

President's Corner



Dear Colleagues,

Lots of transitions happening for all of us – moving into warmer weather across the entire country, end of the academic year, and relaxing of lots of the COVID-associated restrictions come immediately to mind. We've also transitioned into Phase Two of the 2021 PAS meeting and some additional opportunities for learning over the rest of May and into early June. I would like to acknowledge and congratulate Maury Pinsk who chaired the Program Committee for 2021 for putting together a program that balanced clinical and research topics in such a way that made every session have something to offer an attendee regardless of individual

interest. I would also like to thank the moderators and speakers for their enthusiasm and everyone who attended for so many questions and comments through the chat function. I suspect that all of us hope that this year's meeting will be the last entirely virtual PAS, but we have learned lots about what works on a virtual platform from our ASPN Summer Series in 2020 and this year's PAS, and we should hope to incorporate the best of these aspects in any hybrid ventures in the future.

In the next few months, there is also transition within all of our ASPN committees. Our committees are open to every member, so if you are not yet on a committee and would like to offer some service, please reach out to one of the chairs of your committee of interest or to Connie or Sarah at the ASPN office. If you have been active on a committee and are interested in taking the next step and potentially serving as a chair, again please reach out to a committee chair or Connie or Sarah. Most of our committees have a primary chair and two co-chairs, with three total years of service in these committee leadership roles. One of the three committee chairs rotates off every year, so there are regular opportunities to become more involved if you are able to devote a little bit more time and effort to our community.

Despite the pandemic, ASPN has continued to accomplish a great deal because of its active and committed membership, and I think we move into this new period very well positioned to advance our mission to promote optimal care for children with kidney disease and to disseminate advances in the clinical practice and basic science of pediatric nephrology. I hope everyone gets at least a little time to relax and rejuvenate over the summer, and I look forward to working with so many of you on ASPN ventures over the next year!

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

ASPEN Corporate Liaison Board



Please send us (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

Hello all,

This time of the year always begins with a bit of a surprise for me, when I realize that only a few short weeks are left in the school calendar here, as we approach summer and the middle of the year. The Roman stoic philosopher Seneca writes pragmatically about "time" in his 2000 year-old treatise "On the Shortness of Life" and one of his quotes which stands out to me is, "life is long if you know how to use it." So 'time' though objective, comes with a lot of subjectivity in terms of our perception of the relative lack, or abundance of it. Especially after the year we have been through and the past months of relative uncertainty, many of us are, in some form or another, suffering from 'time famine'- a term which started appearing in sociology literature in the 1990s, and still quite relevant today. In the perspectives section for this issue, we have a spectacular write-up by Dr. Rima Zahr and Dr. Keia Sanderson, "On Time-management, Organization and Self-care- a Journey to Self-fulfillment", which gives us practical tips on time management and continued growth, from the perspective of women physicians- who we all know gracefully wear multiple hats!

Please don't hesitate to 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



Roshan George, MD
Editor, KIDneyNotes

Perspectives

On Time-management, Organization and Self-care: a Journey to Self-fulfillment

As Pediatric Nephrologists, we are all juggling many different roles. Particularly as women in medicine, we are progressing on the shoulders of the strong women before us and in some ways, beyond what others may have believed was possible. There are now more women in our medical school classes, in research, and notably in leadership roles. Research clearly shows that compared to men, some women are also managing a larger caregiver responsibility role outside of the professional world. This creates a set of unique challenges that women in medicine must navigate.

We were asked to write this perspective as two junior women faculty trying to manage it all: clinical work, academic work, research, and families. Here are our approaches which we hope helps **ALL** pediatric nephrologists:

Set your intentions and prioritize

Time management is an important acquired skill we are always fine tuning, as it can be a constant challenge for our personal and professional lives. For our daily and weekly goals, we specifically plan both our personal and professional lives by 1) prioritizing daily and weekly goals; 2) scheduling tasks and allocating time to achieve these intentions or goals, no matter how big or small; and 3) identifying barriers to accomplishing our tasks and reaching out for help/guidance. Our priorities may change during the week as new work/professional predicaments occur, and we keep this in mind as we plan our tasks. When looking to the future, we have used an annual vision board or personal list of personal and professional goals. One, five, and ten-year plans have also been valuable. However, we believe that it helps to determine what to prioritize and when to say no. Again, time management evolves, and it can be an eternal learning process that one must be open to attempting and adapting frequently.

Accept that there is no "I" in team

It's quite the cliché but so very true. There are several teams we consider ourselves a part of that contribute to our success. There are our colleagues within our institution that we work with. We rely on our work teams to help us when our professional or personal lives require us to have a shift in our daily tasks. Having a team that we can rely on is of critical importance to the success of our research aspirations. In addition to our professional teams, for those who have caregiver responsibilities, having a partner or designated teammate to help share the cumulative caregiver workload is just as important. We both feel the teamwork and caregiving support from our life partners have been tremendous for balancing professional and personal success. Specifically, in our families, we share household and childcare responsibilities. We coordinate a shared family calendar that is mounted for the kids to easily check. We engage our children in being part of our family plans and help them plan and set their personal goals. Personally, we have found our stress reduced by outsourcing help with tasks we find to be a great time burden. Both of us seek outside help cleaning our homes and find meal planning helpful, especially during busy clinical service weeks. These changes we have made in our households have helped balance our time and have allowed us to enjoy our moments with our families more.

Perspectives



Keia Sanderson, MD, MSCR
Assistant Professor of
Medicine and Pediatrics,
Director, Pediatric Dialysis
Services, UNC Kidney Center

Be Transparent About Caregiver Responsibilities

Above all for us, we are mothers to our children, and we honor and try to protect this role. We are comfortable sharing the realism of our motherhood with our colleagues, trainees, and students. We always take mommy phone calls. Our children have popped into Zoom meetings, and on a rare occasion, you might find our children alongside us while we are taking care of work duties. School and childcare cancellations happen. We feel it's important for all to understand that life happens while working and it is ok. In these occasions, our work teams have helped us, truly embracing working parenthood. One can continue to do their job to the best of their abilities while managing family or personal life. It's challenging but it's important to model that working as a mother (in our case) or as a caregiver in general is very possible. We seek to continue to normalize working parenthood.

Prioritize Self-care

Self-care isn't selfish. Though, it is easy to forget to take time for ourselves. For so long, we have been in medical training caring for others, making it easy to lose focus on self-care in the process. Self-care can mean many things and looks different for each person. For us, we make sure to set calendar reminders for our yearly check-ups with primary care physicians and dentists. We are both big advocates for taking time to exercise. Among the many beneficial effects of exercise, it has been associated with cognitive improvement and stress resilience in humans (and animal models). Exercise has been our constant and is important to our daily and weekly routines. For Keia, who was a college athlete, she learned early on how to balance her exercise goals around work and family. She consistently rides her bike and lifts weights following a monthly calendar. Rima, an avid runner, plans annual outdoor races for the year and incorporates strength training and yoga in her calendar. A significant self-care choice for each of us is to make sure we incorporate exercise into our weekly goals. Having accountability partners riding or running with us also helps!



Rima S. Zahr, DO
Assistant Professor,
Pediatric Nephrology and
Hypertension, Medical
Director Pediatric Kidney
Transplant, UTHSC and Le
Bonheur Children's Hospital

Create Your Inner Circle

We are in a smaller pediatric specialty, which gives us the opportunity to meet and personally connect with many of our pediatric nephrology colleagues. As a result, we have developed a circle of pediatric nephrology peers who we are also fortunate to call close friends. We call our circle the "Brain Trust," a group of women pediatric nephrologists on "speed dial." We are women from different backgrounds, different institutions, and different fellowship experiences, each with our own research and clinical interests. We've connected at meetings, celebrated promotions, publications, national presentations, and clinical advancements with one another. We collaborate and share in our research and clinical efforts. We also celebrate our families and support one another through difficult professional and personal times. Navigating the management of a career and caregiver responsibilities is made better with a circle of colleagues and friends who understand the career of a pediatric nephrologist. It can take time, but cultivating supportive peer relationships creates a safe space for growth.

Concluding remarks

We have been lucky to cultivate our friendship over the last eleven years. We met in residency, both deciding early on to enter this wonderful subspecialty. Although we did not enter fellowship at the same institution, we continued to grow our friendship. We have learned how we each define success in our career and with our personal lives. We also learn what our metrics for joy and success will be in each of these realms. We lean into attempts to achieve joy and success in every area personally and professionally that is important to us. We track progress and our "Brain Trust" holds us accountable.

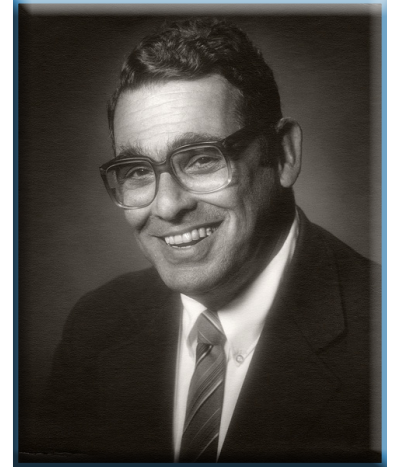
We are humbled to have been asked to write our perspectives on balancing time as mothers, clinicians, and scientists. As we all know, homeostasis is an important key role for the kidneys to achieve daily balance; we trust our kidneys to do their job. Our personal and professional lives likely look different, but like the kidneys, we have to work on maintaining balance and trust that our goals will be achieved by setting our intentions, working well on various teams, cultivating transparency and self-care, and connecting with our peers.

Lastly, for us women, Dr. Bertha Van Hoosen in 1947 wrote, "When I was born, the door that separates the sexes had opened scarcely more than a crack. And it has been my privilege, my pain and my pleasure to pound on that door, strain its hinges, and finally to see it, although not wide open, stand ajar." Let us all continue to pound on that door and see our dreams become reality. We have come a long way in our journey to be here as women. Let us allow ourselves the grace to remember this and follow our own path to realize our goals.

In Memoriam - Remembering William E "Bill" Segar

Bill Segar died peacefully at home, in Indianapolis, IN on Feb 1, 2021. He was 97 years old. A very touching tribute to him was written by his son Jeff Segar [a neonatologist and successful researcher in his own right] and published in *Pediatric Research*. I encourage you to read Jeff's lovely tribute. This is my personal tribute to a mentor, friend and someone I have known for over 45 years.

I met Bill in 1974 when I became an intern at the University of Wisconsin. Bill was the pediatric "nephrologist" although he would be the first to say that his real training was in pediatrics and in salt and water physiology. Within months of my coming to Madison Bill became the Department Chair and remained so for 10 years. Many of you will not have met Bill, He did not go to meetings frequently and focused his efforts in and on the Department. But you will have known some of his contributions. In 1957, while Bill and Mac Holliday were both on the faculty at Indiana University [Bill's Medical School alma mater], they published a method to calculate the maintenance fluid and electrolyte needs for hospitalized pediatric patients. This approach was taught widely around the world. What you may not know is Bill and his collaborator, William Moore, published important studies in animals on the non osmotic control of ADH.



Bill's understanding of fluid and electrolyte physiology was extensive. As a trainee, I did not appreciate how well he thought through issues and how well he could see a patient problem and quickly think through what needed to be done. A year after I came to Wisconsin, Bill recruited another nephrologist, Russell Chesney. The chance to spend 10 years with Bill and Russell made it abundantly clear how much each knew and understood and how well they could process and solve problems. How lucky was I.

Bill was an excellent teacher. It meant a lot to him that a student, trainee or even faculty was not only knowledgeable but could use that knowledge to help patients and support colleagues. Only much later did I realize that for Bill asking a question to make things clearer was never wrong. What really bothered him was NOT asking. Bill was incisive, analytical and at times even acerbic. But we knew he was challenging us to be better thinkers and doctors.

I am grateful for the time I got to spend with Bill and appreciate the many things I learned from him. I know I speak for many. Farewell and thank you so much, Bill.

-Aaron Friedman, MD, University of Minnesota

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. Ruebner for sharing how to obtain MOC Part 2 credit while participating in ASPN imaging webinars.

Keia Sanderson, MD, MSCR, University of North Carolina, Certification Committee Chair

My Success with MOC

Rebecca Ruebner, MD, MSCE, Johns Hopkins University
Chair, ASPN Member Education Committee

The ASPN Member Education Committee provides opportunities for members to obtain Part 2 Maintenance of Certification credit. We have been conducting monthly pathology and imaging webinars since 2015. The webinars typically take place on the first Monday of the month at 3 pm EST. Members can access recorded lectures anytime on the ASPN website in the Members Only section under "Webinars". We currently have over 60 webinars on a broad range of nephrology topics. After viewing the webinars, you can click on the REDCAP link on the website (or here <https://redcap.chop.edu/surveys/?s=WAEWFTLPD9>) to answer 5 multiple choice questions. Once you answer a total of 50 questions (5 questions from 10 webinars of your choice), you can earn 20 Part 2 MOC points.

To claim MOC credit, please follow the link for instructions on the webinar page (or here <https://media.aspneph.org/wp-content/uploads/2016/11/29131057/MOC-Credit-Payment-Instructions.pdf>). The cost to obtain MOC credit is \$50(US). This is an easy and educational way to earn your Part 2 MOC credit. We have had many members use our MOC question bank (questions for over 400 webinars have been completed!), but very few members have taken advantage of claiming MOC credit. We want to make sure that all members are aware of this MOC opportunity. We have also recently established the ASPN MOC Editorial Board through the Member Education Committee. This board consists of over 20 ASPN members who are writing and providing peer review for our MOC Part 2 content. If you would like to get involved or have any questions about obtaining MOC Part 2 credit, please contact me at rruebne1@jhmi.edu



Clinical Affairs Committee

The Clinical Affairs Committee is creating a 'Medical News' section of the website, to provide updates regarding new medications and equipment related to pediatric nephrology as well as information related to policy changes that may impact pediatric nephrologists. If you have information you would like to share, please email it to: info@aspneph.org and we will add the information to the website. Thanks!



Communications Committee Updates and Innovations

1. Introducing Social media #SoMe Sub-Committee

As you all know, ASPN has an official Twitter and Facebook accounts that is led by #SoMe team from communications committee, promotes the activities of all the committees and highlights latest nephrology articles. In the past 6 months #SoMe team grew and recently has begun a new Instagram account with Cat Park, MD and Lela Villegas, MD as leads. This new Instagram account will feature patient education materials in addition to promoting activities of ASPN committees.

Please check out our accounts here:

Twitter: @ASPNEph <https://twitter.com/ASPNEph>

IG: aspneph <https://www.instagram.com/aspneph/>

Facebook: aspneph <https://www.facebook.com/aspneph>

ASPN #SoMe Sub-Committee

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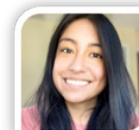
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Committee Updates

Public Policy Committee

Living Donor Protection Act Reintroduced

Senators Kirsten Gillibrand (D-NY) and Tom Cotton (R-AR) and Representatives Jerry Nadler (D-NY) and Jaime Herrera Beutler (R-WA) have reintroduced the [Living Donor Protection Act](#) for the 117th Congress. This ASPN priority legislation would:

- Prohibit life, disability, and long-term care insurance from denying, limiting, or charging higher premiums for living organ donors;
- Specifically include living organ donation as a serious health condition for private and civil service employees under the Family and Medical Leave Act; and
- Direct the Department of Health and Human Services to update their materials on live organ donation so that potential donors know of these new protections, to encourage more individuals to consider organ donation.

In addition to ASPN, the bill is [supported](#) by many organizations in the kidney community, including the National Kidney Foundation, American Kidney Fund, and the American Society of Nephrology.

ASPN Hosts Successful Virtual Capitol Hill Day

On March 30-April 1, ASPN hosted its third virtual Capitol Hill Day to advocate for policies that will advance the interests of pediatric nephrologists and their patients. ASPN advocated for:

- \$46.11 billion for the National Institutes of Health, an increase of \$3.2 billion over fiscal year 2021 funding;
- Emergency funding for the National Institutes of Health, including \$10 billion through the RISE Act;
- \$50 million for the Pediatric Subspecialty Loan Repayment Program;
- Passage of the Living Donor Protection Act;
- Inclusion of several pieces of report language to support the pediatric nephrology workforce; telehealth access for pediatric nephrology patients; and more transparency in pediatric nephrology research awards.

Twenty pediatric nephrologists made the case for these policies with thirty-one individual Congressional offices. ASPN thanks all of its members who participated and looks forward to hosting another Hill Day, in person or virtually, soon.

President Biden Releases Abbreviated Budget

On Friday, April 9, President Biden released a [preliminary budget proposal](#) in advance of the full budget, which is expected later this spring. The release of this “skinny” budget document will allow appropriators to set the topline numbers for the 12 appropriations bills and begin working on FY 2022 funding. As a reminder, the president’s budget is just a proposal—only Congress has the authority to finalize spending levels.

The budget proposes \$51 billion in total funding for NIH. A portion of this increased funding, \$6.5 billion, is allocated to the launch of a new agency within the National Institutes of Health - the Advanced Research Projects Agency for Health (ARPA-H), with the balance funding an increase for existing institutes, centers, and offices of NIH. ARPA-H would focus on transformational innovation in health research and speed application and implementation of health breakthroughs, with an initial focus on cancer and other diseases such as diabetes and Alzheimer’s. The preliminary budget proposal also includes \$153 million for CDC’s Social Determinants of Health program to support States and Territories in improving health equity and data collection for racial and ethnic populations. The proposal also includes \$65 million for rural broadband and invests in programs to increase the number of physicians and other healthcare practitioners in rural settings.

ASPN Meets with CMS to Discuss Value of CPT Code 90954

In the CY 2021 Medicare Physician Fee Schedule, the Centers for Medicare & Medicaid Services increased the values of the ESRD Monthly Capitation Payment (MCP) services as the agency deemed them to be analogous to the outpatient evaluation and management services (E/M) which had been redefined and valued. The agency, however, chose not to increase the value of CPT code 90954 (ESRD related svc monthly 2-11 yr old 4/> visits) because it was not originally valued in relation to the E/M services resulting in this service and CPT code 90957 (Esrd srv 4 vsts p mo 12-19) having nearly identical values. Representatives of the Public Policy Committee met with representatives of the CMS Division of Practitioner Services during which agency staff was receptive to our concerns about the value of CPT code 90954, and in follow up, ASPN sent a follow up communication suggesting an alternative way to value this service. We will find out if CMS accepted our recommendation when the CY 2022 MPFS proposed rule is released.

Committee Updates

Transplantation Special Interest Group

AST NEWS: funding opportunity for mid career researchers, deadline June 1: <https://www.myast.org/research/research-grant-opportunities#mid-career>

OPTN/UNOS NEWS:

UNOS/OPTN Public Comment: Public comment closed on 3/23/21. The link to review the proposals is <https://optn.transplant.hrsa.gov/governance/public-comment/>. Of particular relevance and interest to the pediatric nephrology community include to **Clarify Multi-Organ Allocation Policy, to Revise General Considerations in Assessment for Transplant Candidacy** and to **Update Transplant Program Key Personnel Training and Experience Requirements and 2021-2024 OPTN Strategic Plan**. The BOD will vote on these June.

Major changes to Kidney Allocation with removal of DSA and Regions went into effect on March 14, 2021<https://optn.transplant.hrsa.gov/news/changes-to-kidney-and-pancreas-allocation-to-be-implemented-later-this-year/>. Early, anecdotal reports are of **increased organ offers to sensitized and pediatric deceased donor kidney candidates** and an early look at volumes would suggest these anecdotal reports are reflective of reality. This is important since as shown below, the pediatric kidney transplant volume for both LD and DD decreased for 2020 and did not recover which substantially differs from the adult kidney transplant experience in the USA through COVID. The reason for lack of peds transplant volume recovery is not clear.

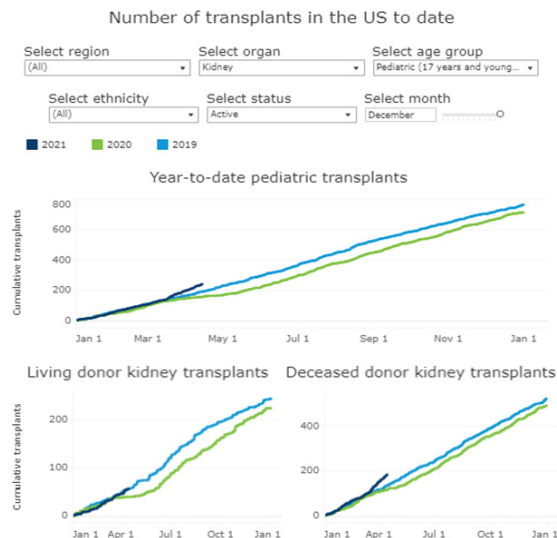
OPTN Pediatric Committee initiatives:

1. Analyze **the effect of multiorgan transplants** on pediatric DD kidney transplant access. A platform presentation at PAS will summarize these results. The concern is related to the impact of multiorgan transplants (primarily kidney pancreas) on pediatric DD kidney access since the donor pool is the same for both types of transplants.
2. Allocation issues of concern to pediatric nephrologists include:
 - a. Use of PHS "increased risk" donors in pediatric candidates. Hopefully the new guidance and elimination of the labeling organs as "increased risk" will improve pediatric utilization of these organs
 - b. Allocation of kidneys from children/teens. Analysis on going.
 - c. Decreased living donation rates for children. No movement on this front.
 - d. Low pediatric kidney transplant program participation in kidney paired exchange. Analysis nearly complete.
 - e. KDPI calculation for kidneys coming from pediatric donors or any kidney going into a child. No movement on this item.
 - f. The DD kidney candidate who began dialysis before the age of 18 (perhaps at the age of 15) but did not get listed until after turning 18. No movement on this item.

TIG (Transplant Interest Group). The TIG has 3 goals; Education, Advocacy and Mentorship in the area of Pediatric Kidney Transplantation. In the area of education, we are in the process of collating and analyzing a needs assessment in the form of a survey of current and recent peds nephrology fellows and junior faculty. We also have created a draft pediatric kidney transplant training curriculum for pediatric nephrology fellowship programs. This includes items that are UNOS requirements for primary physician. We are in the process of soliciting feedback from the program directors regarding this draft document. Additionally, our group is working on increasing participation and access for ASPN members to UNOS/OPTN Regional meetings as well as UNOS Committee meetings. If you are interested in listening to one of the UNOS Pediatric Committee meetings (currently virtual) or attending a Regional meeting (currently virtual) please reach out to smbartosh@wisc.edu, or Jodi.smith@seattlechildrens.org, or amarals@email.chop.edu. If you are interested in joining the TIG, please reach out to smbartosh@wisc.edu and we will add you to the membership! **Regional meeting schedule:** 1: 8/31, 2: 8/17, 3: 8/25, 4: 8/12, 6: 9/9, 7: 9/2, 8: 9/14, 9: 8/10, 10: 9/17, 11: 9/24.

Upcoming Transplant meetings: ATC (American Transplant Congress, June 5-9, 2021, Virtual Meeting) <http://atcmeeting.org>.

Respectfully submitted, Sharon M Bartosh, MD



Committee Updates

Workforce Committee Updates

I. The Pediatric Nephrology Workforce Crisis: A Call to Action

We are excited to share the white paper generated by members of the ASPN Workforce Summit Action Groups and recently published in the Journal of Pediatrics. Full text can be found here (subscription required): [https://www.jpeds.com/article/S0022-3476\(21\)00271-7/fulltext](https://www.jpeds.com/article/S0022-3476(21)00271-7/fulltext). This is the first step towards realizing the recommendations generated from the in-person ASPN workforce summit held at the ASN 2019 kidney week meeting. Kudos to all who have contributed and be on the lookout for a recruitment call to join the action groups this summer to keep up the momentum and work towards a better future for our specialty!

II. Pediatric Nephrology Workforce Shortage Resources:

The ASPN workforce committee would like to highlight the message below from the American Academy of Pediatrics (AAP) regarding recently released advocacy resources on workforce issues facing pediatric subspecialists.

“The AAP partnered with the American Board of Pediatrics (ABP) to produce a series of **fact sheets on pediatric subspecialty shortages**. The 50 state-specific fact sheets estimate how far children in each state need to travel to see different types of pediatric subspecialists. The fact sheets also contain a vignette about the impact of pediatric subspecialty shortages on children with special health care needs and discuss the economic disincentives to pediatric subspecialty training. This spring is an important time for advocacy to encourage Congress to fund the **Pediatric Subspecialty Loan Repayment Program**, which will offer loan repayment for pediatric subspecialists who serve children in underserved areas. The AAP is putting resources together to assist pediatric subspecialists in advocacy for this program.”

III. Webinar Recording: Roles and Responsibilities of a Dialysis Medical Director (part 1)

Here is the recording from the Workforce Committee Webinar that was held on Wednesday, January 27, 2021: https://aspneph.s3.amazonaws.com/ASPN_Workforce_Clinical_Practice_Webinar.mp4

After watching the webinar please fill out the feedback survey: <https://www.surveymonkey.com/r/M7T8HMR>

IV. Pediatric Nephrology in a Small Group Setting:

As you all know, ASPN Workforce committee has launched a new project “pediatric nephrology in a Small Group” subcommittee. We are happy to share our progress.

1. We have created a separate email for the subcommittee. Feel free to reach out to us at pedsnephsg@gmail.com.
2. We will be meeting/conducting bimonthly webinars to empower our small group nephrologists and learn from each other. Here's the schedule for 2021:
 - A. **May 11, 2021, 3-4 PM EST: Challenges - Establishing a Hypertension and lipid disorders clinic. Expert: Dr. Kevin Meyers**
 - B. **July 14, 2021, 3-4 PM EST: Case discussion- C3 GN/MPGN. Expert: Dr. Carla Nester**
 - C. Sep14, 2021, 3-4 PM EST: TBD
 - D. Nov 17, 2021, 3-4 PM EST: TBD
3. We have created a listserv for all our members - aspn-small-group@googlegroups.com . If you would like to be added to the list serve and you have not contacted us previously to let us know at pedsnephsg@gmail.com. If you would like to “blast” the group or respond to an email from a group member, please make sure that aspn-small-group@googlegroups.com is included in your “To:” box. You should not need a gmail to participate.

Feel free to reach us with questions, comments and suggestions and thank you again for your participation.

Best,
Joann, Sudha, and Ashley
Co-chairs of ASPN Small Group Sub-committee

ASP^N Foundation Update

Despite the pandemic, 2020 was a busy and productive year for the ASP^N Foundation. Our Foundation supports a number of education and research activities for the Society. In 2020, the ASP^NF supported 20 academic grants to fellows, the JELF program, the Leadership Development Program's fifth cohort, and the Affiliate's virtual meeting. In addition, two new distinguished lectureships have been created for the annual ASP^N meeting. These two lectureships, the H. William Schnaper MD Lecture and the Adrian Spitzer MD Lecture will have their inaugural speakers at the 2021 ASP^N meeting in May. The Foundation repurposed our named trainee travel awards in 2020 to support 17 fellow's academic programs.

The Foundation wishes to thank three of our Directors who are ending their terms with the Foundation Board: Barbara Fivush, Ibrahim Shatat, and Karen Argetsinger. Their energy and support have contributed greatly to our Foundation. We also mourn the loss of H. William Schnaper from our Board. Bill was a founding Director of JELF and the ASP^NF. We are pleased to welcome Sharon Bartosh, MD and Douglas Silverstein, MD as new Directors of the ASP^NF.

You can contribute to the ASP^N Foundation through the ASP^N website. A number of directed programs are available, as well as the opportunity to contribute to the general fund. The named trainee travel awards are an excellent way to honor a member of your Division or a colleague with a three or five year pledge for a named award given to a trainee. A novel opportunity to donate to the American Society of Pediatric Nephrology Foundation is through Amazon smile. Listing us as your designated charity on Amazon Smile results in Amazon making a small contribution with your purchase. We receive several hundred dollars a year through Amazon purchases.

Thank you for your generous support during this stressful year. Your contributions allow the ASP^N ,with support from our Foundation, to develop new opportunities to support our members and trainees. Please continue to consider the ASP^NF in your philanthropic plans.

Bruder Stapleton, MD
Chair, ASP^N Foundation Board of Directors

JELF Scholars Update

The JELF Advocacy Scholars Program is thrilled to announce the eleventh class of Advocacy Scholars. Please join me in congratulating these scholars on their acceptance into the program. 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. These scholars will begin the 2-year advocacy training program this July.

Becoming a JELF Scholar signifies a commitment to advocacy for all children, especially those with kidney disease. Scholars receive formal training and hands-on mentored experiences focusing on governmental processes and pertinent health policies affecting children's health. Scholars go on to be leaders in the advocacy community. We thank you for your dedication to advocacy and maintaining the legacy of Dr. John E. Lewy.

Help keep our voices heard! SUPPORT ASP^N ADVOCACY through your annual dues renewal.

The JELF program is 100% funded by the generosity of the ASP^N membership and we are so grateful for your support. More than ever, our patients need our voices to be heard, and your contributions help ensure our visibility where it matters. You can contribute to the Perlman Program for Perpetual Participation and the John E. Lewy Fund through your ASP^N annual dues renewal.

To donate directly, click here: <https://www.aspneph.org/aspn-foundation/donate/>. Learn more about the JELF program by contacting David Hains at dhains@iu.edu or visiting <https://www.aspneph.org/jelf-advocacy-scholars-program/>

David Hains, MD
Indiana University School of Medicine
Riley Hospital for Children
Indianapolis, IN

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, May 17, 2021, 3:00pm ET

Topic: 3 Year Old with Proteinuria

**Please Note: this month's webinar was moved to later in the month to accommodate for PAS scheduling.*

All pathology and imaging webinars can be viewed online on the ASPN website under the Member Education Committee page. You can earn up to 20 Part II MOC points by participating in the webinars! You can either participate live or watch online. Then answer 5 questions on the REDCAP Database (link below). You can earn 20 MOC points if you answer a total of 50 questions from 10 webinars. <https://redcap.chop.edu/surveys/?s=WAEWFTLPD9>



Renew your IPNA Membership

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

 **IPNA** International Pediatric Nephrology Association
GREAT CARE FOR LITTLE KIDNEYS. EVERYWHERE

Announcements

NEW RPA Public Policy Fellowship for Renal Fellows

RPA is offering second- or third-year renal fellows a unique opportunity to learn more about and get involved in the development of federal policy affecting nephrology and your practice. One-year fellowships will be awarded to a maximum of 5 renal fellows who complete and submit the required application by June 1. Fellowships begin July 1, 2021. [Learn more](#) about the benefits and how to apply.



AAP, ASPN & NKF Patient Education Collaborative (PEC)

The AAP, ASPN & NKF Patient Education Collaborative (PEC) was created to develop written materials regarding pediatric nephrology-related topics for parents of children with kidney disease and affected patients. The collaborative effort maximizes the strength of the three organizations, while also minimizing duplicative work and conflicting information.

Each patient article is created by two pediatric nephrologists and then reviewed by the three members of the steering committee comprised of three pediatric nephrologists, 1-2 non-physician pediatric nephrology ancillary providers, NKF staff, and 1-2 parents of children with kidney disease. The AAP HealthyChildren.org and NKF staff perform final editing for readability. Many of the articles are translated by the AAP into Spanish. Some articles have been viewed between 31,000 and 59,000 times in the last year in English on the HealthyChildren.org website, with even more views of the Spanish articles! Each article can be downloaded by providers and shared as a handout with parents.

The articles are available for your patients at the AAP HealthyChildren.org website (<https://www.healthychildren.org/English/health-issues/conditions/genitourinary-tract/Pages/default.aspx>) and the NKF website (<https://www.kidney.org/atoz/content>).

The following articles were created over the last 2 years, but others are also available: PIGN, Hematuria, Bedwetting, VUR, and Kidney Stones. The following articles will be available in the near future: Single Kidney, Proteinuria, Nephrotic Syndrome, Childhood Kidney Transplants, Prenatal Hydronephrosis. Let us know if you have ideas for topics that should be addressed in future articles.

We'd like to acknowledge and thank the 12 pediatric nephrologists who have created the articles:

- Erin Dahlinghaus, MD, MHS; Dayton Children's
- Vikas Dharnidharka, MD, MPH, FAAP; Children's Hospital – St. Louis
- Roshan George, MD; Emory University and Children's Healthcare of Atlanta
- Nazi Kulsum-Meccia, MD, FAAP; Southern Illinois University School of Medicine
- Juan Kupferman, MD, FAAP; Maimonides Medical Center,
- Craig Langman, MD; Ann & Robert H. Lurie Children's Hospital of Chicago
- Laura Malaga-Diequez, MD, PhD; NYU Lagone Health
- Elahna Paul, MD; Massachusetts General Hospital
- Kelsey Richardson, MD; Oregon Health & Science University
- Patricia Seo-Mayer, MD, FAAP; MedStar Georgetown University Hospital

- Beth Vogt, MD, FAAP; Rainbow Babies and Children's Hospital
- Darcy Weidemann, MD, FAAP; Children's Mercy Hospital

We hope your families and patients find these articles helpful.

Please let us know if you have any questions.

Sincerely,

Larry Greenbaum, MD, PhD, FAAP
lgreen6@emory.edu

Doug Silverstein, MD, FAAP
dsilverstein2001@yahoo.com

Bradley Warady, MD, FAAP
bwarady@cmh.edu

PEC Steering Committee



Announcing new AAP-ABP Pediatric Subspecialty Shortages Resources

Dear Members of the AAP Section on Nephrology:

Today, we are excited to announce **new advocacy resources on workforce issues facing pediatric subspecialists**. The AAP partnered with the American Board of Pediatrics (ABP) to produce a series of **fact sheets on pediatric subspecialty shortages**.

The **50 state-specific fact sheets** estimate how far children in each state need to travel to see different types of pediatric subspecialists. The fact sheets also contain a vignette about the impact of pediatric subspecialty shortages on children with special health care needs and discuss the economic disincentives to pediatric subspecialty training.

We also have **created a series of maps** – one for each state for 17 different pediatric subspecialties – that graphically show estimated driving distances for children to reach the care they need, where they live. The maps can also be [found here](#).

These resources were designed to help policymakers understand the extent of pediatric subspecialty shortages and how they impact children and families. Importantly, these resources make clear the need to address disparities in access to subspecialty care and improve health equity for children.

This spring is an important time for advocacy to encourage Congress to fund the **Pediatric Subspecialty Loan Repayment Program**, which will offer loan repayment for pediatric subspecialists who serve children in underserved areas. The AAP is putting resources together to assist pediatric subspecialists in advocacy for this program – and we will reach out shortly for help with this important effort.

Announcements

These resources leverage analysis conducted by the ABP based on data for subspecialists certified by the ABP.

Thank you for all you do to help serve the needs of children with special health care needs. We look forward to working with you to strengthen the pediatric subspecialty workforce.

Sincerely,

Mark Del Monte, JD
CEO/Executive Vice President
American Academy of Pediatrics



Military Connect

Do you care for a Military-Connected Child with Kidney Issues?

The U.S. military moves their people each summer, and orders are going out in April, which is the Month of the Military Child. There are 2.1 million children in the Military Health System, and over 2/3 are cared for by you and your colleagues. If you are caring for a military-connected child covered by TRICARE and they are moving to the San Antonio, Tacoma/Seattle region, Hawaii, or the greater Washington DC area (Maryland/Virginia/DC), please contact the military pediatric nephrology team so we can help arrange a warm handoff. We can also help with handoffs to other locations as a child with kidney disease will limit where the family can be stationed.

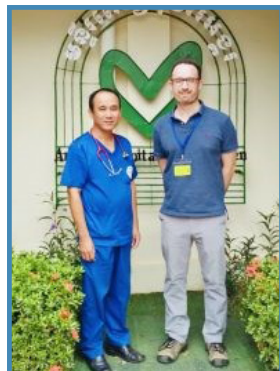
CAPT Elizabeth Ferrara, CAPT Greg Gorman, & COL Brent Lechner (DC); MAJ Elizabeth Yu (Tacoma/Seattle), and MAJ Katherine Jones (Hawaii). Contact us at renal@nccpeds.com.



Health Volunteers Overseas – Golden Apple Honoree

Dorey Glenn, MD, MPH

Dr. Dorey Glenn is a pediatric nephrologist whose first volunteer assignment with HVO was with the pediatric project in Bhutan in 2016. Since then, he had a second assignment in Bhutan in 2017 and volunteered in Cambodia in 2019. He made a lasting impact on the pediatrics department at Bhutan's Jigme Dorji Wangchuck National Referral Hospital, specifically on the burgeoning pediatric



residency program. Dr. Glenn was nominated for the Golden Apple by his colleagues in Bhutan.

Since there is no pediatric nephrologist in Bhutan, his contributions in this area have been integral to the training of the pediatric residents and pediatricians on staff. Dr. Glenn provided case discussions, didactic lectures, supported and mentored residents with their thesis research, and encouraged residents to apply for additional training and workshops. With his support, the department started pediatric peritoneal dialysis in the pediatric intensive care unit and has plans to set up pediatric hemodialysis. When not physically present in Bhutan, Dr. Glenn continues to support the residents by being available for consultations, case discussions, and he created an online forum to discuss difficult pediatric nephrology cases.

More broadly, Dr. Glenn was integral in creating a strategic partnership between HVO and the American Society for Pediatric Nephrology (ASPEN) and the International Pediatric Nephrology Association (IPNA) to launch a new initiative supporting pediatric nephrology education and training in low-resource settings.

Dr. Glenn is currently an Assistant Professor of Medicine and Pediatrics, UNC Kidney Center at the University of North Carolina, Chapel Hill. His passion for nephrology developed after his residency training in pediatrics while practicing inpatient medicine in a rural district hospital in Butare, Rwanda. There, he thrived on the challenge of using limited resources to diagnose and manage complex renal diseases. His primary career interest as an early-career physician-scientist is on reducing treatment-related complications of glomerular diseases.



HVO - ASPN - IPNA

A global collaboration in pediatric nephrology



Health Volunteers Overseas IPNA American Society of Pediatric Nephrology | www.hvousing.org



Upcoming Leadership Development Program Cohort

The next ASPEN Leadership Development Program cohort will begin at PAS 2023. Stay tuned for a call for applications in early 2023.

Meeting & Lecture Announcements

ASPEN Program 2021 at PAS: Phase II

Phase II:
All Times in Central Time Zone

May 9	10 9:00-11:00 Workshop: Chesney Lecture: Entrust Me (Virtually)Understanding and Surviving Competency Based Medical Education. (Live)	11	12 3:00-4:00 Clinical Affairs Committee Meeting	13 11:30-12:30 2020 and 2021 Barnett Award Presentations 1:00-3:00 Workshop: Secrets to Developing (...and Sustaining) a Clinical Research Program that Every Institution Wants (Live) 3:30-4:30 Research Committee Meeting	14 2:00-4:00 ASPEN Business Meeting / Presidential Awards	15
16	17	18	19	20 11:00-12:00 Membership Committee Meeting 4:30-6:00 Workforce Committee Meeting	21	22
23	24 9:00-11:00 Workshop: Urine the Know: Nephrology as a Quality Specialty (Live)	25	26	27	28	29
30	31	June 1	2	3	4	



2020 and 2021 Henry L. Barnett Award Presentations at PAS

Please join us in celebrating our 2020 and 2021 Barnett Award Winners!

Date: Thursday, May 13, 11:30 AM – 12:30 PM CT

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*

2020 Henry L. Barnett Award recipient:

Victoria Norwood, MD, FAAP

Robert J Roberts Professor of Pediatrics
Program Director, Pediatric Nephrology Fellowship Program
Department of Pediatrics
University of Virginia Health System

Presenter: Robert Chevalier, MD, FAAP

2021 Henry L. Barnett Award recipient:

John D Mahan, MD, FAAP

Professor of Pediatrics
The Ohio State University College of Medicine
Director, Nationwide Children's Hospital Center for Faculty Development
Program Director, NCH Pediatric Nephrology Fellowship Program

Presenter: William E Smoyer, MD

Meeting & Lecture Announcements



Due to the restrictions imposed by the COVID-19 Pandemic, the **47th Miami Pediatric Nephrology Seminar: Challenges for the Next Decade** will take place November 19-21, 2021 at the historic Royal Palm Hotel in Miami Beach. 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 on Sunday afternoon at the Holtz Children's Hospital. Please follow us closely and we will keep the tradition going!!

Pediatric Insight

Brought to you by the Child Health Advisory Council

"Stepping Up and Leading in Pursuit of Racial Equity"

Session 1: Clinical Practice, May 13th, 4:00 EST [Register Here](#)

Session 2: Research - June 10, 4:00 EST

Join colleagues from across academic pediatrics as guest presenter, Tiffany Johnson, MD, and Child Health Advisory Council members, Renée Jenkins, MD and Bruder Stapleton, MD, along with the founding members of the Advisory Council lead the first of a two-part conversation on racial equity.

Given the increasing racial/ethnic diversity of children in the US, excellence and leadership in pediatric healthcare cannot be achieved without attention to equity and tackling racism as important social determinant of health. The American Academy of Pediatrics (AAP) took a major step in declaring the harms of racism on children and adolescents with well-documented specificity in a 2019 policy statement. Little did they know that the impact of racism on the Covid 19 pandemic victims and the witnessing of the George Floyd murder would ignite a firestorm response in the U.S. and abroad. All of the major medical organizations have now issued statements pledging justice and the importance of dismantling structural/institutional racism. As academic leaders in Pediatrics, it is now important to advance beyond such statements of solidarity towards transforming words into action through clinical practice, medical education, workforce diversity, research, and advocacy. Join us as we begin a dialogue of fierce conversations that will promote meaningful change for leading in pursuit of racial equity.

Learning Objectives:

1. To describe opportunities for leaders to create a safer and more nurturing environment for diverse faculty, trainees, students, patients and their families.
2. To create a bidirectional dialogue on strategies to mitigate racism in health care through clinical practice.
3. To identify additional resources for continued learning and self-reflection in child health organizations on the topics of racism, privilege, white fragility, and antiracism.

May 13th, 4:00 EST

[Register Here for Session 1](#)

Guest Presenter - Tiffani Johnson MD, MSc, FAAP

Dr. Tiffani Johnson is an Assistant Professor of Emergency Medicine at the University of California, Davis School of Medicine. Dr. Johnson is a nationally recognized researcher and thought leader on race and racism and its impact on child health who is working to ensure all children achieve their highest level of health and wellbeing. Her research program is focused on understanding root causes of healthcare disparities and examining racism in healthcare and the early childhood education settings. She serves as Co-Chair of the Race in Medicine Special Interest Group of the Academic Pediatric Association. She is also a member of the American Academy of Pediatrics (AAP) Committee on the Psychosocial Aspects of

Meeting & Lecture Announcements



NICKS
Neonatal and Infant Course for
KIDNEY SUPPORT

VIRTUAL TRAINING
via
zoom

1.5 day course

Children's of Alabama
UAB MEDICINE

Dear Friends and Colleagues,

Please find the **brochure** which outlines the talks and speakers planned for the 4th NICKS course which will take place on a virtual platform Monday May 24th (full day) and Tuesday May 25th (half day).

The overarching goal of the course is to help equip your team to provide safe and effective kidney support therapy for neonates and small children.

We limited the number of spots, so that we can optimize the small group case scenarios. As such, we anticipate that the course will fill up soon.

Encourage your fellows, intensivists and nursing CRRT champions to attend.

SIGN UP HERE!! [MAY 2021 NICKS Sign Up](#)

Best regards,
David Askenazi, MD, MsPH, FASN




european society for paediatric nephrology

53rd ANNUAL SCIENTIFIC MEETING OF THE EUROPEAN SOCIETY FOR PAEDIATRIC NEPHROLOGY
16-19 September, 2021
Amsterdam, The Netherlands

Meeting & Lecture Announcements

Fellows can
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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.

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KIDney NOTES

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