

AACTion

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Getting to the Next Level

Well, people tell me that the recent NACCT held in San Antonio was a success. When I hear that, I usually try to ask what they liked best about the meeting and most say the Keynote

Address by Marty Smilkstein, or the posters, or the FAACT Fellows induction ceremony, the free wireless internet in the meeting areas, or whatever.

But since I have the chance, I'd like to take a moment to tell you all what MY favorite part of the meeting was. It was a new initiative and it was done for the first time this year. It was the Past Presidents breakfast; my favorite part of the meeting—hands down. It only lasted about an hour and it was, to a large extent, quite simply a pretty good breakfast. But what I had the privilege of presiding at was a unique gathering of as many Past AACT Presidents as we could muster; about 10 showed up. Their collective time in office spanned over 20 years; two decades of AACT growth and two decades of AACT maturity.

The reason this gathering was so unique is that organizations such as ours usually thank those who serve as President and once they leave office send them on their way with not much more than a nod. Starting this year I decided that is not what we should do and its not what we should be about. The collective wisdom and experience of people like Ed Krenzelok,

Milt Tenenbein, Bill Banner and Jeff Brent, Donna Seger, Wayne Snodgrass, Mike McGuigan, Mark Thoman and Randy Bond is hard to come by. Getting it all together, in one room, at the same time, is actually more than a bit humbling. It's true that some of our Past Presidents couldn't be there but sharing the time with the Past Presidents who could be there really struck home for me and told me how much we owe to these folks and how much they still have to offer to AACT in insight, focus and perspective. As your current President I try to draw on the wisdom from these folks every chance I get. Their input is always valuable, selfless and cannot be duplicated. I am grateful to all of our Past Presidents for all they have done for AACT and for clinical toxicology as a whole. I plan to hold a similar breakfast again next year and hope my successors do the same. Keeping a strong link with the Past Presidents is more than just a nice thing to do; its one of the bridges that will help boost AACT to the next level as we go on in time. Our Past Presidents are one of AACTs most valued strengths. We all owe them a debt of thanks.



L-R: Mike Miguigan, Alan Woolf, Mike Greenberg, Jeff Brent, Mark Thoman, Ed Krenzelok, Donna Seger, Bill Banner, Randy Bond

AACTion Wants Your News

We want to hear from you regarding promotions, lectures, publications, moves, new positions, etc. Have you (or another member you know of) been in the news interviewed by the press? We want to hear from you. News can be emailed to: rdonovan@clintox.org

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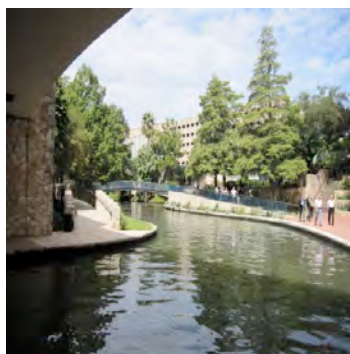
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AACT Announces Winners of Distinguished Service and Career Achievement Awards

This year the Academy had the honor of recognizing two individuals for their long-standing commitment, both to the organization, as well as their service to the field of toxicology.



Donna Seger, MD was honored with the 2009 Distinguished Service Award. Dr. Seger is Assistant Professor of Medicine and Emergency Medicine at Vanderbilt University College of Medicine, as well as the Program and Medical Director of the Tennessee Poison Center. Her exemplary service to the Academy includes serving as President of AACT from 2002-2004. Donna is a FAACT, and has been a member of numerous committees, which support the Academy's mission, including Fellowship and Abstract Committees. Dr. Seger has been an active participant and presenter at NACCT over the years, and has been involved in planning the successful meetings for many years.



Ed Krenzelok, PharmD was honored with the 2009 Career Achievement Award. Dr. Krenzelok is Professor of Pharmacy and Pediatrics at the University of Pittsburgh, and holds the Dr. Gordon J. Vanscoy Endowed Chair in Pharmacy. Some of Ed's many achievements include:

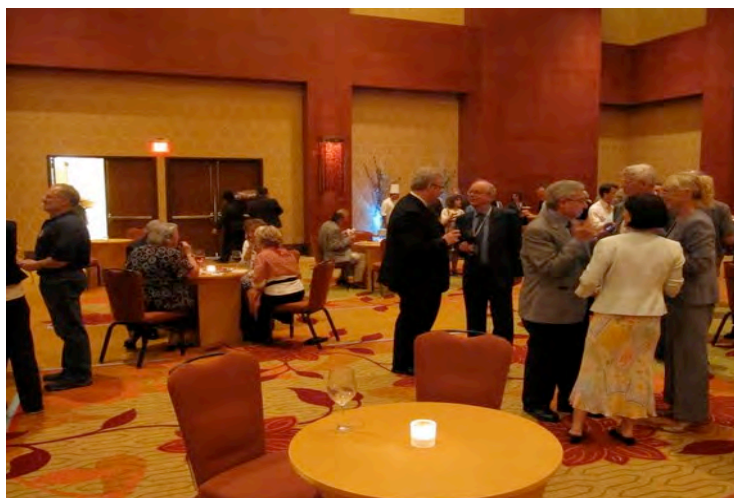
Director of the Pittsburgh Poison Center and the Drug Information Center at the Pittsburgh Medical Center; Member of the Board of Directors of the American Association of Poison Control Centers; Diplomate of the American Board of Applied Toxicology (one of the original DABATs from 1987); FAACT, and Past-President of the American Academy of Clinical Toxicology (1996-1998); Former Chair of the United States Pharmacopeia (USP) Clinical Toxicology and Substance Abuse Committee; Former Member of the FDA Non-Prescription Drug Advisory Committee; and current member of the FDA Drug Safety and Risk Management Advisory Committee

17 Members Awarded “Fellow of the American Academy of Clinical Toxicology”

The American Academy of Clinical Toxicology held an elegant welcome reception and induction ceremony honoring these 17 new Fellows on September 24, 2009 at 7:15 PM at the conference headquarters hotel, the Grand Hyatt San Antonio. An excellent buffet with carving stations and multiple dinner choices was served, along with an open bar. These members were honored with the designation of “Fellow of the American Academy of Clinical Toxicology” and allowed to use the initials “FACCT” after their names. This honor is a prestigious award bestowed on members who have been Academy members at least four years and have demonstrated consistent outstanding service to the Academy as well as to the field of clinical toxicology. This was the largest class of new Fellows ever inducted in Academy history.

The new fellows are:

D. Nicholas Bateman, MD
John G. Benitez, MD, MPH
Stephen W. Borron, MD, MS
John A. Curtis, Jr., MD
Miguel C. Fernandez, MD
Robert G. Hendrickson, MD
Eric J. Lavonas, MD
Robin B. McFee, DO, MPH
Kenneth E. McMartin, PhD
Maria Mercurio Zappala, RPh, MS
Kevin C. Osterhoudt, MD, MS
J. Greene Shepherd, PharmD
Henry (Rick) Spiller, RN, MS
Christine M. Stork, PharmD
Matthew D. Sztajnkrzyer, MD, PhD
Javier C. Waksman, MD
Stephen A. Seifert, MD (inducted 2008)



American Academy of Clinical Toxicology

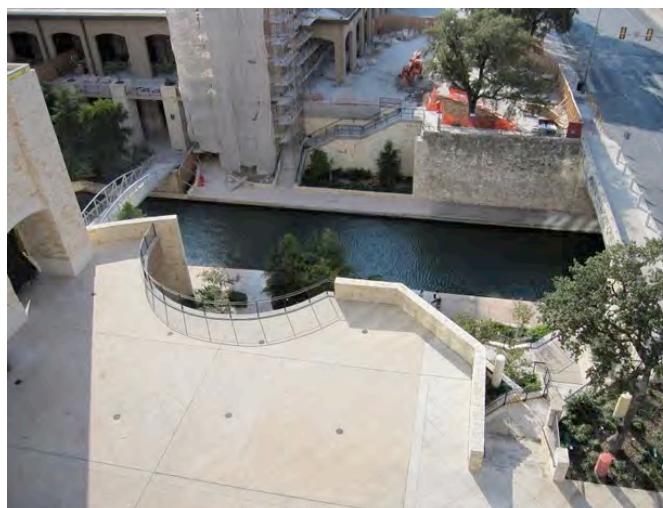
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MRO PLUS: Course Syllabus Available for Purchase

The post-symposium MRO PLUS course, held on September 26 & 27, 2009 immediately following NACCT was extremely successful and well-received.

Were you unable to attend? A limited number of Course Syllabi are available for purchase at a cost of only \$75 plus S&H. The book contains all of the slides presented at the course, in addition to regulatory documents related to federal workplace drug testing programs. Contact Rachel Donovan, AACT executive director for information on receiving a syllabus.



Expanding the Role of Poison Centers in Florida

By: Alexander Garrard PharmD and Adrienne Perotti, PharmD

The Florida/USVI Poison Information Center-Jacksonville was recently asked by the Florida Department of Health (FLDOH) to assist with a hotline for the 2009 H1N1 flu vaccine. We interviewed Dr. Schauben, the Director of the Florida/USVI Poison Information Center - Jacksonville, who was instrumental in getting the hotline off the ground. Below is the summary of that interview:

The Poison Centers in Florida have expanded their role in the DOH by providing more than just triage and consultation in poisoning emergencies. After the terrorist attacks on September 11th, 2001, the role of poison centers took on a new face within the state of Florida. The FL-DOH was looking into novel ways to gather public health information in a fast, "real time" manner and noticed that the poison centers can accomplish this. During hurricane season, the poison centers were able to track carbon monoxide exposures due to generator use immediately after the storms passed. During the 2004 hurricane season, the poison center established a model by which the FL-DOH extracted public health information regarding carbon monoxide exposures and hydrocarbon exposures during and after the hurricanes. The FL-DOH also noticed that poison centers could track food-borne and water contamination illnesses and could use that information to shut down restaurants, investigate various food products, or recommend alternate water sources within a very short period of time. The role of the poison center continued to expand to then provide real-time surveillance for general illness in the population by using previous work on the monitoring of pediatric, accidental cough/cold exposures. This allowed a segue into creating another possible trigger for the monitoring of flu-like illness or possibly bioterrorism attacks. The FL-DOH has just realized that they are able to gather information using the pediatric, accidental cough/cold exposures concordance with general illness in counties where their traditional data streams (i.e., OTC sales, county health department reports, etc) are very weak or nonexistent.

The impact of this data on public health surveillance in Florida has transformed the view of "poison center operations" in many ways. The FL-DOH has now come to recognize that the poison centers can provide immediate access to data in a number of ways, previously not available to track and mitigate problems on a statewide level. Therefore, they now encourage the reporting of information to the poison centers, seek out the poison center data when issues arise as one of their primary tools, and promote that poison centers are public health partners within the State. Since the Florida poison centers were already receiving funds to provide disaster and medical surge support for the state, and were already functioning on

some level for surveillance, the FL-DOH posed the question, "Can you provide information to healthcare practitioners who are calling into the Florida Flu Hotline?" The FLDOH preferred that healthcare professionals be able to speak with other healthcare professionals in the poison centers rather than provide such services themselves. The poison centers were unique in this role given the diverse selection of healthcare professionals who work at the poison centers, their infrastructure and their daily operational mandate, which includes this type of practice. They initially requested a separate information line specific for healthcare professionals to be answered "Florida Flu Hotline" using a script approved by FL-DOH. H1N1 response staff (non-SPI's) would answer questions, which appeared on the FL-DOH script. Questions not on the script were triaged to the on-call toxicologist to answer. When the statewide flu hotline was dialed, the selection of the "health care professional" option automatically forwarded the call to the appropriate poison center within the State using geographic routing. These calls were programmed to come in on different lines than used for normal poison center operations, so they were easily separated and sent to the H1N1 response staff preferentially.

Subsequent to the implementation of the health care professional response effort, the FL-DOH expanded their request to include the handling of lay public calls where vaccination has produced an adverse reaction. The DOH recognized that this was in direct concordance with the normal poison center operational charter within the State. This option when selected from the statewide Flu Hotline would automatically and geographically direct the call to the appropriate poison center, but this time the call arrived on the normal poison center operational line and were handled directly by the SPI's. Besides the medical management of these adverse effects, additional information was collected and placed into the record so that each county health department, who were granted access to the FPICN web-based system, could then instantly extract the patient information needed to complete their vaccine adverse effects report (VAERs). H1N1 response line data was available to FL-DOH in real-time, which enabled reports to be run multiple times per day and distributed to the 67 counties. The Poison Center cooperative effort with the FL Flu Hotline allows us to act as both an informational resource and a patient care resource and surveillance system.

As the Florida poison centers have expanded their role within the State, some challenges have been encountered. Originally the poison center was set up as a patient care system. Its transformation into a public health surveillance and management role has been difficult due to

Continued on page 5

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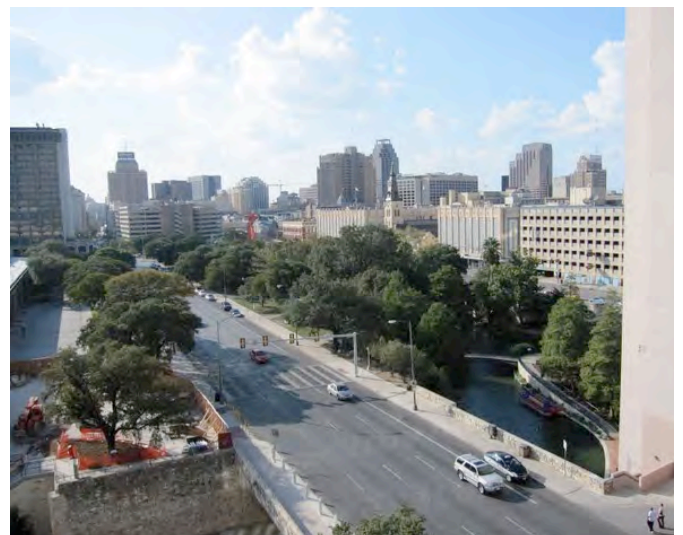
varying practice models and definitions between toxicologist and epidemiologists. Luckily these two groups work well together to bridge this divide and have resulted in cross-training and enhancement of the Florida Poison Center system to enable it to act efficiently in both roles. Ultimately this has resulted in some paradigm changes in how data is collected and coded in the poison centers. Likewise, operational changes in handling cases have also enabled the

Center to provide information and support for the rest of the public health surveillance team. The poison center's involvement in the Florida Flu Hotline has proven its ability to mobilize and rapidly deploy large public health operations in a short period of time. This ability allows the poison centers to be used in a variety of different ways in the future whether it is for food-borne illnesses, drug/food recalls, environmental hazards or bioterrorism events.

NACCT Lectures Available On-Line

Rachel Donovan, MBA

In an effort to bring the latest technologies to the conference, and reduce the Congress' environmental footprint, NACCT launched the first-ever online library. This new benefit for attendees allows registrants to own and access the audio and presentations from the session for an entire year; allowing them to print or download the content in any way that suits them best. Conference registrants should have received an email with their link for their profile. If you registered and didn't receive a link, please email Rachel Donovan



Upcoming Meetings

NACCT 2010
October 2010
Denver, CO
www.clintox.org

Society of Forensic Toxicology
SOFT 2009
October 18 - 23, 2009
Oklahoma City, OK
<http://www.soft-tox.org/>

Societe Francaise pour l'Etude des Toxines
17th Meeting on Toxinology
"Toxins and Signaling"
Pasteur Institute, Paris, France
December 2-3, 2009
<http://www.sfet.asso.fr/>

American College of Medical Toxicology
8th Annual Spring Conference
March 12-14, 2010
Scottsdale, AZ
<http://www.acmt.net>

American Occupational Health Conference
ACOEM Annual Scientific Meeting
May 2 - 5, 2010
Orlando, FL
<http://www.acoem.org/aohc2010.aspx>

XXX International Congress of the European
Association of Poisons Centres and Clinical
Toxicologists
May 11-14, 2010
Bordeaux, France
<http://www.eapcct.org/show.php?page=congress>

The Society of Toxicologic Pathology (STP)
2010 Annual Meeting
June 19-24, 2010
Chicago, Illinois
<http://www.toxpath.org/>

IUTOX 2010 Congress (XII International Congress
of Toxicology)
July 11-15, 2010
Barcelona, Spain
<http://www.icoh2009.co.za/cgi-bin/giga.cgi?c=1600>







Nine 'Red Flags' in ACGME Accreditation Site Visits

Alan Woolf MD, MPH, FAACT



Many AACT members who are training program directors for ACGME-accredited physician-trainee residencies and fellowships (e.g. emergency medicine, preventive medicine, medical toxicology) are always a short time away

from either a mid-cycle institutional internal review or an official ACGME site visit. Good preparation can avoid citations from the ACGME and a shortened review cycle. Here are some glaring red flags that get a program in trouble (taken from the ACGME web-site):

1. Lack of Program Leadership

Failure to listen to resident or fellow concerns and to make program changes

2. Lack of Program Infrastructure

Insufficient curriculum; deficiencies in evaluating residents or clinical fellows, faculty, or program

3. Lack of Appropriate Volume and Variety of Patients

Too few patients, lack of balance of diagnoses, evidence of disputes between specialties over who gets the patients

4. Problems with Resident Recruitment or Retention

Unfilled positions or high resident/fellow turnover or too few graduates taking Boards

5. Lack of Dedicated Teachers

Few faculty members credentialed and committed to teaching residents or clinical fellows; insufficient support services for patient care; residents often 'covering' clinical services with no teaching opportunities

6. Lack of Meaningful Didactics

Few rounds, conferences, or scheduled lectures

7. Lack of Financial & Human Resources

Outdated facilities; excessive clinical demands of faculty & program director; insufficient support services for patient care; residents 'covering' multiple clinics and hospitals

8. Service Much Greater Than Education

Undue reliance on residents/fellows; pattern of duty hour violations

9. Lack of preparation for Accreditation Process

Poorly prepared Program Information Form (PIF) (obvious errors, lack of documentation, failure to follow instructions, late submission); Arguing with site visitor over ACGME standards or evidence of lack of 'buy-in' regarding all accreditation standards and the process

Call for Nominations: NCEH/ATSDR Board of Scientific Counselors (BSC) for 2010

Please consider nominating suitable AACT members to serve on the NCEH/ATSDR Board of Scientific Counselors (BSC) for 2010. BSC provides advice and guidance to help NCEH/ATSDR work more efficiently and effectively with its various constituents and to fulfill its mission in protecting America's health. NCEH/ATSDR Board of Scientific Counselors (BSC) encompasses all of environmental toxicology within the CDC, and is not limited to just children's environmental health.

The deadline to receive applications is

Monday, November 30, 2009. More information can be found below, as well as clicking on the following link to view the Federal Register Notice requesting nominations for candidates to serve on the BSC:

<http://edocket.access.gpo.gov/2009/pdf/E9-16339.pdf>

For questions, please contact Sandra Malcom at (770) 488-0575 or SMalcom@cdc.gov.

AACT NEWSMAKERS

Michael G. Holland, MD

AACT members Carl Baum and Jeff Brent were quoted in an article in the *Chicago Tribune* on November 22, 2009. The article, entitled: "Autism treatments: Risky alternative therapies have little basis in science" is by *Tribune* Reporters Trine Tsouderos and Patricia Callahan. Brent and Baum are interviewed about the unconventional chelation therapy for treatment of autism in children. Dr. Carl R. Baum is director of the Center for Children's Environmental Toxicology at Yale- New Haven Children's Hospital, and Dr. Jeffrey Brent of the University of Colorado, Denver, is former president of the American Academy of Clinical Toxicology. Read the full article at: <http://www.chicagotribune.com/health/chi-autism-treatments-nov22,0,1396079.story>

AACT Member Gary Wasserman, MD, FAACT was interviewed by the *Kansas City Star* Newspaper on November 5, 2009 regarding the dangers of button battery ingestions in children. The article, entitled "Button battery was no 'treat'", was written by *Kansas City Star* Reporter Lee Hill Kavanah. Dr. Wasserman is

Pediatrician and Medical Toxicologist at Children's Mercy Hospitals and Clinics in Kansas City, MO. Content is available on line for a fee to read the article at: https://verify1.newsbank.com/cgi-bin/ncom/KC/ec_signin

Current AACT President Michael I. Greenberg, MD was interviewed by *Newsweek* magazine on October 26, 2009 regarding the recent sodium azide poisonings in a lab coffee pot at Harvard. *Newsweek's* Johannah Cornblatt talked to Dr. Greenberg about the dangers of sodium azide, as well as the chemical's atypical use as a poison. Dr. Greenberg is Professor and Medical Toxicology Fellowship Program Director at Drexel University College of Medicine. Read the full story at: <http://blog.newsweek.com/blogs/thehumancondition/archive/2009/10/26/is-your-coffee-poison-scary-questions-from-the-leaked-harvard-memo.aspx>

