

## President's Corner



Dear Colleagues,

As we move into the end of autumn, and for those of us in colder regions, as we take out heavier coats to wear for the next 6 months (sigh), it is also the time of year for membership renewal! ASPN membership renewal notices will be going out soon. As many of you will recall, we moved to a new dues payment platform last year, and we hope that all the kinks have been worked out of that system for this year. Also, as a reminder, there are several questions asked during our renewal process that allow our Membership, Clinical Affairs, Workforce, and Equity, Diversity and Inclusion Committees to gather information about the membership that cannot be otherwise

obtained or accessed readily. Please contact Connie or Sarah at the ASPN Central Office if you have any questions about membership, membership renewal, or personal difficulties renewing at this time.

One of the benefits of ASPN membership is the ability to become a member of IPNA and to receive the Pediatric Nephrology journal for a very modest add-on fee. Additionally, the triennial IPNA Congress will be in Calgary next year, and there is a significant registration discount for IPNA membership. If you are interested in joining IPNA along with ASPN and getting the journal and availing yourself of opportunities related to both ASPN and IPNA memberships, then please do not forget to indicate this as you complete your ASPN renewal.

As those of you have attended our business meetings are aware, ASPN activities are very much dependent on the revenue that dues generate, so I urge everyone to renew as they are able. More importantly, we are only successful with our endeavors because of our membership and all the work that members do to promote our mission and optimize the care and opportunities open to children with kidney disease, and losing membership makes achieving our goals a steeper climb.

It is also ASPN election season. We are fortunate to have so many involved and committed members of ASPN, and this is reflected in the slate of candidates for ASPN Council seats. Please review the materials that you will receive electronically about the election and the candidates, and make sure you participate in the election before the voting period ends in the latter part of November.

On Friday, December 10 at 3pm EST we will be having our end of year ASPN business meeting for the entire membership. An invitation and link to the meeting has already been sent electronically to the membership, with plans for reminders to ensue. Please mark your calendars for this meeting. We have become accustomed to these virtual business meetings over the span of the pandemic, and although they do not allow the same sort of networking as an in-person meeting, they have been a successful way for us to keep everyone up to date with the status of ASPN and the ongoing impressive productivity of our committees. Along with the entire ASPN Council, I look forward to seeing many of you virtually that afternoon.

Please remain well and safe, and with the holiday season on the horizon, I wish you all good cheer and hope that you get to enjoy special time with your friends and loved-ones!

Michael JG Somers, MD  
President  
[michael.somers@childrens.harvard.edu](mailto:michael.somers@childrens.harvard.edu)

## ASPEN Corporate Liaison Board



Please send us ([info@asneph.org](mailto:info@asneph.org)) 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,

One of the famous sayings of Socrates- considered the world's greatest philosophers, in fact the founder of western philosophy, is- "the only thing I know is that I know nothing". This profound saying is considered the foundation of wisdom, the seed of philosophy and the expression of humility that drives curiosity. However in a different context, can these same words be a sign of 'imposter syndrome'? The notion that Socrates may be challenged by imposterism is laughable, so who has the privilege of being celebrated as humble and who gets to grapple with the label of being an 'imposter'? Is it the individual, or the system that needs to be changed so everyone feels equally included? In this wonderful "perspectives" piece, Dr. Aviva Goldberg, gives us a very thoughtful, well researched and deeply insightful view of the imposter phenomenon. It is time for both individuals and institutions to reflect on our thoughts and practices and Dr. Goldberg gives us fantastic actionable first steps.

I also want to take this opportunity to congratulate the new members of our Kidney Notes Editorial Team- Dr. Radha Gajjar- the Chief Editor, Dr. Sudha Mannemuddhu- the Associate Editor, and Dr. Raja Dandamudi, the Section Editor. We are thrilled to welcome this talented group and all the brilliant ideas they bring. They will start officially, with the March-April 2022 edition of Kidney Notes.

Finally, as we step into the Holiday Season, let's look back with gratitude at all the lessons we learned individually and collectively, surviving this pandemic and resolve to do more for social and environmental justice in the coming year. Happy Holidays to all!

As always, please send in your thoughts and ideas for this section, or your own "perspectives" piece.

Take care all,  
Roshan

Roshan George, MD  
[roshan.punnoose.george@emory.edu](mailto:roshan.punnoose.george@emory.edu)



**Roshan George, MD**  
*Editor, KIDneyNotes*

## Imposter Syndrome and the Pediatric Nephrologist

I was about to give a plenary presentation at a national meeting in front of my peers, mentors and kidney heroes. I was a pediatrician speaking mainly to internists, an ethicist speaking mainly to basic and clinical scientists, a woman speaking mainly to men. I really didn't think I belonged on the stage, at the meeting, or even maybe in the profession. I believed, very strongly, that I was going to either vomit or faint.

I know now that what I was feeling at that moment, and many others, was the imposter phenomenon (IP). First described in the late 1970s by Pauline Rose Clance and Suzanne Imes, IP occurs when "despite outstanding academic and professional accomplishments...[individuals] persist in believing that they are really not bright and have fooled anyone who thinks otherwise." IP affects learners and professionals in many fields, including medical students, residents and faculty. Accomplished individuals in literature, science and the performing arts describe this pervasive feeling that they have faked their way to success, despite strong objective evidence to the contrary. Impostors often feel like they are the only ones in the room/school/hospital who feel this way, even though IP surveys find that it is exceedingly common.

Do you have impostor syndrome too? It's not a binary phenomenon, so you can score yourself on this IP scale. The last time I did this test I scored a 63 (moderately imposter-ish) I'm sure that my score has been higher at times, like my first weeks of fellowship, and sometimes lower, like when I've received external validation from teaching awards or promotions.

If you have IP there are many resources available to manage it. Business and leadership articles will advocate self-directed strategies like positive affirmations, reframing, even power posing. What's also known to help is for mentors and leaders to admit to their own feelings of IP. On the day of my big presentation an extraordinarily well respected senior leader saw my distress and disclosed that she too got nervous (and nauseous!) before big talks. Hearing someone that I so admire admit to her own IP was the push I needed to get to the podium (reader: I rocked that talk!) Prominent pediatric nephrologists have admitted to their own imposterism, in this publication and on social media (here and here) - IP affects even the best of us!

As important as self-management and mentoring are, focusing on the individual with IP is really only a small part of the solution. Studies confirm that those most likely to report IP are women and racialized people. It is not a coincidence that those who have been explicitly and implicitly excluded from the halls of power feel somewhat uneasy when they earn an entry pass. Imposterism should be recognized as, at least partly, resulting from unfair social and academic structures that perpetuate inequities in professional environments. Its persistence is a real and serious threat to diversity. Its solution then, lies less in telling individuals to fix themselves and more in fixing the systems in which we work and learn.

My hope for the pediatric nephrology community is that we all recognize our responsibility to reduce imposterism by acknowledging its commonality, and by cultivating spaces where everyone can truly

belong. This means conferences where the speakers, moderators and panels represent the diverse excellence we hope to promote in our membership (no more manels!) This means welcoming newcomer events at these same conferences, like guided poster walks and speed mentoring sessions. This means hiring practices that are explicitly equity focused and leadership searches that respect different leadership styles. Our promotions policies and service schedules need to recognize and reward the emotional labor and EDI work that disproportionately falls to people of colour and to women. Even our team meetings can benefit from a commitment to make physical space for everyone, rather than one that pushes trainees or allied health members to the corners of the room. In short, the best way to quash imposterism is by promoting intentional inclusion in absolutely everything we do.

I don't think we should stop telling people they have IP- it's a way to acknowledge that the unease we are feeling is real, common and addressable. Naming it helps dispel the pluralistic ignorance that leads us to believe we are the only ones thinking this way. But we also cannot stop with the individual. As pediatric nephrologists we are already great at advocating for the inclusion of children with kidney disease in the places where decisions are made. Let's apply that same advocacy to the care we give each other. Let's intentionally build our tables longer and give everyone a seat.



*Dr. Aviva M Goldberg MD MA FRCPC  
Section Head, Pediatric Nephrology and  
Associate Dean UGME Student Affairs  
Max Rady College of Medicine,  
University of Manitoba*

# Committee Updates

## 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. Garro for sharing her experience with MOC Part 4.

We also want to invite members to join our committee!

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](mailto:sarah@aspneph.org)) to be added to the committee list.

***Our next meeting is November 11th at 1pm (EST)***

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

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## Improving Renal Outcomes Collaborative (IROC) MOC Part 4

***By Rouba Garro, MD, Children's Healthcare of Atlanta / Emory School of Medicine***

IROC is a network-based learning health system of patients, families, clinicians, and researchers from various pediatric transplant centers across the U.S. The main goal of the first QI project was to standardize blood pressure measurement and improve blood pressure control in different kidney transplant clinics and centers across the collaborative. Our team participated in a 6-month QI fundamental course through IROC that helped develop the needed skills to monitor our process and results. At the end of the course, we submitted the progress of our quality improvement project to the registry.

After implementing the appropriate training to all identified stakeholders involved in blood pressure measurement in our kidney transplant clinic, we started monitoring our process by creating a run chart to monitor compliance and provide periodic feedback to all stakeholders to improve percent of patients with appropriate BP measurements. Our data and progress were reviewed in our monthly team progress report and was presented at the IROC registry during two different learning sessions.

Our team submitted a progress report and a summary of our quality improvement project through IROC to the American Board of Pediatrics and all involved providers received MOC part 4.

This was a collaborative effort that brought our team closer together and improved patient care.



## Communications Committee

### **Insta-what? A primer on Social Media (#SoMe) in Nephrology**

Social Media (#SoMe) plays a significant and unavoidable role in day-to-day life. FOAM/ FOAMed (Free Open Access Medical Education), has become popular over the past few years, and has positively impacted the world of medical education. FOAMed played a significant role in providing continuous education to trainees in the past 1.5-2 years, when formal teaching was decreased or halted. If you are wondering how social media (#SoMe) can change your practice, help your career, allow you to connect/network with colleagues across the globe, and improve your teaching skills, this is a primer for you! We have a brief overview of popular platforms, along with tips and tricks to become an effective SoMe Nephrology influencer.

### **Platforms:**

**Twitter:** Twitter is a microblogging and social networking service on which users post and interact with messages known as "tweets". Registered users can post, like, and retweet tweets, but unregistered users can only read those that are publicly available. You can restrict access and disable personal messages if you like. You can also make tweetorials (a series of educational tweets/ thread) and generate hashtags (#) to promote your brand/ advocacy issues. Lists help group tweets according to your interest. Follow our ASPN account to start you off on your Twitter adventure: [@aspneph](https://twitter.com/aspneph)

One can organize and participate in journal clubs via twitter. The most popular one is [@NephJC](https://twitter.com/NephJC), <http://www.nephjc.com/>. A newly established pediatric nephrology journal club is [@IPNAJC](https://twitter.com/IPNAJC), by IPNA, <https://theipna.org/journalclub/>.

Here is a small group from ASPN Communications committee creating tweetorials based on ASPN radiology and pathology webinars- #ASPNFOAM group. Our tweetorials / threads can be found at <https://twitter.com/i/events/1376008887262908416?s=20>



# Committee Updates

**Instagram:** Instagram<sup>®</sup> is a photo and video sharing social networking app which is a very visual medium. Ideal for sharing biopsy images/ pictures of guidelines or workflows but can also be used to post short videos. Follow our [ASPEN account](#) (ASPENeph) to start you off on your Instagram adventure.

**Blogging:** One of the oldest methods of knowledge dissemination but still very popular. Common free blogging platforms include Wix, Weebly, Substack, Blogspot, WordPress, and you can even start one in LinkedIn. [Renal Fellow Network](#) is the most popular of these blogs and is very educational.

**Facebook:** It can be effectively used for patient education and conducting FB Live events, as well as posting short educational videos. Settings must be carefully curated. The online community that uses FB is older on average, but the reach of this platform is unrivaled.

**Infographics:** Infographics and visual or graphical abstracts are a great way to present or condense information. It helps readers grasp the concept readily and helps disseminate scientific papers effectively. This was first created in 2016 by Andrew Ibrahim and since has been widely used in blogs, journal clubs, many journals and recently in books. Here is a quick tutorial/ tweetorial on [making a visual abstract](#). [https://twitter.com/drM\\_sudha/status/1297866023211868161?s=20](https://twitter.com/drM_sudha/status/1297866023211868161?s=20)

Visual abstract resources:

- <https://www.sciencedirect.com/science/article/pii/S0270929520300498>
- <https://www.renalfellow.org/2020/10/07/a-picture-worth-a-thousand-words-the-emergence-of-the-visual-abstract/>

**Podcasts:** Podcasts remain extremely popular for general topics but there is a vast treasure trove of medical podcasts that are worth a listen. One of the major advantages is that you can hear to them while driving or doing your chores.

Some fun websites/podcasts to browse for premier nephrology content:

- <https://thecurbsiders.com/tag/nephrology/>: All nephrology related episodes
- Also listen to [Freely Filtered](#) the podcast and follow them [@NephJC](#) podcast
- <https://ajkdblog.org/category/nephmadness/> March madness with a nephrology twist
- <https://www.asn-online.org/media/podcast.aspx> collection of nephrology podcasts
- <https://www.aspneph.org/meetings-at-pas/aspn-podcasts/> ASPEN Meeting podcasts, our own podcast.

**TikTok:** TikTok is a video-based platform that allows users to easily create, edit, and share short video clips. It is known for catchy dance videos and challenges, but it can also be leveraged to educate users on medical conditions and address medical misinformation. TikTok's unique feature is that, not only can you see content from users that you follow, but the app's algorithm also presents content from users that you do not follow based on your activity within the app, allowing you to reach a larger audience. In some countries like India, where TikTok is banned, people use platforms like Reels.

**Websites:** Making your own website is time consuming but can be an effective way to get your message out. Other platforms can be used to drive eyeballs to your website and content can be carefully curated. ASPEN website: <https://www.aspneph.org/>

## **Tips and Tricks:**

- Ethics: Never post anything that you would not say to someone in real life (IRL). Try not to post expletives even if you say them IRL
- HIPAA: Do not reveal ANY particulars e.g., saying I had a patient TODAY in hospital with \*unusual diagnosis/symptoms\* may still be a violation as the reader knows where you work (part of your bio) and identity may be guessable.
- Do not post insensitive / offensive content on any platform, even if you consider it personal. Your online footprint can be easily tracked and may come back to haunt you on the eve of your congressional confirmation hearing
- Do not provide individualized medical advice. Stick with information that applies to the general public.
- Speak in your authentic voice. Be careful to state your affiliations and if you speak on behalf of your institution. Check your Institution's SoMe policies carefully.

**Academic Promotion:** While publications in peer-reviewed journals are the standard method to prove dissemination of information in our field, more and more institutions are explicitly endorsing SoMe as a consideration for academic promotion. There are many resources available to help you increase your digital reach /footprint. It is also a great way to promote your research/publications/abstracts—many journals track this closely and give awards for SoMe-based high-impact papers.

Examples of SoMe metrics that you can include in your promotion application/CV For Twitter, this includes Number of followers and presence of Influencer status; Impressions (reach/impact: number of people who see a tweet); Engagement rate (number of times a person interacts with a tweet divided by number of impressions).

# Committee Updates

For blog posts, this could be number of views and for podcasts, the number of downloads.

**Table 1: The Distribution of Schools That Consider Social Media Scholarship in Academic Promotion**

Consideration of Social Media in Academic Promotion	N (%)	Schools
Group 1: Yes, explicitly endorsed	12 (8.1%)	Emory University School of Medicine, Florida International University Herbert Wertheim College of Medicine, Loyola University Chicago Stritch School of Medicine, Mercer University School of Medicine, Northwestern University Feinberg School of Medicine, Temple University School of Medicine, University of Arizona College of Medicine - both Phoenix and Tucson campuses, University of Iowa Roy J. and Lucille A. Carver College of Medicine, University of Kansas School of Medicine, and Washington State University Elson S. Floyd College of Medicine
Group 2: No, explicitly denied	53 (35.8%)	
Group 3: Ambiguous	59 (39.9%)	
Group 4: N/A	24 (16.2%)	

Johng SY, Mishori R, Korostyshevskiy VR. Social Media, Digital Scholarship, and Academic Promotion in US Medical Schools. *Fam Med.* 2021;53(3):215-219. <https://doi.org/10.22454/FamMed.2021.146684>.

Content created by Sudha Garimella, S. Sudha Mannemuddhu, Stella Shin and Andrew South with contributions from all members of the Communications Committee.

The communications committee members cannot wait to interact with you all online. Follow us on twitter at [@sugarkro](https://twitter.com/sugarkro) [@BabyBean Doc](https://twitter.com/BabyBean_Doc) [@drM\\_sudha](https://twitter.com/drM_sudha) [@asouth\\_neph](https://twitter.com/asouth_neph)

## FOAM

The ASPN communications committee has launched a #ASPNFOAMgroup about a year ago. We are a group of 10+ trainees and junior faculty who put together a monthly tweetorial based on ASPN (American Society of Pediatric Nephrology) pathology and radiology webinars. We believe in teamwork and free open access medical education (FOAMed).

Here's a link to read all our tweetorials: <https://twitter.com/i/events/1376008887262908416?s=20>

Please give us feedback by filling out this 2-minute survey attached and help us improve our content: <https://www.surveymonkey.com/r/Q7RCCJJ>



## Pediatric Nephrology in a Small Group Setting Subgroup

On Sep 14th we hosted Dr. Joshua Samuels for a webinar series – Interpreting ABPM results. If you are interested in reviewing the discussion, the archive can be accessed here:

<https://www.aspneph.org/webinars/>

### Save the Date

Please join us on November 17th, 3-4 EST for our next webinar with Dr. Susan Massengill for a case-based discussion on Lupus Nephritis. Please see your email to sign up for the conference link

**Pediatric Nephrology in a Small Group Webinar Series- Case Discussion**

**Lupus nephritis**

**Expert: Susan Massengill, MD**

Moderator:  
Ashley Rawson, MD

Date and time  
Nov 17, 2021, Wed, 3-4 PM ET

If you are interested, send your cases that you would like to discuss & questions to [pednephSG@gmail.com](mailto:pednephSG@gmail.com)

**Joann, Sudha & Ashley**

# Committee Updates

## Research Committee

### Data Governance

Who owns a patient's clinical data? Providers spend time documenting clinical encounters. Hospitals spend money to build, maintain, and store electronic health records. Many argue that patients should own their own data. For pediatric patients, it gets more complicated, as caregivers such as parents and guardians become stewards of patient data. The question is important, because all data are potentially valuable, and (when properly processed) health data can be invaluable for quality improvement and safety and research.

Data governance is a collection of processes, roles, policies, standards, and metrics that ensure the effective and efficient use of information in enabling an organization to achieve its goals. Health systems are now putting in place data governance plans to monitor and limit institutional risk. But they are also seeing the value of their data and becoming more restrictive. Data Use Agreements (DUA) are commonplace to protect integrity of data. HIPAA (Health Insurance Portability and Accountability Act) was passed as regulation to protect privacy and confidentiality of patient data. IRBs oversee human subjects research to monitor and reduce risk to individuals who participate in research. However, often researchers are left out of data governance committees.

Data Operations (Data Ops) Committees are being formed at institutions to bring stakeholders together, including information security, information technology, academic and hospital leaders, and clinical informaticians. Research should have a seat at this table, but often get overlooked.

Single centers studies can be performed behind a firewall. Collaborative research creates more challenges – the collaboration is only as robust and only as secure as the research site with the most restrictive and least effective data management systems. Meanwhile, research organizations are generating networks with master contracts that include single IRB and master data / material transfer agreements. This typically involves a single research site owning the database for all research studies for the network, and often this data coordinating center is a private company and not any investigator's university.

What should you do? Understanding your institution's data governance policies is a good first step. Keep a list of your institution's contacts for executing data use agreements. Learn about your institution's plans for a clinical data warehouse, and how to request data. Look again at your clinical templates and make sure the information you hope to capture for your active clinical research studies are easily identifiable/abstractable. And consider implications for future research, as you submit your billing, update your patient's problem lists, and complete attestations for your learners' documentation.

The ASPN research committee has representation on the Pediatric Nephrology Therapeutics Development Committee (TDC), and these and other issues related to clinical trial readiness are available in a toolkit on the member's only ASPN website (<https://www.aspneph.org/committees/research-committee/>). The research committee aims to provide ASPN members the educational and advocacy tools necessary for pediatric nephrologists to build up their research infrastructure. The TDC is open to new members and new representatives of the ASPN. As always, you can contact the research committee co-chairs for more information at [ResearchCommChair@aspneph.org](mailto:ResearchCommChair@aspneph.org)

Reported by Scott Wenderfer, on behalf of the ASPN Research Committee



## Workforce Committee

### 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](mailto:dkweidemann@cmh.edu).

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



# ASPEN Foundation Update



The **ASPEN Foundation** is pleased to announce that Dr. Michelle Rheault and Dr. Marva Moxey-Mims have joined the ASPNF Board of Directors. The Foundation also has received a new named Travel Award from Dr. Sharon Bartosh. We continue to support fellows for opportunities to participate in the important meetings, even while they remain virtual. This fall's ASN and Miami symposium are examples. We also are continuing our support of the 9th Annual Affiliate meeting. The Foundation will support of trainee participation in the 2022 IPNA Congress in Calgary and will continue to support fellow participation in the annual ASPEN Meeting (hopefully in person) meeting in Denver. We continue to work toward full endowment of the H. William Schnaper Lecture. The Schnaper lecture is two-thirds of the goal for full endowment and will be a mainstay for our annual scientific meeting in the future. Please consider contributing to the Foundation as 2021 concludes. Thank you for your support.



## **JELF Scholars Update**

JELF Scholars continue to carry on with their training in a virtual environment. The September meeting focused on diversity and racial disparities within academic healthcare, providing a motivating learning environment for all of us. At the end of September a few scholars had the opportunity to participate in the **Kidney Community Advocacy Day 2021** on September 22, where, along with adult nephrology providers as well with representatives of kidney transplant patients, we discussed important legislative bills such as telehealth's role in healthcare and Living Donor Protection Act with US Congressional and Senate representatives.

Submitted by Judith Sebestyen VanSickle, MD, MHPE on behalf of the current JELF Scholars.

# ASPEN 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. ASPEN members will continue to have access to the content through the ASPEN 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 ASPEN website in the Members Only version of the Member Education Committee page. Please address any questions to Rebecca Ruebner, [rruebne1@jhmi.edu](mailto:rruebne1@jhmi.edu).

## ASPEN Imaging Webinar

**Date:** Monday, December 6, 2021, 3-4pm ET  
**Topic:** TBD

*The ASPEN 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.*



**Renew your IPNA Membership**

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



### International Society of Nephrology (ISN) Membership Announcement

As part of its ongoing Mission to provide equitable access to sustainable kidney health, the ISN adopted a new ISN Membership fee structure as of September 2021 offering more accessible fees for ISN members based on their country's economic context.

Under this new fee structure, certain individuals can now receive up to 70% reduction on Full ISN Membership! Check our [website](#) for more information.

**Spread the word** to your colleagues – that joining the ISN is more beneficial and affordable than ever!

Register Now!



American Society of  
Pediatric Nephrology

# 9th Annual ASPN Multidisciplinary Symposium

November 18-19, 2021



## SESSIONS INCLUDE

- Kidney and Life Course
- Talking Ethics in Pediatric Nephrology - Approaches and Perspectives
- Stronger Together: A Multidisciplinary Approach to Transition of Care
- The Impact of Race in CKD
- Adolescents, Adherence, and Adderall, Oh My!
- Primary Nocturnal Enuresis: Evaluation, Management, and Patient Education
- Examining Renal Tubular Acidosis (RTA) in the Inpatient and Outpatient Settings
- Psychosocial Impact of Chronic Medical Conditions on Children and Their Families
- Communication and Motivational Interviewing 101: Working with Pediatric Patients with Renal Disease
- Living with Rare & Chronic Conditions: Educating Families About Mental Health
- Challenges of the Renal Restrictions for Growing Teens
- Supporting a Healthy Gut Microbiome in Pediatric Nephrology
- Nutrition in Nephrolithiasis
- Planning for Pediatric Transplant Recipients with Disability

[Click here to register!](#)

**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 [info@aspneph.org](mailto:info@aspneph.org) or call 703-718-6022 for more information.

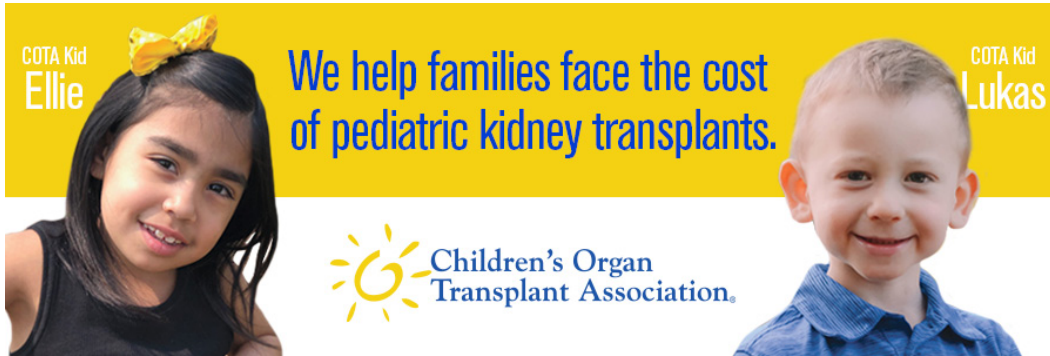
*Updates and registration will be posted on the ASPN website*

Multidisciplinary Symposium registrants are eligible for a \$50 discounted registration fee for the **Miami Pediatric Nephrology Seminar** which will take place virtually this year. [Click here](#) to register!

# Meeting & Lecture Announcements

We would like to thank and acknowledge the generous sponsors of the 9<sup>th</sup> Annual Multidisciplinary Symposium!


## Gold Level Sponsors



COTA Kid Ellie

We help families face the cost of pediatric kidney transplants.

COTA Kid Lukas



Children's Organ Transplant Association.



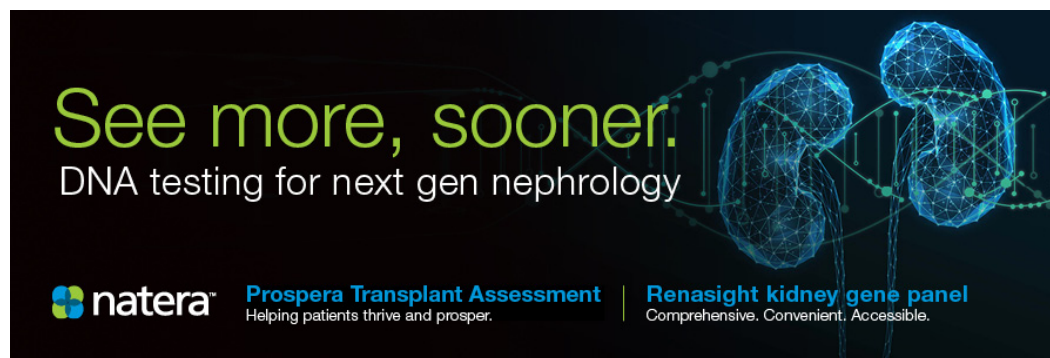
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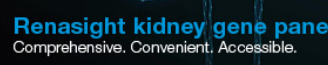
Freddy,  
100th kidney transplant recipient



See more, sooner.  
DNA testing for next gen nephrology



Prospera Transplant Assessment  
Helping patients thrive and prosper.



Renasight kidney gene panel  
Comprehensive. Convenient. Accessible.



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Transforming Good Science into  
Great Medicine for Rare Genetic Diseases

## Meeting & Lecture Announcements

We would like to thank and acknowledge the generous sponsors of the 9<sup>th</sup> Annual Multidisciplinary Symposium!

Silver Level



Bronze Level





# TORONTO COMPLEMENT CONFERENCE



November 11-13, 2021  
Virtual platform

**Program highlights:**  
Complement-mediated diseases:  
Clinical, basic science, and  
translational research

## Virtual | Miami Pediatric Nephrology Seminar 2021 & Critical Care Workshop





*An Era of Challenges and Innovations In Pediatric Nephrology:  
Merging Vintage Wisdom with New Visions*

**November 19 -21**

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## Meeting & Lecture Announcements



**53<sup>rd</sup> ANNUAL  
SCIENTIFIC MEETING OF THE  
EUROPEAN SOCIETY FOR  
PAEDIATRIC NEPHROLOGY**

16-19 September, 2021  
Amsterdam, The Netherlands



Children's  
of Alabama

UAB MEDICINE

### BRADLEY LECTURE CENTER

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

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](mailto:daskenazi@peds.uab.edu) or [kara.short@childrensal.org](mailto:kara.short@childrensal.org); direct registration questions to [dpass@peds.uab.edu](mailto:dpass@peds.uab.edu)

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Fellows can  
join RPA for  
**FREE!**



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
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- Patient Care resources and education



To join, visit [www.renalmd.org](http://www.renalmd.org).

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ASPEN is managed by Degnon Associates, an accredited professional association management company.

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## KIDney NOTES

The Bi-Monthly Newsletter of the  
American Society of Pediatric Nephrology