. You are now ready to send and receive messages from your Chapter, SIG, Committee or other board.

13. Other activities include blogging, sharing documents in your own resource library, keeping all your CEU activities, finding peer experts to assist with a difficult clinical case or to just stay in touch with your friends and colleagues.

14. Remember this is a secure social networking site that is not available to the public (unlike facebook, myspace, and others). For complete instructions on using all of these features, please click on the Webinar link at the top of the Member Center home page. This webinar is around 45 minutes in length if you view the entire Webinar. Have pen and paper handy to make notes.

15. If you do not feel like you need step by step instructions, click on the “**Community Home Page**” link in the light blue banner at the top of the **Member Center** page. This will take you to the page with instructions to get you started.

16. The best way to learn is just to spend some time and play around in our wonderful new Web page. There are so many wonderful features and information so...

LET'S GET STARTED!!

Member Directory

Find peers and new colleagues who share similar interests or participated in the same activities in the past to build stronger connections.

eGroups

Network with your peers to exchange ideas and information and exchange information in real-time based on communication preferences such as daily digest postings, and RSS subscriptions.



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Blogs: found under the Member Directory tab on the left on or the banner tab over your picture.

Resource Library

- Upload / Download multiple file types to share documents
- Comment on your peers' documents and recommend relevant and useful information through peer ratings and topic-based tags.

Ohio NAPNAP Listserve

Angela Enix

If you any questions or concerns about the Listserve please contact me at my email address enix@childrensdayton.org.

Awards

Stephanie Smith

The recipient of the Mental Health Scholarship was Stacie Huff, PNP. This is a one-thousand dollar tuition scholarship awarded to a PNP who has taken an active role in the care of children and adolescents with emotional or behavioral health problems, and wishes to attend a mental health education program. Stacie attended “The Safe and Effective Use of Psychiatric Medications in Children and Adolescents: A Mini-Fellowship for Primary Care Clinicians”, offered by The *Reach* Institute. As the recipient of the award, Stacie will also either write a mental health related article for the Ohio NAPNAP Newsletter or present a lecture at an upcoming Ohio NAPNAP conference.

The recipient of the Child Advocate Award was Mallory Curran, JD. Mallory is a JD who was instrumental in the development of the Community Advocacy Program, a partnership between MetroHealth Medical Center and the Legal Aid Society of Cleveland. The purpose of this partnership is to advocate for children and families, whose well being and health care are compromised by social, bureaucratic and environmental factors. The Community Advocacy Program practices "preventive law" by resolving issues before they become crises, including issues relative to living conditions that directly impact a child's health and well being, obtaining protective orders for victims of domestic violence, and providing guidance and counseling for children and families. Ms Curran also provides education and training to pediatric providers, including nurse practitioners, regarding importance of medical-legal partnerships.



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The recipient of the PNP of the Year Award was Stephanie Marszal, PNP. Stephanie was nominated by Peg Dimarco, who recognized her as a great role model for PNP students, frequently taking more than one student from many different schools. Her patients/families, students, staff always comment on the great care that she gives her patients/families. Stephanie is active in the Ohio NAPNAP organization and has helped with the organization of many conferences. She has also held board member positions for several years – most recently as secretary.

Peg DiMarco

Professional Education

Please refer to the article at the end of the newsletter about choices between PhD or DNP. If you have questions, feel free to call or email me.

Program Advisor

Jill Smith

A huge thank you to Mary Flood, Veronica Crowe-Carper their committee for planning the Fall 2010 conference. They were appropriate for both primary and acute care nurse pr and involved topics that we have not covered in the past. Well done ladies!



CONFERENCE REGISTRATIONS

This conference was the first conference that we used online registrations and payments. While all new things have their glitches, we did very well with this new adventure. One key feature identified, is that the online registration cuts off the deadline day and does not accept registrations after that date. In the past we have registered people who did not make the deadline, but we are now having earlier deadlines required by hotels and caterers. Because of these deadlines, we have to enforce the registration cutoff. We are also unable to accommodate on site registration. We are making every effort to keep the membership updated to allow scheduling and registration. **Please remember that EARLY REGISTRATION is best!!!!**



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OHIO NAPNAP SPRING CONFERENCE 2011 **PHARMACOLOGY UPDATES**



WHEN: April 29-30, 2011

WHERE: Hilton Columbus/ Polaris
8700 Lyra Dr Columbus, Oh

1-888-864-8055 FOR RESERVATIONS

WHAT: napnap will receive room rate discount
Deadline for the discount is MARCH 30, 2011

PLANNING COMMITTEE CHAIR: GAIL HORNER

As soon as details for Fall 2011 are available, we will notify you via
the listserv.

And on the website: www.ohio-napnap.org

F.Y.I.....

150 North Michigan Avenue, Suite 2100 Chicago, IL 60601

Office: 312.893.6620 Parents' Toll Free Hotline: 800.955.CHILD (2445)

Fax: 312.893.6621 www.pathwaysawareness.org

Contact: Amanda Krupa, M.Sc. Director of Healthcare Communications Pathways Awareness

Direct: 312.893.6631 akrupa@pathwaysawareness.org

FOR IMMEDIATE RELEASE

AAP's New Online CME Course on Recognizing Early Motor Delays Offered Free via Promo Code:
PATHWAYS

PATHWAYS AWARENESS PROVIDES SCHOLARSHIP FOR AAP'S HOT TOPICS COURSE

'RECOGNIZING EARLY MOTOR DELAYS AT THE 2-MONTH PEDIATRIC WELL VISIT'



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How to Register and Take the Course for FREE!

All participants will need an AAP ID number and password to register for the course and apply the promotional code: PATHWAYS. Non-AAP members: To create an AAP ID number and password, follow these instructions

1. Obtain an AAP ID and Password by going to www.pedialink.org. Click Create an Account in the far right column under the LOGIN button and follow the steps in the account set up wizard to create an individual account and password. This will be your AAP ID number and password to access the course.
2. Once you have your AAP ID number and password, go to www.pedialink.org/cme/htemd and click on Register Now! in the upper-right corner of the page. Register for Recognizing Early Motor Delays, and then click Continue with Registration.

The next page lists the Hot Topics: Recognizing Early Motor Delays course.

Click Sign Up to proceed. Enter promo code: PATHWAYS and click Apply to update the fee to \$0. Click Check-Out

Now in lower right corner. Follow remaining on-screen instructions to finish registering for the course.

2. Once registration is complete, you will be automatically directed to your receipt. Under ACCESS NOW, Click here to start taking the course! For more detailed instructions and a PDF of screen shots, please visit www.pathwaysawareness.org Aug. 18, 2010 (CHICAGO) – Pathways Awareness, in conjunction with the American Academy of Pediatrics (AAP), are proud to announce the availability of a new online continuing medical education (CME) Hot Topics course entitled “Recognizing Early Motor Delays at the 2- month Pediatric Well Visit.” The course is available at www.pedialink.org/cme/htemd and is targeted towards AAP residents and medical students, nursing students, parents, pediatric therapists, nurses, pediatric physicians, family physicians, students and others.
3. By entering the promotional code, PATHWAYS, participants are able to take the course free of charge. Upon completion, eligible participants may earn a maximum of 0.50 AMA PRA Category 1 Credits TM, AAP, or NAPNAP credits. The course features step-by-step instruction, animated clinical and anatomical illustrations, and live side-by-side video comparisons of two 2-month old infants developing typically and atypically. Participants will learn important nuances of typical and atypical motor development and assessment, early motor delay surveillance skills and screening tests, and the parameters and value of early intervention and treatment. Early



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intervention with therapy can help children with early motor delays master basic life skills that might otherwise remain unattainable. The number of children with early motor delays has

increased dramatically in the past 25 years. Members of the AAP's Council on Children with Disabilities estimate as many as 400,000 children born each year are at risk for some form of early motor delay, and 1 in 40 have an early motor delay. The incidence of an early motor delay is considerably higher than the incidence of autism, which is 1 in 166. Despite the high prevalence, a national internet survey conducted in 2006 by Pathways Awareness found only 36% of parents of children under 36 months could accurately identify what infants should be able to do by the end of three months. Further, only 5% of parents would seek help immediately if their child failed to meet those first milestones.

“Recognizing Early Motor Delays at the 2-month Pediatric Well Visit” was designed to combat low awareness and lacking observation that currently exists among healthcare professionals and caregivers, and ensure children receive timely, adequate and appropriate intervention for early motor delays. When healthcare professionals and caregivers know what to look for, treatment and prevention of early motor delays can be as simple as more tummy time for babies when awake, or, for more complex cases, physical, occupational and speech therapy.

About Pathways Awareness

Pathways Awareness is a national 501(c)(3) not-for-profit public foundation celebrating over 20 years of assuring the best for all babies' development. Pathways Awareness is dedicated to raising awareness of early sensory, communication, and motor delays in three key areas: detection, intervention, and prevention. To educate the public, Pathways has created print and online tools that are used by millions of healthcare professionals and families worldwide.

Pathways Awareness' critical infant milestones literature has been recognized and endorsed by the American Academy of Pediatrics and the National Association of Pediatric Nurse Practitioners as the definitive resource concerning early motor delays. The organization's free print, web-based and video materials can be viewed online, in print and in the media. For more information on early motor delays and the help available, visit www.pathwaysawareness.org or call our toll free parent answered hotline at 1-800-955-CHILD (2445).

The American Academy of Pediatrics is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The AAP designates this educational activity for a maximum of 0.05 AMA PRA Category 1 Credits TM . Physicians should only claim credit commensurate with the extent of their participation in the activity.



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And since we are talking about babies and well care

Practice Management. Published in Infectious Diseases in Children November 2010

Well baby care goes beyond the guidelines

by William T. Gerson, MD

General pediatric practice has its own rhythms. Some of these rhythms are seasonal, defined in large measure by infectious diseases but also including certain chronic disease reviews, and some are defined by the school calendar, including back-to-school physical examinations, school sports physical examinations, vacation-based camp physical examinations and mid-semester school performance visits.

Throughout the year, however, there are also the well baby visits, often felt to be the core of what we as general pediatricians hold dear as the essence of our profession.

How an individual pediatrician practices within these patterns is defined by our own conceptualization of what it is to be a general pediatrician and the structural limitations of our practices.

Our approach to comprehensive care with its demands of well baby, toddler, school-age, and adolescent/young adult care, acute care medicine, and hospital-based care distinguishes us as primary care pediatricians.

Although infinitely complex and frequently changing, general pediatric practice remains enormously rewarding. Frequently forgotten in discussions of primary care pediatrics is the special quality of the well baby visit.

It is easy to get caught up with the specifics of the age-based well exam schedule and guidelines for what are the key elements of each visit. However, the magic of pediatric practice is not the specifics. When I close the exam room door and enter the world of well baby visits, I enter a privileged domain: a visit enjoined from both the patient and, most importantly at these early ages, by the infant's parents, and by me as their pediatrician in order to affect a more perfect future for their child. It is a relationship I enter that has few boundaries and lasts until the patient's adulthood. During the course of this time, my role changes from a distinctly family focus to a specific patient focus; nevertheless, throughout this timeline the context of the relationship remains longitudinal, comprehensive and driven by the critical elements of what it means to be a pediatrician.

Useful without being intrusive

The well baby visit is a very individualized experience, thus my overall frustration with any defined protocol of care. To me, guidelines are an intrusion into my relationship with my patients and imply that one can substitute me for any generic "health care provider," and as long as the correct form is followed, the outcome will be the same.



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Clearly, the role of guidelines as suggestions of best practice and testimony to the multiple individual and public health imperatives of care is unquestionably useful. Their intrusion, however, into the privileged world of the well baby visit needs careful consideration and balance — attributes often difficult to achieve, therefore giving rise to a certain degree of ongoing tension in the practice of pediatrics.

Of course, medical practice is in itself changing at a rapid rate. Our professional organizational response to this change and to both the imperatives of “best practice” and that of health care reform is to build a system-of-care model based on guidelines including those for well, preventive care. In such a construct, individual health care and public health care lines are easily blurred, adding a further level of tension to practice even before playing the easy game of affixing blame to any of the myriad forces at work in the health care arena.

Although some adult-based models of chronic illness have supportive outcome data, no evidence for the effectiveness of guideline-based pediatric well care exist. Despite the lack of data, community and state models are being put into place that link office-based care to hospital and regional networked care with information sharing all motivated by a presumption of quality care. There is also the additional conviction that such comprehensive care will be provided at less cost. Quality and cost discussions without data seem to me to be a strange brew.

Perhaps it is because of the underlying flaw in our health care system, the lack of universal coverage, that we are facing this intrusion, even if well-intentioned, into primary care practice. We are being asked to create a hybrid fix, of private and public health design, which has always been at play in pediatrics (eg, immunizations), but never with so universal aspirations.

Regardless of the motivation, it appears that every potential source of health care advocacy has weighed in on suggestions for pediatric periodic health care assessments — policy statements of the AAP, United States Preventive Services Task Force (USPSTF), and the Maternal and Child Health Bureau are widely distributed; however, there are also no lack of state and local health care initiatives nor individual health insurance company “quality” programs and managed-health care company “expectations.” Very few are evidence-based or outcome tested, and although well-intentioned, are nevertheless troublesome to the average practitioner who is attempting to provide the best possible care to their patients.

Streamlining advice

Since Racine and colleagues (Pediatrics. 2006; 118: e964) noted 162 different verbal health advice directives on which pediatricians should counsel patients throughout childhood, the AAP has made an attempt with the new edition of Bright Futures (Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, Third Edition, 2008, AAP) to more rigorously evaluate such suggestions. The new Bright Futures is a useful and comprehensive volume. It expands on previous



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editions in a continually evolving philosophy of care that emphasizes health promotion at the family, clinical practice, community, health system and policy levels.

It specifically addresses themes of health promotion such as:

- family support;
- child development;
- mental health;
- healthy weight;
- healthy nutrition;
- physical activity;
- oral health;
- healthy sexual development and sexuality;
- safety and injury prevention; and
- community relationships and resources.

At the clinical practice level it provides a detailed guide to health supervision visits and attempts to explain the context of well child care. It is a careful product, representing its many and varied stakeholders and is likely to be the backbone of system reform projects and electronic medical record programs.

What we truly need our well baby visits to be is not complicated.

We must provide longitudinal, family-centered care that rests on excellence in pediatric knowledge and skill, and that is culturally sensitive, developmentally based, and is comprehensive in addressing appropriately identified anticipatory guidance.

It is unrealistic to expect adherence to any one set of specific guidelines; which, even if followed with fidelity, would not be truly reflective of best practice as measured by prospective outcomes, because there is no such data. What are we to do? I suggest covering the fundamentals with due diligence.

The key elements of the well baby visits have not changed and continue to be the basis for our care — history, observation, examination, surveillance and screening and guidance. Most importantly, we need to provide well child care in the context of the practice of pediatric medicine with the expertise, warmth, caring, and often humor of our profession. We owe this to our patients and to ourselves.

William T. Gerson, MD, is a Clinical Professor of Pediatrics at the University of Vermont College of Medicine and an Infectious Diseases in Children Editorial Board member.



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Ohio NAPNAP Board Roster 2010-2011

President: Michele Widecan Cincinnati, OH E-mail Address: Michelle.Widecan@cchmc.org

President Elect: Jill Kilanowski Dublin, OH E-mail Address: papmmom@aol.com

Past President: Teresa Thorpe Beavercreek, OH E-mail: teresathorpe@yahoo.com

Secretary: Stephanie Marszal Brecksville, OH E-mail Address: sljamar@aol.com

Treasurer: Gail Horner Hillard, OH E-mail Address: hornorg@chi.osu.edu

Legislative Chair: Barb Schaffner Westerville, OH E-mail Address: bschaffner@otterbein.edu

Newsletter: Linda Kerr St. Joseph, MO Email address: kerrli@hotmail.com

Program Advisor: Jill Smith Cuyahoga Falls, OH E-mail address: jillpnp@yahoo.com

Clinical Practice: Jill Kilanowski Dublin, OH E-mail address: papmmom@aol.com

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Ohio Napnap News

NOVEMBER 2010 Newsletter

Choosing between a Ph.D. in Nursing or

a Doctor in Nursing Practice

Ph.D

EMPHASIS:

NURSING RESEARCH

AIM:

TO PREPARE NURSE RESEARCHERS
TO DESIGN, CONDUCT AND LEAD
RESEARCH PROJECTS
TO GENERATE NURSING KNOWLEDGE
TO CHANGE NURSING SCIENCE OR
PRACTICE

YRS TO COMPLETE POST-

MASTERS:

3-4 FULLTIME ACADEMIC YRS
PART-TIME EXTENDS PROGRAM
COMPLETION

CLINICAL HRS REQUIREMENT :

NONE

FOCUS OF COURSES:

SCIENTIFIC RESEARCH
METHODOLOGIES AND STATISTICS
HISTORY AND PHILOSOPHY OF
SCIENCE
COGNATES RELATING TO THE
STUDENT'S RESEARCH FOCUS

PROFESSIONAL OPPORTUNITIES

ACADEMIC FACULTY AND
LEADERSHIP POSITIONS
DIRECTORS OF RESEARCH IN HEALTH
SYSTEMS
ELIGIBLE TO BE INVESTIGATORS FOR
RESEARCH GRANTS
LEADERSHIP POSITIONS IN HEALTH
ORGANIZATIONS

DNP

NURSING PRACTICE

TO PREPARE LEADERS WITH
EXPERTISE IN SPECIALTY PRACTICE
WHO USE RESEARCH EVIDENCE TO
EFFECT PRACTICE CHANGE

2.5-3YRS FULLTIME ACADEMIC YEARS
PART-TIME EXTENDS PROGRAM
COMPLETION

500-1000 HRS (DEPENDENT ON
UNIVERSITY)

EVIDENCED BASED NURSING
SPECIALTY PRACTICE
ENABLES THE NURSE TO EXCEL
WITHIN A HEALTHCARE SYSTEM,
E.G.FINANCE, ETHICS,
ORGANIZATIONAL STRUCTURE,
INFORMATICS

ADVANCED PRACTICE NURSES WITH
AN ENHANCED SKILL SET
ACADEMIC AND LEADERSHIP
POSITIONS EMPHASIZING
EVIDENCED-BASED CLINICAL
PRACTICE AND TEACHING
LEADERSHIP POSITIONS IN HEALTH
ORGANIZATIONS