

# Competencies Defined For Pediatric Hospitalists

BY ALICIA AULT

NATIONAL HARBOR, MD. — After an 8-year development effort, the Society of Hospital Medicine has published core competencies for pediatric hospitalists.

The competencies define the expected standards for all pediatric hospitalists, regardless of their practice setting or location, said Dr. Mary C. Ottolini of the SHM's pediatric committee. They are also a means of differentiating hospitalists from primary care pediatricians or other pediatric specialists, she said.

Although the competencies are viewed as the first step in gaining recognition as a new specialty through the American Board of Pediatrics, it is not guaranteed that a certification process will be forthcoming soon, Dr. Ottolini said at the annual meeting of the Society of Hospital Medicine.

Coauthor Dr. Erin R. Stucky of Rady Children's Hospital and the University of California, San Diego, said that negotiations with the ABP are ongoing.

The American Board of Pediatrics, however, has not been petitioned to consider a new pediatric hospitalist subspecialty, according to Dr. James A. Stockman III, president and CEO of the board. In the absence of a petition, the board will not formally weigh the pros and cons of introducing such certification, he noted in an interview.

The American Board of Internal Medicine and the American Board of Family Practice have chosen to offer Recognition of Focused Practice in Hospital Medicine, a credential available for the first time in 2010. The new certification requirements will be met through an exam, along with self-evaluation and practice improvement modules to be completed as part of the maintenance of certification process. But the ABP is not certain that such a mechanism would be appropriate for pediatrics, Dr. Stockman said.

Many hospitalists thought that the competencies had already been published because a development frame-

work was published in 2006, noted Dr. Ottolini of Children's National Medical Center and George Washington University, both in Washington. In the years since the SHM's pediatric core competencies task force was created, there have been many iterations, corrections, and reviews, she said.

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DR. OTTOLINI

child health (J. Hosp. Med. 2010 April 9 [doi:10.1002/jhm.776]).

The common clinical conditions were taken from nonsurgical data collected by the Joint Commission and publications on common pediatric hospitalizations. The specialized services include care that is not based on diagnosis-related group data. The core skills come from the Healthcare Cost and Utilization Project Factbook and randomly selected hospitalist billing data.

The competencies are not meant to be all inclusive, rigid, or easily achieved during residency training, Dr. Ottolini said.

They may even be difficult to achieve during a fellowship, Dr. Stucky added.

In an extensive collaborative process, the competencies were reviewed by 9 section editors, 50-plus authors and contributors, 3 senior editors, 33 internal reviewers, and dozens of external reviewers, including all the major academic and certifying societies, "stakeholder" agencies such as the American Hospital Association and the American College of Emergency Physicians, and pediatric hospital medicine fellowship directors at major children's hospitals around the country.

Dr. Ottolini said that she thought the competencies would be used in a variety of ways, including by educators to help develop curricula, by those new to the specialty to increase their knowledge, by physicians as a marketing tool, and by physician groups as a means of recruiting new partners. ■

*Disclosures: None was reported.*

## Spina Bifida Trial Seeks Enrollees

The Management of Myelomeningocele Study (MOMS) is a randomized, controlled clinical trial that continues to enroll pregnant women between 19 and 25 weeks' gestation. Funded by the National Institute of Child Health and Human Development, the trial will compare the safety and efficacy of prenatal versus postnatal closure of myelomeningo-

cele. Participating MOMS centers are the Children's Hospital of Philadelphia; Vanderbilt University Medical Center in Nashville, Tenn.; and the University of California at San Francisco.

To refer a patient or for more info, contact study coordinator Jessica Ratay at 866-275-6667 or MOMS@bsc.gwu.edu, or visit www.spinabifidamoms.com. ■



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### EPA Implements Lead Protections

Contractors renovating homes and apartments built before 1978 must now employ practices to protect children and pregnant women from exposure to lead-based paint, the U.S. Environmental Protection Agency announced. The enforcement of an existing rule comes nearly 2 decades after Congress directed the EPA to regulate housing renovations and after environmental groups filed a lawsuit to force action. The EPA Lead Renovation, Repair, and Painting Rule requires contractors to be trained and certified in lead-safe work practices. To date, the EPA said it has certified 204 trainers who have already taught the practices to about 160,000 people in the construction and remodeling industries.

### Male Teens Miss Sex Counseling

Despite national efforts to improve sexual health services for teenagers, even teenage boys who report high-risk sexual behaviors generally don't get counseling about HIV and other sexually transmitted infections, a study from the Johns Hopkins Children's Center found. Published online in the Journal of Adolescent Health, the research found that only one-third of male teens who reported three or more female partners, anal sex with female partners, or oral/anal sex with male partners received counseling in 2002. Only 26% of males reporting high-risk sex, which the authors defined as sex with a prostitute, sex with a person infected with HIV, or sex while high, received counseling. The researchers recommended evidence-based, uniform guidelines to reduce confusion among providers about sexual counseling, and they said pediatricians with male teenage patients need to "ACT": ask, counsel, and test.

### NCQA Adds Obesity Measure

The National Committee for Quality Assurance (NCQA) said it is adding a new childhood obesity measurement to its health plan data set. The committee said it has been collecting data on the measurement, "Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents," which in 2009 became the only gauge of childhood obesity adopted by health plans nationwide. Now, there are enough data available for comparisons between plans. The NCQA will include the childhood obesity measurement in the August release of its online database of health plans' quality indicators so purchasers, consumers, and others may compare the plans' performances in this area. The measurement adjusts body mass index data for age and sex, distinguishing between desirable growth and unhealthy weight gain.

### Grandparents Help Autistic Children

Grandparents play a key role in the lives of children with autism; one-third say they were the first to raise concerns about their grandchild's development, according to a survey from the Interactive Autism Network at the Kennedy Krieger Institute. The survey of more than 2,600 grandparents found that nearly 11% live in the same household as their autistic grandchildren, and another 46% live within 24 miles. Many had moved closer to help the grandchild's family manage the disorder. More than 70% said they played some role in treatment decisions, and about one-third said they provided some direct child care at least once per week. Many grandparents also said they contributed financially to treatment.

### House Approves Child Fitness Bill

School districts would be required, under a bill approved by the House, to post information on their Internet sites detailing the strengths and weaknesses of their physical education programs. The legislation, now referred to the Senate, also would require direct reports to parents on physical education for their children. The information would have to include the amount of time students spend in physical education classes, whether those classes follow a curriculum adhering to national Centers for Disease Control and Prevention guidelines or state guidelines, and descriptions of the facilities available for exercise. The reports also would need to include information on the importance of a healthy lifestyle in the learning environment.

### Reducing Minority Teen Pregnancy

New federal legislation would aim pregnancy prevention programs at teenagers in minority communities. The need there is great, according to Rep. Lucille Roybal-Allard (D-Calif.), who sponsored the legislation. More than half of Hispanic and African American teen girls will become pregnant at least once before age 20, she said. The Communities of Color Teen Pregnancy Prevention Act of 2010 (H.R. 5033) would expand the number of competitive federal grants available for teen pregnancy programs in minority communities. It would also offer grants for research into the prevalence and social causes of pregnancy and births among minority teens. "While addressing teen sexual behavior is complex, we know that an effective strategy to reduce teen pregnancy in minority communities involves sexual health education that takes into consideration cultural and linguistic differences," Rep. Roybal-Allard said in a statement.

—Jane Anderson