



**ASSOCIATION  
OF PEDIATRIC  
PROGRAM  
DIRECTORS**

# **Annual Report**

May 2008

*Association of Pediatric Program Directors  
6728 Old McLean Village Drive  
McLean, VA 22101  
Phone: 703-556-9222; Fax: 703-556-8729  
Email: [info@appd.org](mailto:info@appd.org); Web: [www.appd.org](http://www.appd.org)*



---

## TABLE OF CONTENTS

	<i>Page</i>
President’s Message .....	2-3
APPD Leadership .....	4-7
Membership / Regions .....	8
Regional Reports .....	8-14
Fellowship Directors .....	15
Associate Program Directors .....	15
APPD Awards .....	16
Special Projects .....	17-18
Communication .....	19
Task Forces .....	20-21
Interactions with Liaison Organizations .....	22-27
(PCOC, COPE, COMSEP, OPDA, FOPO, ABP, CoPS)	
Coordinators’ Executive Committee .....	28
Coordinator’s Certification .....	29-31
Special Project Updates .....	32-39
Finances .....	40

Dear Colleagues:

This has been another great year for the APPD! Our number of members has grown remarkably since our humble beginnings almost 25 years ago when, under the direction of Bob Holm, fewer than 50 members gathered for a dinner meeting the night before the PAS Meeting. We now have nearly 2000 members and host our own two and one half day Annual Meeting just before the PAS AND a very successful two-day Fall Meeting as well. One of our largest member groups – the Associate Program Directors (APDs) – have begun to organize with the help of Nancy Spector, Keith Mann and APPD Board Member, Monica Sifuentes. I expect our relationship with Vicky Norwood and the CoPS contingency to blossom as well. We will continue to foster professional development for our membership but recognizing we cannot be all things to all people, this too will need ongoing strategy. We continue to work toward completion of our five-year strategic plan and have already made considerable headway. In addition, we have been provided additional opportunities to interface with groups representing the ABP Foundation and the ACGME. I will attempt to highlight several of our accomplishments and on-going projects.

The ACGME continuity clinic log has now been made optional and we are continuing our efforts to be pro-active, working with John Olsson and the APA Continuity Clinic SIG in creating recommendations to the Pediatric RRC. Adam Pallant will continue assisting us in this role as he retires from his APPD Board term and Dena Hofkosh will be our APPD Board liaison to this ongoing effort.

Ted Sectish is moving our professional development “Leadership Academy” concept forward and may crosslink with the AAP and the APA efforts along with the Federation of Pediatric Organizations (FOPO) as these efforts mature.

Along with John Frohna of the ABP’s program directors group, we have helped develop resources for teaching and evaluating professionalism and will soon be meeting to discuss dissemination of these resources.

Working with Mary Ottolini and the APA’s education committee, the APPD is involved with the planning of an educational “think tank,” entitled *Educational Summit*. It is hoped that this effort will come to fruition some time in 2009. In related efforts, the APPD with COMSEP and Mary Ellen Gusick, representing the APA, have begun planning for a shared education-focused independent meeting for Fall 2009. This meeting will likely have a theme which crosses the educational silos and should provide excellent opportunities for educators across the educational continuum to begin collaborations and, potentiall, research.

Spring 2009 will mark the first ever combined APPD and COMSEP Meetings aligned with the 2009 PAS Meeting in Baltimore. After some facilitation by Ken Roberts, Bill Raszka and Robin Dederling have worked hard with us to make this a reality. Both APPD and COMSEP will have their own separate business meetings, with one day overlapping workshops to appeal to both student and resident program educators and administrators.

Our efforts to facilitate professional scholarship have been jump-started. Ann Burke, with the Share Warehouse team, has launched our innovative educational repository, complete with electronic tracking and reporting for the numbers of times your submitted work has been accessed and or cited. The APPD’s Longitudinal Educational and Research Network (LEARN) will have some inaugural projects outlined at our Hawaii meeting, with Patty Hicks running the Procedural Competencies session. Our members who had poster abstracts accepted for our Hawaii meeting will be the first to benefit from our new relationship with the APA journal, *Ambulatory Pediatrics*. Those abstracts will be published in their Spring edition. Special thanks to Arthur Fierman for all his help and support. There will be more exciting news related to the APA journal following the completion of contracts with the journal publishers and the APA!

The Task Forces and Regional Chairs are getting more active and productive. We are now expecting bi-annual reports from these groups and exploring ways to insure involvement by all membership groups. The Task Forces will have a chance to highlight their collaborative efforts with the COMSEP folks next year! Special thanks to all those directors and coordinators who have stepped up and led a relatively new charge!

---

Our newest effort involves organizing a Development Committee which Carol Berkowitz has graciously agreed to head. This group will explore fund raising efforts to support much of the collaborative research ideas generated from LEARN and residency educational innovations. As the American Board of Pediatrics Foundation and the ACGME report the next steps from their R3P project, we will explore ways to get involved with potential innovations for residency programs.

Moving forward the APPD will continue to grow and flourish. Your newly elected leadership, under soon-to-be President Susan Guralnick, has my ultimate support and trust. As I leave office, I must publicly acknowledge and thank my amazing APPD Board of Directors and our oh-so-reliable and capable APPD staff – Kathy Haynes Johnson (Association Manager), Daglyn Carr (Executive Assistant) and Consultant, George Degnon. Extra-special thanks to our Executive Director, Laura Degnon, without whom this presidency would have been but another task to efficiently manage. I know many of you admire her talents and expertise, but few of us have been so fortunate to interact weekly with her wise and endless energy.

Sincerely,



Robert S. McGregor, MD  
President, Association of Pediatric Program Directors



---

## APPD Leadership

### **President**

Robert McGregor, MD  
Pediatric Residency Program Director  
St. Christopher's Hospital for Children  
Erie Avenue at Front Street  
Philadelphia, PA 19134-1095  
Phone: 215-427-8944  
Fax: 215-427-4805  
E-mail: rmcgrego@drexelmed.edu

### **President-Elect**

Susan Guralnick, MD  
Pediatric Residency Program Director  
SUNY at Stony Brook School of Medicine  
HSC T11- 040  
Stony Brook, NY 11794-8111  
Phone: 631-444-2020  
Fax: 631-444-2894  
E-mail: susan.guralnick@stonybrook.edu

### **Secretary - Treasurer**

Joseph Gilhooly, MD  
Program Director  
Oregon Health Sciences University  
3181 S.W. Sam Jackson Park Road,  
Mail DC-10S  
Portland, OR 97239  
Phone: 503-418-5174  
Fax: 503-418-5199  
E-mail: gilhooly@ohsu.edu

### **Past President**

Theodore C. Sectish, MD  
Children's Hospital Boston  
Department of Medicine  
Hunnewell 252.3  
300 Longwood Avenue  
Boston, MA 02115  
Phone: 617-355-7681  
Fax: 617-730-0469  
E-mail: theodore.sectish@childrens.harvard.edu

### **Executive Director**

Laura E. Degnon, CAE  
6728 Old McLean Village Drive  
McLean, VA 22101  
Phone: 703-556-9222  
Fax: 703-556-8729  
E-mail: laura@degnon.org

### **Board of Directors**

Annamaria Church MD, FAAP  
*Newsletter Editor and  
Communications Director*  
Wellington, FL 33414  
Phone: 561-798-6286  
E-mail: achurch55@aol.com

Patricia Hicks, MD  
Program Director  
UT Southwestern Medical Ctr  
5323 Harry Hines Blvd  
Dallas, TX 75390-9063  
Phone: 214-456-5518  
Fax: 214-456-2625  
Email: patty.hicks@childrens.com

Dena Hofkosh, MD  
Pediatric Residency Program Director  
Children's Hospital of Pittsburgh  
3705 Fifth Avenue  
Pittsburgh, PA 15213-2583  
Phone: 412-692-6541  
Fax: 412-692-7231  
E-mail: dena.hofkosh@chp.edu

Adam Pallant, MD, PhD  
Pediatric Residency Director  
Brown Medical School  
Hasbro Hospital- 135, 593 Eddy St  
Providence, RI  
Phone: 401-444-6072  
Fax: 401-444-2988  
E-mail: apallant@lifespan.org

Monica Sifuentes, MD  
Program Director, Dept. of Pediatrics  
Los Angeles Co-Harbor UCLA Med Ctr  
1000 W. Carson St. Box 437  
Torrance CA 90509  
Phone: 310-222-3080  
Fax: 310-533-8579  
E-mail: msifuentes@pol.net

### **APPD NATIONAL OFFICE**

6728 Old McLean Village Drive  
McLean, VA 22101  
Phone: 703-556-9222  
Fax: 703-556-8729  
info@appd.org ~ www.appd.org

---

## Coordinators' Executive Committee

### **Judy Behnke**

Children's Hospital of Austin  
1400 N. IH 35  
Austin TX 78701  
Phone: 512-324-8565  
Fax: 512-324-8634  
E-mail: jbehnke@seton.org

### **Valarie Collins, C-TAGME**

University of South FL Pediatric Residency  
All Children's Hospital  
861 Sixth St. South, Box 6960  
St. Petersburg FL 33701  
Phone: 727-767-4106  
Fax: 727-767-8804  
E-mail: collinsv@allkids.org

### **Therese D'Agostino**

Massachusetts General Hospital  
Pediatric Residency  
15 Parkman Street - WAC 731  
Boston, MA 02114  
Phone: 617-726-2553  
Fax: 617-726-5961  
E-mail: tdagostino@partners.org

### **Lorrayne Garcia, C-TAGME**

Coordinator, Dept of Peds & Med Peds  
Mount Sinai School of Medicine  
One Gustave L. Levy Place - Box 1512  
New York, NY 10029  
Phone: 212-241-6934  
Fax: 212-241-4309  
Email: lorryne.garcia@mssm.edu

### **Vanessa Goodwin**

Vermont Children's Hospital/Fletcher Allen  
111 Colchester Ave., Modular B, Rm 113  
Burlington, VT 05401  
Phone: 802-847-3544  
Fax: 802-847-5557  
E-mail: vanessa.pichette@vtmednet.org

### **Marlene Keawe, MBA**

Program Administrator, Ped Res Program  
University of Hawaii  
1319 Punahou Street # 742  
Honolulu, HI 96826  
Phone: 808-983-8387  
Fax: 808-945-1570  
Email: mkeawe@hawaii.edu

## Council of Task Force Chairs

### **Chair: Susan Guralnick MD**

Pediatric Residency Program Director  
SUNY at Stony Brook School of Medicine  
HSC T11- 040  
Stony Brook, NY 11794-8111  
Phone: 631-444-2020  
Fax: 631-444-2894  
E-mail: susan.guralnick@stonybrook.edu

## Task Force Leaders

### *Evaluation*

#### **J. Marc Majure MD - Task Force Chair**

Pediatric Residency, Dept. of Pediatrics  
Director, Duke University Medical Center, Box 3127  
Durham, NC 27710  
Phone: 919-684-2356  
E-mail: majur001@mc.duke.edu

### *Curriculum*

#### **Susan Bostwick, MD**

Dept. of Pediatrics - Box 139  
New York Presbyterian Hospital (Cornell Campus)  
525 E. 68<sup>th</sup> St.  
New York, NY 10021  
Phone: 212-716-3522  
Fax: 212-746-3140  
E-mail: sbbostwi@mail.med.cornell.edu

### *Faculty Development*

#### **Surendra K. Varma, MD**

Peds Residency Program Director  
Texas Tech Univ, Hlth Sciences Ctr (Lubbock)  
3601 4th Street, Stop 9406  
Lubbock, TX 79430-9406  
E-mail: surendra.varma@ttuhsc.edu

### *Learning Technology*

#### **Abhay Dandekar, MD**

Assistant Professor of Pediatrics  
David Geffen Schl of Med at UCLA  
Kaiser Permanente Medical Ctr-Peds Dept  
Oakland, CA 94611  
Phone: 510-752-1442  
Fax: 510-805-0391  
Email: abhay.dandekar@kp.org

### *Research*

#### **John Co, MD**

Massachusetts General Hospital  
15 Parkman Street, WAC 731  
Boston, MA 02114  
Phone: 617-726-4004  
Fax: 617-726-5961  
E-mail: jco@partners.org

---

## **Council of Regional Chairs**

### **Chair: Theodore C. Sectish MD**

Children's Hospital Boston  
Department of Medicine  
Hunnewell 252.3  
300 Longwood Avenue  
Boston, MA 02115  
E-mail: [theodore.sectish@childrens.harvard.edu](mailto:theodore.sectish@childrens.harvard.edu)

### ***Northeast Region***

#### **Edwin L. Zalneraitis, MD**

Pediatric Residency Program Director  
Connecticut Children's Medical Center  
282 Washington Street  
Hartford, CT 06030  
[ezalner@ccmckids.org](mailto:ezalner@ccmckids.org)

#### **Aida Velez, MEd**

Program Administrator, University of Connecticut  
Peds Res Prg - CT Children's Med Ctr  
282 Washington Street  
Hartford, CT 06106  
[avelez@ccmckids.org](mailto:avelez@ccmckids.org)

### ***New York Region***

#### **Susan Guralnick, MD**

Peds Residency Prgrm Dir, Assoc Prof  
Stony Brook Univ School of Medicine  
HSC T11 Room 040  
Stony Brook, NY 11794-8111  
[susan.guralnick@stonybrook.edu](mailto:susan.guralnick@stonybrook.edu)

#### **Mary Gallagher, C-TAGME**

Long Island College Hospital  
Beth Israel Medical Center  
339 Hicks St.  
Brooklyn, NY 11201  
[pediatricgallagher@yahoo.com](mailto:pediatricgallagher@yahoo.com)

### ***Mid-Atlantic Region***

#### **Clifton E. Yu, MD**

Program Director  
Nat'l Capital Consortium Peds Residency Prgrm  
8901 Wisconsin Ave  
Bethesda, MD 20889  
[clifton.yu@na.amedd.army.mil](mailto:clifton.yu@na.amedd.army.mil)

#### **Kathy Miller**

Sr. Academic Program Coordinator  
Johns Hopkins University  
CMSC 2-124, 600 N. Wolfe Street  
Baltimore, MD 21287  
[kmm@jhmi.edu](mailto:kmm@jhmi.edu)

### ***Southeast Region***

#### **Mark Bugnitz, MD**

Prgrm Dir, Dept of Pediatrics  
Univ of Tennessee Hlth Science Ctr  
50 North Dunlap  
Memphis, TN 38103  
[mbugnitz@utmem.edu](mailto:mbugnitz@utmem.edu)

#### **Karen Ariemma**

Pediatric Residency Coordinator  
Department of Pediatrics-UT  
Univ of Tennessee Hlth Science Ctr  
50 North Dunlap Street  
Memphis, TN 38103-2808  
[kariemma@utmem.edu](mailto:kariemma@utmem.edu)

### ***Mid-America Region***

#### **Raheel R. Khan MD**

Pediatric Residency Program Director  
West Virginia University (Charleston)  
830 Pennsylvania Avenue, Suite 104  
Charleston, WV 25302  
[raheel.khan@camc.org](mailto:raheel.khan@camc.org)

#### **Christine Mayes, BA**

Pediatric Residency Coordinator  
Children's Hospital Medical Ctr of Akron  
One Perkins Square  
Akron, OH 44308-1062  
[cmayes@chmca.org](mailto:cmayes@chmca.org)

### ***Mid-West Region***

#### **James J. Nocton, MD**

Program Director, Med College of Wisc  
Children's Corporate CtrPeds/Med Educ  
999 N. 92nd St, Ste C430  
Milwaukee, WI 53226  
[jnocton@mcw.edu](mailto:jnocton@mcw.edu)

#### **Tara Shirley**

Pediatric Residency Coordinator  
Univ of Kansas Schl of Medicine-Wichita  
1010 North Kansa  
Wichita, KS 67214  
[tshirley@kumc.edu](mailto:tshirley@kumc.edu)

### ***Southwest Region***

#### **Surendra K. Varma, MD**

Peds Residency Program Director  
Texas Tech Univ, Hlth Sciences Ctr (Lubbock)  
3601 4th Street, Stop 9406  
Lubbock, TX 79430-9406  
[surendra.varma@ttuhsc.edu](mailto:surendra.varma@ttuhsc.edu)

---

**Judy Behnke**

Program Coordinator  
Children's Hospital of Austin  
1400 North IH 35  
Austin, TX 78701  
jbehnke@seton.org

***Western Region*****Cynthia Ferrell, MD, MEd**

Assistant Professor, Pediatrics  
Oregon Hlth Science Univ Dept of Peds  
707 SW Gaines Rd; Mail Code CDRCP  
Portland, OR 97239  
ferrellc@ohsu.edu

**Laurie Ashenbrenner, C-TAGME**

Education Manager  
Oregon Health Sciences University  
707 SW Gaines Rd, CDRCP  
Portland, OR 97239  
ashenbrl@ohsu.edu

**Nominating Committee****Chair: Theodore Sectish, MD**

Children's Hospital Boston  
Department of Medicine  
Hunnewell 252.3  
300 Longwood Avenue  
Boston, MA 02115  
Phone: 617-355-7681  
Fax: 617-730-0469  
E-mail: theodore.sectish@childrens.harvard.edu

**George M. Johnson, MD**

Peds Residency Program Director  
Medical Univ of SC - Dept of Peds  
96 Jonathan Lucas St, 312 CSB  
Charleston, SC 29425  
Johnsogm@musc.edu

**Surendra K. Varma, MD**

Peds Residency Program Director  
Texas Tech Univ, Hlth Scis Ctr (Lubbock)  
3601 4th Street, Stop 9406  
Lubbock, TX 79430-9406  
surendra.varma@ttuhsc.edu

---

## APPD Membership

The APPD membership dues year is from July 1-June 30. Annual dues are \$1200 per accredited pediatric program, which includes the program director, associate program director, department chair, coordinator, and chief residents. **We also invite individuals from programs such as Pediatric Emergency Medicine, Medicine Pediatrics, Child Psychiatry, Pediatric Physical Medicine and Rehabilitation, Genetics, and Subspecialty Training Fellowship Directors to join the APPD.** There is a \$100 charge for each additional individual. **Programs are also offered the option to include an unlimited number of members from their program for \$2000.** APPD's membership currently includes 184 programs, totaling 1925 individuals.

### Our Regions

There are eight regions within APPD, broken down as follows:

**New England:** ME, NH, MA, CT, VT, RI

**New York:** NY, Northern NJ

**Mid-Atlantic:** Southern NJ, East PA, DE, MD, Washington DC

**Southeast:** VA, NC, SC, GA, FL, AL, MS, LA, AR, TN

**Mid-America:** West PA, OH, WV, KY, IN, MI

**Midwest:** IL, WI, MN, IA, MO, KS, NE, OK

**Southwest:** TX, AZ

**Western:** CA, NV, OR, WA, HI, CO, NM, UT

*Programs that wish to belong to a region outside of the above structure are free to do so. The program must notify the APPD office, their 'old' regional chairs, and their 'new' regional chairs.*

### **Regional Guidelines**

- Each region will develop their own rules of operation.
- Regions will be led by Regional Chairs (made up of a program director or a coordinator, or both) to be part of the Council of Regional Chairs.
- Outline of leadership roles (terms, 3 year terms, staggering terms, etc) and responsibilities (expectations, i.e., minutes, postings, newsletters, teleconferences, listservs, face-to-face meetings, financing local projects that would allow for intermittent dues) will be determined with assistance from the APPD.
- The regularity of teleconferences and face-to-face meetings, the frequency of APPD internal/external communications tools/products (such as newsletters, website, listserv, etc) and the quality control of these products will be managed with the APPD Communications Director and Executive Director.

*The sixteen elected Regional Chairs and the APPD Immediate Past President will comprise the Council of Regional Chairs.*

If for any reason a Regional Chair cannot fulfill the elected term, a special election will take place. The vacating Regional Chair will notify the Executive Director that a vacancy will occur. Nomination for replacement will be submitted to the appropriate region. A vote will take place to select a new Chair. This may be done by mail, electronically, or at a face-to-face meeting.

### **Regional Reports**

#### ***Mid-America***

APPD Mid-America region held its annual fall meeting at Nationwide Children's Hospital/OSU in Columbus, Ohio on October 19, 2007. Once again, Dr. John Mahan and Debbie Saunders graciously hosted the meeting. Over 40 participants representing 15 residency programs attended the meeting.

Formal interactive seminars were presented at the meeting:

- Improvement Sciences applied to Medical Sciences  
*Dr. Javier Gonzalez – Cincinnati Children's Hospital*

- 
- Individualized Learning Plans  
*Dr. Ann Burke – Wright State University*
  - Evidence-Based Medicine Skills Curriculum  
*Dr. Martha Wright – Rainbow Babies & Children’s Hospital*
  - Impact of Family Centered Rounds on Resident Education  
*Dr. Rita Pappas – Cleveland Clinic*  
*Dr. Michael Vossmeier – Cincinnati Children’s Hospital*
  - Lessons from Community Pediatrics/Dyson Curriculum & Evaluation  
*Dr. Jerry Rushton*

Drs. John Mahan and Raheel Khan conducted a brain-storming session on “Hot Topics”. Regional Coordinator Chair, Christine Mayes of Children’s Hospital Medical Center of Akron led a breakout session for the residency coordinators to discuss *Resident Recruitment* and *Data entry for Continuity Clinics*.

Dr. Khan discussed streamlining the regional election process and roles and responsibilities of regional officers. It was decided to continue with Regional Chair, Associate Chair and Coordinator Chair, with the possibility of adding an Associate Coordinator Chair in future. Each officer’s term will be limited to two years with the preference for Associate Chair to assume Chair’s position after two years. Elections to be held by balloting in April and results announced at the annual meeting.

APPD Mid-America region Chair, Dr. Raheel Khan thanked Dr. Mahan and Debbie Saunders for hosting the meeting. The venue for the 2008 fall regional meeting will be decided at the annual meeting in Hawaii. See you all there!

Submitted by: *Raheel Khan, MD - West Virginia University-Charleston*  
*Hilary Haftel, MD - University of Michigan Medical School*

### ***Mid-Atlantic***

The APPD Mid-Atlantic Region held its fourth annual Fall Meeting on September 26, 2007 at the National Capital Area Medical Simulation Center which is located on the campus of the Walter Reed Army Institute of Research (WRAIR) in Silver Spring, Maryland. We had a great turn out of close to 50 participants representing 13 programs throughout the Mid-Atlantic region. The morning consisted of a variety of presentations on unique projects as diverse as ILP’s for chief residents, longitudinal resident retreat curricula, novel approaches to the semi-annual review, and electronic curricula for community based continuity clinics.

In the afternoon, tours and demonstrations were given at the simulation center at WRAIR as well as the simulated delivery room at the Bethesda Naval Hospital.

In addition to our meeting, several programs within our region have continued to participate in our educational research collaborative on projects in such areas as direct observation of residents, as well as use of “public” search engines by pediatric residents for clinical and evidence based medical information.

For those of us in the region lucky enough to make it to out to Honolulu, we look forward to our next get together in the Spring!

Clifton E. Yu, MD  
Program Director  
National Capital Consortium Pediatric Residency  
Chair, APPD Mid-Atlantic Region

### ***Midwest***

The APPD Midwest Region held its second annual regional teleconference on January 17, 2008 with program directors, associate program directors, and chief residents from multiple programs throughout the region participating. Two topics were presented and discussed:

- 
1. Measuring and documenting professionalism. Stacy McConkey, MD, Program Director at the University of Iowa led a discussion regarding how our programs can better evaluate and document professionalism. Most of the discussion centered on resident compliance with completing the administrative tasks required of them, and utilizing these requirements as a measure of professionalism. The residency program at the University of Iowa has developed a metric that assigns points for the completion of specific tasks such as completing an individual learning plan, maintaining procedure logs, completing a QI project, etc. This system not only allows a measurable evaluation of professionalism, but also serves as a means of motivating residents to complete the administrative tasks on time. Stacy and her colleagues presented preliminary data showing that resident scores on this metric appear to correlate with another measure of professionalism, the 360 evaluation. There was a great deal of discussion regarding the reward and/or penalty for those with suboptimal scores on the metric. Specifically, it is apparent that we all have difficulty defining threshold criteria for when to restrict a resident from either progressing to the next level, or fulfilling the professionalism requirement to be board eligible.
  2. Teaching procedures to residents. Jay Nocton, MD, Program Director at the Medical College of Wisconsin led a discussion regarding how programs are teaching procedures. The RRC requirements for procedures were reviewed, and it is clear that in most programs where ancillary staff perform procedures, residents are often not able to receive sufficient training and/or experience with some procedures. In particular, phlebotomy, intravenous line placement, and bladder catheterization are performed in most programs primarily by ancillary staff, giving residents little opportunity for either initial training or maintenance of skills. The Medical College of Wisconsin program has partnered with the nursing education leadership at Children's Hospital of Wisconsin to adapt the nursing intravenous line curriculum for the residents. It is now mandatory that all residents complete a web-based curriculum as well as participate in a hands-on workshop to learn how to place intravenous lines. The group shared some of the additional approaches that have worked for specific procedures within their own programs. It was agreed that it would be beneficial to develop similar approaches to provide residents with sufficient training in some of the other procedures performed primarily by ancillary staff.

The Midwest Region also has decided to create a third leadership position within the region. This position will be that of Regional Associate Program Director Chair. Two individuals have been nominated and voting is underway to elect an individual to work with the current Program Director and Coordinator Co-Chairs on regional plans.

The Midwest Region will be holding their third annual face-to-face meeting on the morning of April 30, 2008 in Honolulu immediately prior to the APPD meeting. Topics for this meeting will be determined after surveying our membership, and may include a regional SIG if the membership is interested. We look forward to seeing everyone there!

Respectfully submitted,  
Jay Nocton and Tara Shirley

### ***New England***

Background: The NPPD is a regional group of the APPD founded under the leadership of Dr. Ken Roberts in 1991. The group meets twice yearly in the spring and fall, just before and just after the APPD meetings respectively. The meeting location is rotated among the member programs, and Program Directors, Program Coordinators and Chief Residents attend. The NPPD has now included Pediatric Clerkship Directors as well.

The agenda is developed in advance from a member survey. A database of names, addresses, phone and fax numbers and email addresses, is kept for all three groups. A group email list is kept for Program Directors, Program Coordinators and Chief Residents for ease of communication between meetings. Organization of NPPD occurs through the Program Director and Program Coordinator Chairs, currently Ed Zalneraitis and Aida Velez. Each program contributes to the cost of meetings according to the number attending from the program. Each host program provides breakfast, lunch and meeting rooms for about \$35 per person. The group also follows up on the spring NPPD meeting at the Regional Breakfast of the APPD Spring Meeting. The group addresses issues of regional import to augment the contributions of the APPD.

---

Member Programs:

Albany Medical Center  
Bay State Medical Center (Tufts University SOM Western campus)  
Boston Medical Center (Boston Combined)  
Children's Hospital of Boston (Boston Combined)  
University of Connecticut (Connecticut Children's Medical Center)  
Dartmouth-Hitchcock Medical Center (CHADD)  
Maine Medical Center (Barbara Bush Children's Hospital)  
Massachusetts General Hospital  
Brown University (Hasbro Children's Hospital)  
Tufts New England Medical Center (Floating Children's Hospital)  
University of Massachusetts  
University of Vermont  
Yale University (Yale-New Haven Children's hospital)

2007 - 2008 Summary:

The NPPD fall meeting was held at Hasbro Children's Hospital, with the host being the Brown University Program and Adam Pallant. The spring meeting is set for March of 2008 at Bay State (Tufts University SOM Western campus) with Barbara Stechenberg the host Director. The agendas continue to be by pre-meeting survey and include issues of particular import in the region. The meetings are well attended by Pediatric Program Directors, Program Coordinators, Chief Residents and Pediatric Clerkship Directors. Agendas are available for review. There is always a common activity for all participants together at the start of each meeting. Each constituent group then holds a separate meeting.

The Program Directors meetings have selected topics for discussion that allow a broad sharing of ideas and resources. The Coordinators discuss current problems that they face in common and plan for their activities at APPD. During the spring meeting, both finishing and incoming Chief Residents address a variety of issues of relevance to the upcoming transition to the Chief Residents for the next year. The topics are developed by an advanced survey, and they are listed on the agenda. The focus was on preparing for the new academic year, but this also offered an opportunity to have finishing Chief residents reflect on the current year and its value for the future. During the fall meeting, the Chief Residents review new issues and their progress for the year. The afternoon is dedicated to finishing topics from the morning and included a joint session with Program Directors and Chief Residents to clarify issues raised during the breakout sessions.

Submitted by Edwin L. Zalneraitis, MD

***New York***

The New York/New Jersey Region will hold its regional meeting after the spring APPD meeting this year, on May 21st at Fort Hamilton, in Brooklyn. We have chosen to schedule our retreat in May in order to report any important information from the APPD Meeting to those who will be unable to attend the Hawaii meeting. This will provide a forum for information and discussion of issues addressed at the APPD meeting. Our spring regional meeting will include program directors, program coordinators, as well as incoming and outgoing chief residents. An important part of our agenda at this meeting will include a celebration of the life of Dr. Harvey Aiges. Harvey was the founder of our regional group, and clearly was an important part of our regional "core." The retreat will provide opportunities for attendees to share their memories of Harvey, and how he touched their lives. We are also holding elections for new regional co-chairs, and these chairs will begin their tenure at the Hawaii meeting.

Submitted by Susan Guralnick, MD and Mary Gallagher, C-TAGME

***Southeast***

Pediatric Program Directors, Coordinators and Chief Residents affiliated with the Categorical, Subspecialty, and Combined Training Programs met as a group during the APPD Spring Meeting in Toronto. Thirty-one of the 37 programs in the Southeast Region were in attendance at the APPD meeting. After introductions of all participants, various clusters reported on their area meetings. Florida, Georgia Plus, North Carolina and Tennessee Plus had met as groups during the interim since the Spring Meeting in San Francisco. These meetings were felt to be of help to the programs

---

who were able to attend and it was the consensus of these clusters to continue to meet, if possible, during the year between Spring Meetings. It was also decided that the Conference Calls for the entire region which are also conducted between Spring Meetings were helpful and should be continued. After the cluster reports were concluded, the group engaged in a lively discussion of Hot Topics that had been identified from a survey of the Region prior to the APPD meeting.

1. Direct Observations Programs who have initiated observed exams do so during specific rotations trying to key on critical areas. Hospitalists are often involved as the faculty members who directly observe the residents. Most programs are trying to directly observe residents on the ward rotations, the full term nursery rotation, and during an outpatient clinic experience. Many programs have focused on the Gyn exam in the outpatient setting. It was also the feeling of the group that faculty should receive some training in directly observing residents. Training should be designed to ensure a standardized approach to the evaluation. Also, it was felt that faculty should be comfortable providing feedback to the residents after the exercise is completed. In terms of being sure that this gets done, some programs use a calendar, either in the resident office or in the clinic. Some programs have the coordinator track which residents have had direct observations completed and the areas in which these have been done. Areas which the group suggested as amenable to direct observation included newborn exam, communication skills (doctor-patient interactions, providing anticipatory guidance), acute inpatient illness, consent process, and interactions with the adolescent patient.

## 2. Procedural Competency

All programs felt that there was adequate exposure to many of the required procedures was becoming more challenging. Many individuals felt that given the changing face of pediatric practice today, we should better define what procedures a general pediatrician should truly be competent in performing. Intubation was a particular concern as the opportunities to intubate were declining so that it was becoming harder to reach competency. Maintenance of competence was also a concern for program directors as residents may not get opportunities to practice many of the skills spread throughout their years of training. A number of programs have instituted the use of simulation to give initial training and to reinforce skills across all of the training years. Prior to adjourning the meeting, elections were held for a Program Director Chair and a Coordinator Chair to lead the Region for the next three years. After counting all of the ballots, the group enthusiastically endorsed Mark Bugnitz, Program Director at the University of Tennessee (Le Bonheur) and Karen Ariemma, Program Coordinator at the University of Tennessee (Le Bonheur) as the Chairs of the Southeast Region, 2007 – 2010. Submitted by Marc Majure, MD, Program Director Duke University and Chair of the Southeast region 2004 – 2007.

A majority of the members in the Southeast region participated in a conference call on November 1, 2007 to discuss topics of mutual concern or interest led by regional program director chair Mark Bugnitz, MD. Hot topics for that discussion included faculty development, how to credential for procedures i.e. numbers versus proof of competence, how to address the issue of good residents with low in-training exam scores, and the topic that never goes away of how we are all dealing with duty hour restrictions. There was lively discussion for nearly an hour. If anyone would like the notes from this conference call please email Karen Ariemma at kariemma@utmem.edu

In October we held a sub-regional meeting in Memphis at the Lebonheur Children's Medical Center. Participants included University of Arkansas, University of Alabama – Birmingham, LSU Shreveport, LSU New Orleans, Vanderbilt University and University of Tennessee. We had a group meeting in the morning then breakout sessions for program directors, coordinators and chief residents in the afternoon. Some of the topics discussed were resident and program compliance, recent RRC visits, Individual Learning Plans, faculty development and mentoring. This is the third area meeting we have held and was quite helpful to all involved.

Florida programs met in Orlando in the fall. All but one of the Florida programs was able to attend. Hot topics there included Maternity/Paternity/Family Leave, shared positions, integrated curriculum, ACGME patient logs and procedures, NICU staffing and work hours, community continuity clinics, 360 evaluations, Program wide QI in education and stress and fatigue.

Submitted by Mark C. Bugnitz, MD and Karen Ariemma  
Southeast Region Chairs

---

## *Southwestern Region*

The Southwestern Region held its last meeting during the APPD Annual Meeting in Toronto, May 4, 2007.

The first announcement informed the group that the Southwestern Region now consists of Texas and Arizona and that New Mexico would no longer be part of our region. Dr. Surendra Varma and Judy Behnke were then appointed to second 3-year terms as Chairs of the region.

Dr. Varma congratulated all of the programs on their success in the Match. There were no post-match scrambles, in spite of 2007 being a very competitive year in Pediatrics. Dr. Gonzalez suggested that the names of the Clerkship Directors be added to the list serve to facilitate a post-match scramble, if needed.

### Faculty Development:

- Dr. McCurdy reported that 66 physicians came to Toronto early to attend the May 2<sup>nd</sup> Faculty Development Program. 48 physicians completed the program.
- Dr. McCurdy has two 90-minute workshops that he presents to residency programs.
- Other presentations/workshops/ideas for both resident and faculty development are:
  - a. Six 90 minute Residents as Teachers programs given in the evenings;
  - b. Administrative Career Development Teaching Courses
  - c. Certificate Courses in Educational Leadership
  - d. Medical school-wide courses offering certificates in the basic skills of Residents as Teachers.
  - e. Pediatrics was the first specialty to work on faculty development. ACGME has mandated this for all programs.
  - f. Dr. Varma raised the question of how to teach community physicians and whether there are different definitions of faculty development.
  - g. A one month rotation for residents around the subject of resident teaching.
  - h. Bring community physicians to campus as teaching attendings, possibly with a stipend. Physician could also work on a topic regarding resident teaching to present as a faculty development skill.
  - i. Teaching DVD's.
  - j. The APA has a faculty development program. There are at least three graduates of this program in our region.
  - k. In Dallas, Parkland has community physicians attend one month/year. They also work on a topic to present or develop as a faculty development skill to teach residents.
  - l. The ShareWarehouse – Registration is done online and the physician receives credit for uploading a topic as well as for downloads of his/her presentation. Dr. Varma asks that the people from Dallas who are knowledgeable about this give instructions on the list serve about this process.
  - m. Faculty counsel of five program directors who meet every other month.
  - n. Two day workshops using both out of town and local resources.
  - o. "Feedback Fridays".
  - p. Some programs find it difficult to get people together and would appreciate hearing about more techno ways to involve faculty.
  - q. Discussion regarding passive vs participating development and how to document. How to measure "hands on" development. A pre- and post-activity assessment was suggested.
  - r. Coaching in the classroom – program directors go on rounds one half day each month to assess and give feedback.
  - s. How to entice faculty development beyond the minimum requirements.
  - t. A portfolio system that has four levels and an awards system. For promotion on the clinical education track, peer review is needed.
  - u. Several programs have collaborative efforts already in place.
  - v. Program directors go to the practices to teach
  - w. Grand Rounds presentations on "Feedback sandwiches".
  - x. Some feel that web content can be helpful but is less effective than personal teaching.
  - y. Resident teaching skills – get in their space. Do it in tiny bits and pieces.
  - z. Ask people whose opinion you value for feedback.

---

### **R3P Innovations project**

Dr. Patty Hicks reported the following. This group is seeking input from programs in the following areas:

1. Post residency program feedback.
2. Post residency positions for graduates – fellowships, private practice, in or out of Texas, etc.
3. What programs would like to collaborate on either regionally or nationally.

Information should be sent to Dr. Varma who will pass along to Dr. Hicks. Dr. Hicks will scan letter regarding the R3P project for dissemination to program directors.

Dr. Edwards asked what flexibility and possible waivers the ACGME would consider for an alternative training program, such as the continuity clinic requirement of 36 weeks, numbers of patients, maternity leave, etc. These would be individual arrangements and programs would need a very good way to record/document.

Structured vs non-structured – can there be a track established to prepare a resident for a specific career path, i.e., a resident planning to go into rural practice. Could this be done in collaboration with another program(s). Dr. Crandall suggested that a problem with a flexible track such as a rural community physician would need is that in most cases there would be no salary paid by the sponsoring hospital. Service needs and duty hours are another barrier.

There are social pediatrics tracks (four years in length), but funding is a big issue. Some program directors are unaware of where to find the requirements for alternative and/or flexible training tracks. It was hoped that Dr. Hicks could provide website links and or brochure information.

Submitted by Surendra K Varma, MD and Judy Behnke

### ***Western***

The 4th Annual Meeting of the Western Region of APPD was held in Seattle, Washington on October 8, 2007. Nine programs were represented at this meeting. We began our meeting with an R<sup>3</sup>P update by Dr. Bruder Stapelton reviewing its progress report and future goals. There was a brief update given on the Counsel of Pediatric subspecialties (CoPS). Action items regarding R<sup>3</sup>P from the meeting were: 1) Provide potential future innovations to address the R<sup>3</sup>P concept. 2) Provide funding ideas. 3) As a region come up with a standard questionnaire/evaluation that would help all of our programs meet phase 3 requirements, and create some baseline data. A detailed description of the entire discussion can be found at [www.appd.org](http://www.appd.org).

We shared several QI tools for improving our educational programs. This included the APPD Share Warehouse, E-portfolios and Board Review. Heather McPhillips shared U. Washington's process of using the LEAN method which involved residents in the process of change, in the changes underway in their inpatient unit.

The following regional business items were discussed: 1) Cindy Ferrell submitted a funding proposal to APPD board for some travel stipends for chief residents attending the Western Regional meeting or the annual meeting in Hawaii. 2) We will prepare a "how to do a regional meeting" guide for programs, as well as solidify which program will host the 2008 Regional meeting. 3) Cindy Ferrell clarified terms of Region Chairs with national office. National suggested we elect a new region chair to begin term at the annual meeting in May 2009, stay tuned for nomination information.

The location of our 2008 fall meeting was to be decided pending the outcome of the World Series playoffs between Arizona and Colorado.

A nice tour of the facilities at Seattle Children's Hospital was given for all attendees. We ended the day by attending a reception for all fourth year students who wanted to find out more about our regions' programs.

Submitted by:

Laurie Ashenbrenner, CTAGME

---

## **Fellowship Directors Activities**

The involvement of Fellowship Directors within APPD continues to grow. Beginning May, 2008 there will be a seat on the Board specifically for a Fellowship Director. We continue to offer tracks for Fellowship Directors at our Spring and Fall Meetings.

### **APPD Spring Meeting**

- Workshops specifically designed for fellowship directors
- Forum for Fellowship Directors including an update from the ACGME, ABP, NRMP, and ERAS, an update on the APPD Share Warehouse, and an open forum discussion on issues to be addressed within the subspecialties; and a presentation on “Program Evaluation and Improvement: What the ACGME is looking for.”

### **APPD Fall Meeting**

- Track for Fellowship Directors:
  - Fellowship Directors 101 — The ACGME and the ABP: Changes in Pediatric Subspecialty Education
  - Fellowship Directors 201 — Implementing ACGME Competencies into Fellowship Training Programs: Initial Steps in Curriculum Development
  - Fellowship Directors 301 — Developing Effective Training Programs: Competency-based Resident and Fellow Education

## **Associate Program Directors**

The Associate Program Directors special interest group met in Toronto for the first time last year. We discussed personal and professional development both as individuals and as a group. This year we plan to report back to the Associate Program Directors on a year of progress and collaborate for future scholarly activity and professional development.

Keith Mann and Nancy Spector

---

## **APPD Awards**

### **Robert S. Holm, MD Leadership Award**

*2004 Recipient: Carol D. Berkowitz MD*  
*2005 Recipient: Kenneth B. Roberts, MD*  
*2006 Recipient: Edwin L. Zalneraitis, MD*  
*2007 Recipient: Frederick H. Lovejoy, Jr., MD*  
*2008 Recipient: Stephen Ludwig, MD*

This award honors a Program Director or Associate Program Director (past or present) for extraordinary contribution in pediatric program director leadership or in support of other pediatric program directors as a mentor, advisor or role model for the many duties and responsibilities of the position.

### **Walter W. Tunnessen, Jr. MD Award for the Advancement of Pediatric Resident Education**

*2004 Recipient: Carol Carraccio MD*  
*2005 Recipient: Gail A. McGuinness, MD*  
*2006 Recipient: Theodore C. Sectish, MD*  
*2007 Recipient: Julia A. McMillan MD*  
*2008 Recipient: Robert McGregor, MD*

This award honors a Program Director or Associate Program Director (past or present) for extraordinary or innovative contribution(s) in pediatric graduate medical education.

### **Carol Berkowitz Award for Lifetime of Advocacy and Leadership in Pediatric Medical Education (for a Coordinator)**

*2005 Recipient: Jeri Whitten, C-TAGME*  
*2006 Recipient: Aida Velez, MEd*  
*2007 Recipient: June Dailey, C-TAGME*  
*2008 Recipient: Mary V. Gallagher, C-TAGME*

---

## **Special Projects Funded by APPD 2005-2008**

*Updates on several of these projects may be found on pages 32-39 of this Report.*

### **The following projects are being funded in 2008:**

*Promoting Resident Self-Directed Learning Through m-learning (Mobile Learning)*

Investigator: Deirdre (Dedee) Caplin, PhD  
Associate Professor of Pediatrics  
University of Utah School of Medicine  
Division of General Pediatrics  
50 N. Medical Dr., 2A200 SOM  
Salt Lake City, UT 84132  
Funding: \$5,935

*Validation of an Evidence-Based Medicine (EBM) Critically Appraised Topic Presentation Evaluation Tool (EBM C-PET)*

Investigator: Hans B. Kersten, MD  
Associate Professor of Pediatrics  
Drexel University College of Medicine  
Dept of Peds, St. Christopher's Hospital for Children  
Erie Avenue at Front Street  
Philadelphia, PA 19134-1095  
Funding: \$9,000

*Self-Directed Learning and Individualized Learning Plans (ILPs): Predictors for Success and Implications for Program Directors*

Investigator: Su-Ting T. Li, MD, MPH  
Associate Program Director, UC Davis  
2516 Stockton Blvd  
Sacramento, CA 95618  
Funding: \$10,000

*Developing Proficiency in Resident Intubation Skills*

Investigator: David T. Tanaka, MD  
Division of Neonatal/Perinatal Medicine  
Duke University Medical Center  
Box 3179, 204 Bell Building  
Durham, NC 27710  
Funding: \$3,350

### **The following projects were funded in 2007:**

*Can Faculty Development Enhance the Effectiveness of Individualized Learning Plans in Pediatric Residency Training*

Investigator: Ann E. Burke, MD  
Wright State University  
Boonshoft School of Medicine, Dept. of Pediatrics  
Dayton Children's Medical Center  
One Children's Plaza  
Dayton OH 45404  
Funding: \$5,390.00

*Bridging the Gap: Teaching Pediatric Residents to be Primary Care Providers Who Provide Follow-up to Families after a Life-altering Diagnosis or Death of a Child*

Investigator: Megan E. McCabe, MD  
Fellow, Pediatric Critical Care Medicine  
Johns Hopkins Medical Institutions  
600 N. Wolfe St  
Blalock 904  
Baltimore MD 21287  
Funding: \$9,615.00

*Training Pediatric interns in Behavior Change Counseling And Using OSCEs to Assess Skills*

Investigator: Heather A. McPhillips, MD, MPH  
Asst. Professor, Peds/ Assoc. Residency Dir.  
Univ. of Wash. Pediatrics Residency Prog.  
Children's Hospital and Regional Med. Center  
Box 359300 G0061  
4800 San Point Way  
Seattle WA 98105  
Funding: \$10,000.00

*The Impact of an Interactive Web-Based Module on Resident's Knowledge and Clinical Practice in Primary Care*

Investigator: Shilpa Sangvai, MD, MPH  
Division of Ambulatory Pediatrics  
Columbus Children's Hospital, 3<sup>rd</sup> Floor Timken Hall  
700 Children's Drive  
Columbus OH 43205  
Funding: \$9,465.00

*Impact of a Curriculum on the Use of Interpreters On Resident Interpersonal and Communication Skills with Limited English Proficiency (LEP) Patients*

Investigator: Tara S. Williams, MD, FAAP  
Assoc. Pediatric Residency Program Director  
Department of Pediatrics  
MetroHealth Medical Center/Case Western Reserve University  
2500 MetroHealth Drive, H-455, Peds Admin  
Cleveland, OH 44109  
Funding: \$8,000.00

### **The following projects were funded in 2006:**

*Evaluating an Advocacy Track in a Pediatric Residency Program: Using Self Assessment, Mock Advocacy Scenarios and Portfolios to Measure Resident Competence*

Investigator: Lisa Chamberlain, MD, MPH  
Clinical Instructor in Pediatrics

---

Director of Community Health and  
Public Service Concentration  
Stanford University School of Medicine  
750 Welch Road, Suite 325  
Palo Alto, CA 94304  
Funding: \$10,000

*Developing Problem-Based Cases for Pediatric Residents Using Objectives Linked to the ACGME Competencies and an Internet Application*  
Investigator: David T. Price, MD  
Associate Professor, Pediatric Residency Program Dir  
East Tennessee State University  
Department of Pediatrics, P.O. Box 70578  
Johnson City, TN 37614-0578  
Funding: \$7,500

*Overcoming Obstacles to Resident Education on a Busy Clinical Service: A Model for Web-based Learning*  
Investigator: John Kheir, MD  
Chief Resident, Cincinnati Children's Hospital  
333 Burnet Avenue, M.L. 5018  
Cincinnati, OH 45229  
Funding: \$7,500

*A Pilot Study to Evaluate the Feasibility and Effect of an Interactive Breastfeeding CD on Pediatric Residents' Breastfeeding Counseling Skills*  
Investigator: Jennifer A. F. Tender, MD, IBCLC  
General Pediatrics, Children's National Medical Center  
111 Michigan Avenue, NW  
Washington, DC 20010  
Funding: \$7,500

*Development and Testing of a Tablet Computer Survey for Parental Assessment of Resident Competency in Interpersonal and Communication Skills*  
Investigator: John Patrick T. Co, MD, MPH  
Massachusetts General Hospital for Child and Adolescent Health Policy  
50 Staniford Street, Suite 901  
Boston, MA 02114  
Funding: \$10,000

*The Pediatric Emergency Medicine Patient Perception Survey: Development of an Instrument to Measure Patient Perception with Medical Care Delivered by Resident Physicians in a Pediatric Emergency Department*  
Investigator: Deborah C. Hsu, MD  
Associate Fellowship Director  
Assistant Professor, Pediatric Emergency Medicine  
Baylor College of Medicine, Texas Children's Hospital  
6621 Fannin Street, MC 1-1481  
Houston, TX 77030  
Funding: \$7,500

#### **The following Projects were funded in 2005:**

*Structured Clinical Observation: A Collaborative Study of Direct Observation of Residents*  
Investigator: Ellen K. Hamburger, MD  
Children's National Medical Center  
Office of Medical Education  
111 Michigan Avenue  
Washington, D.C. 20010  
Funding: \$9,791

*Reforming Pediatric Procedural Training: A Proposal to Develop an Evidenced-Based Curriculum*  
Investigators: Michael Gaies, MD and Shaine Morris, MD  
Children's Hospital Boston  
300 Longwood Avenue  
Boston, MA 02115  
Funding: \$20,000

*Design for a Pediatric Resident Curriculum and Evaluation Tool in Pediatric Resuscitation*  
Investigator: Julia McMillan, MD  
Pediatric Residency Program Director  
Associate Dean for Graduate Medical Education  
Johns Hopkins School of Medicine  
600 North Wolfe Street, CMSC 2-124  
Baltimore, MD 21287

*Structured Clinical Observations of Pediatric Residents: Implementing the 360-Degree Evaluation*  
Investigator: Karen P. Zimmer, MD, MPH  
Johns Hopkins School of Medicine  
600 North Wolfe Street, Park 351  
Baltimore, MD 21287  
Funding: \$8,782

*Resident Sign-Out: A Precarious Exchange of Critical Information in a Fast Paced World*  
Investigator: Linda A. Waggoner-Fountain, MD  
Program Director, University of Virginia  
Department of Pediatrics, Div of Infectious Diseases  
PO Box 800386  
Charlottesville, VA 22908  
Funding: \$8,700

*Learning Style and Academic Self-Efficacy: A Pilot Study*  
Investigator: J. Marc Majure, MD  
Director, Pediatric Graduate Medical Education  
Duke University Medical Center  
Durham, NC 27710  
Funding: \$7,760

---

## **Communication with our Membership**

The APPD uses a variety of methods to communication with its members. Communications Director, Annamaria Church, MD, helps oversee some of these methods.

- Listserv – disseminated approximately every two-three weeks
- Newsletter – produced 3 times
- Discussion Board at our website [www.appd.org](http://www.appd.org)
- Lively sessions and interactions at the Annual Spring Meeting
- Annual Fall Meeting for new program directors and coordinators and programs preparing for an RRC site visit
- Brief web-based surveys.

We also have many active sections, task forces, and regions and will convene action teams to address hot topics needing broad and timely input. These action teams combine threaded web-based discussion with conference calls and posted summaries on the APPD website to promote discussion and share knowledge about important topics.

---

## Task Forces

### **Curriculum Task Force**

The Curriculum Task Force is continuing to work with our colleagues at COMSEP on developing a curriculum for the medical student fourth year subinternship experience. The input of our task force was requested by the AAP for their e-learning program and by the ABP for their curriculum on Professionalism.. In addition members of our task force are representing us to groups working on curriculum for Pain Management in Children, Children with Special Health Care Needs and Epidemiology This past year, we sponsored a successful workshop at the APPD annual meeting regarding curricula to address the Systems Based Practice competency. This year's workshop will focus on curricula for Professionalism. We plan to continue to annually sponsor a curricula innovations theme based workshop.

### **Evaluation**

The Evaluation Task Force has had a busy year. Suzette Caudle, M.D. (Carolinas Medical Center, Charlotte, NC) agreed to serve as Vice Chair for the Task Force. Several projects are in the initiation stage. The first will be to gather a database of "experts in the field." While you will be hearing more about this in the near future, if you have a particular skill in designing, validating, or implementing evaluation schemes, please send you information and particular interest to Dr. Majure (majur001@mc.duke.edu) or Dr. Caudle ([suzette.caudle@carolinashhealthcare.org](mailto:suzette.caudle@carolinashhealthcare.org)). A conference call will be scheduled soon to discuss this and other projects that the Task Force is currently involved with. To be sure that you are on the notification list for this call, please send us your interest and current email address. Finally, we look forward to getting together at the Spring Meeting in Hawaii where we will share our progress and continue to organize our efforts for the coming year.

### **Faculty Development**

The first ever APPD pre-conference workshop was held prior to 2007 Annual meeting. The speaker was Dr. Fred McCurdy from Texas Tech. He presented two excellent workshops on professional development: Getting to Know You: Career Planning Basics; and Principled Bargaining: The Ways and Means for Effective Mediation, Negotiation and Conflict Resolution. The session was well attended and we hope to continue this professional development series next year.

A mentoring program that matches experienced PD's with new PD's and Associate PD's was implemented and is now operational. Mentors are expected to make contacts during this meeting and then stay in touch throughout the year as needed or desired.

Faculty Development for Community Faculty – Tara Williams from MetroHealth Medical Center presented their program for local faculty development entitled "Mini Faculty Development Series" that was incorporated into their monthly faculty meetings. Tara has developed a faculty development needs assessment survey and a seminar feedback form. Further information is available from Tara at [twilliams2@metrohealth.org](mailto:twilliams2@metrohealth.org)

Reports from COMSEP members - Recently, Task Force members from APPD and COMSEP (Council on Medical Student Education in Pediatrics) have attended each other's meetings in order to see how the two groups can work together across the continuum of medical education. COMSEP members at APPD gave their summaries of what they have seen and heard. We hope to collaborate on projects in the future.

Educator's Portfolio – One example of a collaborative project was discussed which would involve the development of a joint COMSEP-APPD Educator's Portfolio to be used as a file system to store one's best educational work and to be used for academic promotion. Kathleen McGann from Duke and Cliff Yu/Joe Loprieto from USU will further explore this idea.

The APPD share warehouse is up and running on the APPD website. The site has great ideas for faculty and PD's on curriculum and evaluation. APPD Faculty Development Task Force members were encouraged to browse these resources.

---

Dr. McCurdy and Dr. Yu are working with COMSEP (Rashmi Srivastava) on workshop at Annual APPD Meeting in Honolulu. The workshop will be on Educator's Portfolios.

Surendra K. Varma, M.D.  
Chair

### **Learning Technology**

Our task force has continued to work in several arenas. We have strengthened our group's contribution to reviews on the Learning Technology Resource Center within the Share Warehouse and continue to garner further contributions for reviews from all members. Our group continues to be active in the development of various technology based projects, such as the APPD's L.E.A.R.N procedural competency project which will be highlighted during the annual meeting. We are also working together to create a cumulative bibliography of Learning Technology based articles and literature resources for members to be able to access. Additionally, we are actively partnering with our colleagues in COMSEP, continually seeking learning technology vendors to display products at our annual meetings, and generating dialogue and discussion on how to implement and incorporate dynamic technologies into the day to day operations of pediatric residency training.

The Learning Technology Task Force is charged with the responsibility of identifying and evaluating technology including software, computers, personal digital assistants, telecommunication devices and wireless technologies that support training and education of pediatric residents. Areas of particular importance include technologies that will assist in the measurement of the ACGME competencies, promote self-directed learning and enable training to be more efficient and cost-effective.

### **Research**

The Research Task Force activities during the 2007-08 academic year centered around two areas:

1) Survey Policy and Review: Since the Spring APPD meeting of 2007, six surveys have been submitted for review for circulation to the membership, with three surveys receiving approval. Survey topics included a program director needs assessment, hospitalists in pediatrics, and ethics training in pediatric residency program. Investigators of surveys that were not approved received feedback about the reasons for rejection. The goal of survey review is to increase the quality and appropriateness of survey research that the membership participates in.

2) Collaboration in Research: Several task force members expressed interest in research. During both the Spring 2007 meeting as well as our Fall 2007 conference call, we discussed different research topics as well as ways to facilitate collaboration. A topic area that seemed to peak the interest of task force members was individualized learning plans. Dr. Su-Ting Li, Associate Program Director, UC Davis, expressed her interest in developing a project that task force members could collaborate on, and in conjunction with several task force members, developed a proposal that was submitted for a 2008 APPD Special Projects Grant. Several task force members are also members of COMSEP, and indicated ways in which the two organizations could collaborate on research.

---

## **Interactions with Liaison Organizations**

### **Primary Care Organizations Consortium (PCOC) Meeting**

3/19/07 and 10/18-19/07

The Primary Care Organizations Consortium has two meetings each year, spring and fall. The meetings are attended by representatives from Pediatrics, Family Medicine, Internal Medicine, Combined Internal Medicine/Pediatrics, and the American College of Osteopathic Family Physicians. Also represented are the Bureau of Health Professionals (BHP/HRSA), the Center for Primary Care Research (AHRQ), the American Association of Osteopathic Medicine, the American Medical Student Association, and the Student Osteopathic Medical Association. Without formal policy, PCOC promotes things that are important to all three primary care disciplines such as medical education for third and fourth year medical students; the status of primary care specialties among recent graduates; and most recently, the role of primary care in emergency/disaster preparedness.

Membership to PCOC by various organizations including the AAMC, AMA, and AMSPDC has changed over the years with reasons for nonrenewal of membership being multifactorial. Establishing relationships with other entities such as grass roots organizations interested in family centered care was discussed and will continue to be addressed. In the meantime, PCOC is considering sponsoring a conference dealing with quality and patient safety, with a special emphasis on ambulatory primary care. AHRQ continues to be supportive of this idea. The APA reported the completion of a successful leadership conference for division chiefs and future leaders in general pediatrics and described their interest becoming the sanctioning body for academic general pediatric fellowship programs. The APPD reported the recent completion of a new strategic plan for the organization, the further development of a Share Warehouse for peer reviewed educational materials, and provided an update on their involvement in the R3P project. A legislative update was provided by the AAP representative. SOMA reported that although all osteopathic colleges emphasize primary care as an important part of the curriculum, financial debt continues to be a detractor for many students to enter into a primary care specialty.

Prior to the regularly scheduled fall meeting in October, members of PCOC participated in a separate one-day meeting with representatives from AHRQ to discuss emergency preparedness in the primary care infrastructure. In addition to PCOC members, speakers with expertise in this area were invited from internal medicine, pediatrics, and family medicine. The group participated in several brainstorming sessions utilizing a pandemic flu outbreak as the template for discussion. The goal of the meeting was to produce a white paper on primary care emergency preparedness, emphasizing the importance of primary care providers in both the planning and implementation of local and national programs.

PCOC serves as an excellent opportunity for the different primary care organizations to explore their mutual interests and work together to achieve common goals.

### **Committee on Pediatric Education (COPE) Meeting**

November 18-19, 2007

The Committee on Pediatric Education (COPE) meeting was held on November 18-19, 2007 in Elk Grove Village, Illinois. This committee of the American Academy of Pediatrics brings together the leaders in all levels of pediatric education to identify and discuss issues of relevance in pediatric education and to develop strategies to respond to these issues. Members of the Committee include the chairpersons of the Advisory Committee of the Board of Education, Council of Sections and Committee on Continuing Medical Education as well as the editors of *Pediatrics*, *Pediatrics in Review*, and *Prep Self Assessment*, a general pediatrician in practice and a Resident Section member. Representatives from the following societies are also invited to attend: Ambulatory Pediatric Association, American Board of Pediatrics, American Pediatric Society, Association of Medical School Pediatric Department Chairmen, Association of Pediatric Program Directors, Canadian Pediatric Society, Council on Medical Student Education in Pediatrics, Federation of Pediatric Organizations, Med-Ped Program Directors Association, National Association of Children's Hospitals and Related Institutions, Society for Adolescent Medicine, Society for Developmental and Behavioral Pediatrics and Society for Pediatric Research. Finally, AAP staff persons were in attendance.

---

The APPD presentation to the committee included information regarding the population of the SHARE warehouse and development of the Longitudinal Education and Research Network (LEARN), an update on the ongoing efforts related to the ACGME procedure and continuity patient log systems, the focus of the APPD and COMSEP Task Forces to develop combined projects in an effort to enhance the continuum of pediatric education and the APPD focus on the professional development of Fellowship Directors as well as Associate Directors.

Other presentations included an update by Dr. McGuinness on the R3P project and the ABP's plan for an RFP for innovations in pediatric education, the continuing efforts of the Resident Section to unify the timeline for application to pediatric subspecialty programs, the plans for PIR/PREP products for each pediatric subspecialty and a draft of a Position Statement from FOPO regarding universal health insurance for children.

There were profound and focused discussions and updates on pediatric education in environmental health, with a presentation by the Chair of the AAP Committee on Environmental Health; the progress in the development of e-learning venues; the issues surrounding re-entry into the pediatric workforce and finally, the on-going issues of cultural competency, availability and funding of international rotations for residents and the need for education of "adult doctors" on transitional care for young adults, especially those with special needs.

### **Council on Medical Student Education in Pediatrics (COMSEP)**

The 2008 COMSEP meeting occurred April 3-6, 2008 in Atlanta, Georgia, despite tornado damage two weeks prior which led to the relocation of the entire meeting to the beautiful Marriott Marquis Hotel. APPD President, Rob McGregor, participated in a pre-meeting breakfast with COMSEP President, Bill Raszka, and Curriculum Task Force Chairs, Lyuba Konopasek and Sandy Sanguino. Rob was invited to sit in on their first executive council meeting which included their board of directors and task force chairs. APA Education Committee Chair, Mary Ottolini, outlined some ideas about future joint efforts between COMSEP, APA and APPD at that executive session. Discussions led to an idea that the joint APPD-COMSEP project on the Sub-intern curriculum should probably be vetted in some forum during the 2009 APPD / COMSEP / PAS meeting in Baltimore. Later that day, Rob addressed the larger plenary session encouraging dialogue and potential joint workshops involving clerkship directors and their program director counterparts and, hopefully, to soften the "all-business" image of the APPD. Rob remained to attend multiple workshops and COMSEP's platform research presentations.

Respectfully submitted,  
Rob McGregor

### **Organization of Program Director Organizations (OPDA)**

APPD was represented by Joe Gilhooly at the OPDA meeting held with the Council of Medical Specialty Societies, November 16, 2007, in Chicago.

Mona Signer presented from the NRMP. She clarified the "Restrictions on Persuasion", as there continues to be confusion over the allowable communication between program directors and applicants.

Applicants and programs:

- May express a high degree of interest in each other
- May encourage future ranking decision in their favor
- May volunteer how they plan to rank each other
- Must not request ranking information
- Must not solicit statements implying a commitment

Paul Rockey presented from the AMA. The publication: "Initiative to Transform Medical Education: *Recommendations for change in the system of medical education*" is available on the AMA web site:

<http://www.ama-assn.org/ama1/pub/upload/mm/377/finalitme.pdf>

The AMA is also working on the following issues:

- Student loan deferment
- Decrease in primary care workforce
- Increasing home call by residents

---

Steve Nestler presented from the ACGME. We were introduced to Dr. Thomas Nasca, the new CEO for the ACGME (replacing David Leach): [http://www.acgme.org/acWebsite/newsReleases/newsRel\\_9\\_12\\_07\\_DrNasca.pdf](http://www.acgme.org/acWebsite/newsReleases/newsRel_9_12_07_DrNasca.pdf)  
The ACGME continues to focus on reducing the burden on program directors by decreasing the number of PIF questions and decreasing program requirements. The goal is a 30% reduction.

Moira Edwards presented from ERAS and AAMC. We were given a report from the AAMC-OSR (Organization of Student Representatives) Principles for Collection and Communication of Comprehensive Data on ACGME Residency Programs. Students are looking for more data about the residency programs they are applying to. They would like this information to be “required” to be posted (i.e. web-site):

- Mission statements
- Curricular or training program highlights
- Application procedures, deadlines, requirements
- Info about fellowships, sub-specialty tracks, research opportunities, ancillary training opportunities
- Residency profiles: race/ethnicity. Gender, age, geographic background, degree type
- Campus, hospital, and patient population
- Didactic schedule and core rotations schedule
- Selection factors such as USMLE scores, AOA status, research
- Satellite or affiliate training sites
- Compensation, benefits, vacation
- Total number of residents accepted per year
- Graduates’ career choices
- Information on interviews (timing, number of applicants, number of interviews offered, format of interviews, meetings with current residents, pre-interview dinners)
- Information on housing and geographic location
- Number and type of faculty by discipline and degree

The AAMC is also piloting AAMC-Facilitated Centralized Background Checks with 10 medical schools. The process includes an applicant self report, applicant consent to the process, and the opportunity for the applicant to review the report. This program could be expanded to GME programs if shown to be successful and meets AAMC members’ needs.

An expert panel presented on the GME perspectives on increasing the physician workforce:

- AAMC: Even with expansion of medical schools it is highly doubtful that they will be able to produce enough physicians to meet all likely needs of the future. Older physicians are retiring and newer physicians work fewer hours. There is also an increased use of physician services by patients.
- COGME: There needs to be funding for development and expansion of programs that create a clinical physician workforce to serve population in areas of limited access to medical care
- The final panelist was the COO of Northwestern Memorial Hospital in Chicago. This intriguing presentation gave their rationale for why a health care system would invest money in the expansion of GME beyond the limits of federal funding. Reasons included:
  - o Care is enhanced by education and research
  - o Program size does matter (even increases prestige)
  - o Education and training of MDs is a core mission of their medical center
  - o Establishes their health system as a leader in their community and region
  - o Broadens their influence and presence in the community through clinical care and research
  - o Improves balance in the program (service vs. education)
  - o Allows the development of new clinical niches
  - o Needed to meet compliance with duty hour limitations
  - o Other regional institutions had closed or had reductions in GME
  - o Clinical demands continue to increase
  - o Address physician shortages in region, including their own institutional needs
  - o Residents are the best educated and motivated set of hands for off hour and weekend coverage

---

## **Federation of Pediatric Organizations (FOPO)**

### **FOPO Executive Director's Report to the Association of Pediatric Program Directors**

My activities as Executive Director continue to focus on the implementation of the Strategic Plan in addition to meeting with leadership of member organizations.

#### **Strategic Plan**

Jean Bartholomew and I have been working with the leaders of the six strategic initiatives to begin their activities. I will serve as Secretary to each working group, participate in conference calls, record minutes, and facilitate action wherever possible. Once we overcome the initial inertia, these groups will quickly identify the strategies and outcomes under each initiative. Here is a synopsis of each working group's activities:

- 1. Leadership Academy.** The group will inventory and catalogue within pediatric organizations/community re: leadership skills, encourage collaboration among pediatric organizations, find out and track those who have been trained and attempt to determine what has happened to them since the training, and ask whether their aspirations have been realized. There is the need to engage all organizations and target young pediatricians.
- 2. Positioning Pediatricians in Leadership Positions.** The group, led by Jim Stockman, will prepare a list after mapping out key organizations for potential leadership positions for pediatricians. The next step is to externalize list and circulate to FOPO members for their input. In addition, he will determine key pediatric leaders to approach and tap their knowledge about the nominating process for the organizations identified. The goal is to identify individuals who can move into positions of leadership.
- 3. Global Health.** Dr. Alden reported on the group's activities. The first step will be an inventory of national activities using a questionnaire of FOPO member organizations. Individuals were identified to be added to the initiative, including Dr. Bill Keenan. The issue of international resident experiences was considered and it was suggested that this may be an opportunity for an innovation project through the R3P Project.
- 4. Health Insurance for All Children and Youth in the United States Position Statement.** The Board of Directors approved the position statement by a unanimous vote and recommended that the Executive Director develop a presentation plan working closely with the Washington Office of the AAP by March 1<sup>st</sup>.
- 5. Child Health Research.** Dr. M. Schleiss reported that a number of individuals had been identified (12-14) during a recent conference call. He will develop a questionnaire for the working group to lay out thoughts toward the goal of having an informational meeting at the 2008 PAS, followed by a series of conference calls and review of key literature. Karen Hendricks will be included on this initiative. A general pediatrician will also be identified to become involved in this working group.
- 6. GME Funding.** The group met after the FOPO meeting in a conference call with Bob Dickler from the AAMC, who provided an overview of the history and politics of GME funding. Future activities have not yet been determined.

#### **Task Force on Women in Pediatrics**

Bonnie Stanton leads this effort and has divided her group into subgroups focusing on part-time training and employment, and child care. The Task Force is examining the part-time issues for trainees and junior faculty separately. I have invited Bonnie to attend the next FOPO meeting in September and present a report in person. Members of the Task Force and I have collaborated with Gail McGuinness of the ABP to draft a manuscript entitled, "Part-Time Training in Pediatric Residency Programs: Principles and Practices," that is expected to be submitted for publication in the next 1-2 months. This Task Force will host a Symposium on Part Time Research-Intensive Faculty/Fellows at the PAS meeting in Honolulu in May 2008.

#### **Website**

We are in the process of revamping our website which will include the following content:

- 1) Executive Director Statement
- 2) Board of Directors, Organizations, and Terms of Appointment
- 3) Secretary-Treasurer
- 4) Administrator
- 5) Bylaws
- 6) Executive Summary of Strategic Plan
- 7) Strategic Plan Working Groups
  - a. Membership
  - b. Activities
- 8) Task Force on Women in Pediatrics

- 
- a. Committee members,
  - b. Statement of work in progress, and prior work
- 9) Position Statement on Health Insurance
  - 10) Meeting Dates
  - 11) Links to Member Organizations
  - 12) Contact Information

The website will support activities related to the strategic initiatives with the capability of performing surveys, hosting discussion boards, or serving as a repository for information such as educational activities related to leadership skills.

**Journal of Pediatrics Article.** The article, “The Federation of Pediatric Organizations Strategic Plan: Six Strategic Initiatives to Enhance Child Health” is in press in the section, Notes from the Association of Medical School Pediatric Department Chairs, in the Journal of Pediatrics.

**Announcement of 2008 Joseph W. St. Geme, Jr. Leadership Award Recipient.** FOPO announced the St Geme Awardee, M. Douglas Jones, Jr., M.D., to member organizations for distribution to their membership.

**FOPO supports the reauthorization of Title VII funding and the creation of National Pediatric Research Consortia.** There were two unanimous votes of all seven FOPO member organizations in support of the reauthorization of Title VII funding and a bill to create National Pediatric Research Consortia. These important endorsements represent the importance of acting as a united pediatrics community on matters of policy that may impact child health.

Future activities will continue to involve communication among member organizations particularly with regard to the implementation of our strategic initiatives.

Respectfully submitted,

Theodore C. Sectish, M.D.  
Executive Director, Federation of Pediatric Organizations

### **Professionalism Project with the American Board of Pediatrics (ABP)**

With the American Board of Pediatrics Foundation and the ABP Directors Committee, the APPD has been involved in the development of a new publication - The Program Directors Guide to the Teaching and Assessment of Professionalism.

Commitment for the project was first voiced by the Program Directors Committee of the American Board of Pediatrics (ABP), whose members felt that the concept of assisting program directors in teaching and assessing professionalism was a necessary and positive goal. The commitment of Gail A. McGuinness, MD, Executive Vice-President of the American Board of Pediatrics, and James A. Stockman III, MD, President of the American Board of Pediatrics, has been sincere and unflinching. The American Board of Pediatrics Foundation also supported the effort by sponsoring a conference that was critical to advancing the project.

Success in achieving the critical element of consensus came from the Association of Pediatric Program Directors (APPD) with our President and Board input. The APPD and ABP cosponsored a consensus conference that was held in February 2007 in order to bring interested parties from the APPD, American Academy of Pediatrics Resident Section, American Medical Association, and ABP Ethics Committee together. Four invited guests shared their expertise and helped to guide the effort- Janet P. Hafler, EdD; Matthew Holtman, PhD; Patricia S. O’Sullivan, EdD; and David T. Stern, MD, PhD. Consensus came with further editing of this manual. The other consensus conference attendees included many APPD members - John Co, MD; Rachel Dawkins, MD; John G. Frohna, MD; Joseph Gilhooly, MD; Jacqueline J. Glover, PhD; Ann P. Guillot, MD; Alex Holston, MD; Ernest F. Krug III, MD; Stephen Ludwig, MD; Robert S. McGregor, MD; Gail A. McGuinness, MD; Julia A. McMillan, MD; Leslie K. Mihalov, MD; Theodore C. Sectish, MD; Modena E. Wilson, MD; and Edwin L. Zalneraitis, MD.

John Frohna, MD, championed the effort and always found ways to bring the people, their ideas, and their interests together. John took on the role of senior editor but provided far more than the usual editor’s title implies. Thanks to Pam Moore of the ABP staff, who kept us to task.

---

The next steps involve a breakfast meeting at the Spring Meeting of the APPD in Hawaii to discuss the development of faculty guides, implementation and utilization ideas and possible collaborative studies.

Hopefully there will be more to report in the near future.

**Council of Pediatric Subspecialties (CoPS)**

In the months since our founding in September 2006, CoPS has completed its initial membership roster, developed an organizational structure and bylaws, started a website, and became involved in several new issues. Most importantly, CoPS has recommended that all pediatric subspecialties streamline and coordinate their fellowship application and acceptance procedures. When implemented, this system should prove fairer and more efficient than the current individualized process. Another task force is working to generate core curriculum information that will be useful to all subspecialty program directors and will be linked with the Association of Pediatric Program Directors (APPD) for online dissemination of that material. CoPS facilitated interactions between the ACGME and subspecialty program directors on PIF revisions and have joined with the AAP and a federal expert working group on subspecialty work force needs and the provision of medical homes for children with complex healthcare needs.

CoPS recently developed four new task force groups. These will address the communication within CoPS, work force and reimbursement issues (both clinical and educational), and the interactions between subspecialties and the ABP and ACGME as they relate to program director education regarding certification, recertification, and accreditation processes. CoPS also formed a task force for advocacy issues to provide a strong voice for patients with subspecialty healthcare needs across all subspecialties.

So far CoPS has been able to function independently while supported by AMSPDC and APPD. It is important that our constituency of pediatric subspecialists sees that we are representing them and their issues. For more information about CoPS please visit: [www.pedsubs.org](http://www.pedsubs.org).

---

## Coordinators Executive Committee

The members of the Coordinators Executive Committee are delighted to report, on behalf of the Coordinators Section of the APPD, that we have had an extremely productive year.

We began the year by enhancing the roles and responsibilities of the Executive Committee Members. Changes have been made that will allow the Executive Committee Members to flourish and succeed during their specific years of service, while still collaborating as a team.

The 2007 APPD Spring Meeting in Toronto was planned and co-chaired by Executive Committee members, Judy Behnke and Valarie Collins. The meeting was well attended and fulfilled the professional development requisite needed to coordinate residency programs in compliance with RRC requirements.

The 2007 APPD Fall Meeting in Arlington Virginia, chaired by all members of the Executive Committee, focused on orientation and training of new program coordinators. An open forum session to field questions and answers proved to be beneficial. Topics covered were based upon input from participants sent prior to the meeting.

We are looking forward to expanding the Executive Committee to include a fellowship coordinator. One fellowship coordinator will be elected to the committee every three years, enhancing residency/fellowship relations.

We also look forward to implementing three task forces this year. We have developed a Professional Development Task Force, a Tools Task Force, and a Management/ Supervision Task Force. Our goal is to introduce these task forces at the 2008 Spring Meeting in Hawaii. We plan to develop a strategy that will improve participation and growth in the coming years, allowing us to gradually integrate with Program Director Task Forces, when necessary.

Coordinators are encouraged to visit the APPD website ([www.appd.org](http://www.appd.org)) for updates and information regarding the Coordinators Section of the APPD.

Submitted by:

*Thérèse A. D'Agostino*

*Co-Chair, Coordinators' Executive Committee*

*Pediatric Residency Program Manager*

*MassGeneral Hospital for Children*

---

## Coordinator's Certification

Recognition of the value of certification for residency program coordinators/training administrators continues to increase among programs and institutions. APPD has been, and continues to be a strong proponent of this process, by continuing to host information on the APPD website, providing testing space for the monitored assessment prior to the start of the annual conference, as well as financial support for travel to the TAGME Annual Board of Directors meeting for the Pediatric representative. Pediatrics was a founding member of the National Board of Certification for Training Administrators of Graduate Medical Education (TAGME), was one of the first two specialties to offer certification, and has shown strong leadership in the development of TAGME. In August of 2007, Jeri Whitten, C-TAGME completed her one year term as President of the Board of Directors (now Immediate Past President). The two at-large members to the Board representing Pediatrics were elected to national office; June Dailey, C-TAGME as Secretary and Rosemary Munson, C-TAGME as Treasurer.

PedTAC (Pediatric Training Administrators Certification Council) recently completed a full review and revision of the assessment tools for Pediatrics. We appreciate the advice and assistance provided by Program Directors Brian Youth, M.D., Raheel Khan, M.D., Jerry Rushton, M.D., Julia McMillan, M.D., and Department Chair John N. Udall, Jr., M.D. We now want to place emphasis and focus on development of assessment tools for fellowship programs. Fellowship coordinators from the majority of pediatric specialties have indicated interest in pursuing certification.

Neonatal-Perinatal Medicine has established a task force and is working on development of their tools. There are 6 members of the Task Force - Sharon Gonzales, (Duke University); Deb Parsons (Indiana University); Roberta Johnson (Advocate Lutheran); Maria Corpuz (U of Chicago); Robin Roller (Vanderbilt), and Cicily Lewis (Case Western).

Kathy Miller, C-TAGME will chair the PedTAC Committee responsible for working with fellowship coordinators in the development of their tools for certification, assisted by Sally Hollowell, C-TAGME. We are hopeful the first pediatric fellowship program will offer certification in 2009.

In 2007, TAGME began offering the monitored assessment twice yearly; at the annual clinical specialty conferences in the spring and at several open sites around the country in the fall. This new process allows for an additional opportunity each year for those coordinators who are unable to travel to the clinical specialty meeting, Application dates are March 1 to May 31 for the fall assessment and September 1 to November 31 for the spring assessment.

The 2008 monitored assessment will be given on Tuesday, April 29 from 2 to 7 pm at the Hilton Hawaiian Village and on Saturday, September 27 from 9 am to 2 pm at selected sites to be announced.

As of December 31, 2007, 30 pediatric coordinators have been certified, with a successful pass rate of 81% from 2005 through 2007.

---

## Certified Pediatric Administrators

### **Certified 2007**

Denise M. Alton, C-TAGME  
Residency Coordinator  
University of Michigan  
1500 E. Medical Ctr Dr, D3230 MPB, SPC 5718  
Ann Arbor, MI 48109-5718

Belinda Bridges, C-TAGME  
Unit Coordinator for Chair  
TTUHSC - Department of Pediatrics  
3601 4th Street  
Lubbock, TX 79430

Kathy Goodson, C-TAGME  
Texas Tech University  
TTUHSC - Department of Pediatrics  
3601 4th Street  
Lubbock, TX 79430

Dawn Reddin, C-TAGME  
Program Coordinator  
St. Joseph's Hospital and Medical Center  
703 Main Street  
Paterson, NJ 07503

Traci Streit, C-TAGME  
WFUSOM, Dept of Pediatrics  
Wake Forest Univ, School of Medicine  
Medical Center Boulevard  
Winston-Salem, NC 27157

Avis Wiener, C-TAGME  
Carolinas Medical Center  
Department of Pediatrics  
PO Box 32861, 4th Floor MEB  
Charlotte, NC 28232-2861

### **Certified 2006**

Kareen E. Chin, C-TAGME  
Residency Program Coordinator  
MD Anderson Cancer Center, Unit 085  
1515 Holcombe Blvd.  
Houston, Texas 77030  
718-780-5261  
kewchin@yahoo.com

DeAnna H. Cobb, C-TAGME  
Residency Program Coordinator  
Department of Pediatrics, University of South Alabama  
USA Children's & Women's Hospital  
1700 Center St.  
Mobile, Alabama 36604  
251-415-1087  
dhcobb@jaguar1.usouthal.edu

Lorrayne Garcia, C-TAGME  
Residency Program Coordinator  
Department of Pediatrics  
Mount Sinai Medical Center  
One Gustave L. Levy Place, Box 1512  
New York, New York 10029  
212-241-6934  
Lorrayne.garcia@mssm.edu

Connie K. Love, C-TAGME  
Residency Program Coordinator  
University of Oklahoma College of Medicine  
4502 E. 41<sup>st</sup> Street  
Tulsa, Oklahoma 74135  
918-660-3416  
Connie-love@ouhsc.edu

Kathryn Michele Miller, C-TAGME  
Senior Academic Program Coordinator  
The Johns Hopkins University  
CMSC 2-124  
600 N. Wolfe Street  
Baltimore, MD 21287  
410-955-2727  
kmm@jhmi.edu

### **Certified 2005**

Laurie Ashenbrenner, C-TAGME  
Pediatric Residency Program  
Oregon Health and Science University  
DC10S, 3181 SW Sam Jackson Park Road  
Portland, Oregon 97239

Jean Ashley, C-TAGME  
Pediatric Residency Program  
University of Louisville  
571 South Floyd Street, Suite 300  
Louisville, KY 40202

Debra Chapman, C-TAGME  
Pediatric Residency Program  
Jean C. Edwards School of Medicine  
1600 Medical Center Drive, Suite 3500  
Huntington, WV 25701-3655

Valarie Collins, C-TAGME  
Pediatric and Med/Peds Program  
University of South Florida  
801 6<sup>th</sup> Street South  
St. Petersburg, FL 33701

---

Mary Gallagher, C-TAGME  
Pediatric Residency Program  
Long Island College Hospital  
Beth Israel Medical Center  
339 Hicks Street  
Brooklyn, New York 11201

Cynthia Gibson, C-TAGME  
Pediatric Residency Program  
Miami Children's Hospital  
3100 S.W. 62 Avenue  
Miami, Florida 33155

Jodi Graeber, C-TAGME  
Pediatric Residency Program  
Michigan State University and Sparrow Hospital  
P.O. Box 30480  
Lansing, Michigan 48837

Sally Hollowell Koons, C-TAGME  
Pediatric Residency Program  
Penn State Milton S. Hershey Medical Center  
500 University Drive  
Hershey, PA 17033  
Kimberly Longstreet, C-TAGME  
Pediatric Residency Program  
Grand Rapids Medical Education Center/MSU  
100 Michigan Avenue NE, MC13  
Grand Rapids, MI 49503

Elina Ly, C-TAGME  
Pediatric Residency Program  
Naval Medical Center  
34520 Bob Wilson Drive, Suite 100  
San Diego, CA 92134-200

Jan Minges, C-TAGME  
Pediatric Residency Program  
Michigan State University/KCMS  
1000 Oakland Drive  
Kalamazoo, Michigan 49008

Karen Moore, C-TAGME  
Pediatric Residency Program  
Robert Wood Johnson Univ. Hospital  
1 Robert Wood Johnson Place  
New Brunswick, NJ 08903-0019

Jefri L. Palermo, C-TAGME  
Pediatric Residency Program  
University of Iowa Hospitals and Clinics  
200 Hawkins Drive  
Iowa City, Iowa 52242

Melodie Parker, C-TAGME  
Pediatric Residency Program  
Baylor College of Medicine  
Texas Children's Hospital  
6621 Fannin Street, Room A-170  
Houston, Texas 77030

Elizabeth Sanchez, C-TAGME  
Pediatric Residency Program  
Brookdale University Hospital & Medical Center  
1 Brookdale Plaza, 175 CHC  
Brooklyn, New York 11212

Diane Skeen, C-TAGME  
Pediatric Residency Program  
Cincinnati Children's Hospital Medical Center  
333 Burnet Avenue, ML 5018  
Cincinnati, Ohio 45229

#### **Certified 2004**

June Dailey, C-TAGME  
Peds Residency Coordinator  
IN University School of Medicine  
Riley Hospital for Children  
702 Barnhill Drive, Room 5867  
Indianapolis, IN 46202-5225

Rosemary Munson, C-TAGME  
Residency Coordinator  
Maine Medical Center  
22 Bramhall Street  
Portland, ME 04102

Jeri Whitten, C-TAGME  
Program Specialist  
West Virginia University, Charleston  
830 Pennsylvania Avenue, Suite 104  
Charleston, WV 25302

---

## **Special Project Updates**

### ***Training Pediatric Interns in Behavior Change Counseling and Using OSCEs to Assess Skills***

Heather A. McPhillips, MD, MPH  
Asst. Professor, Peds/ Assoc. Residency Dir.  
Univ. of Wash. Pediatrics Residency Prog.  
Children's Hospital and Regional Med. Center  
Box 359300 G0061  
4800 San Point Way  
Seattle WA 98105

#### **A) Introduction**

The Association of Pediatric Program Directors (APPD) awarded Principal Investigator, Heather McPhillips, of Children's Hospital and Regional Medical Center, \$10,000 for the grant entitled, *Training Pediatric Interns in Behavior Change Counseling and Using OSCEs to Assess Skills*.

The purpose of our project is to effectively teach and measure the Accreditation Council for Graduate Medical Education (ACGME) competency of communication. To this end, we incorporated a modified 4.5 hour version of the *Collaborative Management in Pediatrics* (CMP) curriculum, a behavior change counseling training program, into the training of first year resident in the 2007 – 2008 academic year and measured intern skill before and after training. CMP is a curriculum for training residents in ways to promote health behavior change by motivating and empowering parents. CMP targets a wide spectrum of health behaviors, including prevention and chronic health care conditions, such as asthma, obesity, mental health conditions, and diabetes among many others.

Our research aim is to assess the effect of an abbreviated CMP training on resident skills in behavior change counseling using previously validated instruments from objective standardized clinical evaluations (OSCEs) before and after training.

Proposed study activities include:

- 1) incorporate a 4.5 hour version of CMP into the 2007 – 2008 training of all first year interns
- 2) complete before and after training OSCEs to assess intern skill, and
- 3) provide all 29 first year residents with written feedback regarding their use of the CMP model

#### **B) Study Activities**

##### **Intern Training**

The UW Pediatrics Residency Program's decision to incorporate CMP training into the 2007- 2008 intern retreat program provided us the opportunity to evaluate CMP in the educational setting. It was necessary to create a modified version of the CMP training in order to make it feasible to implement in the context of intern retreat. Our previous pilot experiences with our 9-hour training highlighted the essential role skills practice played in resident training, providing us a basis from which to modify the curriculum. We subsequently created a 4.5 hour version of the CMP training, removing less critical activities while retaining the majority of time devoted to the key element of giving residents ample time to "try on" the skills. In April and May of 2007, we piloted the 4.5 hour version with two small groups of trainees which provided the opportunity to fine tune the training format for the workshop presented at intern retreat. Our pilot experiences indicated the need to train additional facilitator staff to meet the demands of training 29 interns. In September 2007, we completed a training the trainer session, providing us three additional facilitator staff for intern retreat as well as expanding on the number of staff versed in the CMP curriculum. The complete set of trained facilitators now includes: two general pediatricians, three social workers with counseling background, a pediatric emergency medicine physician and a PhD social worker with extensive experience training clinicians.

In October 2007 at intern retreat, all 29 first year interns participated in the 4.5 hour CMP training session. The training format included interactive discussions, readings, printed materials and skill practice sessions. Key skills taught included asking open-ended questions, reflective listening, expressing empathy, developing discrepancy, eliciting change talk, and supporting autonomy. Interns were taught how to strategically use these communications skills to elicit a parent's own reasons to and desire for change by focusing on ambivalence and developing discrepancy between the status quo and what the parent wishes for the child. In keeping with the spirit of the CMP approach, facilitators focused on establishing rapport with the interns, developing discrepancy between their "usual care" and their larger

---

goals in patient interactions, identifying intern-defined problems and helping the learners develop confidence in the new skills being acquired.

All interns completed evaluations on the CMP session the following day. Comments received indicated that interns recognized the importance of the material presented and the need to focus on skills practice:

- “Useful—skills I definitely needed to work on.”
- “It certainly has lots of great applications...”
- “The best part was the small group practice sessions...”
- “Overall, I think it was really helpful and I have more tools to work with in my continuity clinic...”

Intern comments further suggested a divide among interns regarding how they experienced the material in terms of level of difficulty. One trainee commented, “Time was spent rehashing things we already know” while another trainee stated, “[It] was a little intense- are we really ready for this at this stage?” The divide may reflect previous exposure to the principles and skills of an MI based approach to behavior change, as a number of interns reported having some experience with it in medical school. Staff reviews of the pre-training skills assessment further suggest that this divide may demonstrate the difference between interns’ recognizing the importance of communication skills, such as using open-ended questions and reflections, and the actual application of a skill during patient interactions.

In addition, there appeared to be a consensus regarding the length of the training session. Suggestions for future training focused on the perceived need to shorten the session. As one trainee stated, “The non-interactive sections...the introduction and teaching sessions...could be shorter.” Given the particularly intense nature of intern retreat, a very focused five hour session on the art of effective doctor-patient communication may best be presented in shortened format or split into two separate sessions. Intern and faculty feedback are being used in designing future trainings.

#### Skills Assessment

A second major objective of this grant is to assess resident skill in the CMP approach. To this end, we used the OSCE methodology, in which standardized patients portray parents of children with asthma in specified scenarios in a health care encounter, for use before (OSCE I) and after (OSCE II) trainings. Each OSCE consists of three stations with each station (or vignette) representing one of the three classifications in our training program: Not Ready, Unsure and Ready. For example, one station depicts a mother who demonstrates a great deal of ambivalence towards starting a controller medication (“unsure”) whereas another depicts a mother who is defensive about her smoking and unwilling to talk about how it may be affecting her daughter’s asthma (“not ready”). The OSCEs attempt to evaluate residents’ skills in basic behavior change counseling common to all levels of readiness as well as the skills particular to each of the three stages. Asthma content was chosen for consistency across station. We administered these 12-minute OSCEs to trainees before and after each of the trainings, collecting videotapes on all 29 pediatric interns.

We sought and received additional support from Children’s Hospital and Regional Medical Center to support formal coding of the videotaped OSCEs by a set of four reviewers. These reviewers are currently receiving training in the coding system, the Motivational Interviewing Treatment Integrity Code (MITI) and the 2-item Brief Negotiation Checklist (BN Checklist). The MITI is a behavioral coding system that assesses how well or poorly a practitioner is using MI skills and yields feedback that can be used to increase clinical skill. The BN Checklist assesses how well the practitioner uses 2 of the specific skills of the CMP model, *asking permission* and *assessing readiness*. We expect coding training to be complete in March 2008 and hope to have all OSCEs coded by September 2008. We will use the OSCE coding in the analysis of the before-after trial of CMP to test our hypothesis that the 4.5 hour CMP training results in increased skill in behavior change counseling among first-year resident.

#### Intern Feedback

As part of our strategy to effectively teach communication skills, we will provide interns with written feedback consisting of a summary of his/her OSCEs II scores from the OSCE time-point that occurs after the CMP training. Written feedback provides the opportunity to reinforce intern’s use of specific skills consistent with the CMP approach, including using open-ended questions, offering reflections, developing discrepancy, and rolling with resistance.

To this end, we trained four coaches in October 2007 on how score the OSCE II and provide feedback to the interns on their use of the CMP model. The focus of the feedback is on providing specific examples of the intern doing well at



















**ASSOCIATION  
OF PEDIATRIC  
PROGRAM  
DIRECTORS**

Laura E. Degnon, CAE - *Executive Director*  
George K. Degnon, CAE - *Executive Consultant*  
Kathy Haynes Johnson - *Association Manager*  
6728 Old McLean Village Drive  
McLean, VA 22101-3906  
Phone: (703) 556-9222 ~ Fax: (703) 556-8729  
E-Mail: [info@appd.org](mailto:info@appd.org) ~ [www.appd.org](http://www.appd.org)