

# NEUROSURGERY://ON-CALL<sup>®</sup>

Pediatric

# SHORT CUTS



AANS/CNS Section on Pediatric Neurological Surgery

## Recertification and The American Board of Pediatric Neurosurgery

*ABPNS Recommends Four-Point Process*

Michael Scott, MD

The certificate that is issued by the American Board of Pediatric Neurosurgery (ABPNS) carries a 10-year expiration date. Like the American Board of Neurological Surgery (ABNS), the ABPNS has been studying an appropriate way to carry out recertification of its diplomates. We know that our diplomates are burdened with paperwork to maintain credentials in a wide variety of areas, including state licensure and hospital privileges, and that a complex recertification mechanism for the ABNS is shortly going to come online.

Nevertheless, all of the ABPNS directors feel that recertification should be a meaningful process signifying that the diplomate is maintaining an active, ongoing practice dedicated to pediatric neurosurgery and is continuing a self-education process in the subspecialty. At its December meeting, the ABPNS proposed a four-point process modeled on the American Board of Medical Specialties' recommendations for the recertification process:

1. Candidates for recertification should demonstrate satisfactory credentials to practice medicine in the state of licensure, unrestricted hospital privileges in the hospital(s) in which they are currently practicing, and current valid certification by the ABNS.
2. Candidates should provide evidence of continued learning and self-assessment by demonstrating that they have obtained 90 hours of continuing medical education credit in neurosurgery over the three years preceding application for recertification, listing specific educational activities related to the practice of pediatric neurosurgery. These credits can include relevant hospital and regional conferences, lectures given, papers presented, manuscripts published, participation in courses and seminars, etc.
3. Candidates will be required to submit a consecutive case log of all major operative procedures performed during the calendar year immediately prior to the recertification application. A simplified format for the submission of this data will be provided by the ABPNS. The case log will be utilized to confirm that the diplomate's practice continues to center on pediatric neurosurgery. This requirement can be met by one of the following three options: 1) 125 major cases performed in children less than 12 years of age; 2) 75 percent of all major cases were carried out in patient less than 21 years of age; or 3) at least 75 percent of all patients operated upon were for procedures typically considered "pediatric," including surgery for hydrocephalus, tethered cord, Chiari malformations, or other congenital lesions. A candidate for recertification who is not actively involved in clinical practice, but who may be carrying out full-time research or administration should provide a written description of current activities for submission to the ABPNS.
4. Candidates for recertification will take a written, proctored examination that will cover clinical issues commonly seen in the practice of pediatric neurological surgery.

Candidates will have two full years to complete the recertification process, which can be initiated in the calendar year prior to the expiration of the certificate. The ABPNS secretary will notify each diplomate three months in advance that the recertification period is about to begin. Fees will be charged for the initiation of the application process (\$250) and for the taking of the examination (\$500). The examination

## In This Issue ...

[ABPNS on Recertification](#)

[Pediatric Highlights at the 2004 AANS Annual Meeting](#)

[AAP's Neurological Surgery Section](#)

[Research Grant Opportunity: Madi's Fund](#)

[Hydrocephalus Association News](#)

[Hydrocephalus Association's Residents Prize](#)

[Nominations: Lifetime Achievement Award](#)

[Save the Dates](#)

[Business Meeting Minutes](#)

will be offered following the completion of data submission as described above, with the examination to be given at several meeting sites per year.

The ABPNS is committed to making the recertification process as straightforward as possible for the recertification candidates, while at the same time ensuring that the process itself is a meaningful one and has significance to our patients and their families. Comments or concerns about any aspect of the recertification process can be directed to any member of the ABPNS, and we will do our best to evaluate and consider all input that is received.

I especially want to thank Thomas Luerssen, MD, and his recertification committee of Leland Albright, MD, and Andy Parent, MD, for their work on this formulation of the recertification process.

The members of the ABPNS are: R. Michael Scott, MD, chairman; W. Jerry Oakes, MD, vice chairman; T.S. Park, MD, secretary-treasurer; and I. Richmond Abbott, MD, Leland Albright, MD, Jean Pierre Farmer, MD, Thomas Luerssen, MD, Andrew Parent, MD, Robert A. Sanford, MD, and Leslie Sutton, MD.

Copyright© 2004- 104 ; American Association of Neurological Surgeons /  
Congress of Neurological Surgeons

# NEUROSURGERY://ON-CALL®

Pediatric

# SHORT CUTS



AANS/CNS Section on Pediatric Neurological Surgery

## Recertification and The American Board of Pediatric Neurosurgery

*ABPNS Recommends Four-Point Process*

Michael Scott, MD

The certificate that is issued by the American Board of Pediatric Neurosurgery (ABPNS) carries a 10-year expiration date. Like the American Board of Neurological Surgery (ABNS), the ABPNS has been studying an appropriate way to carry out recertification of its diplomates. We know that our diplomates are burdened with paperwork to maintain credentials in a wide variety of areas, including state licensure and hospital privileges, and that a complex recertification mechanism for the ABNS is shortly going to come online.

Nevertheless, all of the ABPNS directors feel that recertification should be a meaningful process signifying that the diplomate is maintaining an active, ongoing practice dedicated to pediatric neurosurgery and is continuing a self-education process in the subspecialty. At its December meeting, the ABPNS proposed a four-point process modeled on the American Board of Medical Specialties' recommendations for the recertification process:

1. Candidates for recertification should demonstrate satisfactory credentials to practice medicine in the state of licensure, unrestricted hospital privileges in the hospital(s) in which they are currently practicing, and current valid certification by the ABNS.
2. Candidates should provide evidence of continued learning and self-assessment by demonstrating that they have obtained 90 hours of continuing medical education credit in neurosurgery over the three years preceding application for recertification, listing specific educational activities related to the practice of pediatric neurosurgery. These credits can include relevant hospital and regional conferences, lectures given, papers presented, manuscripts published, participation in courses and seminars, etc.
3. Candidates will be required to submit a consecutive case log of all major operative procedures performed during the calendar year immediately prior to the recertification application. A simplified format for the submission of this data will be provided by the ABPNS. The case log will be utilized to confirm that the diplomate's practice continues to center on pediatric neurosurgery. This requirement can be met by one of the following three options: 1) 125 major cases performed in children less than 12 years of age; 2) 75 percent of all major cases were carried out in patient less than 21 years of age; or 3) at least 75 percent of all patients operated upon were for procedures typically considered "pediatric," including surgery for hydrocephalus, tethered cord, Chiari malformations, or other congenital lesions. A candidate for recertification who is not actively involved in clinical practice, but who may be carrying out full-time research or administration should provide a written description of current activities for submission to the ABPNS.
4. Candidates for recertification will take a written, proctored examination that will cover clinical issues commonly seen in the practice of pediatric neurological surgery.

Candidates will have two full years to complete the recertification process, which can be initiated in the calendar year prior to the expiration of the certificate. The ABPNS secretary will notify each diplomate three months in advance that the recertification period is about to begin. Fees will be charged for the initiation of the application process (\$250) and for the taking of the examination (\$500). The examination

## In This Issue ...

[ABPNS on Recertification](#)

[Pediatric Highlights at the 2004 AANS Annual Meeting](#)

[AAP's Neurological Surgery Section](#)

[Research Grant Opportunity: Madi's Fund](#)

[Hydrocephalus Association News](#)

[Hydrocephalus Association's Residents Prize](#)

[Nominations: Lifetime Achievement Award](#)

[Save the Dates](#)

[Business Meeting Minutes](#)

will be offered following the completion of data submission as described above, with the examination to be given at several meeting sites per year.

The ABPNS is committed to making the recertification process as straightforward as possible for the recertification candidates, while at the same time ensuring that the process itself is a meaningful one and has significance to our patients and their families. Comments or concerns about any aspect of the recertification process can be directed to any member of the ABPNS, and we will do our best to evaluate and consider all input that is received.

I especially want to thank Thomas Luerssen, MD, and his recertification committee of Leland Albright, MD, and Andy Parent, MD, for their work on this formulation of the recertification process.

The members of the ABPNS are: R. Michael Scott, MD, chairman; W. Jerry Oakes, MD, vice chairman; T.S. Park, MD, secretary-treasurer; and I. Richmond Abbott, MD, Leland Albright, MD, Jean Pierre Farmer, MD, Thomas Luerssen, MD, Andrew Parent, MD, Robert A. Sanford, MD, and Leslie Sutton, MD.

Copyright© 2004- 104 ; American Association of Neurological Surgeons /  
Congress of Neurological Surgeons

# NEUROSURGERY://ON-CALL®

## Pediatric **SHORT CUTS**



AANS/CNS Section on Pediatric Neurological Surgery

### Pediatric Section Highlights at the 2004 AANS Annual Meeting

The 72nd Annual Meeting of the American Association of Neurological Surgeons (AANS), themed "Advancing Patient Care Through Technology and Creativity," will be held May 1-6 at the Orlando Convention Center in Florida.

The most up-to-date meeting information is available online at <http://www.AANS.org/education/annual.asp>.

#### Tuesday, May 4, 2004

Poster Viewing 2:45 - 3:30 PM

- Pediatric
- Spine and Peripheral Nerve
- Socioeconomic

#### AANS/CNS Section on Pediatric Neurological Surgery

Moderators: Andrew D. Parent and Rick Abbott This session will serve as a forum for the presentation of topics related to Pediatric Neurological Surgery.

Learning Objectives: After completing this session participants should be able to: Discuss recent advances in the care of pediatric patients with neurosurgical illness.

#### Special Lecture 2:45 - 3:30 PM

Matson Memorial Lecture

Speaker: A. Leland Albright

Title: "Where Were We? Where Are We? Where Should We Go? An Intergenerational Perspective"

#### Special Award 3:30 - 3:45 PM

Kenneth Shulman Award

Recipient: Joshua E. Medow

#### Scientific Session

3:45 - 5:15 PM

811 3:45 - 4:00 PM

#### Minimizing Cerebrospinal Fluid Shunt Infections - Reduction of a Medical Error in the Community Setting

Author: Samuel R. Neff

812 4:00 - 4:15 PM

#### CNS Injuries From Motorcycle and ATV Collisions in Children: Do Helmets Increase the Risk?

Authors: Ann M. Carr, John Orphanos, Charles L. Rosen

### In This Issue ...

[ABPNS on Recertification](#)

[Pediatric Highlights at the 2004 AANS Annual Meeting](#)

[AAP's Neurological Surgery Section](#)

[Research Grant Opportunity: Madi's Fund](#)

[Hydrocephalus Association News](#)

[Hydrocephalus Association's Residents Prize](#)

[Nominations: Lifetime Achievement Award](#)

[Save the Dates](#)

[Business Meeting Minutes](#)

**813** 4:15 - 4:30 PM

**Use of Prophylactic Cerebrospinal Fluid Drainage to Prevent Postoperative Complications Association with Hemispherectomy**

Authors: Atthaporn Boongird, Nitin Tandon, Ann Warbel, Joan Palmer, Elaine Wyllie, William E. Bingaman

**814** 4:30 - 4:45 PM

**Functional MR Imaging in Pediatric Epilepsy Surgery**

Authors: Greg Olavarria, Glenn Morrison

**815** 4:45 - 5:00 PM

**Epilepsy Surgery in Young Children With Tuberous Sclerosis**

Authors: Howard L. Weiner, Josianne Lojoie, Daniel Miles, Orrin Devinsky

**816** 5:00 - 5:15 PM

**Outcome Following Resection of Cortical Lesions in Patients With Tuberous Sclerosis and Focal Epilepsy**

Authors: Nitin Tandon, Ajay Gupta, Atthaporn Boongird, Ann Warbel, Elaine Wyllie, William E. Bingaman

*Pediatric Section Business Meeting immediately following Section Session Meeting. Matson Lecturer Reception at The Peabody Orlando Hotel immediately following Business Meeting.*

Copyright© 2004- 104; American Association of Neurological Surgeons /  
Congress of Neurological Surgeons

# NEUROSURGERY://ON-CALL®

Pediatric

# SHORT CUTS



AANS/CNS Section on Pediatric Neurological Surgery

## AAP's Neurological Surgery Section: Many Opportunities to Serve Children

Joseph Piatt, MD

The American Academy of Pediatrics (AAP) is 60,000 pediatricians and pediatric subspecialists working together to promote the health of children. The Section on Neurological Surgery (SoNS) is the footprint of neurosurgery in the academy and the portal through which pediatric neurosurgeons can contribute to its energy, resources, and influence.

For the neurosurgeon, the SoNS represents opportunities to serve children

- by educating parents and pediatricians,
- by participating in the formulation of clinical practice recommendations, and
- by influencing the political and economic forces that shape children's healthcare.

The opportunities for teaching are numerous. This fall at the National Conference and Exhibition (NCE), neurosurgeons will participate in symposia and seminars on recognition of child abuse, evaluation of suspected cerebrospinal fluid shunt malfunction, and management of spasticity. Apart from the NCE, its big annual meeting, the AAP runs many regional, live, continuing medical education programs that have in the past included neurosurgical presentations on management of hydrocephalus, assessment of skull deformity, and treatment of tethered spinal cord. There are print, audiocassette, and electronic offerings as well. *AAP Grand Rounds*, for example, is a monthly review of current subspecialty literature for pediatricians; neurosurgical contributions appear on a regular basis. See <http://www.aap.org/profed/> for a full listing of all the CME modalities offered by the AAP. See <http://www.aap.org/family/> for a listing of educational offerings for parents as well. Although the editorial review process may seem cumbersome to the uninitiated, the AAP welcomes quality contributions, and the opportunity for impact is unequalled by any other forum.

As an extension of its educational mission, the AAP issues official pronouncements on critical or controversial topics in the form of policy statements, clinical reports, technical reports, and clinical practice guidelines. These pronouncements are developed on an *ad hoc* basis at the request of the Board of Directors through the AAP committee system. They are published in *Pediatrics*, and they commonly receive play in the national media. Recent official statements that have benefited from neurosurgical contributions include "Prevention and Management of Positional Skull Deformities in Infants," "Guidelines for Referral to Pediatric Surgical Specialists," and "The Management of Minor Closed Head Injury in Children."

Of greater interest, perhaps, are the official statements that have been prepared in the recent past *without* neurosurgical input. Such topics, culled from an alphabetical list of topics only as far as the "H's," include atlantoaxial instability in Down syndrome, soccer injuries, children with special health needs in managed care, distinguishing Sudden Infant Death Syndrome from fatal child abuse, all-terrain vehicle injuries, bicycle helmets, children in pickup trucks, regionalization of services for critically ill or injured children, diagnostic imaging of child abuse, foregoing life-sustaining treatment for abused children, health supervision for children with achondroplasia, horses and head injury, etc. For a complete listing see <http://aappolicy.aappublications.org>. Pediatric neurosurgeons practice in the shadow of these authoritative statements, which can have the benefit of neurosurgical expertise only if neurosurgeons step up to participate in their formulation.

## In This Issue ...

[ABPNS on Recertification](#)

[Pediatric Highlights at the  
2004 AANS Annual  
Meeting](#)

[Research Grant  
Opportunity: Madi's Fund](#)

[Hydrocephalus Association  
News](#)

[Hydrocephalus  
Association's Residents  
Prize](#)

[Nominations: Lifetime  
Achievement Award](#)

[Save the Dates](#)

[Business Meeting Minutes](#)

Finally, the AAP speaks for children to the corporate interests and the government agencies that shape medical practice. This advocacy work is conducted both at the national level and at the state chapter level. Neurosurgical Specialty Fellows may join state chapters. At the chapter level neurosurgeons may not only lend their expertise and prestige to local AAP initiatives, but they may also seek the aid of chapter leadership in dealing with regional insurance carriers, Medicaid, and state and local child welfare agencies. As mandated by the Board of Directors, in this past year the SoNS has identified neurosurgical liaisons for every state chapter where a neurosurgical Specialty Fellow dwells (except Ohio), but the liaison is not an exclusive relationship. All neurosurgical participation is welcome.

The current members of the Executive Committee of the SoNS are Jack Walker, MD, chair; Joseph Piatt, MD, chair-elect; Hector James, secretary; Andrew Parent, MD (CME), J. Gordon McComb, MD, Thomas Luerssen, MD, and P. David Adelson, MD. Requirements for Specialty Fellow membership in the SoNS are

- certification by the American Board of Neurological Surgery;
- certification by the American Board of Pediatric Neurological Surgery or devotion of 75 percent or more of practice to infants, children, and adolescents; and
- letters of support from two current Fellows or Specialty Fellows.

For additional information contact any member of the Executive Committee or visit the SoNS Web site at <http://www.aap.org/sections/neursurg/>

Copyright© 2004- 104 ; American Association of Neurological Surgeons /  
Congress of Neurological Surgeons

# NEUROSURGERY://ON-CALL®

Pediatric

# SHORT CUTS



AANS/CNS Section on Pediatric Neurological Surgery

## Research Grant Opportunity: Madi's Fund

Madi's Fund for Hydrocephalus and Associated Neurosurgical Research will award up to \$30,000 for a one-year period to a project focused on hydrocephalus or a related area of research. The money requested can be used to help fund ongoing research or as seed money for new research.

### Eligibility

Physicians, residents, medical students and researchers at University of Vermont College of Medicine or another U.S. medical institution who are interested in pursuing hydrocephalus research.

### Timetable

Letter of interest e-mailed to [madifund@aol.com](mailto:madifund@aol.com) by April 5, 2004.

Five copies of the proposal should be submitted to Madi's Fund Review Board by May 14, 2004.

The award will be announced June 14, 2004.

Grant money will be available July 1, 2004.

### Components of the Proposal

Interested individuals should submit:

- A one-to-two page cover letter describing the project including the estimated cost, amount requested, plus attachments.
- Attachments should include an abstract, the National Institutes of Health biographical sketch of the principal investigator, a brief review of the experimental design and the expected results, the research budget, and reference to the internal review board approval status, if applicable.

### Send Proposals To

Madi's Fund Review Board  
UVM Neurosurgery Dept.  
Fletcher 5 - FAHC  
111 Colchester Ave.  
Burlington, VT 05401

### Questions

Debra Jaurigue  
[madifund@aol.com](mailto:madifund@aol.com)

## In This Issue ...

[ABPNS on Recertification](#)

[Pediatric Highlights at the  
2004 AANS Annual  
Meeting](#)

[AAP's Neurological  
Surgery Section](#)

[Hydrocephalus Association  
News](#)

[Hydrocephalus  
Association's Residents  
Prize](#)

[Nominations: Lifetime  
Achievement Award](#)

[Save the Dates](#)

[Business Meeting Minutes](#)

Copyright© 2004- 104; American Association of Neurological Surgeons /  
Congress of Neurological Surgeons

# NEUROSURGERY://ON-CALL®

Pediatric

# SHORT CUTS



AANS/CNS Section on Pediatric Neurological Surgery

## Hydrocephalus Association News

### Better Data, Better Future: Hydrocephalus Database Project

The goal of the Hydrocephalus Database Project is to create a national registry that will enable the Hydrocephalus Association to collect, store and synthesize information on the diagnosis, treatment and incidence of hydrocephalus, as well as its lifelong impact on individuals who have hydrocephalus.

Preliminary data from approximately 1,500 people were presented at the December 2003 Pediatric Section meeting in Salt Lake City. Some of the very interesting things we've learned so far are:

- 45 respondents reported having had endoscopic third ventriculostomy.
- Only 11 respondents reported remaining shunt free after endoscopic third ventriculostomy, with 32 reporting that they are not shunt-free.
- When a possible shunt problem occurs, 60 percent of respondents said they contact their neurosurgeon first, while 30 percent reported that they contact their family physician or pediatrician; only 6 percent reported contacting their neurologist first.
- 40 percent of respondents reported suffering from chronic headaches.
- 80 percent of respondents *do not* carry or wear identification indicating hydrocephalus.

It is imperative that the number of respondents is increased so that the information gathered will have statistical significance. Your help is urgently needed to alert your patients and their families about this project. Brochures for your waiting room (with a stand) explaining the project are available free of charge by calling our office, (415) 732-7040, or sending your request by e-mail to [info@hydroassoc.org](mailto:info@hydroassoc.org). Free copies of the survey also are available. Whether brochures or survey copies are distributed, your assistance in disseminating information about the Hydrocephalus Database to your patients is critical to the success of this exciting and much-needed project.

### Is the Database HIPAA Compliant?

Some physicians have asked if the Hydrocephalus Database Project is subject to Health Insurance Portability and Accountability Act (HIPAA) regulations.

While the Hydrocephalus Association is not a "covered entity," the database meets current HIPAA standards and protocols. That is:

- The database is maintained on secure servers at a co-location facility.
- Respondents do not have to give personal identifiable information.
- Any personal identifiable information that is provided is stripped from the data collection.
- Respondents are assigned unique identifiers to avoid duplication (a combination of the last four digits of the Social Security number plus and date and city of birth).
- No individual information is transmitted to any third party.

Information is not collected or requested from physicians, but directly from the patients and their families.

## In This Issue ...

[ABPNS on Recertification](#)

[Pediatric Highlights at the  
2004 AANS Annual  
Meeting](#)

[AAP's Neurological  
Surgery Section](#)

[Research Grant  
Opportunity: Madi's Fund](#)

[Hydrocephalus Association  
News](#)

[Hydrocephalus  
Association's Residents  
Prize](#)

[Nominations: Lifetime  
Achievement Award](#)

[Save the Dates](#)

[Business Meeting Minutes](#)

Copyright© 2004- 104; American Association of Neurological Surgeons /  
Congress of Neurological Surgeons

# NEUROSURGERY://ON-CALL®

Pediatric

# SHORT CUTS



AANS/CNS Section on Pediatric Neurological Surgery

## Hydrocephalus Association's Residents Prize

The goal of the Hydrocephalus Association's Residents Prize, established in 1989 by Cynthia Solomon, a founding member of the association, is to encourage neurosurgical residents to pursue the challenge of advancing research on and treatment of hydrocephalus

Martin U. Schuhmann, MD, PhD, of Klinik und Poliklinik fuer Neurochirurgie, Universitaetsklinikum, Leipzig, Germany, and Children's Hospital of Michigan, Detroit, Mich., is the recipient of the 2003 Hydrocephalus Association Residents Prize. His paper, "Serum and CSF C-Reactive Protein in Shunt Infection Management," was presented at the 32nd Annual Meeting of the AANS/CNS Section on Pediatric Neurological Surgery, Dec. 2-5, 2003, in Salt Lake City.

Dr. Schuhmann's paper evaluated C-reactive protein in serum (S-CRP) and cerebrospinal fluid (C-CRP) to determine its usefulness in managing shunt infections. Following institutional review board approval, Dr. Schuhmann and his colleagues investigated 84 patients with suspected shunt infection and 38 controls. They concluded that due to its high sensitivity and negative predictive power, determination of S-CRP seems to be the most promising way to increase the likelihood of diagnosing a shunt infection prior to tapping of the shunt.

If only patients with an elevated CRP had been tapped, only one infection would have been missed (if this case presents an early stage of infection and not a contamination or infection by the shunt tap itself). However, 36 of 84 patients (43 percent) could have been saved a shunt tapping procedure without missing an infection. They therefore recommend including S-CRP as a first-line test in the evaluation of suspected shunt infection and tapping only patients with elevated S-CRP in whom other obvious causes of infection, such as urinary tract infection, have been excluded. If symptoms persists in patients with an initial S-CRP < 7mg/L, a repeat determination is warranted since S-CRP still might be negative in an early stage of infection. Treating a shunt infection with antibiotics until S-CRP has returned to the normal range seems to lower the likelihood of reinfecting the new system with an indwelling, low-grade infection.

## In This Issue ...

[ABPNS on Recertification](#)

[Pediatric Highlights at the 2004 AANS Annual Meeting](#)

[AAP's Neurological Surgery Section](#)

[Research Grant Opportunity: Madi's Fund](#)

[Hydrocephalus Association News](#)

[Nominations: Lifetime Achievement Award](#)

[Save the Dates](#)

[Business Meeting Minutes](#)

Copyright© 2004- 104; American Association of Neurological Surgeons / Congress of Neurological Surgeons

# NEUROSURGERY://ON-CALL®

Pediatric

# SHORT CUTS



AANS/CNS Section on Pediatric Neurological Surgery

## Nominations: Lifetime Achievement Award

Send nominations for the AANS/CNS Section on Pediatric Neurological Surgery to:

Thomas G. Luerssen  
Riley Hospital for Children  
702 Barnhill Dr. Ste. 1730  
Indianapolis, IN 46202-5200  
United States  
Phone: (317)274-8852  
Fax: (317)274-8895  
E-mail: [tluersse@iupui.edu](mailto:tluersse@iupui.edu)

## In This Issue ...

[ABPNS on Recertification](#)

[Pediatric Highlights at the  
2004 AANS Annual Meeting](#)

[AAP's Neurological Surgery  
Section](#)

[Research Grant Opportunity:  
Madi's Fund](#)

[Hydrocephalus Association  
News](#)

[Hydrocephalus Association's  
Residents Prize](#)

[Save the Dates](#)

[Business Meeting Minutes](#)

Copyright© 2004- 104; American Association of Neurological Surgeons /  
Congress of Neurological Surgeons

# NEUROSURGERY://ON-CALL®

Pediatric

# SHORT CUTS



AANS/CNS Section on Pediatric Neurological Surgery

## Upcoming Pediatric Section Meetings

**2004** - San Francisco, Calif. Dec. 8-11, 2004

<http://www.neurosurgery.org/sections/section.aspx?Section=PD&page=meetings/2004.asp>

**2005** - Point Clear, Ala. Dec. 7-10, 2005. The venue is a resort setting in a historic site. Attendees will arrive via Pensacola, Fla. or Mobile, Ala.

**2006** - Denver, Colo. - Marriott Hotel Nov. 29-Dec. 1, 2006

## In This Issue ...

[ABPNS on Recertification](#)

[Pediatric Highlights at the  
2004 AANS Annual  
Meeting](#)

[AAP's Neurological  
Surgery Section](#)

[Research Grant  
Opportunity: Madi's Fund](#)

[Hydrocephalus Association  
News](#)

[Hydrocephalus  
Association's Residents  
Prize](#)

[Nominations: Lifetime  
Achievement Award](#)

[Business Meeting Minutes](#)

Copyright© 2004- 104 ; American Association of Neurological Surgeons /  
Congress of Neurological Surgeons

# NEUROSURGERY://ON-CALL®

## Pediatric **SHORT CUTS**



AANS/CNS Section on Pediatric Neurological Surgery

### Business Meeting Minutes

#### AANS/CNS Section on Pediatric Neurosurgery

America Grand Hotel, Salt Lake City  
Dec. 3, 2003

**Call to Order at 5:35 p.m.** by Andrew Parent, MD, chair

**Approval of Minutes** - Jeffrey Wisoff, MD, secretary  
Moved for approval and accepted by acclamation

**Financial Report** - Ann-Christine Duhaime, MD, treasurer  
Fiscal 2003 ended with a net surplus of approximately \$27,000. For the fiscal 2004 budget a deficit of \$17,000 had been anticipated, however considering the current projected revenue from the section's annual meeting, Dr. Duhaime expected a zero balance or small surplus for the year.

### Committee Reports

**Membership Committee** - Sarah Gaskill, MD

#### For Active Membership:

Susan Durham, MD (Portland, Ore.)  
Jeffrey E. Catrambone, MD (Newark, N.J.)  
Matthew D. Smyth, MD (St. Louis, Mont.)  
Curtis Rozzelle, MD (St. Petersburg, Fla.)  
Martin M. Henegar, MD (Charlotte, N.C.)  
David Donahue, MD (Forth Worth, Texas)  
Robert Dauser, MD (Houston, Texas)

#### For Active International Membership

David McAuley, MD (Oxford, England)

After their acceptance was moved and seconded, all new members were accepted by acclamation.

**Nominating Committee** - Thomas Luerssen, MD

#### Member At Large

Sarah Gaskill, MD  
Michael Partington, MD

After their acceptance was moved and seconded, the new members at large were accepted by acclamation.

### In This Issue ...

[ABPNS on Recertification](#)

[Pediatric Highlights at the  
2004 AANS Annual  
Meeting](#)

[AAP's Neurological  
Surgery Section](#)

[Research Grant  
Opportunity: Madi's Fund](#)

[Hydrocephalus Association  
News](#)

[Hydrocephalus  
Association's Residents  
Prize](#)

[Nominations: Lifetime  
Achievement Award](#)

[Save the Dates](#)

[Business Meeting Minutes](#)

### **Traveling Fellowship - R. Michael Scott, MD**

Dr. Scott reported that advertisements have been placed in journals announcing the fellowships sponsored by the Pediatric Section. For 2004 one U.S. Traveling and two International fellowships were awarded:

Shahram Hadidchi, MD (Tabriz University, Iran) to Montefiore Medical Center, N.Y.  
Andri Anugerah, MD (Padjadjaran University, Indonesia) to Vancouver Children's Hospital  
Edward Ahn, MD (University of Maryland) to Boston Children's Hospital

### **American Board of Pediatric Neurosurgery - R. Michael Scott, MD**

Current efforts are being directed toward the recertification process. The first group of diplomates will need to be recertified by 2006. The process will include a measure of professional standing (e.g. licensure, hospital privileges), continuing medical education credits in pediatric neurosurgery, case log, and a written examination (most likely a combination of multiple choice and true/false questions). There will be a \$250 application fee and \$500 examination fee.

Dr. Scott requested input from the diplomates regarding this process.

### **ShortCuts - Jeffrey Wisoff, MD**

The first issue of *Pediatric ShortCuts* to be delivered by e-mail was inaugurated three weeks ago. Both HTML and PDF formats were provided. The members were requested to contact Dr. Wisoff with comments or constructive criticism.

### **Annual Meeting - John Kestle, MD, and Nalin Gupta, MD**

There are 264 medical registrants, 30 guests, and 115 exhibitors. At the time of this Business Meeting, there was a net profit of \$6,740.

Nalin Gupta, MD, reported on the preparations for the 2004 section meeting in San Francisco. The meeting will be at the Hyatt Regency, Embarcadero from Dec. 8 through Dec. 12, 2004. Dr. Gupta will coordinate with Ann Marie Flannery, MD, and the CME Committee as to program details. He requested input from the membership on topics or changes in format that they would like to have incorporated in the meeting.

### **Future Meetings - Andrew Parent, MD, and Rick Abbott, MD**

Dr. Parent appointed Dr. Abbott to head an ad hoc committee for future meeting sites and recommended that the chairman-elect heads this committee in the future.

Future meetings that have already been scheduled are:

**2005** - Point Clear, Ala. Dec. 7-10, 2005. The venue is a resort setting in a historic site. Attendees will arrive via Pensacola, Fla. or Mobile, Ala.

**2006** - Denver, Colo. - Marriott Hotel Nov. 29-Dec. 1, 2006

Miami, Jacksonville, and St. Louis have submitted requests to host the 2007 section meeting. Dr. Abbott and his committee will report their recommendation to the Executive Committee at the Spring 2004 meeting.

### **New Business**

There was no new business offered from the floor

The meeting was adjourned at 5:50 p.m.

Respectfully submitted,

Jeffrey H. Wisoff, MD



Copyright© 2004- 104; American Association of Neurological Surgeons /  
Congress of Neurological Surgeons