

The Academic Pediatric Association: The First 50 Years

Kenneth B. Roberts, MD; Ruth E. K. Stein, MD; Tina L. Cheng, MD, MPH

From the Moses Cone Health System, Greensboro, NC (Dr Roberts); University of North Carolina at Chapel Hill School of Medicine, Chapel Hill, NC (Dr Roberts); Albert Einstein College of Medicine and the Children's Hospital at Montefiore, Bronx, NY (Dr Stein); and the Johns Hopkins School of Medicine, Baltimore, Md (Dr Cheng)
Address correspondence to Kenneth B. Roberts, MD, 3005 Bramblewood Drive, Mebane, North Carolina 27302 (e-mail: kenrobertsmd@gmail.com).

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AT THE 1953 meeting of the American Pediatric Society and Society for Pediatric Research (APS-SPR), Barbara Korsch convened an informal gathering of individuals who shared the notion that outpatient care deserved more attention. Chairs, including those who were “not stereotyped with ambulatory pediatrics,” such as Saul Krugman and Emmett Holt, attended, validating ambulatory pediatrics as “worthy of attention.”¹ Informal meetings ensued annually for several years. By the end of the decade, the sentiment of individuals such as Loren MacKinney was that it was time “to actually do some work.”² Barbara Korsch surveyed the meeting participants to determine what that work might be. The issues included space requirements; cost of providing outpatient care; time and workload; appointment systems; record system; relationship of general pediatrics to specialty clinics; standards for ambulatory care of patients with special needs and adolescents; health supervision; extensions of the traditional outpatient organization, such as home care; psychologic aspects; staffing; research potential; teaching; and child development.³ There was no lack of work to be done!

1960s TO 1970s: THE MOM-AND-POP YEARS

During the winter of 1959 to 1960, a planning group drew up sample constitutions. On May 4, 1960, the 32 participants affirmed the notion of an organization and named it the Association for Ambulatory Pediatric Services (Table 1). The word *ambulatory* raised a spirited debate, as the word was not in common usage at the time.² Fifty-six individuals signed on as charter members. Ten papers were submitted for presentation at the organization's first meeting; 5 were selected. The first presentation was “The Emergency Clinic—A Study of its Role in a Teaching Hospital” by Abraham Bergman and Robert Haggerty. Authors of the other papers included educators, psychologists, social workers, and medical students, as well as pediatricians.²

Several features distinguished the Academic Pediatric Association (APA) from the other academic pediatrics organizations in addition to the focus on ambulatory services. Among these were inclusive membership, areas of research, attention to education, and the active participa-

tion of the membership. These features continue to characterize the APA.

INCLUSIVE MEMBERSHIP

In contrast to other pediatrics organizations, no criteria were established to qualify for membership. This caused the societies that required substantial research accomplishments to question the “respectability” of the new organization and its mission. Evan Charney recalls: “It was a little bit of the feeling of a group huddled together to try and determine whether or not there was a legitimate place for ambulatory pediatricians within the academic pediatric community.”⁴ However, as noted by Robert Haggerty, social scientists “contributed to the quality of the research in enormous ways that wouldn't have happened otherwise.”⁵ Nonphysicians have continued to play an important role in the APA, including serving as elected officers.

RESEARCH

Investigative and scholarly activities were embraced with enthusiasm, a hallmark of the organization, but both the APA and the field of academic ambulatory pediatrics were young, and both faced challenges with little funding. The APA strove to “apply scholarly attention to the common health problems of children...[and] the organization of services, whether it should be provided, how it should be provided.”⁵

EDUCATION

Education was also on the agenda from the beginning. “The fact that medical education was something that deserved careful attention and had a place in the academic environment was...something that the APA introduced. We were the first organization to run workshops.... Thinking about how you could teach better, how you could learn better...was a legitimate kind of activity.”⁵

ACTIVE PARTICIPATION OF THE MEMBERSHIP

At the beginning, business meetings were lively affairs, with active participation from the floor. “Advocacy became fairly early an important issue. Discussion of...issue[s] was a problem because there were a lot of people on both sides of any argument...[and] caused a lot of emotion at meetings. We didn't have a structure to really advocate at

Table 1. Naming the Organization

| Year | Name | Comment |
|------|---|-------------------------------------|
| 1960 | Association for Ambulatory Pediatric Services | <i>Ambulatory</i> was controversial |
| 1969 | Ambulatory Pediatric Association | Accepted by membership |
| 1983 | General Academic Pediatric Association | Voted down by membership |
| 1992 | Association for General Pediatrics | Voted down by membership |
| 2007 | Academic Pediatric Association | Accepted by membership |

the national level very effectively, but we were taking positions all the time and issuing statements.”⁴ Even advocacy itself and the tenets of the new organization were debated: for example, the absence of membership requirements—a sticking point not only for the other societies but for some members of the APA as well—resulted in what Barry Pless refers to as “the milkman debate”: “‘If my milkman is interested in children, can he join the organization?’ The answer was a resounding ‘Yes!’”⁶

The 1972 business meeting was particularly lively and notable. Five resolutions were introduced from the floor, including support for the statements of the President’s Commission on Abortion. The resolution passed, which caused Ray Helfer to resign as president. Lewis Fraad offered an amendment to the resolution, which made it acceptable to Helfer, and the situation was resolved. This incident prompted policies and procedures requiring resolutions to be channeled to the Social Political Study Committee *before* the annual meeting.

During its first decade, the APA took steps to establish an infrastructure and to build recognition and respectability. In 1964, a newsletter was introduced to keep members informed and connected; Morris Green was the first editor, succeeded by Evan Charney, who developed a version of what became the APA logo. Regional meetings started in 1968 to further enhance communication, discuss local issues, and provide opportunities to share research findings between the annual meetings. A lectureship was created in 1967, named for George Armstrong, an English physician of the 18th century who is credited for having established the first dispensary for children.⁷ He cared for sick children without regard for ability to pay, and he taught “pediatrics” to others through his writings and by example. Sessions at the spring meetings were planned not to conflict with activities of the senior societies, but by 1970 the APA was ready (and able) to conduct its first session concurrently with APS-SPR sessions. The APA meeting expanded from 1 evening to 2½ days.

Recognition of the burgeoning field of ambulatory pediatrics was aided by the publication of Haggerty and Green’s text, *Ambulatory Pediatrics*, in 1968. Shortly thereafter the name of the organization was changed to the Ambulatory Pediatric Association (Table 1). With support from Ross Laboratories, annual conferences on a topic chosen by the APA president were convened and proceedings published as *Ross Roundtables on Critical Approaches to Common*

Pediatric Problems in Collaboration with the Ambulatory Pediatric Association. In 1972, an Outstanding Teaching Program Award was created to highlight important leadership programs in education. In 1973, a volume of *Advances in Pediatrics* was devoted to the APA.⁸ It included a brief history by Fred Blodgett, an introduction by Barbara Korsch, and articles on “Innovative Methods of Expanding Ambulatory Services,” “Research in Ambulatory Pediatrics,” “Self-Evaluation of Ambulatory Care,” and “Prepaid Group Practice and the Delivery of Health Care.” That same year, “The Education of Physicians for Primary Care,” an influential monograph by Joel Alpert and Evan Charney, was published⁹; it provided the widely accepted definition of primary care and a blueprint for primary care education that remains sound today.

By the end of the 1970s, however, the organization was taking stock of its structure and ability to advance both the field and the APA. Symptomatic of the concern, the Board decided not to bestow the Outstanding Teaching Program award in 1979, finding none of the nominated programs sufficiently worthy. In many ways, the APA was still, in the words of Katherine Lobach, “very much a mom and pop operation.”¹⁰ But the organization was about to come of age.

1980s TO 1990s: GROWTH AND MATURATION

In 1980, the APA engaged the relatively new firm, Degnon Associates, to provide professional management for the APA with greater continuity and staff to carry out an expanded array of activities. George Degnon was known to APA leadership, as he had established the American Academy of Pediatrics (AAP) Washington office in 1970 and later was AAP Associate Executive Director in Evanston, Illinois. In 1979, he and his family returned to the DC area and established Degnon Associates. His wife, Marge, became the APA executive director. Committing to professional management was a big step for the APA, and the current relationship took several years to develop.

In the early 1980s, a tradition of presidential projects was initiated. Two of the earliest projects are particularly noteworthy, as they established the APA as a resource for the entire pediatrics community. Alvin Novack led the development of *Educational Guidelines for Training in General/Ambulatory Pediatrics*. The APA had been represented on the Task Force on Pediatric Education that published *The Future of Pediatric Education* in 1979, but the educational guidelines were solely an APA project and established the APA as a major contributor to pediatric education. Abraham Bergman’s project, supported by Ross Laboratories for the next decade, was the creation of a consultation program that supported visits by senior leaders in ambulatory/general pediatrics to departments to assist in local program development, support the needs of ambulatory faculty, and create visibility for ambulatory pediatrics.

Special focus groups were afforded the opportunity to meet during the 1981 annual meeting in an attempt to accommodate the varied interests of the membership and avoid factions splitting off from the APA. In 1968, the

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