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President's Letter

Dear Colleagues,

The year 2020 brought new challenges that few of us anticipated and none of us want to relive. I deeply admire the many ways you not only overcame these challenges, but adapted to improve the care of children in the midst of crisis.

Unquestionably, with determination, innovation, and focus, you have saved lives.

As the articles in this annual report show, you adapted to the COVID-19 outbreak with telemedicine and house calls — or more accurately, driveway visits. You diagnosed, treated, and vaccinated children in parking lots. You found new ways to reassure families. And you monitored and treated mental health conditions brought about by the stress of disease, social unrest, isolation, boredom, and natural disasters.

I do not want to minimize the pain that has come with making these changes. Closed practices, inadequate protective equipment, reduced salaries, furloughed colleagues, and delayed or missed well-child care were all too common in 2020. Many of you risked your own mental and physical health looking after patients and families.

COVID-19 also exposed profound weaknesses in our medical system that were known to many, but amplified by the pandemic — specifically, pervasive health care inequities. Especially concerning were reports that by the end of July, 74% of the children in the United States who died from COVID-19 were Black or Hispanic.¹

Then, while COVID-19 sparked a greater awareness of health care inequities, George Floyd's death in May illuminated systemic racism and inspired widespread commitments to change.



ABOVE: Dr. Nichols in his home office

Despite the rapid change that was thrust upon us all in 2020, pediatricians have demonstrated our profession's highest ideals that will surely carry on into 2021.

I am optimistic that, together, we are adapting not just to survive this pandemic, but innovating in ways that will make the future healthier for everyone.

Sincerely,

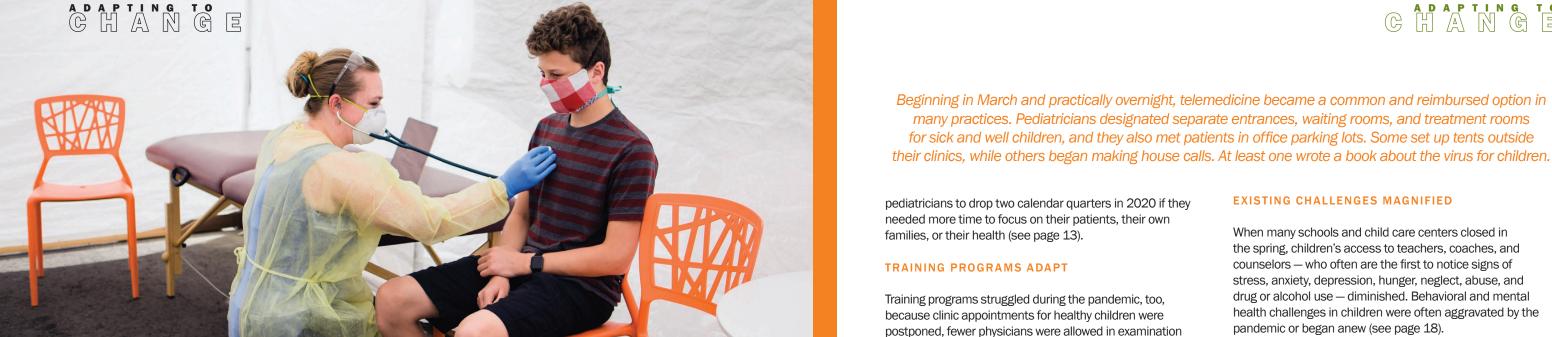
David G. Nichols, MD, MBA

President and CEO

1 Jenco M. CDC: 74% of children who died from SARS-CoV-2 are Hispanic, Black. AAP News. Sept. 15, 2020. https://www.aappublications.org/news/2020/09/15/pediatriccoviddeaths091520. Accessed Dec. 31, 2020.

ON THE COVER: Sapna Kudchadkar, MD, PhD, Associate Professor at Johns Hopkins University School of Medicine, was among the first 200 people in Maryland diagnosed with COVID-19. Her illness gave her deeper insights into what her patients were going through (see page 17).





ABOVE: Nurse practitioner Bryana Hinck checks a patient in Thrive Pediatrics' sick-child tent (see page 16).

2020 was a year of change, and the pediatric community responded.

Even after the World Health Organization declared a COVID-19 pandemic on March 11, the threat did not seem real to many people. Despite the rapid spread of the virus, many thought it could be controlled in a few weeks or months. The notion that a pandemic would last a year or longer — and radically change the way people around the world live, work, play, and even die — was difficult to imagine.

Yet, the pandemic did last all year, and the toll it took including lives and livelihoods — increased with each passing month.

By the end of the year, more than 2 million U.S. children tested positive for COVID-19 — about one out of every eight cases in the United States. Half of those positive cases were reported after Nov. 12.1 At the same time, primary care physicians across the country reported growing mental health needs, increased insurance fragility among their patients, staffing shortages, exhaustion, and inadequate protection and testing supplies.2

HEROES EMERGE

ADAPTING TO CHANGE

Amid the chaos, though, heroes emerged, from pediatricians working long hours to fight the pandemic to those who fought the virus in their own bodies (see page 17) to those who found innovative ways to adapt to the life-altering changes in their practices and communities (see page 14).

Beginning in March and practically overnight, telemedicine became a common and reimbursed option in many practices. Pediatricians designated separate entrances, waiting rooms, and treatment rooms for sick and well children, and they also met patients in office parking lots. Some set up tents outside their clinics, while others began making house calls. Some wrote books about the virus for children. And when fall came, many set up drive-through flu vaccination clinics.

Recognizing how much pediatricians were learning about the coronavirus and adapting their practices to accommodate the "new normal," the ABP automatically awarded continuing certification credit (see page 10).

In addition, the ABP added flexibility to MOCA-Peds, the online, non-proctored assessment platform, by allowing participating

EXISTING CHALLENGES MAGNIFIED

the spring, children's access to teachers, coaches, and counselors — who often are the first to notice signs of stress, anxiety, depression, hunger, neglect, abuse, and drug or alcohol use — diminished. Behavioral and mental pandemic or began anew (see page 18).

When many schools and child care centers closed in health challenges in children were often aggravated by the

ABOVE: Like many pediatricians, Dr. Steve Smith of Meridian, ID, began offering telemedicine appointments.

rooms, and some trainees or their families contracted COVID-19. Program directors were challenged to find ways to ensure high standards for quality medical education (see page 6).

Many residents and fellows at the end of their training had to postpone taking their initial certifying exams, due to test centers closing or the desire to avoid indoor spaces. In support, the ABP added flexibility with expanded registration periods and testing dates, refunds, and eligibility extensions (see page 9).

In addition, COVID-19 disproportionately affected people of color, heightening the public's awareness of health inequities. In May, when George Floyd died while in police custody, sadness and anger about systemic racism surged across the country, and the connection between racism and health inequities was solidified. These events spurred the ABP Board of Directors to commit to actively fight racism and eliminate health care inequities for all children (see page 20).

As challenging as 2020 has been, the ABP is proud to report how the pediatric community learned, adapted, and found innovative ways to care for their patients and each other.

- 1 American Academy of Pediatrics. Children and COVID-19: state-level data report. https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/ children-and-covid-19-state-level-data-report. Accessed Dec. 31, 2020.
- 2 The Larry A. Green Center. Quick COVID-19 primary care survey: series 24 fielded December 11–15, 2020. https://www.green-center.org/covid-survey. Accessed Jan. 31, 2021.

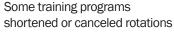




FROM LEFT TO RIGHT: Drs. Mary Smyth, Stacey Chittle Shubeck, Ashima Goyal, Kerry Mychaliska, and Meg Samberg

Be flexible. Be creative. Be persistent.

In 2020, these characteristics became the essential elements in pediatric training programs — not just for residents and fellows, but also for program directors and coordinators.



because of COVID-19. Parents and other caregivers postponed clinic appointments for healthy children. Often, the number of physicians who could have contact with a child was limited, so trainees were not allowed into hospital and examining rooms with patients. And some residents missed weeks of training because they were sick themselves or were caring for ill family members.

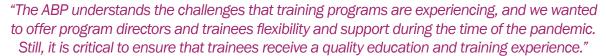
Program directors were challenged to find ways to maintain high standards for quality education and training amid these disruptions — without putting careers on hold or children's health at risk.



"Like everyone else, we had to move our educational conferences and morning reports to a virtual platform," says Nicole Shilkofski, MD, MEd, Associate Professor of Pediatrics, Vice Chair of Education, and Residency Program Director in the Department of Pediatrics at Johns Hopkins University School of Medicine. "But the biggest impact has been clinically."

Stacey Chittle Shubeck, MD, Director, Internal Medicine/ Pediatrics Residency Program and Section Head of Ambulatory Pediatrics at Beaumont Children's Hospital in Royal Oak, MI, agrees.

"Visits to our clinic plummeted," she says. "We switched to telemedicine early on, but still had far fewer visits than normal. Our ACGME [Accreditation Council for Graduate Medical Education] clinic number requirements are going to be a challenge this year for sure."



- SUZANNE WOODS, MD

Juggling residents' schedules was another huge challenge, says Dr. Chittle Shubeck.

"At the height of the pandemic, all available residents were pulled off pediatric rotations and internal medicine electives to work the [adult] inpatient floors," she says. "When COVID slowed down, I was then left to figure out how to adjust future schedules to ensure my fourth-year

residents could graduate and to make up for the rotations that all the other residents had missed."

During interviews about COVID-19 and other topics, residents told the ABP they had fewer opportunities than their predecessors to see patients. While the impact is greatest on first-year residents and medical students, even some third-year trainees had been excluded from going into rooms with attending physicians during rounds.

However, most residents also gained experience and training in telemedicine, building skills that are likely to be useful when they are practicing.

"They have to learn to use their powers of observation since they can't lay hands on a child," Dr. Shilkofski says. "We're lucky in pediatrics because often powers of observation are enough to determine whether a patient is sick or not. You can look at a rash [via video], for example. But there's no substitute for listening to a patient with a stethoscope. It's hard to assure yourself that you're evaluating a patient adequately."

Trainees who were interviewed said that, despite the pandemic, they had been exposed to a variety of patient and care experiences and felt well prepared for fellowships or general practice. They also acknowledged there may be



gaps in their training and noted it will be important to understand what the gaps are and find ways to fill them.

ACGME, the organization that accredits programs and sets the requirements for training, worked with individual institutions that needed flexibility in the core program requirements, explains Suzanne Woods,

MD, ABP Executive Vice President for Credentialing and Initial Certification.

The ABP allowed a reduction in the number of continuity clinics that a graduating resident was required to complete before qualifying to take the General Pediatrics Initial Certifying Exam. In addition, the ABP extended flexibility around the "Absences from Training" policy and worked with programs on behalf of individual trainees.

"The ABP understands the challenges that training programs are experiencing, and we wanted to offer program directors and trainees flexibility and support during the time of the pandemic," says Dr. Woods. "Still, it is critical to ensure that trainees receive a quality education and training experience. The care they provide to children and youth depends on that."

Most medical specialty and subspecialty training programs require trainees to spend a fixed amount of time on required rotations. Dr. Woods says, however, that the challenges and opportunities presented by the pandemic may persuade more programs to more fully embrace competency-based medical education (CBME), where the amount of time spent on a rotation could vary, depending on how long it takes the trainee to become competent.

Continued

"They have to learn to use their powers of observation since they can't lay hands on a child. We're lucky in pediatrics because often powers of observation are enough to determine whether a patient is sick or not. But there's no substitute for listening to a patient with a stethoscope."

— NICOLE SHILKOFSKI, MD, MED

Continued from page 7

David Turner, MD, ABP Vice President for Competency-Based Medical Education, says the pandemic has put CBME in the spotlight and helped the pediatric community think more creatively about what is possible for the education and assessment of residents and fellows.

"Because of the pandemic, many trainees had limited educational opportunities in some areas," Dr. Turner says. "These limitations led to challenges for programs directors in assessing the competence of their trainees in these areas and in making decisions regarding progression to the next level of training."

Rather than focusing exclusively on time spent in a given experience, CBME provides a different approach, he says. A CBME framework, including milestones and entrustable professional activities (EPAs), allows program directors to address training disruptions caused by the pandemic by assessing what a trainee knows and where weaknesses exist, irrespective of time spent on a specific rotation. CBME also can be used to facilitate development of individualized learning plans and curricula to fill educational gaps.

For more information on milestones and EPAs, see www.abp. org/content/milestones-and-epas.

UNCERTAINTY. **EXHAUSTION HARDEST** PART FOR TRAINEES. **FACULTY**

COVID-19 has made "uncertainty" the common condition in pediatric residency and fellowship programs.

"I am proud of the way my residents have handled this uncertainty," says Stacey Chittle Shubeck, MD, Director, Internal Medicine/Pediatrics Residency Program and Section Head of Ambulatory Pediatrics at Beaumont Children's Hospital in Royal Oak, MI. "They come to work every day wondering if they will get sick and, even worse, wondering if they will bring the virus home to their loved ones."



Youssef at drive-by graduation

ABOVE: Dr. Chittle Shubeck (right) with Dr. Christie

It is draining mentally and physically, leading to concerns about the mental health and resilience of trainees and faculty. says Nicole Shilkofski, MD, MEd, Associate Professor of Pediatrics, Vice Chair of Education and Residency Program Director in the Department of Pediatrics at Johns Hopkins University School of Medicine.

"All of us depend on socialization and feeling like 'we're all in this together'," she says. "Social isolation is being felt in spades by trainees. They're working in close quarters with people in the hospital, but often they're going home alone. There's no one to debrief with after work."

Dr. Chittle Shubeck says she worries about the long-term impact of stress.

"The residents worked long shifts and witnessed so many deaths," she says. "There was so much fear. It seemed so unfair to me that such young doctors were asked to work in these conditions."

Three of Dr. Chittle Shubeck's 18 residents were diagnosed with COVID-19. One was particularly ill, and both of his parents also were infected and hospitalized.

"The lowest point for my entire program came when this resident's father coded and passed away in our hospital," she says.

"After the code was called, I stood in that hallway, outside the door, taking in the war zone — health care workers

covered head to toe in full PPE [personal protective equipment], ventilators and medical equipment crowding the hallways. I looked at the faces of the nurses, attendings, and residents who had been involved in the care of my resident's father. The heartbreak and exhaustion were evident on every face. There was not a dry eye in the hallway. This had hit too close to home for all of us. It was truly the hardest moment of my career as program director."

Dr. Shilkofski agrees that the experiences from COVID-19 are life-changing.

"It's been a tough time for our country and world, but especially for people on the front lines," she says. "At the end of the day, around the world, this has brought us together as a medical community."

To Test or Not to Test...

Imagine you are finishing three years of training in a pediatric subspecialty. You have been preparing for months and are ready to take your initial subspecialty certification examination with the goal of becoming certified by the American Board of Pediatrics.

Then, just days before your testing date, you receive an email saying the exam has been canceled. Testing centers are closing; hospitals are filling up; people are going into quarantine.

The world is facing a pandemic.

On March 13, the ABP regretted having to notify exam candidates and pediatric program directors across the country that it was canceling all Adolescent Medicine, Child Abuse Pediatrics, Neonatal-Perinatal Medicine, and Pediatric Nephrology exams scheduled for spring 2020. The ABP said it would try to reschedule the exams in August, depending on COVID-19 risk.

Recognizing the pressures that examinees faced, the ABP quickly rescheduled the exams with added flexibility, making them available on four different days over three separate weeks in August instead of the typical single day at testing centers around the country. In the meantime, the testing centers enhanced their disinfection procedures and reduced the number of candidates in the centers to allow for physical distancing.

But as August approached, many areas of the country were seeing increasing COVID-19 cases.

Some candidates wanted the ABP to postpone the exams again. Others implored the ABP to not postpone the exams again. Both sides were vehement.

"It has been a constantly changing environment for months, and the ABP has tried to offer as much flexibility as possible," says Suzanne Woods, MD, ABP Executive Vice President for Credentialing and Initial Certification.



To support both sides, the ABP did not cancel the rescheduled exams, but allowed individual candidates to cancel their registration up to the day of the exam with a full refund. Those who were approved to take the exam and canceled on time also received a two-year extension of their exam eligibility two years because subspecialty exams are given every two years. About 19% of candidates canceled their registration.

The fall exams administered by the ABP — General Pediatrics, Pediatric Cardiology, Pediatric Critical Care Medicine, and Pediatric Pulmonology — also were not canceled, but candidates were allowed to withdraw prior to their exam date for a full refund. Those who were approved to take the exam and canceled on time received a one-vear extension of exam eligibility for the General Pediatrics exam or a two-year extension of exam eligibility for subspecialty exams.

Because of the uncertainty this year, the ABP also waived all late registration fees for 2020 exams to give candidates more time to decide the best plan of action for themselves. To learn how many candidates took each exam and the pass rates, see page 29.

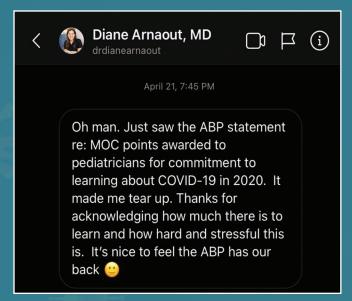
FLEXIBILITY ADDED TO PEDIATRIC HOSPITAL MEDICINE PRACTICE PATHWAY

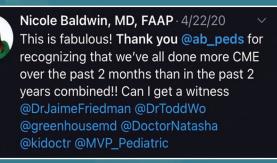
Due to challenges faced by many pediatricians during the COVID-19 pandemic, the ABP has added flexibility to the practice pathway for board certification in Pediatric Hospital Medicine (PHM).

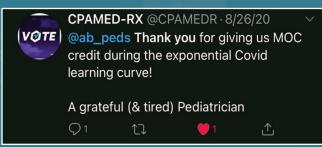
The "look-back window" — the period of time prior to the examination when a hospitalist must report hours — has been expanded. Because of the widespread practice disruptions during the pandemic, PHM candidates for the practice pathway now have the flexibility to select which four years of the expanded five-year window best reflect their practice.

For more details about Pediatric Hospital Medicine requirements, see www.abp.org/content/pediatric-hospitalmedicine-certification.

PEDIATRICIANS REACT TO COVID-19 MOC CREDIT

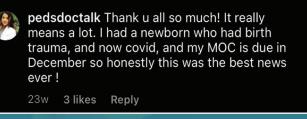




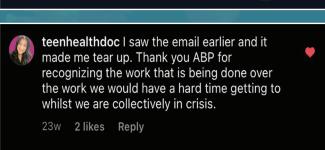












MOC Credit Automatically Awarded for COVID-19 Learning and Practice

In the spring of 2020, pediatricians across the country were facing extreme upheaval to their personal and professional lives due to the spread of the novel coronavirus. They had to learn about COVID-19 transmission, symptoms, and treatments, and many were adapting their office triage processes and switching to telemedicine, seemingly overnight.

To recognize their efforts, the ABP made the unprecedented decision to award Maintenance of Certification (MOC) points to all board-certified pediatricians. No action or documentation was required.

"We know pediatricians learned about the virus — how to identify it, how to treat patients that were symptomatic, and how to best prevent spread — at breakneck speed," says Keith Mann, MD, MEd, ABP Vice President for Continuing



Certification. "The adjustments they made in their practices to accommodate families and minimize risk of exposure for their patients and staff were examples of quality improvement at its best."

Pediatricians also were able to earn additional continuing certification credit for pandemic-related quality improvement work (MOC Part 4) by submitting a project application. Read more at www.abp.org/content/your-own-qi-project.

"The extraordinary dedication, service, and courage on display by board-certified pediatricians during this crisis are in the highest and best traditions of our profession," David Nichols, MD, MBA, ABP President and CEO, told pediatricians in an email. "Our intent is to support you in a shared mission of protecting the health of children during a global crisis."

Continued

"Thank you for recognizing the amount of time and effort that all of us are putting in right now to provide care for the children in our communities. We are seeking out the newest information and updates to policies and appropriate procedures throughout the day and night. We are researching ways to protect ourselves, our staff members, our patients, and our own families in this unprecedented outbreak. It's stressful, but it has led to many great conversations with others in the same battle as we seek advice from our fellow pediatricians. We are learning something new every day and we will be better for it in the days to come!"



— HEATHER BRANDON, MD, GENERAL PEDIATRICIAN, PEDIDOCS, SAN ANTONIO, TX

Continued from page 11



"Thank you for your words of support. They mean a lot at this time. In NYC we are in the epicenter of the epidemic in the U.S., and pediatric intensivists are covering one of the MICUs in our hospital. Our services have extended beyond pediatrics."

- SHARON DIAL, MD, PEDIATRIC CRITICAL CARE MEDICINE, HOSPICE AND PALLIATIVE MEDICINE, AND GENERAL PEDIATRICS, NORTHWELL HEALTH, NEW YORK, NY

"I was so moved by your act of generosity and kindness. How true it is that we physicians have all been scrambling to read every bit of information available on this challenging virus. The treating physician battled this virus like a seasoned soldier, maneuvering and altering tactics depending on the direction of the enemy's attack. I have never been so proud of our profession and am ever so grateful to be in very good company."



- M. EVELYN RODRIGUEZ-ZIERER, MD, GENERAL PEDIATRICS, SUMMIT MEDICAL GROUP, PARAMUS, NJ



"Thank you for realizing that many of us are at a breaking point, and yet we continue to be committed to our patients and will serve to our uttermost. Thank you so much for acknowledging the time and effort pediatricians across the country are pouring into keeping up with COVID-19 updates and literature and adjusting daily practice in a myriad of ways to keep children safe and healthy."

- SUZANNE SNYDER, MD, GENERAL PEDIATRICS, WESTERVILLE, OH

"Pediatricians take care of 'the whole picture,' child and family. We are an amazing group of doctors, and yet being a pediatrician and a caregiver of our own children and parents is extremely challenging. I am proud and grateful that the ABP recognizes this and actually does something about it! We are all living quality improvement right now."



- LORI OPENSHAW, MD, GENERAL PEDIATRICS, SEA VIEW PEDIATRICS, IRVINE, CA

Changes to MOCA-Peds

MOCA-Peds, the ABP's online, non-proctored assessment platform, continued to evolve in 2020 by including four additional pediatric subspecialties and adapting to the realities of the COVID-19 pandemic with even more flexibility.

The pediatric subspecialties added to the MOCA-Peds lineup in 2020 were Developmental-Behavioral Pediatrics, Neonatal-Perinatal Medicine, Pediatric Nephrology, and Pediatric Pulmonology. Previously launched in 2019 were General Pediatrics, Child Abuse Pediatrics. Pediatric Gastroenterology. and Pediatric Infectious Diseases.

Then, COVID-19 struck. Recognizing that the daily lives of nearly every pediatrician had been impacted by the virus, the ABP announced it would add more flexibility for pediatricians participating in MOCA-Peds to fulfill their Maintenance of Certification (MOC) Part 3 requirement. The ABP will automatically drop up to two quarters from 2020 if the scores from those quarters have a negative impact on a pediatrician's final scaled score. This is in addition to the four lowest-scored quarters in each MOCA-Peds five-year cycle that the ABP already drops before calculating final scores.



"We made this announcement in April because we wanted to give pediatricians the option of unplugging from MOCA-Peds during the pandemic while they needed to concentrate their energies elsewhere," says Linda Althouse, PhD, ABP Vice President for Assessment. "And we wanted to make sure no one was penalized during these extraordinary circumstances."

As expected, the MOCA-Peds participation rate during the first quarter of 2020 was

lower than usual, but by the end of the third guarter, participation was back to typical rates.

As before, those who choose to not participate at all still have the option of taking a proctored exam at a secure testing center every five years. And those who do not meet the MOCA-Peds passing standard during the first four years of their cycle also may take the proctored exam to meet their MOC Part 3 requirement.

More information on MOCA-Peds — including video tips and tutorials, exam content, frequently asked questions, and when additional subspecialties will be rolled out is available at www.abp.org/mocapeds.

WHEN WILL MOCA-PEDS BE AVAILABLE FOR YOU?

Log in to your ABP Portfolio to find out when you can start. Your eligibility depends on a combination of when your MOC cycle ends and the launch dates below.

LAUNCH DATE	PRACTICE AREAS	
2019	General Pediatrics, Child Abuse Pediatrics, Pediatric Gastroenterology, Pediatric Infectious Diseases	
2020	Developmental-Behavioral Pediatrics, Neonatal-Perinatal Medicine, Pediatric Nephrology, Pediatric Pulmonology	
2021	Pediatric Critical Care Medicine, Pediatric Endocrinology, Pediatric Hospital Medicine, Pediatric Rheumatology	
2022	Adolescent Medicine, Pediatric Cardiology, Pediatric Emergency Medicine, Pediatric Hematology-Oncology	





ABOVE: Dr. Greg Gulbransen (left) from Oyster Bay, NY, after performing a swab test to see if his patient had COVID-19

ON THE ROAD, ON THE PHONE, UNDER A TENT— Pediatricians Innovate for Patients

Few pediatricians had planned for a worldwide pandemic before the novel coronavirus led to quarantines and social distancing in March. But suddenly, without much warning, the world changed. Parents feared bringing their children to pediatric appointments, yet the need for sick and well-child care continued. And pediatricians responded — with amazing resourcefulness.

ON THE ROAD

General pediatrician Greg Gulbransen, MD, practices on Long Island in New York — close to the epicenter in the early days of the pandemic. COVID-19 had hit New York City with a vengeance, and Dr. Gulbransen sprang into action.

"It was scary, but it was also an amazing time to be a doctor," he says. "I'm so proud of all of us for hanging in there doing what we had to do. I'm proud that I'm a pediatrician, and that I was able to serve the community."

Dr. Gulbransen's patient load exploded during the height of the pandemic in New York. Not only did he gain about 30 families who temporarily relocated to Long Island from Manhattan, but he also saw patients from other practices that closed, including some adults who had no other options.

"Lots of offices closed because the numbers were so high," he says. "Everybody knows someone who died, and people were so petrified. Anyone who wanted to come in, we saw them."

He also made house calls to keep children out of emergency rooms where COVID-19 patients were being seen. When a 3-year-old patient dislocated her arm, he told her parents to meet him on their front lawn where he popped the girl's joint back in place.

"It is a very easy thing to do, but it made a huge difference for them," he said. "I really wanted to keep everybody out of the ER."

The pediatricians at Fairfax Pediatric Associates in Virginia, concerned about the potential consequences of a decrease in well visits, also made house calls, traveling up to 15 miles from any clinic location to give vaccinations and screen for developmental and behavioral issues. The team rented and equipped a van to take the office to their patients for well-child checkups and vaccinations.

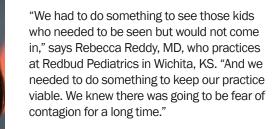
"A reduction in well visits also means a reduction in vaccinations," says Sandy Chung, MD, who also was president of the Virginia Chapter of the American Academy of Pediatrics (AAP) in 2020. "The response has been tremendous, and families are incredibly grateful."



Dr. Sandy Chung

ON THE PHONE

Nearly overnight, many practices that had never seen patients via video were providing telemedicine. An American Medical Association (AMA) survey shows that before the pandemic, about 20% of practices used telemedicine, but within months, the use of telemedicine surged to 77% of practices.1



Dr. Reddy says she has discovered some hidden benefits to telemedicine, such as being able to see the child's home environment. For example, she can caution

parents of children with asthma if she sees doors or windows open during pollen season.





LEFT: Pediatric nurse practitioner Melodie Wuorinen (left) greets a patient in Fairfax Pediatric Associates' well-child van. RIGHT: Dr. Brandon Taylor masks up for a well-child checkup in Idaho.

1 American Medical Association. Physician survey details depth of pandemic's financial impact. www.ama-assn.org/practice-management/sustainability/physician-surveydetails-depth-pandemic-s-financial-impact, Accessed Dec. 17, 2020.

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G A D A P T I N G T O

Continued from page 15





LEFT: Dr. Rebecca Reddy (center) from Wichita, KS, with colleagues Kally Richardson (left) and Katrina Hinds (right) RIGHT: Piedmont Pediatrics' video is styled as a "silent" film.

UNDER A TENT

In Meridian, ID, Thrive Pediatrics also recognized the need to adapt to ease fears.

"Our office is on the second floor," says Steve Smith, MD. Sick patients and well patients used the same small elevator. and the medical team thought disinfecting the office was not enough. "We saw a need to keep the germs downstairs."





parents to not just hear or read what precautions they had implemented," says Gracie Stelies, the parent of a newborn and toddler. "but actually watch how well visits and sick visits would be exercised. It was filmed in the hallways we recognize and acted out by the friendly faces of doctors and nurses we know and trust."

"The video allowed all of the

The video, created before Soon, Dr. Smith and the practice's other pediatrician, Virginia's statewide mask mandate, can be viewed at bit.ly/ Brandon Taylor, DO, set up a full clinic in a tent in their parking piedmont-video. lot to see and treat sick patients, leaving the second-floor office open for well-child visits (see photo on page 4).

Children loved the idea and soon dubbed them "the camping doctors."

WHAT TO EXPECT

When the pediatricians at Piedmont Pediatrics in Charlottesville, VA, saw visits to their practice drop about 70% in March, they began screening patients over the phone and meeting parents in the parking lot, in addition to making other practice changes. To help parents understand the new safety precautions, they created a short, entertaining video to show parents exactly what to expect.

FLU SHOTS IN THE FALL

To prevent the double threat of both influenza and COVID-19 in the fall, pediatricians looked for new solutions.

Jocelyn Schauer, MD, from Piedmont Pediatrics, says their entire staff developed a "Flu-Thru" (drive-thru) influenza vaccine clinic. During one Saturday morning session, they vaccinated more than 380 patients with almost no wait times.

"The 'Flu-Thru' was such a success that COVID or no, we want to keep doing it this way," Dr. Schauer says.

Illness Increases Empathy with Patients

Sapna Kudchadkar, MD, PhD, has unprecedented insight into what her patients with COVID-19 are going through; she was one of the first 200 people in Maryland to contract the virus. Her symptoms started in March about a week after the World Health Organization declared a pandemic. Dr. Kudchadkar is an Associate Professor at the Johns Hopkins University School of Medicine and works in the pediatric intensive care unit (PICU). At the time, none of the children in the PICU had been diagnosed with COVID-19, and the medical staff was working hard to protect patients from exposure. However, they didn't yet realize what they needed to do to limit their own



ABOVE: Dr. Sapna Kudchadkar with her son Kishen (15), daughter Asha (12), and husband Raj.

exposure. She spent 14 days isolated in a bedroom at home, interacting with her family only through electronics. She experienced significant fatigue, weakness, and muscle aches, along with a cough, sore throat, and fever. And her illness was not considered severe.

When she was cleared to go back to work, she was able to empathize with patients in a new way, understanding not only their symptoms (especially weakness and deconditioning), but also the despair of isolation.

She describes her experiences in a video interview with ABP President and CEO David Nichols, MD, MBA, on the ABP blog (blog.abp.org).

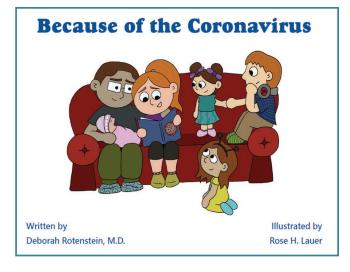
Helping Children Understand COVID-19

A pandemic is scary for everyone, but especially for young children who don't understand why they can't play with their friends or visit their grandparents. Deborah Rotenstein, MD, a board-certified pediatric endocrinologist, believes that part of a pediatrician's role is to help patients feel safe and cared for. To that end, she has written a book to explain the coronavirus to preschoolers.

Before the pandemic, Dr. Rotenstein had planned to travel to Israel to visit her granddaughter, then 3½ years old, to celebrate both Passover and the birth of the child's sister. She wrote the book to explain to her granddaughter why she could not visit.

"The virus is a hard concept for children to understand, and children need reassurance," she says. "They deserve to understand as much as they can about it."

Dr. Rotenstein uses the book in her practice at Allegheny Health Network in Pittsburgh, PA, and encourages parents and pediatricians to use it as a "jumping off point" for conversations about the virus with their children.



The book can be downloaded from the "Because of the Coronavirus" Facebook page at facebook.com/ BecauseoftheCoronavirusBook. Dr. Rotenstein also is featured on the ABP blog (blog.abp.org), narrating her book.



"Going into 2020, we already knew we were in a mental health crisis, with escalating rates of anxiety and depression among children, adolescents, and young adults. Today, experts are documenting a 'second wave' of challenges with COVID-19, not related to the physical consequences of the virus, but the emotional, financial, social, and educational consequences." - LAUREL LESLIE, MD, MPH

On top of the pandemic, children also see and feel the impact of racial injustice and social unrest. They heard vicious political debates and ads. They heard reports of wildfires out of control in the western United States and a nearrecord number of hurricanes hitting land in the eastern United States - and many children live in areas affected by these natural disasters.

Yet, in a recent survey of pediatric residents, only one in three self-reported high competence in behavioral and mental health assessment skills and only one in five self-reported high competence in treatment.²

To help pediatricians build their skills in diagnosing and treating behavioral and mental health issues, the ABP provides several Maintenance of Certification (MOC) resources (see sidebar).

Board-certified pediatricians also are working to make a difference by sharing their stories about how to help children with behavioral and mental health challenges.

For example, Kristin Sohl, MD, a pediatrician at the University of Missouri Health Care system, founded ECHO Autism, a virtual learning network of providers. The network offers realtime access to autism and behavioral experts and MOC credit for meaningful participation. She shared her story in the ABP blog (blog.abp.org) with Keith Mann, MD, MEd, ABP Vice President for Continuing Certification.

Eugenia Chan, MD, MPH, Assistant Professor of Pediatrics at Harvard Medical School and an attending physician in the Division of Developmental Medicine at Boston Children's Hospital, spoke with Dr. Leslie in October about the role of quality improvement (OI) in developmental-behavioral pediatrics and addressing stigma in mental health care.

Video conversations with Drs. Sohl and Chan and related MOC projects can be found on the ABP blog at bit.ly/sohlautism and bit.ly/chan-qi. Additional behavioral and mental health resources during the coronavirus pandemic can be found at bit.ly/covid-bmh.



- 1 Norris T, Well Being Trust. Framework for Excellence informing COVID-19 response to flatten the 2nd curve and lay a foundation for long-term recovery. www.wellbeingtrust.org/ news/flattening-the-2nd-curve, Accessed Dec. 17, 2020.
- 2 Green C, Leyenaar JK, Turner AL, Leslie LK. Competency of future pediatricians caring for children with behavioral and mental health problems. *Pediatrics* Jul 2020, 146 (1) e20192884; doi: 10.1542/peds.2019-2884.

MAINTENANCE OF CERTIFICATION (MOC) RESOURCES

MOC Part 2 Self-Assessments:

Emotional Health and Resilience for Patients and Families with Chronic Pediatric Conditions: Adolescent Substance Abuse; Attention Deficit and Hyperactivity Disorder; Youth Suicide Prevention (in ABP Portfolio)

MOC Part 2 Question of the Week:

Targeted questions on mental health and racism (www.abp.org/content/question-week-qow)

MOC Part 4 Performance Improvement Modules:

Developmental and Behavioral Screening; Initial Diagnosis of Attention Deficit Hyperactivity Disorder; Follow-up Care of Pediatric Patients with Attention Deficit Hyperactivity Disorder: Screening for Adolescent Depression (in ABP Portfolio)

MOC Part 4 Exemplar Projects:

Examples of outstanding quality improvement (QI) projects that pediatricians can adapt to their practice (blog.abp.org)



ABOVE: A virtual ECHO Autism classroom

While the COVID-19 pandemic has caused health care chaos in many parts of the United States and world, another lessvisible epidemic has been brewing under the surface for decades: the behavioral and mental health crisis among children and adolescents.



Dr. Leslie notes that parents, already stressed due to the pandemic, may not personally have the emotional capacity or time to work, facilitate education, and help their

'second wave' of challenges

with COVID-19, not related to

the physical consequences of

educational consequences."1

the virus, but the emotional,

financial, social, and

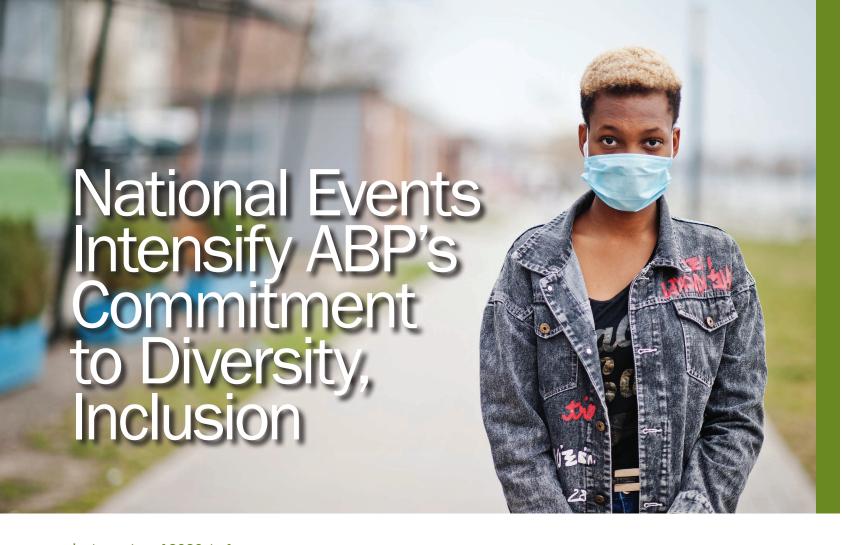
children cope. Other adults who have provided support for families in the past, including teachers, guidance counselors, after-school program mentors, and sports coaches, are less available when schools operate remotely.

"Going into 2020, we already

knew we were in a mental health crisis, with escalating rates of anxiety and depression among children, adolescents, and young adults," says Laurel Leslie, MD, MPH, ABP Vice President for Research. "Today, experts are documenting a

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In the spring of 2020, before George Floyd died under the knee of a Minneapolis police officer, the U.S. public had already heard that Black people were disproportionately affected by the novel coronavirus.¹ Pediatricians who have seen health inequities in their patient populations for years — due to the social determinants of health (SDOH) or systemic racism — were not surprised.

"Health disparities are driven by social disparities," says board-certified pediatrician Elizabeth "Betsey" Cuervo Tilson, MD, MPH. Dr. Tilson is the State Health Director and Chief Medical Officer for North Carolina's Department of Health and Human Services. "Social distancing is a privilege. Many people on the front lines, working in grocery stores or meatpacking plants, can't work from home."

Other factors that can contribute to the increased burden of COVID-19 and other health issues on minority populations include dense living arrangements, multigenerational households, access to transportation and nutritious foods, environmental pollution, underlying health conditions, health care access and utilization, and income, wealth, and education disparities.²

When the video of George Floyd's death surfaced, widespread protests ensued. The unnecessary loss of human life, when combined with the trauma and known inequities of COVID-19, brought even more attention to the chronic and systemic racism that can cause social and health inequities.

These events and the relationship between racism and health inequities spurred the ABP to strengthen its previous commitment to diversity and inclusion (see the ABP strategic plan at www.abp.org/content/policies). "The ABP's mission of advancing child health will succeed only if we work to improve health outcomes for all children," says David Nichols, MD, MBA, ABP President and CEO.

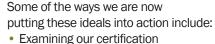
WOVEN INTO THE ABP'S MISSION, PRINCIPLES, AND STRATEGIES

Prior to the events of 2020, the ABP was already on a path to promote diversity, equity, and inclusion (DEI) by:

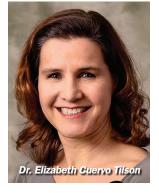
- Seeking and respecting diverse backgrounds, experiences, and perspectives in our volunteers that serve on our boards, subboards, and committees;
- Promoting under-represented minorities in academic pediatrics;
- Adding race/ethnicity questions to surveys for future analyses of the pediatric workforce and potential exam bias; and
- Convening stakeholders and promoting the launch of a learning

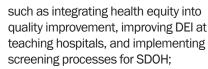
health network focused on sickle cell disease (see story at www.abp.org/news).

But simply promoting diversity and inclusion was not enough. The ABP Board of Directors decided it was time to actively fight racism in children's lives and eliminate racial disparities in health care (see below).

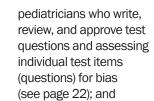


- policies and procedures to identify unintended biases and make changes if appropriate;
 • Embedding the topics of DEI in exam
- Embedding the topics of DEI in exam questions and in Maintenance of Certification activities;
- Convening meetings to explore topics





- Making plans to include DEI requirements in entrustable professional activities (EPAs);
- Strengthening our bias prevention training materials for volunteer



 Focusing on our internal procedures and relationships by surveying staff, engaging a DEI and racism consultant, observing Juneteenth to commemorate the end of slavery in the United States,

sharing personal experiences with racism, collecting educational resources for staff, and conducting an independent analysis of bias in salary structure.

"While we work to help the pediatric community overcome health inequities, we have an obligation to lead by example," says Dr. Nichols.

COVID-19 CASES, HOSPITALIZATIONS, AND DEATHS BY RACE/ETHNICITY

RATE RATIOS COMPARED TO WHITE, NON-HISPANIC PEOPLE	American Indian or Alaska Native, Non-Hispanic People	Asian, Non-Hispanic People	Black or African American, Non-Hispanic People	Hispanic or Latino People
CASES	1.8x higher	0.6x higher	1.4x higher	1.7x higher
HOSPITALIZATION	4.0x higher	1.2x higher	3.7x higher	4.1x higher
DEATH	2.6x higher	1.1x higher	2.8x higher	2.8x higher

ABOVE: COVID-19 data illustrate higher incidence rates for Indigenous, Asian, Black or African American, and Hispanic or Latino people when compared to white people. Source: CDC.³

STATEMENT RELEASED BY THE ABP BOARD OF DIRECTORS IN JUNE

Racism is life-threatening and life-ending. As pediatricians, we see its pernicious effects on newborns and children of color and their families. In this moment of national mourning and anger over the lethal effects of racism, the American Board of Pediatrics pledges to do its part to fight racism in children's lives. In particular, we commit to working with others to eliminate racial disparities in health care. Surely, better days are ahead when all children can grow up with the same expectation of safety, health, and opportunity, regardless of skin color.

- 1 Gold JA, Wong KK, Szablewski CM, et al. Characteristics and clinical outcomes of adult patients hospitalized with COVID-19 Georgia, March 2020. MMWR Morb Mortal Wkly Rep. 2020 May 8;69(18):545-550. doi: 10.15585/mmwr.mm6918e1.
- 2 Centers for Disease Control and Prevention. COVID-19 racial and ethnic health disparities. Updated Dec. 10, 2020. https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html. Accessed Dec. 31, 2020.
- 3 Centers for Disease Control and Prevention. COVID-19 hospitalization and death by race/ethnicity. Updated Nov. 30, 2020. https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html. Accessed Dec. 31, 2020.





Preventing and Exploring Bias in Examinations

For years, the ABP has actively worked to diversify the membership of our committees and subboards. A more diverse group of volunteers will help ensure that pediatric exams are unbiased. But we also know that guarding against implicit (unconscious) bias requires a clear and ongoing prevention and evaluation strategy.

To help prevent implicit bias in exams, the ABP introduced training materials that focus on preventing content in our exams that may lead to bias. These training materials have been

provided to the pediatrician volunteers who write, review, and approve exam items (questions). And in 2020, the ABP also began an additional process to evaluate individual exam items for bias.

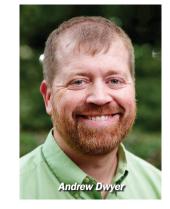
BIAS PREVENTION

Bias prevention activities at the ABP take place in three steps. First, the item-writing training module, for volunteers who are new to the item-writing process, includes a section about checking for bias in questions or language that could be considered offensive or culturally inappropriate. Volunteers are instructed to check each item they write with a series of questions adapted from Hambleton and Rogers.1 The questions help item writers screen for racial favoritism, stereotypes, and inaccessible language.

Next, these instructions are reviewed again when the volunteers meet in person to review and evaluate exam items. Then, the medical editors review the items a final time, again screening for insensitivity or bias.

ITEM ANALYSIS AND EVALUATION

To further ensure unbiased exams, the ABP convened and trained a Bias and Sensitivity Review (BSR) Panel in 2020 to



analyze exam items in the General Pediatrics Initial Certifying Exam — after the exam was administered in the fall. The ABP staff and volunteers wanted to identify exam items in which one racial/ethnic group or one gender performed significantly different than another, after controlling for overall knowledge.

The BSR Panel consists of 11 general pediatricians, selected to reflect the racial/ ethnic and gender demographics of the pediatric workforce, along with two nonphysicians. All have expertise in bias, sensitivity, equity, and inclusion.

First, the ABP staff flagged items in the 2020 exam that had a statistically different performance per group. Flagged items were then reviewed by the BSR Panel to identify specific content within these items that might have contributed to the observed performance differences. Items that were deemed to be problematic were removed from scoring (i.e., not counted toward a test taker's overall score).

To ensure this successful process, the ABP had conducted a pilot analysis in the spring of 2020, using data from the 2019 General Pediatrics Initial Certifying Exam. These data were reviewed by a subset of General Pediatrics Exam Committee members who recommended convening a BSR Panel for future review of potentially biased exam items.

"We have been encouraged to find that, based on these preliminary studies, item bias does not appear to be a major problem for our exams," says Andrew Dwyer, PhD, ABP Director of Psychometrics. "We will, however, continue to evaluate and monitor future exams for potential bias, and we will continue to improve our detection and prevention methods."

1 Hambleton R, Rogers J. Item bias review. Practical Assessment, Research, and Evaluation. 1994 Vol. 4, Article 6. doi: 10.7275/jymp-md73. https://scholarworks.umass.edu/pare/vol4/iss1/6. Accessed Dec. 31, 2020.

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— ANDREW DWYER, PHD

Engagement, Connections Guide ABP Improvements

To achieve its goal of continuous learning and improvement, the ABP frequently engages with pediatricians. trainees, and others to collect ideas and insights to make certification more relevant to both physician and patient.

"We see immense value in strengthening our connections with pediatricians - and learning from them how we can improve," says Laurel Leslie, MD, MPH, ABP Vice President for Research.

Dr. Leslie and her team coordinate the surveys that pediatricians take after completing an examination, enrolling in another certification cycle, or contacting the ABP's Support Center. They also engage with user panels (a focus group that meets several times) of practicing pediatricians. To ensure objectivity, the ABP's user panel discussions are conducted and summarized by RTI International, an independent research firm. Survey and user panel insights are then used to improve the certification process.

In January 2020, before travel became restricted due to the coronavirus, the 27 certified pediatricians comprising the yearlong Continuing Certification Stakeholder Advisory Panel met in North Carolina for a full day of activities.





TOP: Pediatricians meet in person before all ABP meetings are moved online. BOTTOM: Dr. Anthonia Emezie participates in the ABP Continuing Certification Stakeholder Advisory Panel.

Coming from 21 states and provinces across the United States and Canada, they were a mix of urban and rural practitioners from both private practices and universities, and they represented all age groups, multiple races and ethnicities, and general pediatricians as well as subspecialists.

"Our January session focused primarily on the processes and requirements for maintaining certification," says Keith Mann, MD, MEd, ABP Vice President for Continuing Certification. "The pediatricians and pediatric subspecialists on the user panel had a number of great ideas, some of which we plan to integrate into continuing certification in the future."

The panel also met virtually, but in several smaller groups, in the summer and fall. In those sessions, the panelists answered questions to help guide the ABP's communications with pediatricians. They gave suggestions for improving the ABP Support Center, public website, ABP Portfolio, and email communications.

"Participating in the ABP's Continuing Certification Stakeholder Advisory Panel was an incredible opportunity to be heard, to contribute, and to offer solutions to

strengthen the ABP's existing policies and communications," says Sonal Chandratre, MD, a board-certified pediatric endocrinologist from Wisconsin. "In my mind, like many other pediatricians, the ABP was simply a certification body. But now I know that the ABP is made up of wonderful, warm-hearted people who are invested in making the ABP and its stakeholders stronger! To sum up my feelings in three words after this experience: The ABP cares!"

Pediatricians who would like to be considered for future user panels or focus groups or would like to participate in virtual usability testing may apply at www.abp.org/volunteer.

Advancing Competency-Based Medical Education

Carol Carraccio, MD, MA, is a giant in the world of competency-based medical education (CBME), which focuses on assessing the readiness of trainees to advance to practice or fellowship.

Dr. Carraccio, former Vice President for CBME at the ABP. retired in June after nine years at the ABP and more than 30 years in pediatric education.

David Turner, MD, who succeeded Dr. Carraccio in September, says his mentor casts a big shadow.

Dr. Carraccio, who spent 26 years at the University of Maryland School of Medicine before joining the ABP, is credited with being one of a handful of leaders worldwide whose vision has advanced CBME and is changing the way training programs assess residents and fellows. A key element of CBME is to advance learners based on knowledge and skills instead of focusing exclusively on the amount of time they have spent in training programs.

"I feel fortunate to be able to say that my work was truly a labor of love," Dr. Carraccio says, "and I am grateful to the pediatrics community for their support in advancing competency-based learner assessment."

Her contributions have been lauded by all major education and pediatric





organizations. In addition to receiving the 2020 John P. Hubbard Award presented by the National Board of Medical Examiners, Dr. Carraccio also has received the:

- · American Academy of Pediatrics' Education Award:
- Accreditation Council for Graduate Medical Education's Parker J. Palmer Courage to Teach Award:
- · Association of Pediatric Program Directors' Walter W. Tunnessen Jr., MD, Award; and
- Federation of Pediatric Organizations' Joseph St. Geme, Jr., Leadership Award.

"No one I know in medical education or pediatrics matches this record of accomplishment," says ABP President and CEO David Nichols, MD, MBA. "Her inspiring passion and innovative spirit have changed the direction of medical education."

Dr. Turner says he feels fortunate to have worked closely with her over the years. After only a few months at the

ABP. Dr. Turner has seamlessly continued the ABP's CBME efforts through proposing additional CBME research, engaging with the pediatric education community regarding next steps, and planning for broader CBME implementation. With ABP Board of Directors' approval, he also established a new ABP committee focused on CBME efforts. The committee of

volunteers will begin meeting in 2021.

"My vision for CBME as we move toward implementation is creating a thread that weaves through the fabric of almost all of our ABP programs," Dr. Turner says.

Before joining the ABP, Dr. Turner served in a wide range of education and leadership roles in the Duke University Department of Pediatrics and Health System and was most recently the Associate Director of Graduate Medical Education and Section Chief of Pediatric Intensive Care. He is board certified and maintaining certification in General Pediatrics and in Pediatric Critical Care Medicine.

Dr. Nichols is confident that Dr. Turner has the experience, knowledge, and enthusiasm for the job.

"David has a strong background in research and experience in competencybased medical education." Dr. Nichols says. "He is well suited to enhance the implementation of CBME within the medical education community."

"My vision for CBME as we move toward implementation is creating a thread that weaves through the fabric of almost all of our ABP programs." — DAVID TURNER, MD



PVM Fellow Turns Problems into Projects

Ouality improvement (OI) has made an optimist of Ulfat Shaikh, MD, MPH, MS.

"It makes you a problem solver," she says, "instead of someone who gets disheartened by every little problem that comes your way."

Dr. Shaikh is a Professor of Pediatrics at the University of California (UC) Davis School of Medicine, and Medical Director for Quality at UC Davis Health. She was awarded the ABP 2020 Paul V. Miles (PVM) Fellowship in recognition of her contributions to improving the quality of health care for children. The focus of her work is designing, implementing, and evaluating health system improvement methods across a range of health care settings to improve health care delivery and, subsequently, outcomes.

In October, Dr. Shaikh met virtually with the ABP staff and discussed how to apply lean principles to improve daily work. She also held grand rounds virtually — at the Duke University and University of North Carolina at Chapel Hill medical schools.

Lean principles are at the heart of her QI efforts, she says.

"The underlying principle is the elimination of all nonvalue-adding activities or waste from the point of view of the patients and families we serve," she says. "The focus is not about cost reduction, although the results often do reduce costs. It is about finding better ways to do things so that they require less effort, less time, and fewer resources."

Dr. Shaikh is passionate about teaching QI principles and coaching medical professionals through QI projects.

She encourages physicians to turn their problems into OI projects that will make the processes better for the next person or better for themselves when they see their next patient.

The ABP established the PVM Fellowship in 2013 to honor Paul V. Miles, MD, for his years of service as Senior Vice President for Maintenance of Certification and Quality Improvement. The fellowship is awarded annually to a board-certified pediatrician or pediatric subspecialist who has demonstrated excellence in improving the quality of care for children.

For a list of previous PVM Fellows, visit www.abp.org/foundation/honors.



ABOVE: Dr. Glenn celebrates on a 14-mile hike with a 2,600-foot elevation change in Glacier National Park in Montana. "Hiking reminds me that anything really is possible," he says.

Cardiology Patient Becomes Pediatric Cardiology Fellow

When Thomas Glenn was born in 1990 with hypoplastic left heart syndrome (HLHS), his parents were given two choices — make him comfortable until he died or have the first of three open-heart surgeries. However, the physicians warned, the few infants who had survived surgery for HLHS had not lived long enough to go home.



"No one can go through their life with a chronic illness alone. I realized very early in my young adult life that I needed to build a community of people around me that would help me get through the difficult times and be there to enjoy the good times with."

— THOMAS GLENN, MD

His parents chose surgery.

"I'm now 30 years old, and over 26 years have passed since my last open-heart surgery. I have been fortunate enough to live a nearly normal life, and I'm now a board-certified pediatrician and currently a second-year pediatric cardiology fellow," he says.

Dr. Glenn presented the 8th Annual Stockman Lecture in October at the American Academy of Pediatrics (AAP) National Conference and Exhibition. He told the physicians who watched his virtual lecture that they can make a huge difference in how resilient their patients are. He credits a pediatric cardiologist with encouraging him to believe he could pursue as normal a life as possible.

"She dedicated most of my first visit with her to talking to me as a person," he says, "asking me how I was doing, rather than just skipping to the results of the stress test or the echo [cardiogram]."

His cardiologist asked about his dreams and encouraged him to set goals.

"For me, this was huge," he says. "It presented this new feeling of motivation and drive that I still wear on my shoulders to this day."

Many children with HLHS are bullied by others because they cannot participate in sports and other physical activities, Dr. Glenn says. Many are anxious and depressed as they deal with uncertainty about how long they will live.

"Mental health issues remain the elephant in the room for individuals living with any chronic illness," he says.

Support from family and medical teams can help a patient be more resilient, he says.

"No one can go through their life with a chronic illness alone," he says. "I realized very early in my young adult life that I needed to build a community of people around me that would help me get through the difficult times and be there to enjoy the good times with."

He encourages pediatricians to help their patients and families find resources that will support them.

An excellent resource, he says, is the Roadmap Project, sponsored by the ABP

Foundation and administered by the Learning Networks Program of the Anderson Center for Health Systems Excellence (www.abp.org/foundation/roadmap).

Dr. Glenn also encourages pediatricians to help patients transition to adult care when the time is right.

The transition is easier, he says, when patients understand and take ownership of their care, which pediatricians are in the best position to encourage.

"By the time I was 14," he says, "I was expected to know the names, dosages, and times of all my medications. I knew the name of my cardiac lesion and could explain what it actually meant."

He doesn't tell all of his cardiac patients about his own diagnosis because sometimes it is best to separate his personal and professional life. Still, many know from his social media posts and his work with the National Pediatric Cardiology Quality Improvement Collaborative.

"When parents get blindsided with the diagnosis at 25 weeks of pregnancy, they usually go to the internet," he says. "Eventually, they find social media pages of people living with HLHS. If a mom or dad sees people who are 25 or 30, living a normal life, that gives them hope."

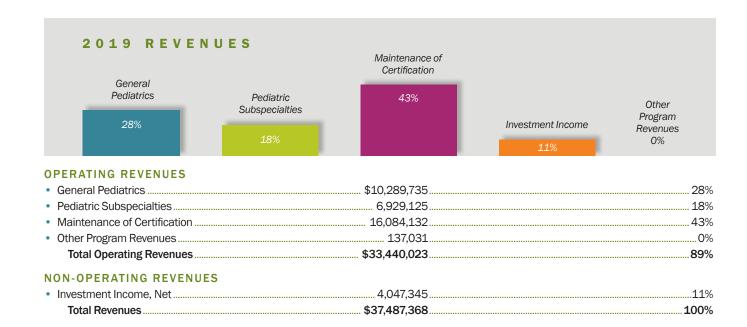
"Mental health issues remain the elephant in the room for individuals living with any chronic illness."

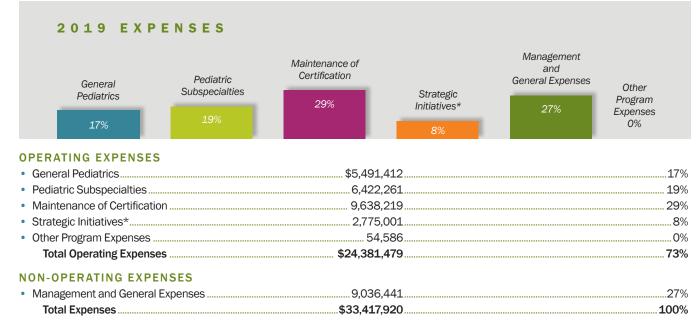
— THOMAS GLENN, MD





Fiscal Year 2019* Financials





^{*} Funding for research and other pediatric initiatives to ensure excellence in the education of pediatricians and the delivery of pediatric care

ABP's Work At a Glance

SINCE THE ABP BEGAN IN 1933:

- More than 131,000 have been certified in General Pediatrics. - 3,132 of these were newly certified in 2020.
- More than 34,500 certificates have been awarded in a pediatric subspecialty.
 - 1,356 of these were new in 2020.

2020 INITIAL CERTIFYING EXAMS Pass Rates (First-Time Test Takers)

Not all subspecialty exams are given every year. Additional pediatric subspecialty certificates awarded by the ABP are Developmental-Behavioral Pediatrics, Emergency Medicine, Endocrinology, Gastroenterology, Hematology-Oncology, Hospital Medicine, Infectious Diseases, and Rheumatology.

Examination	First-Time Takers	Pass Rate (%)
 General Pediatrics 	3,224.	87.1
Adolescent Medicine	60*.	86.7
Cardiology	298.	89.6
Child Abuse Pediatrics	19.	100.0
Critical Care Medicine	345.	87.2
 Hospice and Palliative Medi 	cine**71.	90.1
Medical Toxicology**	2.	50.0
 Neonatal-Perinatal Medicine 	e405.	85.7
Nephrology	50.	94.0
 Pediatric Transplant Hepato 	logy**20.	95.0
Pulmonology	94.	86.2
Sports Medicine**		

- * Includes 13 candidates from the American Board of Internal Medicine and the American Board of Family Medicine.
- ** These certificates are awarded in collaboration with other medical subspecialty boards

2020 PROCTORED MOC EXAMS

Examination	First-Time Takers	Pass Rate (%)
General Pediatrics	77	88.3
 All Subspecialties Combined 	d* 14	92.9

* Excludes candidates certified by other boards and examinations administered by other boards: Hospice and Palliative Medicine, Medical Toxicology, Pediatric Transplant Hepatology, Sleep Medicine, and Sports Medicine.

2020 MOCA-PEDS ASSESSMENT

MOCA-Peds has been rolled out for General Pediatrics and the pediatric subspecialties shown below. Exam dates for subspecialties not shown are postponed until MOCA-Peds is available for the specific subspecialty.

Because MOCA-Peds assessments are continuous during the first four years of an MOC cycle, pass rates cannot be determined until after the fourth MOCA-Peds year.

Pr	actice Areas	Eligible to Participate	Participation Rate*
•	General Pediatrics	15,285	67.6
•	Child Abuse Pediatric	s94	60.6
•	Developmental-Behav	vioral Pediatrics 178	65.2
•	Gastroenterology	277	67.1
•	Infectious Diseases	184	60.9
•	Neonatal-Perinatal M	edicine 631	70.5
•	Nephrology	109	66.1
•	Pulmonology	130	62.3

* Participation is defined as answering at least 80% of MOCA-Peds questions in 2020. The participation rate reflects the flexibility that the ABP offered to pediatricians to take up to two quarters off in 2020 due to the COVID-19 pandemic (see page 13).

Visit www.abp.org/content/data-and-workforce for more data and interactive dashboards about the pediatric physicians workforce.



2020 Publications

The following research papers, reports, and commentaries were authored by ABP staff members or supported in part or in full by the ABP or the ABP Foundation. They were published in major journals or as reports from national organizations from January 2020 through December 2020.

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"I have been impressed at how quickly and efficiently the ABP staff and subboards have adopted virtual platforms to allow the subboards to safely continue their work."

— S. TODD CALLAHAN. MD. MPH

Meeting Online to Stay on Time

Throughout a typical year, hundreds of board-certified pediatricians leave their hospitals and private practices to travel to the ABP office in Chapel Hill, NC, to participate as volunteers in multi-day board, subboard, and committee meetings. There they write examination questions, determine scoring standards, and conduct other business of the ABP.

But 2020 was not a typical year. When the spread of the novel

coronavirus surged in March, the ABP had to adapt. All in-person meetings were immediately canceled. Not only did travel come to a standstill, but pediatricians needed to stay in their local communities to change the way they practiced, focus on their patients, and sometimes, help their colleagues with adult patients.

As the pandemic disrupted training and changed practice, the work of the ABP to adapt certification to a changed environment became more important than ever. Although some exams had been postponed, most were not. The ABP volunteers still needed to meet, and like the rest of the world, they began holding their meetings virtually. In multiple blocks of a few hours stretched over two or three days, the work of the ABP continued.

"I have been impressed at how quickly and efficiently the ABP staff and subboards have adopted virtual platforms to allow the subboards to safely continue their work," says S. Todd Callahan, MD, MPH, Professor of Pediatrics and Director of the Division of Adolescent and Young Adult Health at Vanderbilt University Medical Center. "The Adolescent Medicine Subboard meetings have been well organized, efficient, productive, and



ABOVE: The Adolescent Subboard meets virtually with ABP staff.

fun. While we miss seeing each other in person, it is great to have the flexibility of meeting virtually when the need arises." Dr. Callahan chairs the Adolescent Medicine subboard in 2021.

To stay current on the rapidly changing environment and challenges presented by the pandemic and discuss and vote on resulting policy changes, the ABP Board of Directors switched from meeting in person three times a year to meeting virtually every six weeks.

"As usual, ABP management updated the Board on new issues, and we all worked diligently and thoughtfully to develop solutions to difficult scenarios while also maintaining the

> standards of pediatric medicine," says Victoria Norwood, MD, 2020 Chair of the ABP Board of Directors and The Robert J. Roberts Professor of Pediatrics and Division Head of Pediatric Nephrology at University of Virginia Health. "We recognized the enormous struggles faced by certified pediatricians, including those of us serving on the Board. We also celebrated the amazing ways pediatricians stepped up to innovatively meet those challenges. I am honored to be working with such a strong team as, together, we face these challenges on behalf of the health of children and families."



Dr. Victoria Norwood



2020 Committees

The ABP appreciates the excellent work of pediatricians and members of the public who volunteer their time. energy, and expertise to our committees and subboards that provide direction for certification activities and produce examinations.

We also thank the volunteers who served as subspecialty content development experts or on practice-analysis panels, standard-setting panels, entrustable professional activity (EPA) development panels, and other user panels in 2020.

We appreciate the dedication and commitment of all ABP volunteers to the ABP vision and mission.

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DR. H. WILLIAM (BILL) SCHNAPER, 1950-2020 ABP volunteers and staff mourn the loss of H. William (Bill) Schnaper, MD, who was medical editor of the Pediatric Nephrology Subboard when he died on Nov. 19, 2020. He had served on the subboard for more than 20 years. An international leader in pediatric nephrology. Dr. Schnaper was Vice Chair in the Department of Pediatrics at Lurie Children's Hospital and the Irene Heinz Given and John LaPorte Given Research Professor in Pediatrics at the Northwestern University Feinberg School of Medicine. He was a cherished colleague, friend, and mentor to many.

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The ABP campus in Chapel Hill is ready for future in-person meetings.

VISION

Inspiring a lifetime pursuit of learning to improve child health

MISSION

Advancing child health by certifying pediatricians who meet standards of excellence and are committed to continuous learning and improvement

VALUES

- Consistency: Making unbiased decisions based on published ABP policies
- Excellence: Striving to do our best work
- Reliability: Living up to responsibilities and commitment
- Transparency: Sharing non-confidential information openly

GUIDING PRINCIPLES

Overarching Principle: The "North Star" for the ABP is and will remain the improvement of health outcomes for children, adolescents, and young adults.

- The ABP is primarily accountable to children, from infants to young adults, and their families as it guides professional self-regulation and certifies pediatricians.
- ABP certification recognizes pediatricians who meet rigorous standards for competencies essential to improving child health.
- The ABP supports best practices for the assessments of all core competencies using tools that are fair, valid, reliable, and contribute to lifelong professional development.
- The ABP prioritizes work that the organization is uniquely positioned to do.
- The ABP strives to align opportunities for continuing certification with pediatricians' professional practice.
- The ABP continually evaluates and improves its work based on changing trends in child health, stakeholder feedback, and advances in knowledge, assessment, technology, and care delivery.
- The ABP engages in open dialog with pediatricians, patients and families, and other members of the public.
- The ABP seeks out and respects diverse backgrounds, experiences, and perspectives to inform its work.
- The ABP collaborates with other regulatory bodies, medical organizations, and professional societies to align accreditation and certification across the continuum from training through practice.

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