



American Society of Pediatric Nephrology

September ~ October 2021

President's Corner



Dear Colleagues,

As seems to happen every year, the summer has gone by in warp speed, and with September's arrival, we are all starting to settle back into our more typical routines. For ASPN, that typically means committees start gearing up to work on goals that should get completed between now and the late spring of 2022. All our committees are going to continue to leverage the expertise most of us have gained by using electronic meeting platforms for the last 18 months, so in many ways, membership and participation in ASPN committees has never been more accessible. Once more, I do want to remind everyone that all ASPN members are free to reach out to any

committee chair to ask to join that committee, and a full listing of the committees, chairs, and committee members can be accessed on the website.

I also want to encourage all members to take part this autumn in our ASPN elections to choose new Council members. I thank those of you who put yourselves forward as candidates, and I urge everyone to vote promptly after you receive your electronic ballot from the central office in the coming weeks. Our new Council members will be announced at the fall business meeting during the ASN meeting, and they will assume their seats on Council in May 2022.

With the announcement of a hybrid ASN meeting this fall, we are hoping to have some in-person ASPN events during ASN in November in San Diego. More details will be forthcoming over the next 6 weeks and as it becomes clearer how many members may choose to come to San Diego.

For those of you who are fellows or who help to train fellows, remember that there are opportunities for trainees to get grants to help defray the costs of attending ASN either in person or virtually. These grants are a result of the hard work of the ASPN Foundation to fund stipends to help fellows with career enrichment grants for activities that fall under the umbrella of education, quality improvement, or research. These opportunities will get communicated to the membership at large or trainees can reach out to the central office to gain further information.

I hope people enjoy the last few weeks of summer!

Michael JG Somers, MD President, ASPN michael.somers@childrens.harvard.edu

ASPN Corporate Liaison Board

















Medtronic





Please send us (<u>info@aspneph.org</u>) announcements and photos of pediatric nephrologists receiving awards, giving important lectures and news of other accomplishments so we can share them in *KidneyNotes*.



From the Editor's Desk

Dear all,

By now, our new learners at various levels of training are settling in, and many of us are cherishing the opportunity to pass along our knowledge and experiences to them. We are also striving to balance workload and wellness for our trainees and for ourselves. As we focus on providing our patients effective and equitable care in these challenging times, we also perceive the behemoth of the burnout problem lurking in the shadows. Are there some available tools that we can sharpen to confront this gigantic issue? In her very thoughtful, well researched piece on medical documentation, Dr. Sandeep Riar gives us some practical suggestions to integrate communication, respectful collaboration and medicolegal safety, which could help us be mindful about one of the biggest time-sucks for clinicians- the ineffective use of the electronic medical record. Together, let's keep finding actionable tools to continue chipping away at structures that deplete our precious time and energy.

Please feel free to send me your thoughts and ideas for this section, or your own "perspective" piece. Take care all, Roshan

Roshan George, MD roshan.punnoose.george@emory.edu



Roshan George, MD Editor, KIDneyNotes

Perspectives

Walking the Tightrope: Getting Clinical Documentation Right in the Era of Open Notes - Best Practice Suggestions



Sandeep Riar, MD Clinical Assistant Professor. University of Missouri, Kansas City School of Medicine

Nationwide, over 50% of physicians report burnout symptoms and a key contributor is increased workload associated with the electronic health record (EHR). Medical notes are getting longer and more redundant. For every hour physicians provide direct clinical face time to patients, nearly 2 additional hours are spent on EHR and desk work within the clinic day. This is not surprising considering the central role of the medical record for patient care, resolving malpractice allegations and billing.

Training about clinical documentation centers around avoidance of abbreviations and the frequent refrain: "Remember, if you did not write it down, it did not happen". At the same time, there is little emphasis on medicolegal self-protection to learners. Documentation content and style evolves with time, with widely variable product. The variability in clinical documentation is influenced by the years of experience, any previous incidents (i.e., lessons that have been learnt) and relevant circumstances of the case (acute deterioration of the patient etc.). Can improving knowledge about medicolegal safety help providers improve clinical documentation by helping eliminate the unnecessary?

The primary purpose of the medical record is patient care, specifically continuity of care. A 'complete' medical record carries different connotation for different providers. I recall a clinic note for a lupus patient by a senior pediatric sub-specialist stated the assessment and plan in four words, "Doing well, continue medications". Significant variation in physicians' documentation and potential patient harm from that variation has been noted.5 The NCQA guidelines include 21 elements that reflect a set of commonly accepted standards for medical record documentation.6 Of these 6 are considered core components to medical record documentation and include: 1) Significant illnesses and medical conditions are indicated on the problem list. 2) Past medical history (for patients seen three or more times) is easily identified and includes serious accidents, operations, and illnesses, 3) For children and adolescents (18 years and younger), past medical history relates to prenatal care, birth, operations, and childhood illnesses. 4) Working diagnoses are consistent with findings. 5) Treatment plans are consistent with diagnoses. 6) There is no evidence that the patient is placed at inappropriate risk by a diagnostic or therapeutic procedure.

Opinion based articles mention 'Dos' and 'Do nots' for medical documentation.⁷ These may help the busy clinician by clarifying some of the problems surrounding documentation. For example, abbreviations should be avoided in general, however well-known

Perspectives

abbreviations such as HIV, a.m., p.m. are acceptable. Non-adherence should be documented, such as a patient's failure to follow advice, take medication, obtain requested diagnostic studies, keep an appointment with a consultant etc. Document informed refusals. A follow-up plan or a return visit should be documented for every office or outpatient encounter. Assessment and plan should be consistent with any applicable clinical practice guidelines. Documentation of phone calls should include names, date, content, and action taken in response to the phone call. Medications should be written as mg/kg per time period.8 Ask about drug allergies every time a prescription is written. Written material provided to patients should be written at an eighth-grade level. Offensive, personal, or humorous comments could damage one's credibility. Patients have a right to access their records and a flippant remark in a medical record might be difficult to explain so should be avoided. A seasoned colleague prefers 'high BMI' over 'obesity' for this reason. With EHR templates, it is easy to pay more attention to the EHR rather than actual patient findings which can lead to erroneous templates such as "a 1-year-old oriented to time, place and person".3

Issues that need clarification are indications to make a medical note confidential and appropriate documentation of an informed refusal. There will be differences of opinion about how much to write in a medical chart and that quality is preferred over quantity. Some may feel strongly (and appropriately) that the primary role of an EHR is to facilitate patient care and this purpose should not be impeded or usurped by the billing, regulatory, research, documentation, or administrative function of the EHR. Awareness of all patient safety issues pertaining to their specialty and relevant training in medico-legal issues may allow physicians to document less with greater confidence. Guidelines about clinical documentation may also help reduce the variability in documentation. Putting clinical and informatics information together, the American Medical Informatics Association, the US National Library of Medicine and a few others are coming together to establish strategies and approaches to reduce physician documentation burden in the U.S. to 25% by 2025. Yay to that!

References

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Certification Committee

For each Kidney Note, the certification committee will continue to feature experiences from members obtaining American Board of Pediatrics (ABP) Maintenance of Certification (MOC). We thank Dr. Alzaraka for sharing an update and breakdown of MOC Parts 1, 2, 3 and 4. We also want to invite members to join our committee!

Rima S. Zahr, DO, UTHSC/Le Bonheur Children's Hospital, Certification Committee Chair

Maintenance of Certification (MOC) Bakri Alzarka, MD, University of Maryland School of Medicine Co-Chair Certification Committee

With the start of the new academic year and many new graduates starting a new journey as staff physicians, we are providing a quick overview on what you need to know about Maintenance of Certification (MOC) with the American Board of Pediatrics (ABP). MOC is needed for all ABP diplomates who are maintaining their general pediatrics or subspecialty certificates. However, regardless of how many certifications a physician can hold, each diplomate has only one MOC cycle and all points earned will apply to this MOC cycle. Each MOC cycle is 5 years and consist of four parts:

- Part 1- Professional standing which can be maintained by having at least one valid unrestricted medical license
- Part 2- Lifelong Learning and Self-Assessment, 40 points is needed in each 5 years cycle, and can be obtained by using activities developed by ABP, AAP, and other conferences and CME providers.
- Part 3- Exam, you must pass an examination for each certificate you want to maintain (initial certifications), however, after initial certification you can choose one of two method to fulfill part 3
 - 1 Online MOCA-PEDS- Up to 20 timed, multiple-choice questions are delivered quarterly, available for both general pediatrics and pediatric nephrology.
 - 2 If you prefer to sit for the proctored exam at a secure testing center, or if you aren't passing MOCA-Peds by the end of Year 4 of your five-year MOC cycle, you can choose to sit for the proctored exam instead.

Part 4- Improving Professional Practice- Quality Improvement, at least 40 points is needed in each cycle, points can be earned by participating in a QI activities in your practice, in collaboration with other groups or web-based modules and activities.

A total of 100 points are needed in each MOC cycle, a minimum of 40 for Part 2 and a minimum of 40 for Part 4 every five years. The additional 20 points may be earned in either Part 2 or Part 4 activities.

Invitation for New Certification Committee Members

The ASPN Certification Committee would like to invite members to join our committee! What is the Certification Committee you might ask? It's a committee that works on facilitating training and certification of future pediatric nephrologists and supporting the ongoing certification needs of practicing pediatric nephrologists. We are establishing a collaboration with the American Board of Pediatrics to improve MOC Part IV access for our members! If you are interested in helping to lead these efforts and are looking for national leadership opportunities join us. Please email Sarah Duran (sarah@aspneph.org) to be added to the committee list.

Rima Zahr, Keia Sanderson and Bakri Alzarka, Certification Committee Chair and Co-Chairs

Communications Committee

1. Introducing new Chair and co-chairs



We are pleased to introduce our new chair, H. Stella Shin, MD, and our new co-chairs Sudha Garimella, MD, and S. Sudha Mannemuddhu, MD to you.

2. ASPN #FOAM (Free Open Access Medical Education) Group

#ASPNFOAM Group

ASPN Communications Committee Initiative



It's been almost a year since this initiative was started. The goal of this group is to draft tweetorials and publish on twitter to highlight ASPN pathology and radiology webinars. We have published **11** tweetorials thus far.

Please find our tweetorials at ASPN Twitter moments '#ASPNFOAM group'- https://twitter.com/i/events/1376008887262908416?s=20

3. Please check out our #SoMe accounts here:

Twitter: @ASPNeph https://twitter.com/ASPNeph IG: aspneph https://www.instagram.com/aspneph/ Facebook: aspneph https://www.facebook.com/aspneph

If you would like to be a part of ASPN communications or #SoMe team, please reach out to @drM_sudha or send an email to info@asphneph.org

Submitted on behalf of ASPN communications committee by S. Sudha Mannemuddhu, MD

Pediatric Nephrologist in a Small Group Setting

We are excited to share the upcoming conferences from the ASPN Subcommittee: Pediatric Nephrologists in a Small Group Setting! On September 14th at 3PM EST, we will be hosting a session on interpreting and analyzing ABPM results by Dr. Josh Samuels. The Zoom invite will be sent to the ASPN listserve. Our next conference will be on November 17th at 3PM and will feature discussion of a topic and case presentations. More information to come!

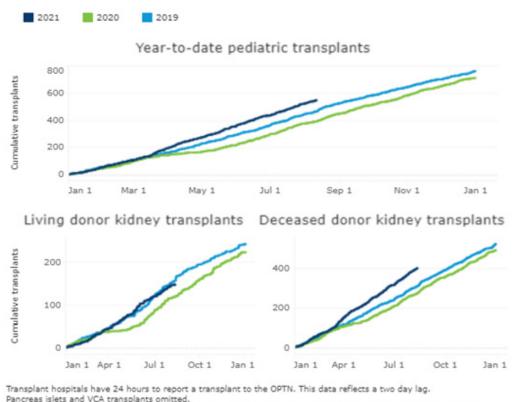
All ASPN members are invited to both events! If you have any questions, suggestions or feedback, please email pednephsg@gmail.com.

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Transplant Interest Group

OPTN/UNOS NEWS:

Removal of DSA and Regions for Kidney Allocation went into effect on March 14, 2021. As seen below, children have seen clear and sustained benefit from broader sharing and living donation rates are back to the level of that seen in 2019 pre COVID! Some great allocation news for our patients.



Pancreas islets and VCA transplants omitted.

Based on OPTN data as of 8/13/2021 03:00. Data subject to change based on future data submission or correction.

based on OFTN data as or 0/13/2021 03:00. Data subject to change based on future data submission or correction.

You can visit this site https://unos.org/covid/ and see how children in your Region are doing under the new circle-based allocation.

UNOS/OPTN Public Comment: Public comment is open again and will remain open until September 30th. The link to view the proposals and make comments is https://optn.transplant.hrsa.gov/governance/public-comment/. Of particular relevance and interest to the pediatric nephrology community a **concept paper entitled Continuous Distribution of Kidneys and Pancreata**. Continuous distribution will replace the current classification-based allocation system with a points-based allocation system. A points-based framework assigns a **composite allocation score** to each candidate and that score will determine the order that organs are offered. The candidate's CAS will consider a combination of donor and candidate characteristics including medical urgency, post-transplant survival, candidate biology, patient access, and placement efficiency. Children will be included in continuous distribution. This movement to a continuous distribution framework is meant to provide a more equitable approach to matching candidates and donors and to remove hard boundaries that prevent candidates from being prioritized higher on the match run. This concept paper outlines proposed attributes for the CAS and asks for feedback from the transplant community regarding additional attributes that should be included, as well as weighting of attributes in final CAS score and best ways to convert current system into points-based framework.

It is important for pediatric transplanters and the broader pediatric nephrology community to emphasizing how important adequate weighting of young age is. Questions to think about are; Should children be placed into the model on a continuous distribution of their age (younger with more priority and the oldest approaching adult priority) or should they be grouped into a few categories (for example; 1-6 yr olds getting 3 points, 7-12 yr olds getting 2 points, 13-18 yr olds getting 1 point). The basis for this differential in points would be related to the adverse effects of ESRD on growth and development being more substantial in the younger patients. Another question we as a community should weigh in on is "should children on dialysis get more priority compared to those listed for a pre-emptive transplant?". No doubt there will be a revisiting of the current policy that allows for children listed prior to their 18th birthday but not being transplanted by their 18th birthday to retain their "pediatric priority" until transplanted. Please consider making your thoughts known in these areas or any other areas you think should be incorporated into the composite score for children thru the public comment process. Current pediatric nephrology representation on the OPTN Pediatric Committee is Rachel Engen rengen@wisc.edu and John Barcia jb5gp@hscmail.mcc.virginia.edu . please also feel free to reach out to them with your thoughts and opinions.

American Society of Transplantation NEWS: The AST Annual Fellows Symposium will be held in October. Details can be found at https://www.myast.org/meetings/fellows-symposium/fellows-2021/fellows-2021.

International Pediatric Transplant Association fellowship training opportunity: another <u>free virtual fellows training symposium</u> (all organs) is being offered thru IPTA October 14-15th. Registration information to follow.

ASPN TIG (Transplant Interest Group). The TIG has 3 goals; **Education**, **Advocacy** and **Mentorship** in the area of Pediatric Kidney Transplantation. If you are interested in joining the TIG, please reach out to smbartosh@wisc.edu and we will add you to the membership!

Upcoming Transplant meeting:

Respectfully submitted, Sharon M Bartosh, MD



Workforce Committee

Trainee Recruitment

Thanks to all who joined us on May 19th for the ASPN #KidBeans ASPN Workforce Twitter chat discussing pediatric nephrology as a career. The Twitter thread is archived here: #KidBeans ASPN Workforce Twitter Chat- May 19, 2021 / Twitter and can be used as a resource for any future trainees interested in learning more about our field.

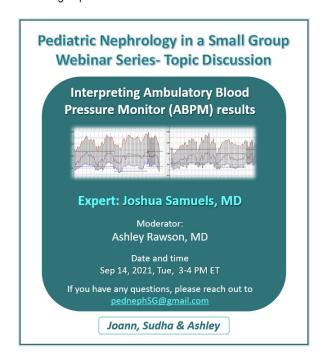
Thanks to our generous donors, ASPN continues to offer small grants to trainees to attend ASN Kidney Week Nov 4-7 in San Diego either in person or virtually. Stipends to partially support attendance (\$400) will be awarded on a competitive basis. Applicants must be medical students, residents, or fellows pursing combined clinical and research training towards becoming a pediatric nephrologist. Please submit the applicant's curriculum vitae, one-page statement describing the applicants' interest and/or possible career plans in pediatric nephrology, and recommendation letter by an active member of the ASPN. Please submit all documents to info@aspneph.org by Sept 30, 2021.

Pediatric Nephrology in a Small Group Setting Subgroup

July 14th we hosted Dr. Carla Nester for a webinar series – case discussion on Immune Complex Glomerulonephritis / C3 Glomerulopathy. If you are interested in reviewing the discussion, the archive can be accessed here:

Save the Date

Please join us on September 14th 3-4 EST for our next webinar with Dr. Joshua Samuels where we dive deep into interpretation of ambulatory blood pressure monitor results! Please see your email to sign up for the conference link.



Financial Literacy Series

We continue to strive to offer a financial literacy series for our members on a quarterly basis. This fall 2021 we will offer a financial literacy seminar focusing on insurance issues, including disability, life, and malpractice insurance. If you are interested in serving as a content expert or moderator, please email Darcy @ dkweidemann@cmh.edu.

Respectfully submitted by Darcy Weidemann on behalf of the ASPN Workforce Committee

ASPN Foundation Update



NOW AVAILABLE ON THE ASPN WEBSITE

History of American Pediatric Nephrology and Pediatric Department Chairs Panel Recording: Monday, June 21, 2021

Over the past several years, the ASPN History Project has compiled dozens of video interviews with senior American pediatric nephrologists, now available to members on our website: https://www.aspneph.org/aspn-foundation/history-project/. The brainchild of Rick Kaskel, MD, PhD, we recently decided to convene a panel of pediatric nephrologists who are also former and current pediatric department chairs. The panel discussed challenges and transitions that have faced the pediatric nephrologist-department chair in the 21st century, focusing on workforce, career development, and adaptation to the pandemic. A recording of the panel discussion is now available in the history project link on the website.

Bob Chevalier, MD

JELF Scholars Update

The JELF scholars had their first meeting of the 2021-2022 year in late July. We were excited to welcome Dr. Isa Ashoor from Louisiana State University Health Sciences Center- New Orleans/Children's Hospital of New Orleans and Dr. Anne Dawson from the Ohio State University/ Nationwide Children's Hospital and are thankful for their diverse perspectives on the needs for advocacy in pediatric nephrology. We continue to have regular virtual meetings, and look forward to participating in upcoming fall advocacy opportunities.

Submitted by Sarah Twichell, MD on behalf of the current JELF Scholars

ASPN Webinars

We are continuing the Nephrology Part II pathology and imaging webinar series, which allows members to have the opportunity to claim MOC 20 Part II points. Please note, claiming credit for the 2019 webinar series has closed and we will move forward with the 2020-2021 Academic Year webinar series. ASPN members will continue to have access to the content through the ASPN website.

If you are interested in claiming MOC 20 Part II credit in the upcoming 2020-2021 academic year series, you must complete 10 webinars and answer a total of 50 question/answers (5 per webinar) via REDCap. For this series you will be required to remit payment of \$50 (credit card or cash) to the Children's Hospital of Philadelphia (to cover the cost of managing the MOC points). Click here for payment instructions. The REDCap link will be available on the webinars as well as the ASPN website in the Members Only version of the Member Education Committee page. Please address any questions to Rebecca Ruebner, rruebne1@jhmi.edu.

ASPN Pathology Webinar

Date: Monday, September 13, 3-4pm ET

Topic: 18 yr old with AKI

*Please Note: this month's webinar has been moved to later in the month to accommodate for Labor Day.

The ASPN webinars are thriving in the zoom meetings with an average of 50+ participants per session and will continue to be offered every first Monday of the month at 3pm ET.

MOC credit is still available for prior webinars using this link. For this series you will be required to remit payment of \$50 (credit card or cash) to the Children's Hospital of Philadelphia (to cover the cost of managing the MOC points). Click here for payment instructions. Unfortunately, we will no longer be adding more MOC questions as part of the webinars, but you can still access the ones available until December 2021 to claim MOC credit. Up to 20 Part II MOC points can be earned through participation in the webinars! You can either participate live or watch online. Then, answer 5 questions on the REDCAP Database. 20 MOC points can be earned if you answer a total of 50 questions from 10 webinars.



for 2021 and be a part of the largest global pediatric nephrology community.



Announcements

Call for Nominations 2022 AAP SONp Henry Barnett Award

The AAP Section on Nephrology recognizes one individual yearly for lifetime achievement in the field of pediatric nephrology encompassing those disorders related to the kidney, urinary tract, or hypertension. Any pediatric nephrologist can be nominated for this award. This individual should meet at least one of the following qualifications:

- Dedication to teaching
- Contributions to advocacy for children
- Distinguished service

Note that the core criteria to be considered by the Award Committee are contributions to teaching, advocacy and service in the field of pediatric nephrology. Other achievements in research, general pediatrics etc. may also be considered as secondary contributions or factors.

Access the nominations form and additional information about the award here. Please submit the necessary information to Suzanne Kirkwood at skirkwood@aap.org by <a href="https://example.com/september 30, 2021.

Previous Henry L. Barnett Award Recipients

| • | |
|---|--|
| 2021 – John Mahan, MD, FAAP | |
| 2020 – Victoria Norwood, MD, FAAP | |
| 2019 – Joseph Flynn, MD, FAAP | |
| 2018 – Sharon Andreoli, MD | |
| 2017 – Isidro Salusky, MD | |
| 2016 – Barbara Fivush, MD | |
| 2015 – Bradley Warady, MD, FAAP | |
| 2014 – Denis Geary, MD | |
| 2013 – Robert Chevalier, MD, FAAP | |
| 2012 – Sandra Watkins, MD | |
| 2011 – James Chan, MD, FAAP | |
| 2010 – Aaron Friedman, MD, FAAP | |
| 2009 – Julie Ingelfinger, MD | |
| 2008 – Ellis D. Avner, MD | |
| 2007 – William Harmon, MD | |
| 2006 – Jose Strauss, MD | |
| 2005 - Adrian Spitzer, MD | |
| 2004 - Russell Chesney, MD, FAAP | |
| 2003 - Richard N. Fine, MD, FAAP | |
| 2002 – Alan B. Gruskin, MD | |
| 2000 - Shane Roy III, MD | |
| 1999 – John Lewy, MD | |
| 1998 – Malcom Holiday, MD | |
| 1997 – Jay Bernstein, MD | |
| 1995 - Clarke D. West, MD | |
| 1994 – Wallace McCrory, MD – Name changed to Henry L. | |
| Barnett Award | |
| 1993 – Robert L. Vernier, MD | |
| 1992 – Henry L. Barnett, MD and Ira Griefer, MD | |
| 1991 – Jack Metcoff | |
| 1990 – Section on Nephrology establishes "The Kidney Award" | |

Apply for a Trainee Travel Award Today! Application Deadline: September 30, 2021

We are pleased to announce that thanks to generous donors, ASPN will be offering small grants for trainees to attend ASN Kidney Week, November 4-7, 2021 in San Diego, CA, or virtually. Stipends to partially support attendance (\$400) will be given on a competitive basis. Applicants must be medical student, resident or fellow pursuing combined clinical and research training toward becoming a pediatric nephrologist.

The request to be considered must include the following:

- Recommendation by an Active member of the ASPN.
- Applicant's curriculum vitae.
- One page statement from the candidate describing his/her interest and possible career plans in pediatric nephrology.

It is important that all of the documents accompany your request.

Applicants must commit to attend the entire meeting if selected.

Nominations must be submitted by September 30, 2021. Send all documents to the central office via email (<u>info@aspneph.org</u>).

ASPN ONLINE BOARD REVIEW AND REFRESHER COURSE REGISTRATION NOW OPEN!



Click here to register online

NOTE: You must be logged in to receive the member rate. Registration Deadline: Wednesday, September 8, 2021

Online Course Includes:

- Virtual lectures, case-based discussion, and board-style question sessions led by expert faculty
- Study material formatted to the content specifications
- Question bank
- Six additional monthly 1 hour virtual review sessions will be scheduled and available live and in online recorded format to those who subscribe to the Course!
- Available for two years

Course Fee:

- ASPN Fellow-in-Training Member*: \$325
- ASPN Member*: \$745Non-member: \$955
- *ASPN membership must be current in order to register for the member price. Fellows must also be registered as a member to receive the fellow member price. Fellows who are graduating and will be attending physicians at the time of the course are eligible to register at the fellow rate. Early registration is encouraged. Fellows will be required to provide the name and contact information for their Training Program Director.

Questions: Contact Sarah Duran at sarah@aspneph.org

Save the Date!



9th Annual

ASPN Multidisciplinary Symposium

November 18-19, 2021



SESSIONS INCLUDE

- ETHICS
- The Impact of Race in CKD
- Multidisciplinary Transition of Care Program
- · Adolescents, Adherence, and Adderall, Oh My!
- Nocturnal Enuresis
- Examining Renal Tubular Acidosis in the Inpatient and Outpatient Settings
- Psychosocial Impact of Chronic Medical Conditions on Children and their Families
- Assessing the Family for Psychosocial Barriers to Positive Transplant Outcomes
- Challenges of the Renal Restrictions for Growing Teens
- Nutrition in Nephrolithiasis
- Planning for Pediatric Transplant Recipients with Disability
- Supporting a Healthy Gut Microbiome in Pediatric Nephrology
- Communication and Motivational Interviewing 101: Working with Pediatric Patients with Renal Disease

REGISTRATION DEADLINE: November 11, 2021

FEES: ASPN Affiliate Members: \$70 Non-members \$105

CEU credits will be available upon completion of the evaluation form.

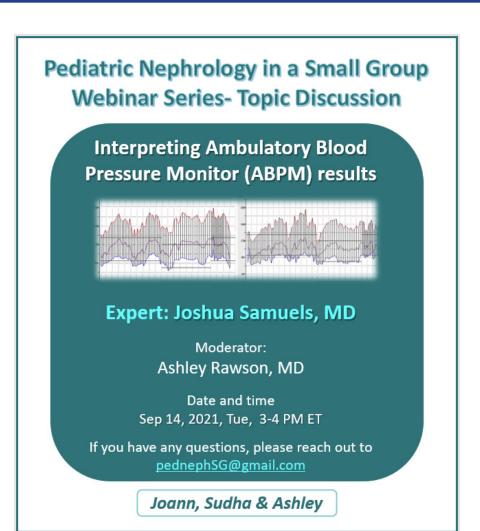
Please email <u>info@aspneph.org</u> or call 703-718-6022 for more information. *Updates and registration will be posted on the ASPN website*.

2021 CKiD Workshop

The fifth NIDDK-sponsored Chronic Disease in Children (CKiD) study workshop will take place online on September 30 and October 1, 2021. This workshop will provide an opportunity for junior investigators/fellows, as well as epidemiologists, data analysts, statistical programmers and coordinators/nurses with strong quantitative skills to learn about and utilize CKiD study data. The workshop will include a description of the over 12 years of longitudinal follow-up CKiD data available at the NIDDK repository and how to access it, description of statistical and epidemiological methods to handle analytical aspects of the CKiD data, virtual laboratories of four CKiD publications that utilize these analytical methods, and an overview of the design and conduct of the CKiD study.

Individuals who are interested in participating should go to the website https://ckidworkshop.org/ for more information and to apply.

The workshop agenda can be found on the website. For additional questions regarding the workshop or application, please contact Michael Schneider by email at: mschnei4@jhu.edu.







Dear Colleagues, Dear Friends,

I am taking the liberty to invite you to be part of our exceptional ESPN 2021 congress in September 16-19, in Amsterdam this year.

The scientific committee of the ESPN congress has paid lots of effort to prepare a program of outstanding scientific quality. We did collaborate with several international societies to stimulate cross-talk between countries and even continents. There will be state-of-the-art lectures, discussion sessions, developing ideas for future research, networking. We have focused on the young pediatric nephrologists who will be future leaders of pediatric nephrology.

Because of the un-resolved Covid-19 issues the ESPN council and the local organizing committee have decided to prepare a hybrid congress which allows live and online participation. Regarding to the number of live attendees depending on local health care regulations we are allowed to have a limited number of onsite attendees giving priority to speakers, chairs and the delegates scheduled for oral and oral pitch presentations but, of course unlimited online attendees are welcome. We want the original spirit of being altogether coming back in hybrid form with lots of excitement both academically and socially. For this we will be using high technology allowing live interaction with speakers and the onsite or online attendees.

We still have many pleasant times and achievements waiting to be accomplished. I think our young fellows and trainees are eagerly waiting as well. We encourage you to participate online congress (www.espn2021.org) and make your own contributions.

Look forward to seeing you soon at the congress.

Rezan Topaloglu Jaap Groothoff

ESPN President ESPN 2021 Congress President



BRADLEY LECTURE CENTER

4th Floor, Children's Harbor Children's of Alabama 1600 7th Avenue South Birmingham, AL 35233



MEDICINE

1.5 day course (Mondays and Tuesdays) for physicians and nurses

TOPICS INCLUDE

- Acute Kidney Injury and Fluid Overload in Small Children
- End Stage Renal Disease in Neonates
- Principles of Neonatal Kidney Support Therapy
- Neonatal Kidney Support The Neonatologist's Perspective
- Neonatal Kidney Support The Parent's Perspective
- Educating Your Team
- Caring for Your Program
- Nutrition and Medications While Providing Kidney Support
- Team-Based Simulations

CONTINUING EDUCATION

Children's of Alabama is accredited by the Medical Association of the State of Alabama to provide continuing medical education for physicians.

Save the Date!

Face-to-face courses in Birmingham AL with limited number of participants will offer unique opportunities for hands-on demonstrations and instruction.

October 4-5, 2021 January 10-11, 2022 May 23-24, 2022

Questions? Programmatic/content: contact daskenazi@peds.uab.edu or kara.short@childrensal.org; direct registration questions to dpass@peds.uab.edu

6th Joint IPHA-ICHCA Webinar Hypertension in Special Populations – Chronic Kidney Disease October 7, 2021 at 18:00 GMT

Mark your calendars to attend the 6th joint Webinar sponsored by the the International Hypertension Association and the International Congress on Hypertension in Children and Adolescents. This 2-hour course will address Hypertension in Children with Chronic Kidney Disease, and should be of interest to both clinicians and researchers in the field. This event, endorsed by the International Society of Hypertension as well as by the European Society of Hypertension, features presentations from several of the leading experts in the field, including Mark Mitsnefes and Elaine Ku from the United States, and Tomáš Seeman from the Czech Republic. Topics will include pathophysiology of hypertension in CKD, as well as strategies to achieve renoprotection.

Further information, including a detailed program and registration instructions, can be found at https://ws.eventact.com/ICHCA-Oct-2021.



Due to the restrictions imposed by the COVID-19 Pandemic, the **47th Miami Pediatric Nephrology Seminar: Challenges for the Next Decade** will now take place *virtually* November 19-21, 2021. It is a unique international forum for pediatric and adult nephrologists, renal pathologists, pediatricians, pediatric urologists, transplant surgeons, and other health professionals from all over the world! The *Pediatric Nephrology Critical Care Workshop* will follow *virtually* on Sunday afternoon. Please follow us closely and we will keep the tradition going!!



When you become a member, you will have access to a special section on our website giving you access to useful and valuable resources and tools:

- Employment Center
- Practice Management resources
- Legislation, Regulation and Compliance information
- Patient Care resources and education



To join, visit www.renalmd.org.

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KIDney NOTES

The Bi-Monthly Newsletter of the

American Society of Pediatric Nephrology

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