



News Update

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Annual Leadership Forum Report By Charles J. Wibbelsman, MD

This year's ALF, the Academy's Annual Leadership Forum, was held in Schaumburg near the AAP's Elk Grove Village headquarters. This was the 30th year (4th year being called ALF) for such an annual event and over 500 AAP and staff members attended, including District Chairs, Chapter Presidents, Chairs of Sections, Councils and Committees. The Annual Leadership Forum continues to serve in an advisory capacity to the Board of Directors, providing a primary communication link between membership, leadership and the policy-making bodies of the Academy.

In addition to a tour of the AAP headquarters in Elk Grove Village, there was an orientation for new attendees by the Executive Board of the AAP which included Executive Director, **Errol Alden**, and the current President, **Renee Jenkins**.

There were several seminars on improving leadership skills as well as networking with other Academy members from the many different chapters and districts from all over the country. Of particular interest to me was a seminar on *Moving the Train Forward: Practical Approaches to Improve Adolescent Health* presented by the AAP Adolescent Health Partnership Project.

Each morning all 4 Chapters from California, District IX, had the opportunity to have breakfast together and learn about what was happening all

over California. On Sunday morning, March 16th, Executive Director, Errol Alden, attended our breakfast and gave a brief update on current affairs including a detailed discussion of the challenges of addressing the media on the topic of autism and immunizations.

There were many resolutions proposed at the ALF. This is an opportunity for all attendees to debate resolutions that provide advice on the future direction of Academy policies and programs. Two resolutions in particular were presented from our Chapter. A resolution proposed by neonatologist **Thomas Newman**, *Opposing New U.S. Nuclear Weapons and Supporting Nuclear Disarmament*, was submitted to the reference committee, and after voting on the floor, received approval after a very passionate and personal presentation by our former President, **Yasuko Fukuda**.

Another resolution proposed from our Chapter, *Parental Consent for STI vaccines*, authored by myself and **Shannon Udovic-Constant**, a proposal that would allow minors to obtain those vaccines which may prevent STI's, without parental consent, was adopted by the Reference Committee and was finally approved on the floor after a very lengthy and somewhat contentious discussion on the floor. The original age we had proposed was ages 12 to 17 years, then changed by the reference committee to 14 to 17 years, and then finally changed to "follow the minor

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**Chapter Web Site:
www.aapca1.org**

consent laws of the state.” This will be referred to the Executive Board of Directors and then to the Section on Adolescent Health and the Committee on Adolescence for follow up. Over 70 resolutions were discussed at this Leadership Forum.

Indeed, the ALF offered 4 days of learning the intricacies of the AAP, meeting the Executive Board, and learning from colleagues and other leaders how we can better serve our own chapters and districts and ultimately the children that we care for.

**President's Column
By James Crawford, MD**

Now more than ever, pediatricians need to speak up and speak out on the issues that we believe are important. Our voices should be heard both within the Academy as well as in the broader context of our local and national communities. The Annual Leadership Forum in March once again provided an outstanding opportunity for us as members of the Academy to offer input to the national leadership about the concerns and interests that matter to us. Our chapter offered a number of resolutions that resulted in important and spirited discussion. Dr. Thomas Newman advocated for his resolution *Opposing New U.S. Nuclear Weapons and Supporting Nuclear Disarmament*. The resolution called for “the Academy to call on the countries of the world to affirm their commitment to a world free of nuclear weapons for the protection of the lives and health of current and future generations of children”. Dr. Charles Wibbelsman spoke in support of the resolution he co-authored *Parental Consent for STI Vaccines*. This resolution called for “the Academy to support legislation to allow patients according to each state’s minor consent law to obtain vaccines, which may prevent sexually transmitted infections,

**James Crawford
President**

without parental consent”. There was well reasoned (and lengthy) discussion about both of these resolutions. Both resolutions were ultimately adopted by the membership and will now be considered by the national board of directors. I would encourage all of the membership of California Chapter 1 to consider submitting a resolution to next year’s ALF if you come across an issue you would like to be considered by the national leadership.

As always, the national political arena continues to dramatically impact both pediatricians and families. 2008 will undoubtedly prove to be another critical year concerning the health and welfare of the families and children we care for. There are currently more than 9 million uninsured children in the United States. In California alone, there are more than 1.3 million uninsured children. There are a number of pieces of pending legislation that I would strongly encourage the members of California Chapter 1 to be familiar with, and to speak out about.

Thirty million children in the United States depend on the Medicaid program for access to quality health care. Over the past year, the Administration in

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Washington has issued several regulations, including a Directive in August 2007, that shift costs of this program to states, at a time when states can least afford them. States estimate that these actions will result in a combined cut in Medicaid funding of nearly \$50 billion over five years. California will be among the hardest hit by these new regulations. **HR 5613 (or Chairman Rockefeller's Companion Medicaid Moratoria bill)** will delay the Medicaid regulations to allow Congress to review their merit.

SCHIP still needs to be reauthorized. Academy members (in particular **Dr. Lisa Chamberlain**, and the CC1 Advocacy Committee) worked tirelessly to reauthorize SCHIP in 2007. While an extension with \$1.6 billion in new funding resulted, a five-year reauthorization did not. Two-thirds of the Senate, and nearly two-thirds of the House, repeatedly voted in favor of the measure. Unfortunately, they were unable to override two separate presidential vetoes. Both California senators supported reauthorization. Many of the California Congressional Representatives voted in favor or reauthorization as well, however some did not. I would encourage all CC1 members to contact their elected representatives (regardless of whether they have supported this in the past) and articulate why it is imperative that they support **HR 3963/S 1224 (the SCHIP Reauthorization Act of 2007)**.

Finally, **President Bush** released his Fiscal Year 2009 budget earlier this year. In it he puts access to health care for all children in further jeopardy by eliminating the bipartisan Children's Graduate Medical Education (CHGME) Program. The Academy and California Chapter 1, urge all members to speak to their elected representatives in Congress to reject the request and instead demonstrate their commitment to children's health care

by **fully funding CHGME in FY 2009**. CHGME currently provides over \$301 million annually to the nation's nearly 60 independent children's teaching hospitals. These facilities train 35 percent of all pediatricians, half of all pediatric subspecialists, and the large majority of the nation's pediatric research scientists. While children's hospitals that receive CHGME funding account for less than 1 percent of all hospitals, they provide half or more of all inpatient care for children with the most complicated medical conditions. Eliminating this funding would be devastating to the training of future pediatricians, as well as critically compromise healthcare for children today.

I strongly encourage all members of California Chapter 1 to have a voice by speaking out, by speaking out loudly, about these and all issues that impact us, and the children and families we care for. If we don't speak loudest on behalf of the children, who will?

Announcement

Chapter 1 is looking for candidates for Members at Large from the South Valley (Fresno, Inyo, Kings, Madera, Mariposa, Merced, Mono, Tulare counties) and San Mateo County. If you are interested contact Beverly Busher, Executive Director (415.479.7920 or aapbev@sbcglobal.net)

If you practice outside these areas and would like to be considered for next year's election, please contact Beverly. Being a Board member is an important and fulfilling experience.

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Renee Wachtel (510) 428-3351

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Environmental Health Resources for Providers

By Alice Brock-Utne, MD, Co-Chair

As wonderful as our society's newfound awareness of the environment is, for many parents it has created anxiety and fear. Headlines abound about the dangers of baby bottles, formula, breast milk, vaccines, and toxins everywhere. At the same time there are stories about the rise in ADHD, autism, allergies, and asthma. Naturally, many of these anxieties and fears make their way to the pediatrician's office.

Where do you turn for accurate information?

Handbook of Pediatric Environmental Health (also known as the Green Book): This is a fantastic reference guide to have in the office that will give you basic information on many of the toxins that concern families. It is published by the AAP and can be purchased through the AAP Bookstore.

The Pediatric Environmental Health Specialty Unit (PEHSU): This is your best resource for direct consultation on specific environmental health questions. They will take your questions and if you have a complicated or difficult question they will research the answer and call you back. The phone number for the UC San Francisco PEHSU is 1-866-UCPEHSU (827-3478).

Physicians for Social Responsibility (PSR): For basic information on a variety of Environmental Health Topics, Physician's for Social Responsibility has a series of excellent pamphlets available online. As well, they have the *Pediatric Environmental Health Toolkit* materials. The Toolkit is a combination of easy-to-use reference guides for health providers and user friendly health education materials on preventing

exposures to toxic chemicals that affect infant and child health. The Toolkit is endorsed by the American Academy of Pediatrics. This toolkit was developed by PSR along with our chapter's environmental health committee and the UCSF PEHSU. These can be found at www.sfbaypsr.org.

California Childhood Lead Poisoning Prevention Branch of Department of Public Health: Lead is still a very real issue for our patients. Research is showing effects at lower and lower levels. For lead related questions, every county in California has a branch of the Lead Poisoning Prevention Project. A list of contacts for these programs is available online at www.dhs.ca.gov/childlead. Also on this website you will find recent publications regarding effects of lead at lower levels and guidelines for the management of lead poisoning.

American Lung Association: For information on indoor and outdoor air quality, the American Lung Association is a wonderful resource at www.lungusa.org.

Substance Abuse Committee By Seth Ammerman, MD, Chair

The Substance Abuse Committee is involved in the following projects:

- Completing a new substance abuse curriculum. This curriculum is intended for noon lectures at training programs as well as for anyone interested in various substance abuse issues. The curriculum will be available on our Chapter website for download.
- Official support for the bill before the US Congress allowing the FDA to regulate tobacco products.
- Publicizing the new CA law concerning smoke-free cars.
- Considering new initiatives such as helping develop protocols for pediatricians to write prescriptions for NRT for parents; and/or

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encouraging pharmacies to stop selling tobacco products.

- Collaborating with other Chapter committees on issues of mutual interest.

The Committee is interested in recruiting 2 new members, so if you are interested, or know anyone who is, please contact Seth Ammerman at: sethamm@earthlink.net.

State Government Affairs Update By Shannon Udovic-Constant, MD Chapter 1 SGA representative



California Budget – Medi-Cal cuts (edited from District IX Executive Director Kris Calvin’s comments)

As everyone is well aware California is facing a \$16 billion dollar state budget deficit. In mid-February the Legislature passed and the Governor signed into law mid-year budget cuts to help with the projected state cash flow problems. This included a reduction in Medi-Cal provider reimbursement rates of 10% across the board beginning July 1, 2008, as well as several actions to delay payments to Medi-Cal providers, Regional Centers and counties. Further, Regional Centers will see current temporary rate freezes made permanent.

AAP-CA has been advocating intensely on this before it happened and since. Our message is clear that the

budget deficit should not be managed on the backs of children and that these cuts will further add to the problem as we see fewer providers accepting Medi-Cal in turn creating a problem with access and driving families to costly emergency room services. In addition for each of these cuts, matching federal funds will be lost.

Many feel that this can only be dealt with by looking at other revenue options. **Governor Schwarzenegger** ran for office on a pledge of no new taxes and he is holding on tightly to this. The message that is being put forward is – if the voters knew that this is where we would be, would they want him to reassess and take a position that evolves in the best interest of California?

AAP-CA is spending the majority of its lobbyist and staff time on this important issue. We are working with a 100-member coalition, Alliance for Patient Care (APC), and also the CMA, Children’s Subspecialty Coalition and other children’s advocacy groups to intensify this important work.

In addition AAP-CA is exploring other means of addressing this issue. In the past there have been successful legal challenges to block or delay Medi-Cal physician reimbursement cuts. Also in the past legislation has been used to roll back Medi-Cal physician reimbursement cuts.

If you have not done so yet, please contact your State Legislators and the Governor’s office and let them know:

The health and well being of California’s children requires legislative leadership and creativity on behalf of children’s health care services in what we acknowledge is a very difficult budget time.

Instructions for Submitting Articles to the Newsletter

- Average length 200-500 words
- Submission method is attached Word file
- format – **preferred** (*.doc), rich text format (*.rtf), or text (*.txt)
- Please do not submit articles as part of an e-mail message – they will be returned to you for formatting as a Word file or text

Deadline dates:
March 15,
June 15,
September 15,
and December 15

National Committee & Section Board Members

Committees:

Tonya Chaffee: Resident Scholarships
Greg Enns, Genetics
Lawrence Hammer: Practice and Ambulatory Medicine
Melvin Heyman: Nutrition
Janice Kim: Environmental Health
Tom Long: Child Health Care Financing
Mary Ann Shafer: Pediatric Education
Mark M Simonian: Council on Clinical Information Technology
J. Lane Tanner: Psychosocial Aspects of Child & Family Health
Charles Wibbelsman: Adolescence

Section Executive Committees:

Ronald Bachman: Genetics
Laurence Baskin: Urology
John Bolton: Seniors
June Brady: International Child Health
Emily Chen: Genetics
Lucy Crain: Seniors
Bill Hennrikus: Orthopaedics
Michael Henrickson: Rheumatology
Melvin Heyman: Gastroenterology and Nutrition
William Hoffman: Plastic Surgery
Laura Hufford: Residents
Jane Morton: Breastfeeding
James Ruben: Ophthalmology

Ask your legislator to work with us to restore Medi-Cal rates, fully support California Children's Services (CCS), and to pay promptly.

Urge them to use AAP-CA as a resource to build on preventive measures that saves state dollars, building a structural solution to the state deficit, rather than continuing hit and run *fixes* that do more harm than good.

This will be the message that we will be giving in Sacramento when we visit our legislators April 15th for the legislative leadership day.

AAP-CA lobbyist – Tom Riley
 Tom Riley of Cal Capitol Group (CCG) is our new lead lobbyist in Sacramento. Mr. Riley has more than 20 years of lobbying experience in healthcare and has provided legislative and regulatory consulting services to a variety of healthcare organizations, including the California Academy of Family Physicians. He has an excellent reputation in Sacramento, and has access to key decision-makers in the legislature, the Governor's office and on the regulatory side. In addition, Mr. Riley and his group are excellent strategists and have a superb public relations team. Note that Mr. Riley worked together with lobbyist **Jackie Miller** on our behalf in recent years, with Ms. Miller providing our primary support. However, after an amicable split in that partnership, the AAP-CA opted to move our account to Mr. Riley and his new team at Cal Capitol. AAP-CA is looking forward to working with Mr. Riley and his team on the critically important issues before us, including Medi-Cal reimbursement, health care reform and immunization issues.

Health Insurance for Children & Adolescents

An initiative has been filed with the Secretary of State for the November 2008 ballot that would

expand children's health insurance coverage through a 75 cent per pack tobacco tax. This would make more children eligible through Medi-Cal and Healthy Families for funded coverage.

Legislation

As of the writing of this update the SGA Committee is about to review hundreds of pieces of legislation that pertain to child and adolescent health and take positions. At press time of this newsletter AAP-CA positions will be listed at www.aap-ca.org under bill tracking.

Please contact me at sudovic@hotmail.com about any state legislative issues of interest.

Emerging Opportunities in School Health Training for UCSF Pediatric Residents By Bergen Nelson, MD

Pediatricians are often asked to address the needs of patients who are having difficulty in school, whether their struggles are related to learning disorders, behavioral problems, medical illness, or some combination of those factors. Also, pediatricians may be asked to serve as consultants for community schools for a variety of reasons. Despite these common roles for practicing pediatricians, surveys suggest that most practitioners feel inadequately trained during residency to address school-related issues.

In order to supplement resident training in school health, as well as to promote positive relationships between the UCSF Pediatric Residency Program and the schools in our community, we have recently piloted a developmental-behavioral assessment program at Starr King Elementary School, which is a public school in the same neighborhood as San Francisco General Hospital, one of the major training sites for UCSF pediatric residents. The program is a

collaborative effort between our faculty in developmental-behavioral pediatrics, **Mary Coleman**, **Melanie Callen**, and **Anda Kuo**, who directs the *Physician in Society* rotation, training categorical residents in community engagement and advocacy. Residents this year have participated in our new school outreach program during both of these PGY-2 rotations.

After a period of initial outreach and partnership-building, we have developed the following structured program during each of the 4-week rotations above:

- Residents meet with the school nurse to learn about the school and individual students identified by the school as having suboptimal school performance.
- They attend a faculty-led in-service on relevant assessment tools.
- Working in supervised pairs, residents perform developmental, behavioral, medical and psychosocial assessments of these pre-identified students.
- Each pair works with one student over the four-week period during weekly, half-day sessions, in which they perform standardized assessments, classroom observations, a physical exam, and interviews with the teacher, family, and other school personnel such as the school nurse, social worker, and learning specialists.
- At the end of each month the residents formulate an individualized report with their findings and recommendations for the school, family and

primary care physician. These findings are discussed collaboratively in a student support team forum with UCSF faculty, residents and school staff.

- The resident-faculty team from UCSF serves in a consultative role, with a major goal being to facilitate communication between the school and the medical home in order to optimize ongoing health and educational outcomes.

An initial curricular evaluation demonstrates that residents benefit from the opportunity to work with children in the school environment, and to receive in-depth training on a number of assessment tools, in a setting that allows them to spend more time than in the clinic. Also, we believe that the school and the families benefit from having such comprehensive consultations, and hope that further evaluation will reveal improved school performance for struggling students. Challenges we have faced include the various scheduling and time demands of residents as well as the school staff and families. There is also an increased demand for faculty time and collaboration, without additional funding or administrative support. Goals for next year include more training for families, school staff and additional pediatric faculty on developmental and behavioral issues which affect student learning, thus promoting a sustainable practice. We'll also incorporate residents in their PGY-1 year so that they will use the principles learned in the school health program during their three years of residency. We are actively working to address these challenges

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and meet these goals, and appreciate any ideas that AAP members might have to offer.

Our ultimate goal is to create a sustainable and mutually beneficial relationship that promotes improved health and educational outcomes for children and families, as well as more effective resident training. The very act of school outreach and partnership, regardless of the specific activities involved, has generated numerous rewards and exciting possibilities for future collaborative projects. We have launched this program, which is off to a promising start and hopefully will continue to grow. We welcome ideas from members who have experience with similar efforts and can suggest ways we might develop and sustain this program.

Vintage Docs

By Harvey S. Kaplan, MD and William Feaster, MD

The Life Beyond Practice and Life after Residency conference was held at the Louise Packard Children's Hospital on November 3, 2008. This was a joint venture of the Vintage Docs, our Chapter I Seniors Committee, and the Young Physicians. Planning for this event began after the Vintage Doc's committee was formed in February 2006 with 22 chapter members present. Our national AAP Seniors Committee members **John Bolton** and **Lucy Crain** convened this gathering of *vintage* pediatricians in varying stages of their lives from full retirement to active practice, teaching or voluntary activity. Much credit for this inaugural *Life Beyond* conference goes to the Vintage Docs and Young Physicians planning committee especially **Bill Feaster, Lucy Crain, Christina Vo, Michelle Serlin, Jane Phillips, Shelly Gross, Sam Leavitt,**

Eileen Aicardi, **Yasuko Fukudo** and most importantly **Beverly Busher** our wonderfully energetic, and ever youthful Chapter 1 Executive Director.

The 58 registrants gathered in Friedenrich Auditorium were greeted by Harvey Kaplan and Bill Feaster, co-chairs of the Vintage Docs and Christina Vo and Michelle Serlin, co-chairs of the Young Physicians committee. There was no charge for chapter members and a \$25 fee for guests. After enjoying a lovely continental breakfast, we divided into Life Beyond Practice (LBP) and Life After Residency (LAR) groups to hear speakers addressing the issues of concern to each group. The LBP group of pediatricians heard about the **Bonus Decades** the theme of the initial speaker **Jane Hickie**, JD of the Stanford Center on Longevity. She presented an interesting global overview of the *mega trends* of people living and working longer hopefully in better health and the implications for medicine and society in general. The intimate roundtable format allowed for a good discussion with give and take opportunity. **Michael Corley** Vice President of Wachovia Securities followed with a talk on financial





planning and reviewed the *5 most common mistakes* as you approach retirement the first one being changing one's mindset from capital appreciation to asset protection. Options for money management including investment portfolios, insurance, trusts and mortgage equity were discussed. Bill Feaster and Michael Corley gave a talk with a similar financial theme to the Young Physicians group. We then had a presentation on malpractice insurance issues given by **Lauren Kielan** and **Dorothy Dukes** representatives of Medical Insurance Exchange of California (MIEC). This focused on retirement issues as tail insurance coverage, how to properly close a practice, coverage for part time, locum tenens and volunteer work and how to come out of retirement with practice protection. We then very much enjoyed a thought provoking presentation by **Paul Wise**, Professor of Child Health and Society at Stanford who presented his vision of pediatricians needing to prepare for the changing epidemiology of children's health

problems dealing with a generally healthy population with episodic illness to management and participation in the care of children with chronic disease and disability and special needs. The role of pediatricians as advocates for children receiving their fair share of health care resources and for equity in the distribution and availability of care for all children was discussed as were the barriers pediatricians encounter who do want to provide care for these children but are impeded by inadequate and inappropriate reimbursement policies. The luncheon speaker, Mr. **Joe Dunn** CEO of the California Medical Association (CMA) offered a personal, lively and insightful look into the process of political advocacy, a role that all pediatricians can play throughout their career. Response from attendees was very positive.

The Life after Residency component of this meeting will be discontinued as a chapter event and the separate residency programs will handle this activity. A future seniors event should seek a wider

chapter participation geared to meet the needs of mid-career pediatricians as well as those *beyond practice* who are re-defining themselves in new and imaginative ways (e.g.: see **Michael Cohen's** article *Reach Out and Read* in *California Pediatrician*, Spring 2006) . Many other good suggestions for advocacy or others subjects of interest to seniors can be found on the AAP website www.aap.org/seniors. The Vintage Doc's committee will query our senior members as to suggestions of how to remain active and vital, both as advocates for children and in our own lives. We will also seek to share our *life experience* with other chapter members and advocacy groups.

Useful Links

Caring for Children With Autism Spectrum Disorders: A Resource Toolkit for Clinicians:

<http://eweb.aap.org/pub39227>)

Management of Children With Autism Spectrum Disorders:

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;120/5/1162>

And the AAP website on vaccines:

<http://www.cispimmunize.org>.

Did You Know?

Your chapter has been making changes in how we store data. Since I began working with Chapter 1 in the early 1970's the primary method of retaining data was to keep folders in boxes which were stored outside of the office due to the large amount of information being retained. This method of data retention has now begun to be exchanged for a more modern approach. The Executive Office now has a scanner and we scan all our documents onto the computer,

With a regular backup of the entire system.

You may ask why we need to retain so many documents. As a nonprofit organization we are required to keep Board minutes and other documentation in order to maintain our nonprofit status. To ensure that our records are accurate, we have participated in an IRS audit which gave us the highest rating for compliance with IRS regulations.

As an accredited provider of continuing medical education, the chapter is required to document all aspects of each CME meeting for the audits by the Institute for Medical Quality of the California Medical Association. As you can imagine, this involves a great deal of paperwork. Add to this all of our various committees, strategic planning materials, financial records, special projects records, district and national events, and you have enough paper to completely fill the office to its ceiling. One of the benefits of cleaning out storage is that it gave me a chance to revisit some of the projects accomplished by the chapter and to learn more about the chapter prior to my working with the AAP.

Do you know who was Chapter Chair in 1968?

Ian B. Johnson, MD

Where did the chapter hold its CME meeting each spring?

Yosemite Lodge

What was the function of the Pediatric Council of Chapter 1 in 1969? *This year marked the first year the chapter assisted in reviewing all bills relevant to medical care in California, along with the California Medical Association.*

When did the CMA first seek lobbying assistance from the AAP? *In 1969 the CMA asked Dr. Carl Erickson to participate in reviewing legislation and lobbying in Sacramento.*

What was one of the topic priorities for the Chapter relating to child health care disparities? *The distribution of physicians in California was felt to be focused primarily on large cities, with rural areas having many fewer physicians available. The suggested solution to this problem was to have the pediatric training programs extend their training to 3 years, plus 1 year internship. The third year would be spent in a supervised type of practice in poverty and rural areas.*

Who was Chair of District IX in 1969? *Dr. Wendell Coffelt*

How often did the Executive Committee meet in the 1960's? *Every two months for an entire day long program.*

How many members were there in Chapter 1 in 1970?
Fellows: 441
Affiliates: 80
On Leave: 4
Emeritus: 17

Who was elected District Chair and Alternate District Chair in 1970?

Dr. Saul Robinson & Dr. Leo Bell

When did the National AAP open its advocacy office in Washington, DC?

July 1, 1970

When did Chapter 1 win the Outstanding Chapter Award from National AAP? *1970*

More memorial dates in Chapter history in the next newsletter.

Free Preview of the PediaLink module on Contract Negotiations with Payers

A free preview is now available of the PediaLink module on Contract Negotiations with Payers. The preview may be accessed on the AAP Member Center, private payer advocacy page under What's New - requires member login).

The *Contract Negotiations With Payers* module presents techniques and processes to confidently conduct successful negotiations. Key topics include technical considerations, model contracts, negotiation styles, and a 4-phase negotiation process model. The module features an interactive case study as well as a negotiation coach and links to several resources on negotiations.

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Coming Events

**Pediatrics Head to Toe
Conference**
May 24-26, 2008
Portola Hotel & Spa, Monterey
Register on-line at:
www.aapca1.org

**District AAP Las Vegas
Conference**
Nov 20-23, 2008
Caesar's Palace Hotel

To register on-line or obtain more
information, visit the District
website at: www.aap-ca.org

SAVE THE DATE!
**The Neonate and the
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Saturday, Dec 6, 2008
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