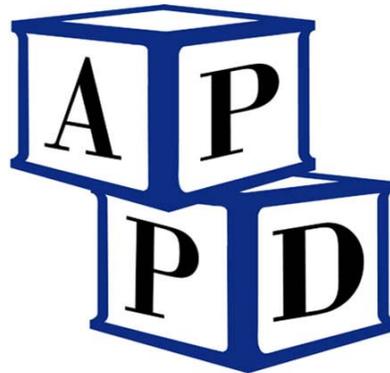


Annual Report

April 2010



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*Committed to excellence in pediatric
graduate medical education to ensure
the health and well-being of children.*

“10”

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Dear Colleagues:

Whenever I am asked to write a report or make a presentation about the APPD for our own or some other organization I find myself in awe of what this organization accomplishes. The APPD membership is a forward thinking, innovative group of educators who consistently work to achieve the highest standards in pediatric education. Over the past four years we have achieved a great many of our strategic plan objectives and have begun the process of creating the next iteration. I take great pride in telling you that this process has made it clear that our organization has truly matured, moving from an internal vision to an external one, looking outside ourselves in our quest to move our educational agenda forward.

This has been a year of successful collaboration. We began with an association with the journal *Academic Pediatrics*, publishing an APPD page in each issue. The vision of our immediate past president, Dr. Rob McGregor, brought us our first joint meeting with COMSEP as well as the PEEAC (Pediatric Educational Excellence Across the Continuum) Conference. These successful ventures with other pediatric educational organizations reinforce the principle that the continuum of education is at the core of our mission.

Our Task Forces having been active, at times in partnership with COMSEP task forces. The Curriculum Task Force is finalizing the subinternship curriculum. The Faculty Development Task Force has developed a rich mentorship program that will become active at the Annual Meeting this spring. A joint Leadership Conference, in partnership with the Academic Pediatric Association, will take place this fall, a wonderful outcome of the efforts of the Professional Development Working Group.

The APPD has been recognized by the American Board of Pediatrics and the ACGME as strong contributors to pediatric education. The Pediatric RRC has involved the APPD early in the process of creating the next iteration of requirements. The ABP, after successful collaboration on the Professionalism Handbook, has asked the APPD to participate in the development of an Assessment Primer. The ACGME looked to the APPD when forming the Pediatric Milestones Working Group, sought input from the APPD membership early in the process, and will continue to engage the membership throughout the milestones development and evaluation process. In the wake of the IOM report on Resident Supervision and Duty Hours, the APPD was recognized as a national leader with our thoughtful and articulate response to the ACGME, produced with the input of a great many of our members. We were chosen among hundreds of organizations to testify at the Duty Hours Congress last June. We will be ready to respond when the ACGME Duty Hours Task Force presents the results of its research and deliberations.

The Share Warehouse continues to be a wonderful resource for our members, housing a variety of materials from evaluations to policies and more. To facilitate our membership in achieving scholarly recognition for their work, this year the APPD has added a process that documents when a contributor's materials are downloaded and how they are used. Reports are available to contributors, as are evaluations of the materials by those who have used them.

LEARN, the Longitudinal Education and Assessment Research Network, is becoming a reality. Hilary Haftel has assumed the leadership role for this APPD research network that will create an infrastructure and database for innovative educational research projects, providing a vetting and formative process. LEARN will provide design, data collection and statistical support for IIPE (the Initiative for Innovation in Pediatric Education) projects as well as APPD Educational Research Collaboratives. LEARN is jointly supported by the APPD and IIPE.

Our new Strategic Plan will help focus us as we continue on our mission to advance the art and science of pediatric education through Innovation, Collaboration, Communication and Scholarship. I would like to thank all of those who participated in this remarkable process. Twenty-nine people, including residency directors, fellowship directors, associate program directors, program coordinators and representatives of the ABP, APA, CoPS and COMSEP participated in this two day brainstorming event. Twenty-nine people put their lives (and cell phones) on hold to focus on the mission, vision and values of the APPD. What an honor it was to be a part of that experience.

My endless thanks go out to the incredible members of the APPD Board of Directors who dedicate so much of their time, energy, creativity and heart to the APPD. Special thanks to Laura Degnon, Kathy Haynes Johnson and the remarkable staff of Degnon Associates who enable our wild and crazy dreams to come true.

Sincerely,

A handwritten signature in cursive script that reads "Susan Guralnick".

Susan Guralnick, MD
President, Association of Pediatric Program Directors



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APPD MEMBERSHIP

The APPD membership dues year is from July 1-June 30. Annual dues are \$1,200 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 \$2,000.** APPD's membership currently includes 186 programs, totaling 2319 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

The Mid-America Region had a wonderful turnout for their meeting during the APPD annual meeting in Baltimore on May 1, 2009. A number of topics were discussed, including the Match, the upcoming IPE proposals, timing of the meetings, the Share Warehouse, and plans for the Fall Meeting. Dr. Raheel Khan (West Virginia University-Charleston), as outgoing regional chair, was thanked for all his efforts on behalf of the APPD and the Region elected Dr. Abdulla Ghori (Case Western Reserve-MetroHealth) as incoming Associate Chair for the next two years. Dr. Hilary Haftel (University of Michigan), the previous Associate Chair, assumed the Chair's position and Jean Ashley (University of Louisville) continued as the Coordinator Chair.

The Fall Meeting of the Mid-America Region was held at Nationwide Children's Hospital in Columbus on October 9, 2009. Approximately 25 program directors, core program coordinators and fellowship coordinators were in attendance. The theme for the meeting was "Teaching with Technology" and the topics were quite varied. Mary Kay Kuzma and Raj Donthi from Nationwide presented their program for Resident QI in continuity clinic practices and Alexander Djuricich from Indiana University demonstrated their audience response system to the group and then Hilary Haftel from the University of Michigan led a lively discussion on the role (and risks) of Social Networking sites in residency training. Following lunch, the Program Coordinators breakout session included preparation for TAGME certification by June Dailey (Indiana University) and Jeri Whitten (WVU Charleston); differences and similarities in fellowship recruitment by Deb Parsons (Indiana University); and interaction discussion of tips for successful site visits lead by Robin Hawkins (Indiana University). The Program Directors enjoyed Rita Pappas's (Cleveland Clinic) presentation on Deliberate Practice to build skills in resuscitation and then John Mahan (Nationwide Children's) presented the 2.0 version of AAP Pedialink to the group.

The next Mid-America regional meeting will be held during the APPD annual meeting in Chicago in April 2010.

The Region was also pleased to congratulate Jeri Whitten, Program Coordinator at WVU-Charleston Division and Chair of the Pediatric Training Administrators Certification Council on her receipt of one of the first annual ACGME Program Coordinators Excellence Awards. Congratulations Jeri!!!

Submitted by Hilary M. Haftel, MD, MHPE, Regional Chair

Mid-Atlantic

Fall Meeting Highlights

The annual Fall Meeting was once again held at The A.I duPont Hospital for Children in Wilmington. Drs. Steve Selbst and Glenn Stryjewski hosted the event. Representatives from seven of our regional programs were present.

A couple of key issues were discussed at the meeting:

- 1) The proposal for funding resident-led research in pediatric resident education was finalized. Final revisions as to the amount of money to be awarded, the number of projects to be funded each year, and the scoring system for reviewers were adopted. The document was finalized and forwarded to the APPD and can be found on the APPD website at: <http://www.appd.org/PDFs/midAtlanticDues-ResearchPlan.pdf>
- 2) The idea of including regional medical school clerkship directors was again discussed. The goal of this initiative is fostering more effective communication and sharing of information that would benefit both groups. Topics for mutual discussion were developed, including: ERAS and match guidance, developing an optimal sub-intern curriculum, improving education in procedural skills, and working on residency preparatory skills needed after the match. It was decided that prior to any further action that it would best to survey the different residency programs in our region to develop a list of clerkship coordinators and determine their level of interest.

The meeting permitted three of our regional programs to spotlight interesting projects or activities they wanted to share with the group.

- 1.) Dr. Angela Mengel presented Geisinger's resident led program for systems based improvement which engages residents in a systems approach to identify workload and efficiency issues and develop, implement, and test new strategies for improvement. Residents have engaged in projects to reduce unnecessary patient bedside visits, reduce time in evening sign out, and reduce the number of nursing pages during protected resident educational time.
- 2.) Drs. Katie Gargiulo and Sharon Calaman presented St. Christopher's intern SPA rotation which is designed to provide residents with educational opportunities in surgery, procedural skills, and child advocacy. Highlighted in the discussion was the approach to resident procedural education which utilizes ICU staff to teach using simulation, and advocacy education, with effective use of opportunities in the community was also discussed.

- 3.) Dr. Glenn Stryjewski presented work at A.I. duPont looking at social networking sites and their utilization in resident recruitment and professional evaluation. The discussion centered on how applicants' and resident's on-line personae can be easily reviewed using sites such as MySpace and Face Book and how that information could potentially be used to play a role in ranking applicants and also identifying issues with resident professionalism.

During the subsequent breakout sessions, several important topics were discussed including:

- 1.) The swine flu epidemic and its impact on resident workload and education
- 2.) Placing caps on resident workload especially during general inpatient months

After completion of small group discussions, the floor was opened for new agenda items.

- 1.) Dr. Paul Bellino presented a short introduction to Geisinger's international pediatric medicine program with an invitation to programs in the Mid-Atlantic region to utilize the program if they have residents that are interested in international medicine but are having difficulties arranging such opportunities.
- 2.) A reminder was made that elections for a new Chairman will occur at the Spring Meeting in Chicago. Members were asked to consider nominating themselves or others for this position. The vice-chairman and program coordinator lead are to be elected at the Fall Meeting in 2010.

Overall, the meeting was very productive. We are looking forward to our next meeting which will take place during the Spring APPD Meeting in Chicago.

Paul Bellino, MD
Program Director, Geisinger Medical Center Pediatric Residency
Chair, APPD Mid-Atlantic Region

Midwest

The APPD Midwest Region held its second annual fall regional meeting on October 16-17, 2009 in Iowa City, Iowa. Stacy McConkey and Ambrosya Amlong, program director and program coordinator respectively at the University of Iowa, graciously hosted and helped coordinate this meeting for our membership.

The morning agenda for this meeting allowed several programs to present and highlight specific projects which they are working on within their individual programs:

1. Stacy McConkey, program director at the University of Iowa, discussed enhancing communication between nurses and physicians. Stacy and her colleagues at the University of Iowa have been interested in studying how gender biases may influence the effectiveness of communication among residents and other health care professionals. They plan to further explore ways to overcome some of the often unrecognized barriers created by gender bias.
2. Emily Borman-Shoap, Associate Program Director at the University of Minnesota, led a discussion entitled "Creating and Implementing a Web-based Continuity Clinic Curriculum." Emily is in the process of further developing and expanding such a curriculum within her program, and thus far, this curriculum appears to be very popular with the residents.
3. Joy Drass, Program Director at the University of Missouri-Columbia, along with colleagues Kristin Koehn, Associate Program Director, and Russell McCulloh, a former resident, then presented a standardized, structured, check-out system that they have developed and implemented in their program. Their presentation, entitled "PAGER: A Standardized Physician Check-out System Using Crew Training Principles," included some role-playing and emphasized the critical elements necessary for effective and efficient sign-out.
4. Keith Mann, Associate Program Director at the University of Missouri-Kansas City, and his colleagues and chief residents Sarah McCormick and Lindsey Albenberg presented "To Click or Not to Click: Audience Response Systems and Resident Education." Keith, Sarah, and Lindsey presented a number of innovative ways in which the Audience Response System can be used to engage residents during educational sessions.

The afternoon agenda consisted of two separate informal breakout sessions. During a session for program directors, associate program directors, and chief residents, Serkan Toy, PhD, an educational specialist at the University of Missouri-Kansas City, presented a project that he and his colleagues have been working on entitled “Making Rotation Evaluations Meaningful and Competency-Based.” Following Serkan’s presentation, there was considerable discussion among the directors and chief residents regarding the effectiveness of current evaluations in each of our programs and the ways that we can improve the evaluation process to make it more meaningful for residents. Coordinators met separately for an open forum, during which they shared a number of ideas regarding the administrative and supportive role they play in the lives of their residents. Overall, it was an informative, fun, and engaging meeting, during which the regional members attending were able to share ideas and perspectives that we can each bring back to our respective programs.

We are currently in the process of putting together a ballot to elect the next chairs for our region. Nominations have been solicited for the Program Director, Associate Program Director, Coordinator, and Fellowship Director Chair positions, and we plan to have an electronic election prior to the upcoming Annual Meeting, at which time the new chairs will begin their terms.

Our region looks forward to meeting at the Regional Breakfast during the Annual Spring APPD meeting in Chicago in April, at which time we will plan our fall meeting for 2010.

Respectfully submitted,

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Keith Mann, MD, University of Missouri-Kansas City, Associate Program Director Chair

Tara Shirley, University of Kansas-Wichita, Coordinator Chair

New England

The NPPD held our Annual Fall Meeting on October 22, 2009 in New Haven, CT. The meeting was hosted by Dr. Alan Freidman, Yale University Pediatric Program Director and the Chair of Pediatrics, Dr. Margaret Hostetter. The host Coordinator was Ann Marie Healy of the Yale University Program.

The Fall Meeting opened with a combined session for Program Directors, Coordinators, Clerkship Directors, and Chief Residents. The session consisted of four informative and thought provoking presentations. The first was *Challenges with today’s residents: A Changing Work Ethic?* by the host program director Dr. Alan Friedman. The next was *Providing Health Care to Children in the Next Decade: Balancing Service Needs and Education* by Michael Apkon, MD, PhD, MBA, Vice President & Executive Director, Yale New Haven Children’s Hospital. The third was *Residents in the Community - Learning, Research and the RWJ Clinical Scholars Program* by Margi Rosenthal, MD, MPH, Assistant Director, Robert Wood Johnson Clinical Scholars Program. The final was *Global Health and the Pediatric Resident – Making the Experience more than Medical Tourism* by Marietta Vazquez, MD, Assistant Professor, Pediatrics.

The groups then had individual breakout sessions as usual. The Coordinators’ session, hosted by Ann Marie Healy, included transformation of the program coordinator’s role, direction of the coordinator NPPD meetings, recruitment strategies, and ERAS tips. The Chief Residents’ breakout session was lead by the Yale University Pediatric Chief Residents, Drs. Beth Emerson, Sherene Mason and Ian Zenlea. Their topics included a follow up on each of their progress since they had taken over as Chief Residents, bedside rounding/family centered rounding, scheduling conflicts and maintaining morale through the winter and recruitment.

Program Directors and Clerkship Directors had a follow up during the morning combined session, lead by Drs. Zalneraitis and Friedman. They followed up on the opening sessions, and discussed the University of Massachusetts initiative in Liberia provided by Dr. Trish McQuilkin. This triggered a discussion of what all NPPD programs were doing in international health, and how we could share resources. The group discussed innovation in primary care as introduced by Dr. Jacques Benun of the Tufts University program. There was then a presentation and discussion on hand-offs provided through Dr. Dennis Simon of Boston Children’s Hospital. This was followed by general group discussions on work hours and night teams, where we stand with the IOM recommendations and what to look forward to with the Milestones Project.

The next meeting is planned for Friday, March 27, 2009 in Boston, Massachusetts. It will be hosted by Program Directors Drs. Emmett Schmidt, Shannon Scott-Vernaglia and Ariel Frey and Pediatric Coordinator Therese D'Agostino of the Massachusetts General Hospital Pediatric Residency Program. It will include the usual spring gathering of both finishing and rising Chief Residents to promote a smooth transition to the new academic year. Then, it's on to the APPD meeting in Chicago!

Ed Zalneraitis, Chair, NPPD

New York/New Jersey

The NY/NJ Region held its Fall Educational Retreat on October 13, 2009 at Maria Fareri Children's Hospital in Valhalla, NY, located on the campus of New York Medical College. Attended by Program and Associate Program Directors, Chief Residents and Program Coordinators. Once again, the day provided a wonderful opportunity to share thoughts and concerns facing pediatric residency programs before the onset of the recruitment season. In keeping with recent tradition the day included an educational talk that set up a subsequent brain storming session. Patricia Hametz, MD, Assistant Clinical Professor of Pediatrics and Associate Program Director, Columbia University presented the fall talk, **Patient and Family Centered Rounding**. The talk was very well received and generated a dynamic discussion as many programs are somewhere in the process of implementing patient and family centered rounding in some format. The subsequent discussion focused on the following key issues:

Issues related to attending requirements for billing: Full PE, Full Independent History,

Privacy issues: Double rooms, HIPAA, Consent/Assent (informal vs formal written)

Practical considerations: Size of teams (break up in to smaller teams?), time restrictions (duty hour regs), language barriers, cultural issues, who should attend rounds (RN, PCA, SW, RT, Child Life, Pharmacy, etc.).

Practical Tools: Flashy things for patients, communication enhancements (e.g. vocera), tip sheets for patients, posted information on floors and in rooms, white boards in rooms, mobile computer workstations. Time keeper on rounds. 10 – 15 minutes for new patients and 5 to 7 minutes for old patients.

Faculty Development: Who is the expert and whom do we train (residents, attendings, nurses, social work, child life, etc)? Is a hospitalist system more conducive to PFCC rounds? What is the best format, didactics vs role play vs observed rounds and feedback. Resource challenges.

Benefits for the family?: Engage in care, answer questions, access to the whole team at once.

Conflict between goals of family engagement in rounds and formal teaching: quick didactics outside the room, separate teaching rounds, teaching in the room (does raising unlikely serious possibilities create undue anxiety in the family?). Is in depth teaching covered in other venues (morning report, other conferences)? What does the RC requirement for 3 times a week inpatient teaching rounds refer to in this new context?

Research Ideas: Outcomes that might be measured – LOS, medication errors, patient satisfaction, costs, improved communication, readmits, family understanding of diagnosis, course, discharge and follow up plans.

The break out discussions by PD/APD, coordinator, and chief resident groups identified a number of issues to bring to the spring national meeting at the meeting of regional chairs:

1. Revision of Pharma Policy: The current policy is so restrictive as to essentially prohibit any direct regional funding of meetings by pharmaceutical companies. There was a consensus that the policy should be either be modified or a structure be put in place to facilitate regional dues. We believe that if the policy is modified it should allow regional Pharma funding with the restriction that reps would not be allowed at the meeting but that recognition of an unrestricted grant be allowed in the agenda and promotional materials. In addition, there needs to be more clarity about Pharma funded educational materials, something that AAP does allow. If the policy stands then regional dues should be included in the National dues by program and 100% should be available to the regions to utilize for meetings, educational initiatives, or research initiatives.
2. The issue of formal program director certification (similar to TAGME) and program director faculty development was discussed. There was a fairly strong consensus that formal certification was **NOT** desirable as it would add additional bureaucratic requirements and expenses. Career development training was deemed desirable. It was suggested that this could be coordinated with APA and perhaps AAP. In particular, the fall APPD meeting was felt to be an ideal setting to develop formal workshops and training.

3. The following RC issues were also discussed.
 - The region felt strongly that the RC should provide the full site visitor's report for all site visits if for no other reason than this would provide more specific information about concrete areas to improve.
 - It was also suggested that it would be helpful for the RC to consider an absolute limit on clinical time for the PD similar to Emergency Medicine.
 - The group was interested in the RC's criteria for determining the length of accreditation.
 - There was a strong feeling from the spring 2009 meeting that the RC requirements for complexity and diversity of diagnoses did not adequately take outpatient diagnoses.
 - The group continues to feel that the ratio of 4 patients per front line resident in the PICU is too high. A survey of the regional membership done in the spring of 2009 and the data will be discussed at our meeting March 28th and presented to the Regional Chairs group in Chicago.

Based on suggestions made by attendees of our fall retreat, our Spring Regional Meeting will be held on Tuesday, March 23, 2009 at Jacobi Medical Center's Corporate Learning Center. Given that we cannot raise funds for this meeting we will collect a fee to cover the cost of lunch. Breakfast has been eliminated to reduce costs. The consensus educational topic was developing a curriculum for disaster preparedness in pediatric residency training. Dr. Michael Frogel spearheaded the search for a speaker and obtained Dr. George Foltin, co-chair of the AAP District II Chapter 3 Taskforce on Emergency Preparedness to speak at the spring meeting.

Submitted by Joel Forman, MD and Beth Woolf, MA

Southeast

Over 70 members of the Southeast Region met on Friday morning, May 1, 2009 in Baltimore as part of the APPD annual meeting. Introductions of the membership were made with representation from most programs in the Southeast and included members from both core and subspecialty programs.

There was some discussion regarding the NRMP "staged" scramble scheduled to be implemented in the 2011 match.

Most members expressed the opinion that though the combined PAS/APPD annual meeting (for those who attend both) requires an extended period of time away from work it is best to keep the meetings together. Separate meetings would require the extra expense of travel to two meetings, etc. Many subspecialty fellowship program directors attend both meetings.

Resident accountability for non-patient care tasks such as conference and meeting attendance, completing faculty evaluations, dictations and delays to QI projects was an issue for several. Ideas discussed were meeting with the residents each year and stressing that these tasks are a component of professionalism. The director may not sign off on the competence with repeated violations. A professionalism note may be placed in the portfolio. Some hold educational stipends, give formal reprimands or take away vacation days. Incentives such as "coffee cards" are also used.

The question arose of progression of a resident from one level to the next if there is concern about competence. The options were remediation and placing an addendum to the final evaluation of residency. Also, a letter of concern could be placed in the file that would be removed upon successful completion. One program has a remediation committee which reviews all performance of residents on remediation and assigns a mentor to help the resident.

Discussion shifted to the topic of private physician mentors. Many programs use private pediatricians as mentors but all have faculty appointments.

A lively discussion followed on patient caps for interns. While no consensus was reached many program directors were positive about the potential for patient caps. Some programs already have self imposed caps with patient overflow being the responsibility of the sponsoring hospital. A question was posed for the RRC as to how many patients is too many if no caps are in place.

Many programs are seeing cuts to funding such as parties, social events and recruitment. No one had solutions.

Several subgroups within the region scheduled meetings throughout the year. The GA-SC+Chattanooga subgroup met August 28, 2009 in Augusta, GA.

The subgroup comprised of LA, AR, TN, MS and AL attempted to schedule a fall meeting but had difficulty getting everyone together.

Submitted by Mark C. Bugnitz, M.D and Karen Ariemma

Southwestern

The Southwest Region meets once each year at the APPD Annual Meeting in a very interactive session. We look forward to seeing all of you at the Regional Breakfast.

Submitted by Surendra Varma, MD, FAAP, FACE

Western

The western region has been active in 2009-10. We held a supplemental meeting in Baltimore after the region breakfast attended by about 10 programs to discuss the regional project involving the development of a pediatric structured clinical observation tool. The project is headed by Dan West from UCSF. At that meeting we began the development of the items for the tool and outlined a time line for its completion. Programs interested in continued participation in the project were identified at that time.

The regional meeting was hosted by Monica Sifuentes at Harbor/UCLA on October 2, 2009. Attendees included PDs, APDs, Chief Residents and Program Coordinators. It was a productive and interesting session. Programs represented included Harbor/UCLA, USC/LA Childrens, University of California San Francisco, University of Utah, University of Colorado Denver, Loma Linda, White Memorial Medical Center in LA, Southern California Kaiser Permanente and University of Oregon Health Sciences Center.

The initial session was spent reviewing the Western Regional APPD project. Dan West presented data from the original round of survey monkey questionnaires that were completed by 16 of 19 people (mostly PD's) who received the survey. The goal of the survey was to identify the importance of possible items to be included in the tool. In the months following our regional meeting, the next round of expert panel review did occur and the instrument is now ready to be piloted for reliability at several sites in the continuity clinic setting.

The second session of the morning was spent discussing strategies to help sell the western region to recruits across the country. There are real geography issues for many of the programs in the region, especially those that are the only program in a given city. There have also been issues for some of the programs attracting a diverse applicant pool. As a region, we have made an effort to hold these regional meetings at different sites to learn more about each other's programs to be able to better advocate for them with our own medical students.

Finally, a lunch session was held with Carol Berkowitz who presented issues of professionalism for program directors. It was a lively, interactive discussion of a number of different, real-life circumstances. The afternoon included a virtual tour of USC/LA Childrens and a walking tour of Harbor/UCLA's facilities. We closed with a meeting with 3rd year medical students on the Pediatric rotation at Harbor/UCLA.

Respectfully submitted
Adam Rosenberg, MD, Regional Chair

FELLOWSHIP DIRECTOR'S ACTIVITIES

Over the last year, fellowship directors have become more active in the APPD membership and we continue to appreciate their varying needs. At our Spring APPD meeting this year, we will be having our first Grassroots Forum for Fellowship Directors. This will be a session for fellowship directors to share common issues and concerns and to provide a foundation for planning activities for the upcoming year. In addition, there will be a number of workshops at the APPD Spring meeting that will relate to fellowship directors. As our spring meeting is separate this year from the PAS meeting, we are also planning a Forum for Fellowship Directors the day prior to the PAS meeting. This session will provide fellowship directors with updates from the ACGME, ABP, NRMP, and CoPS. We will also provide insight from fellowship directors who have recently undergone site visits and three workshops with issues relating to fellowship directors will be presented. We will continue to assess the needs of fellowship directors and tailor the programs throughout the year according to this information.

Submitted by Debra Boyer, MD
Fellowship Board Member
Assistant Director, Assistant Professor – Pulmonology
Children's Hospital
Boston, MA

FORUM FOR ASSOCIATE PROGRAM DIRECTORS

The Forum for Associate Program Directors is pleased to report the following leadership activities and accomplishments for 2009-2010:

Leadership Activities

1. **Grassroots Forum session in Baltimore Spring 2009** - There were approximately 70 attendees at the forum. This session was facilitated by Keith Mann, Nancy Spector, Marsha Anderson and Aditee Narayan. The format of the session was as follows:
 - a. Review of the history and goals of the forum
 - b. Review of the structure of the APPD- highlighting opportunities for professional development
 - c. Discussion of “Hot topics”
 - d. Dissemination of formal Associate Program Director job description - The forum membership had previously identified a need for a template for an APD job description. This project was led by Marsha Anderson, who presented a draft formal job description for discussion and for suggestions regarding revisions. This was very well received by the membership.
 - e. Discussion of pilot facilitated peer group mentoring project – As per the goals of the Forum in Hawaii 2008, the APD membership identified the need for a workshop to address professional development needs. This workshop was led by Aditee Narayan with the following workshop facilitators: Aditee Narayan – Duke Children’s Hospital, Marsha Anderson – Denver Children’s Hospital, Glenn Stryjewski – Thomas Jefferson/AI DuPont Hospital for Children, Priti Bhansali – University of Connecticut, Sherry Sakowitz – Brookdale, Satid Thammasitboon – West Virginia University. The facilitated peer group mentoring process for the development of this workshop was presented at the Forum. Senior leaders for this workshop were Nancy Spector, Keith Mann and Christi Corriveau (content expert, Former Subspecialty Fellowship Director). The APD members demonstrated significant interest in future facilitated peer group-mentoring projects, but requested further identification of the process venues.
 - f. Membership identified the following needs
 - i. Faculty development in mentoring, scholarly work, and collaboration with PDs.
 - ii. Assistance from APPD in identifying ways that members can become involved in projects, committees, and in leadership roles. The APDs reported confusion regarding how to identify open positions in APPD, how to become involved in APPD projects or initiatives, and how to engage with APPD leaders. APDs requested clarification on length of terms and appointments to taskforces/committees and how to be considered for these roles.
 - iii. APDs requested further discussion on how to receive more communication from APPD leaders.
 - iv. APDs discussed issues regarding representation in APPD since each program receives one vote in voting decisions. Despite best of intentions, membership reported that most were NOT routinely consulted by their PDs regarding voting. APDs requested reconsideration of this process to help ensure they have a role in selecting their representatives. **(NOTE: As of the next election cycle when an APD position on the Board is being filled, the designated APD at each program will cast the program’s vote for that position.)** APDs also asked if APPD should rethink distribution of seats on the board.
2. **Forum session Virginia Fall 2009** - Lynn Garfunkel and Nancy Spector facilitated the 1 hour fall forum session with approximately 50 APDs in attendance.
 - a. Review of the history and goals of the forum
 - b. Review of the structure of the APPD- highlighting opportunities for professional development
 - c. Sharing of APD job description template
 - d. Practical tips to develop scholarly projects and enhance professional networking

Leadership Accomplishments

1. **Forum Leadership Succession Plan** - During the forum session in Hawaii 2008, the participants agreed upon a structure for the succession of leadership of the forum. Forum Co-Chairs will serve a 3 year term. Each year there will be the addition of one new Co-Chair (3 in total). Each year one co-chair will rotate off. Potential co-chairs will be nominated and selected by the forum membership and leadership. The goal is for the more experienced Co-Chairs to mentor the new co-chairs in the activities performed by the co-chairs- in an effort to provide professional development. Beginning in 2009, nominations were solicited

and 2 new Co-Chairs were selected -Aditee Narayan and Marsha Anderson, who joined Nancy Spector. Keith Mann rotated off in December 2009.

2. **Pilot Facilitated Peer Mentoring Group**-A pilot facilitated peer mentoring group was formed with completion of a project as the outcome goal. Volunteers for the pilot group included Marsha Anderson, Priti Bhansali, Aditee Narayan, Sherry Sakowitz, Glenn Stryjewski, and Satid Thammasitboon. Keith Mann and Nancy Spector served as co-mentors and Christi Corriveau served as a content specialist/mentor. This team successfully completed development of 3 workshops (detailed below). Additionally, the success of this pilot program served as the nidus to develop a facilitated peer group mentoring model for APPD members. The development of a mentoring program has now become a project of its own accord and is described below:
 - a. **APD Sponsored Workshop at the Annual Spring Meeting**- The APD group presented a workshop titled “Managing from the Middle: Leadership Skills for Associate Program Directors”. This workshop had about 30 participants and was well received.
 - b. **AAMC meeting** – APD group presented a workshop titled “Leading from the Bottom, the Middle or the Top” at the AAMC meeting in Boston in October 2009. The workshop was adapted based upon the feedback from the APPD meeting and was enthusiastically received.
 - c. **PAS meeting** – A workshop entitled “Leading from the Middle:Leadership Skills for Clinician Educators” was accepted for presentation at the upcoming PAS meeting in Vancouver 2010.
3. **Manuscript in Academic Pediatrics** – A manuscript describing the facilitated peer mentoring pilot group model was developed and submitted to the APPD pages of the Academic Pediatrics journal. This manuscript presented the facilitated peer-mentoring model,described successes and lessons learned, and discussed future implications and dissemination. Authors included Nancy Spector, Keith Mann, Marsha Anderson, Aditee Narayan, and Rob McGregor.
4. **Publication of Template for APD job description** – The APD formal job description presented at the Spring meeting was revised based on suggestions from the Grassroots forum and published on the electronic Sharewarehouse.
5. **APPD Mentorship Committee** – APD Co-Chairs were asked to participate on the APPD Mentorship Committee. This includes developing/revising the APPD Mentoring Program. We are in the process of revising this program to offer both peer-mentoring and dyadic models. Identification of key outcomes will help us to better assess these two models. This committee is planning the Mentoring Session and roll-out of the mentoring program for the APPD meeting in Chicago 2010.

Still in Progress

1. **Addition of APD Names and Email Addresses to the APPD Website** - The forum membership has requested that APD names and email addresses be added to the APPD website. This request was approved by the Board. To date, the names and addresses have not been added.
2. **Planning of Forum for Spring Meeting in Chicago**- Nancy Spector, Aditee Narayan and Marsha Anderson have been involved in the planning of the Forum for the spring meeting. The session will focus on identifying the needs of the group and will showcase brief presentations from APDs on significant accomplishments or challenges.

Goals for 2010-2011

APD co-Chairs have identified the following goals for 2010-2011:

- a. Identification of new Co-Chair - Nancy Spector will rotate off as Co-chair in late spring 2010. New Co-Chair will join Aditee Narayan and Marsha Anderson in leading the APD membership.
- b. Improved faculty development for APDs regarding scholarly activities and promotion of cross-institutional collaboration.
- c. Successful execution, monitoring, and establishment of a way to evaluate the new APPD Mentoring program.
- d. Development of a mentor’s curriculum to aid mentors.
- e. Other goals will be identified based on APD input after the APD Grassroots forum session (April 2010, Chicago).

Respectfully submitted,
Nancy Spector, Aditee Narayan, Marsha Anderson
Co-Chairs, Forum for Associate Program Directors
Association of Pediatric Program Directors

COORDINATORS EXECUTIVE COMMITTEE

In our second year of having a Fellowship Coordinator on the Executive Committee, we have experienced the value of an addition to this committee. This year, the participation of fellowship coordinators in the APPD is nearly equal to that of residency coordinators. This growth has been a warm welcome at the Fall and Spring meetings, as we see our sessions overflowing with eager participants.

Workshops and presentations at the Fall and Spring meetings are now able to address both the Fellowship and Residency programs, yet still bring everyone together on management styles and professional development. We are on the forward path in bridging the gap between both and will continue to monitor the quality of the meetings in addressing the needs of both training programs.

Networking has been an essential topic on the minds of coordinators, and we continue to create ways for collaboration to foster new ideas. With the rise of the electronic communication, the listserv has given us a way to get answers to burning questions quickly and efficiently without having to initiate another survey. It gives coordinators the opportunity to share comments with one another. We have also allowed time at each meeting to network further, through the use of table discussions and evening socials, both of which are very well attended.

In the fall of 2009, the Coordinators worked on the beginnings of Professionalism competencies for coordinators in a very engaging discussion. This project will be further reviewed and discussed at the Spring 2010 meeting, when all seasoned coordinators collaborate with their input as well. As most of us are the first line of communication between the resident/fellow and the program, Professionalism is just as important to the Coordinators as it is to the Program Directors and Associate Program Directors.

The Coordinators' section offers a number of growth opportunities. We have the C-TAGME certification program, which keeps our skills continually sharp with GME program planning. We also have the Mentoring program, for which we have received a number successes with new coordinators being guided through their start in residency and fellowship. The task force committees are also growing, which are comprised of 1) Professional Development, 2) Management/Teamwork, and 3) Program Tools. In support of the Program, the coordinators desired to separate their task force committee efforts from that of the Program Directors in an attempt to streamline the activities to the Coordinators' role. Each Spring meeting, we are dedicating time for the committees to review their goals and objectives and assess their progress in meeting those needs. We also encourage them to elect new officers for each committee each year to maintain that high level of excitement in bringing about new ideas.

We are very fortunate to have a section of the APPD dedicated to the Coordinators, and look forward to each meeting for input, new ideas, and networking. As we support the endeavors of the Program Directors, we continue to look towards the Coordinators' section as we move forward and become a source of direction and guidance for all.

Submitted by:

Marlene Keawe, MBA, University of Hawaii
Lorraine Garcia, C-TAGME, Mount Sinai School of Medicine
Co-Chairs, APPD Coordinators' Executive Committee
Spring 2010

COMMUNICATION WITH OUR MEMBERSHIP

Communications Director, Jerry Rushton, MD, MPH

The biggest initiative in APPD communications of the past year was getting the APPD ShareWarehouse up and running on the www.appd.org website. Thanks to the efforts of many, this resource will allow members to share information, learn from peers, and receive academic credit.

For 2010, we hope to build on this with a redesign of the website to connect APPD members. As we have continued to grow- especially with fellowship directors, associate PDs, and new coordinators and PDs, we strive to keep the whole group connected in addition to the development of subgroups within the organization and website. We also want new members to quickly find information and get involved. With so many important new initiatives and communications around vital proposals like the IOM Duty Hours report, we will continue to develop listservs, teleconferences, websites, regional and national meetings to connect to members with our shared strengths.

In addition to our internal APPD communications, we continue to communicate with related professional and accreditation organizations. APPD representatives and reports will be shared with our membership, and our liaisons and leaders will work to communicate our positions with our partners in pediatric patient care and graduate medical education.

APPD MENTORING PROGRAM

Concept and Process

Based on the work of Nancy Spector and Keith Mann in facilitating a peer group of associate program directors to develop and present a workshop, “Leading from the Middle” at several national meetings, the APPD Board of Directors charged them to revise the APPD Mentoring Program. They formed a group with Marsha Anderson, Joe Lopriato, Aditee Narayan, Ted Sectish, and Janet Serwint to work on the project. The group conducted a literature review of the topic of mentoring and discovered two modes of mentoring:

- Traditional Dyadic Mentoring
- Facilitated Peer Group Mentoring

In traditional dyadic mentoring, one mentor is matched with one mentee based on common interests and often, geography. The dyad participates in a bi-directional relationship. In facilitated peer group mentoring, a senior mentor is assigned to a small group of mentees. The group members serve as peer mentors to each other while working on common interests or projects. The senior mentor, often a content expert, facilitates the process.

The group surveyed APPD members and found a majority of respondents preferred facilitated peer group mentoring, but a good proportion also desired individual dyadic mentoring. Based on these data, the APPD Mentoring Program will offer both types of mentoring at the Annual Meeting in Chicago in April.

The APPD Mentoring Program at the Annual Meeting

The group developed questionnaires for mentors and mentees to assist in matching dyads or forming groups of similar interests. Structured guidelines for being a mentor or mentee will be provided.

Prior to the meeting, participants will be asked to reflect on their professional values as a prelude to developing personal mission and vision statements, describe their strengths and weaknesses in their professional roles, provide a bio-sketch, and an executive summary of the project they have in mind.

The Goals and Objectives of the APPD Mentoring Program are as follows:

1. Engage interested members in the APPD Mentoring Program at the Annual Meeting in a program that features the choice of traditional dyadic or facilitated peer group mentoring.
Objectives:
 - Assign participants to preferred mentoring format
 - Match participants who prefer facilitated peer group mentoring by areas of interest
 - Match participants who prefer traditional dyadic mentoring by areas of interest, professional goals and clinical positions
 - List individual or group projects at the end of the meeting with timelines for completion
2. Introduce and assist in the creation of personal and professional development plans
Objectives:
 - Assign parts of a professional development plan to be completed prior to the meeting
 - List the steps necessary to create a professional development plan
 - Require an individual or group project as an element of each participant’s professional development plan
3. Evaluate the effectiveness of the APPD Mentoring Program
Objectives:
 - Measure several objective outcomes such as number of contacts with mentor over the course of the year
 - Collate the projects started as a result of the program
 - List those projects resulting in a publication, abstract, or new curricular element
 - Survey participants about their personal experience

At the Annual Meeting, there will be a two-hour session that will launch the new Mentoring Program. In a plenary session, the speaker will introduce participants to the topic of mentoring and the format of the session. Then, in small groups or dyads, participants will introduce themselves and describe their current roles, professional challenges, and areas of interest or current projects. Each mentee will create an individualized professional

development plan, discuss ideas and strategies for projects or leadership challenges, and outline the work to be done after the meeting on the project, including initial goals, timelines for contacts, conference calls, and outcomes.

Further Application of the Concepts

The concepts used to develop the Mentoring Program have been adapted to apply to the APA-APPD Leadership Conference scheduled for September 21-22, 2010 in Reston, VA. In addition, the group intends to further refine and develop the roles of mentors and study outcomes based on the APPD Mentoring Program.

Respectfully submitted,
Nancy Spector, MD and Keith Mann, MD

TASK FORCES

Curriculum Task Force

Sue Bostwick, MD, Chair

The Curriculum Task Force with our COMSEP colleagues have developed Goals and Objectives for the subinternship experience which are now available to be viewed on the COMSEP website or via link from the APPD website. At this year's annual APPD meeting, the Curriculum Task Force 5th annual workshop will follow the same successful format as in past years, i.e. a series of platform presentation of accepted posters. Our focus this year is on curriculum for communication skills.

Committee members continue to be working on national curriculums; including Public Health, Resident as Teacher, and the Medical Home. In addition, at the upcoming APPD annual meeting, we will spend focused time breaking into groups to work on curricula that are in different stages of development, e.g. night float and quality improvement.

Members of the Curriculum Task Force and the AAP Resident Planning Team selected five new AAP online courses that will be free to residents starting July 1, 2010-June 30, 2012. The courses were selected based on the course content, ACGME core competencies covered, and potential gaps in learning within pediatric residency programs. The courses are: Pediatric Musculoskeletal Medicine, Childhood Hearing 2009, Help Every Family Quit Smoking, Health Literacy, Pediatric Dermatology – Newborn Skin Conditions, and Fostering Health –Evaluation of Children in Foster Care.

Evaluation Task Force

Marc Majure, MD, Chair

The Evaluation Task Force met during the Spring Meeting in Baltimore both separately and jointly with our colleagues on the Evaluation Task Force of COMSEP. Both meetings were extremely helpful and gave both task forces renewed focus for the next year.

During the meeting of the APPD Task Force, a mini-workshop was presented in the series, Assessing the Competencies. This workshop focused on the competency of professionalism. Suzette Caudle, Carolina Medical Center, presented an overview of the competency of professionalism with a focus on material from The Association of Pediatric Program Directors' **Teaching and Assessing Professionalism: A Program Director's Guide**. After discussion, Marc Majure, Duke University, asked participants to get some hands on experience in rating professionalism. Copies of the Professionalism Mini-Examination (PMEX), which is a tool feature in the APPD's Guide, was distributed and used to direct small group discussion based on a collection of video vignettes, A Day in the Life of Dr. Leo Pinter. After this "warm up," participants were asked to rate their favorite TV doctors. Using clips taken from popular TV shows, participants used an audience response system to rate the professionalism on three of the most popular doctors on TV today.

After the workshop, members of the task force discussed the upcoming year. It was decided that further organization of the task force would facilitate successful efforts in the future. Agreement was reached that three working groups would be formed: Evaluation Tool, Evaluation Standards, and Faculty Development. Members have indicated their interest in which working group would best fit their goals for participation in the task force.

In the joint task force meeting, the discussion centered on the role that the task forces could play in the continuum of medical school to post graduate training. Resources from each organization were highlighted and the roles and challenges of clerkship director and program director were shared. Ideas for joint collaboration in the future were discussed and a commitment was made to work together in the future.

The task force looks forward to continuing its mission and further developing the working groups and continuing the mini-workshops as part of the Annual Spring Meeting.

Faculty Development

Cliff Yu, MD, Chair

The Faculty Development Task Force has been involved in several key projects over the past several months, and looks forward to further progress in a variety of areas over the next year.

The Task Force will continue to work with the Ad Hoc Committee on Professional Development in implementing the new APPD Mentorship Program to be initiated at the Spring Meeting in Chicago. In addition, we will be sponsoring two workshops at this year's meeting: the pre-conference workshop focusing on TeamSTEPPS tools and strategies and how to implement them into pediatric GME programs in order to enhance patient safety, as well as a mentorship workshop focusing on facilitated self-reflection and small group discussion to help define plans and strategies for improving mentorship and advisorship skills on an individual level.

Other areas of focus for the coming year will be on developing a faculty development curriculum that we hope can be shared longitudinally at successive Spring and Fall meetings, as well as a developing a clearinghouse of faculty development resources and educational programs available nationwide to pediatric educators. The Task Force welcomes all interested individuals to join as for our Task Force Meeting in Chicago as we chart the faculty development plans for the coming year.

Learning Technology

Joel Forman, MD, Chair

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.

This past year has been a fairly inactive year for the task force but we hope to reinvigorate our task force beginning with the spring meeting. In order to make the task force more productive we will narrow our focus to a few key initiatives. We hope to get firm commitments from the membership to take on specific tasks and will follow up with conference calls to spur progress over the year. With this in mind we have surveyed the task force membership to guide our efforts. Using these results as a guide we will focus on the following 3 issues that garnered the most interest at the spring meeting:

1. Learning Management Systems
2. APPD LEARN and Share Warehouse
3. Low tech tools, and mobile learner centered technologies as a combined topic

We are soliciting brief presentations of applications of learning management systems and low tech tools to share at the task force meeting this spring. In addition we are investigating ways to improve the Share Warehouse web site and to restore some missing content.

We look forward to an exciting and renewing spring meeting!

Joel Forman, MD, Chair

Franklin Trimm, MD, Vice Chair

Research

Linda Waggoner-Fountain, MD, Chair

Members of the APPD Research Task Force reviewed eleven survey requests and approved four for distribution to the APPD membership over the past year. Members of the committee are co-leading an educational symposium on research issues with members of the COMSEP research task force at the 2010 PAS meeting. The committee is reviewing the results of presentations and publications of previous surveys approved by the task force over the past four years. We warmly welcome any new members who would like to be involved with the research task force.

AD HOC COMMITTEE ON PROFESSIONAL DEVELOPMENT

The Ad Hoc Committee focused activities this year on the creation of a leadership conference for APPD members to enhance their professional roles and to help develop executive functions as educational leaders within their institutions. We developed a survey on membership needs, worked with APA leaders on a collaborative effort for a leadership conference, and submitted abstracts to PAS for leadership programming at the Vancouver meeting. In this report, we summarize our major efforts.

Survey of APPD Membership

The Ad Hoc Committee conducted a survey of APPD membership to determine the needs of our members about the skills required to lead pediatric residency training programs. The summary results of our survey indicate important topics identified by members in each of the four categories (descending rank order of total votes):

Leadership Skills

- Managing and Leading Change
- Communicating Effectively as a Leader
- Serving as a Mentor, Role Model or Coach
- Strategic Planning
- Evaluating Projects, Programs, Divisions, Departments

Personnel Management

- Defining Roles, Responsibilities, and Expectations
- Managing Your Faculty and Staff
- Monitoring and Assessing Performance

Personal Professional Development

- Turning Educational Innovation into Scholarship
- Identifying, Searching, and Obtaining Funding Sources
- Balancing Leadership, Career, Professional Life
- Conducting Research in Resource Poor Environment

Financial Management

- Understanding GME Funding
- Developing Budgets
- Finance 101

APA-APPD Leadership Conference

A subgroup of our Ad Hoc Committee, Nancy Spector, Ted Sectish, Rob McGregor, and Laura Degnon, in collaboration with APA representatives, Susan Bostwick, Tina Cheng, Danielle Laraque, Connie Mackay, and Janet Serwint, constitute the Planning Committee for an APA-APPD Leadership Conference. This new conference adjoins the 2010 APPD Fall Meeting and is scheduled to start at 12 noon on September 21st and end on September 22nd. The conference program will feature interactive workshops based on needs of our members as listed in the survey above. In addition, we will feature facilitated peer group mentoring throughout the conference, based on work of our APPD Mentoring Program. In the Peer Mentoring feature of the conference, we will link individuals of similar interests, activities, and projects with facilitators who can lead them through the projects. The peers are grouped by their interests and projects. We think this approach will yield rich and productive interaction and important progress in attaining scholarship and productive outcomes. We hope this custom-tailored Leadership Conference will be exactly what our membership needs to become more advanced in their executive and leadership functions within their institutions and assists them in their scholarly pursuits.

APA-APPD Mini Course at PAS Meeting

Several members of the planning group for the APA-APPD Leadership Conference, Tina Cheng, Ted Sectish and Nancy Spector, submitted an abstract that was accepted by the PAS Program Committee for a Mini-Course entitled, "Leadership Skills for Academic Pediatricians." This session will be led by Tina Cheng and Nancy Spector and will feature the following topics:

-
- Leading to a Vision of the Future – Strategic Planning in Medical Organizations: James Stockman
 - Leading Change in Academic Pediatrics – Structure, Process, and Culture:
Ted Sectish
 - Managing Complex Tasks Through Delegation:
Nancy Spector
 - Leading with Versatility – Leadership Style Based on Context:
Benard Dreyer

In summary, the Ad Hoc Committee on Professional Development has focused on the development of a collaborative APA-APPD Leadership Conference for this fall following the APPD Fall Meeting on September 21-22, 2010 based on the survey the committee fielded this year. In addition, a subgroup of the planning committee successfully submitted a Mini-Course to the PAS meeting in Vancouver, “Leadership Skills for Academic Pediatricians.”

Respectfully submitted,
Theodore C. Sectish, M.D. and Nancy D. Spector, M.D., Co- Chairs

APPD LEARN

The concept of a collaborative research network for Pediatric Program Directors has become a reality this year with the birth of the APPD Longitudinal Educational Assessment Research Network (LEARN). The concept of LEARN was first discussed by the Board at their strategic planning session in September of 2006. After years of dialogue and ultimate acknowledgement of the real need for such a network, in the fall of 2009 the Board agreed to put resources into this network. The Initiative for Innovation in Pediatrics (IPE) is matching APPD's funding support for LEARN. As we begin the operationalization of LEARN, an Advisory Committee has been formed, consisting of Patricia Hicks, MD, Program Director at Children's Hospital of Philadelphia (Chair), Robert McGregor, MD, Program Director at St. Christopher's Hospital for Children, Ann Burke, MD, Program Director at Wright State, Carol Carraccio, MD, IPE Director and Associate Chair for Education at the University of Maryland Medical System; medical education expert Alan Schwartz, PhD, from the University of Illinois/Chicago; and the first Director of LEARN, Hilary M. Haftel, MD, MHPE from the University of Michigan. The goal of this coming year will be to develop the appropriate infrastructure to successfully launch LEARN and begin its first studies. Along with the Milestones Project and IPE, LEARN will bring together programs to undertake collaborative research projects to inform curriculum design, learner assessment and outcomes and program evaluation in the future.

APPD PAGE IN APA JOURNAL

APPD QUARTERLY PAGE FEATURED IN *ACADEMIC PEDIATRICS JOURNAL*: *VIEW FROM THE ASSOCIATION OF PEDIATRIC PROGRAM DIRECTORS*

Academic Pediatrics, the official journal of the Academic Pediatric Association, serves as a peer-reviewed publication whose purpose is to strengthen the research and education base of academic general pediatrics. The content areas include pediatric education, emergency medicine, injury, child abuse, behavioral pediatrics, holistic medicine, child health services and health policy and the environment. [1] The journal serves those educators across the entire continuum from medical students to practicing professionals.

As such, the APPD was delighted to have the opportunity to contribute to the journal with a page in each issue, in a section titled “*View from the Association of Pediatric Program Directors.*” This page offers an opportunity for the APPD to share with the readership of *Academic Pediatrics* content that represents emerging themes, developing or best practices, and new ideas in pediatric medical education.

Ideas for contributions to this page are welcomed and should be presented to Patricia Hicks who is Associate Editor for The Association of Pediatric Program Directors [2]. Promising submissions, in the form of an outline or draft, will then be vetted by the APPD Board. If the APPD board determines that the outline or draft submitted is of interest to the broad readership of *Academic Pediatrics*, the authors will then be contacted and begin the process of preparing the manuscript for presentation to the Editor-in-Chief, Peter Szilagyi. Members of APPD are encouraged to contact Patricia Hicks hicksp@email.chop.edu with ideas, works-in-progress or questions.

Recent publications to the journal can be found by going online to <http://www.sciencedirect.com/science> and then entering the journal name – *Academic Pediatrics*, followed by the issue number and page number, as prompted by the website’s search. Some of the recently published APPD works are listed below.

Published:

Planning for Change: Medical Education Program Design, Patient Care, and Measures of Effectiveness

Volume 9, Issue 2, Pages 65-130 (March-April 2009)

Patricia J. Hicks, pages 67-68

Economic Tough Times: Solutions Found in the Medical Education Continuum

Volume 9, Issue 3 (May-June 2009)

Susan Guralnick, Robert S. McGregor, pages 138-139

Promoting Professionalism in Pediatrics

Volume 9, Issue 5 (September-October 2009)

John G. Frohna, Robert McGregor, Nancy Spector, pages 295-297

The Next Phase of Pediatric Residency Education: The Partnership of the Milestones Project

Volume 9, Issue 10 (March-April 2010)

Jerry L. Rushton, Patricia J. Hicks, Carol L. Carraccio, Pages 91-92

In press:

Peer Group Mentoring: A Case Study of Creating Leadership Skills Among the Associate Program Directors of the APPD

Nancy D. Spector, MD, Keith J. Mann, MD, Marsha S. Anderson, MD, Aditee P. Narayan, MD, MPH, and Robert McGregor, MD, For May/June 2010

1. *Academic Pediatrics. Journal Information: Aims and Scope; Available from: www.academicpedsjnl.net/aims.*

2. *Academic Pediatrics. Journal Information: Aims and Scope; Editorial Board members]. Available from: www.academicpedsjnl.net/edboard.*

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

2009 Recipient: Richard Shugerman, MD

2010 Recipients: Joseph Gilhooly, MD and Nancy Spector, 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

2009 Recipient: Joseph Loprieto, MD, MPH

2010 Recipient: Benjamin Hoffman, 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

2009 Recipient: Melodie Allison, C-TAGME

2010 Recipient: TBA in Chicago

SPECIAL PROJECTS FUNDED BY APPD 2005-2010

The following projects are being funded in 2010:

Addressing the “Not-So-New Morbidity” within the Pediatric Medical Home: Opportunities for Innovations in Residency Education

Investigator: Susan Bostwick, MD, MBA
Associate Professor of Clinical Pediatrics
Weill Cornell Medical College
New York Presbyterian Hospital, Weill Cornell Campus
Funding: \$5,887.50

A Novel Certification Program in Pediatric Procedural Sedation: Recognizing and Rewarding Proficiency

Investigator: Stephen Wilson, MD, PhD
Director of Pediatric Hospital Medicine and Pediatric Sedation
Department of Pediatrics
University of California, San Francisco
505 Parnassus Ave, M-687, Box 0110
San Francisco, CA 94143-0106
Funding: \$7,000

The following projects were funded in 2009:

Assessment of Work-Life Balance among Pediatric Residents

Investigator: Mary Beth Gordon, MD
Children’s Hospital, Boston
Main 9S-Room 9156, 300 Longwood Avenue
Boston, MA 02115
Funding: \$9945

Development of a Reliable and Valid Structured Clinical Observation Assessment Tool

Investigator: Daniel C. West, MD
Professor and Vice-Chair (GME)
Director, Residency Training Program
Department of Pediatrics
University of California, San Francisco
505 Parnassus Ave, Box 0110
San Francisco, CA 94143-0110
Funding: \$10,000

Transforming the role of teacher: the impact of a blended learning approach on faculty and resident satisfaction with endocrinology teaching

Investigator: Teri Turner, MD, MPH, MEd
Texas Children’s Hospital
Clinical Care Center
6621 Fannin Street, Suite 1540
Houston, TX 77030
Funding: \$10,000

The following projects were 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, 3rd 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

SPECIAL PROJECT UPDATES

Assessment of Work-Life Balance among Pediatric Residents

Mary Beth Gordon, MD; Ted Sectish MD; Marc Elliot PhD; Laura Bogart, PhD; Ann Burke MD;
David Klein, MS; Mark A. Schuster, MD PhD

Funded 2009

This national survey of pediatric residents aims to define needs of pediatric residents with respect to work-life policies. Data collection was completed in June 2009, with 59 programs and 1,650 residents participating. Data entry was completed in the fall of 2009, and analysis is ongoing. Preliminary results of the survey will be presented as part of an APPD 2010 workshop. Below are two abstracts resulting from the project, representing work in progress.

Demand for part-time residency training and barriers to utilization: a national survey of pediatric residents.

Background: Twenty-five percent of pediatric residency programs report offering part-time positions, however fewer than 1% of residents report training part time. The demand for part-time training, and barriers to its utilization, are unclear.

Objectives: (1) To determine demand for part-time residency training (2) To define characteristics of residents who desire part-time training (3) To describe perceived barriers to training part-time (4) To describe attitudes of pediatric residents about part-time training.

Methods: Cross-sectional, cluster-design survey of a nationally representative sample of U.S. pediatric residency programs. 73 programs were randomly selected after proportionate stratification by U.S. region and size. All residents within enrolled programs were invited to participate, on paper or online.

Results: 59/73 (81%) of invited programs participated, and 1,650 of 2,998 (54%) of pediatric residents returned a questionnaire. Five percent of residents have worked part-time (PT), flex-time (FT), or job-sharing (JS) during residency, with child care (63%) and research (63%) the most common reasons cited. Twenty-nine percent of residents would like to consider working part-time (PT), flex-time (FT), or job-sharing (JS). In multivariate analysis controlling for program and resident factors, significant characteristics associated with desiring part-time training included female gender (OR 1.5, $p=0.01$), parenthood (OR 1.5, $p=0.02$), having a higher income (OR 1.9, $p=0.006$), experiencing depression (OR 2.0, $p<0.0001$), and experiencing burnout (OR 1.6, $p=0.006$). The most-frequently cited reason for not pursuing part-time residency among residents who desire it was believing it to be unavailable (81%). Residents believe that time-in-training should be extended proportionate to time away.

Conclusions: Part-time residency and its variations are particularly desirable for women, parenting residents, and residents experiencing depression and burnout. Increased openness about availability may improve utilization. Affordability remains a significant impediment to pursuing reduced-hours training for residents in need. Combining clinical education with funded research opportunities over a longer training period may provide a professionally productive, personally flexible, desirable alternative to traditional training that is feasible for both residents and programs.

Utilization and potential impact of paid parental leave: a national survey of pediatric residents.

Background: Pediatrics as a field is committed to promoting family health. Workplace policies such as paid parental leave are positive family supports. The utilization and potential impact of paid parental leave in a population of pediatric residents are unclear.

Objectives: (1) To assess utilization and structure of paid parental leave for pediatric residents (2) To explore the relationship of length of paid parental leave with parent outcomes (mental health, self-reported clinical performance) and child outcomes (breastfeeding duration, bonding).

Methods: Cross-sectional, cluster-design survey of a nationally representative sample of U.S. pediatric residency programs. 73 programs were randomly selected after proportionate stratification by U.S. region and size. All residents within enrolled programs were invited to participate, on paper or online. Availability of work-life policies

was assessed via literature review and query of the American Medical Association's FREIDA database of pediatric residency programs.

Results: Over 90% of pediatric residency programs report having written maternity leave policies. 1,650 of 2,998 (54%) of pediatric residents returned a questionnaire; 326 (27%) reported having dependent children at home. 187 residents reported using any parental leave during residency; of these, 157 (84%) reported taking paid parental leave. The mean duration of paid parental leave reported by women was 6.4 weeks, compared to 1.5 weeks for men. For both genders, 40% of paid leave was accounted for by vacation time, and 30% by elective time. In bivariate analyses, each week of paid parental leave was significantly associated with increased odds of reporting ability to bond with infant (OR 1.5, $p < 0.001$); good infant health (OR 2.0, $p < 0.001$); comfort with child care arrangement (OR 2.1, $p < 0.001$); and good clinical performance (OR 1.8, $p < 0.001$). Length of paid parental leave did not impact ability to breastfeed as long as planned or positive mental health screening at the time of survey.

Conclusions: Pediatric residents on average receive 6 weeks of paid maternity leave and 1.5 weeks of paid paternity leave. The majority of leave time is accounted for by vacation and elective time. Length of paid leave has significant impact on self-reports of clinical performance, comfort with child care, and parent-infant bonding and global infant health. Adequate paid parental leave is an important policy to promote family health.

Transforming the Role of Teacher: The Impact of a Blended Learning Approach on Faculty and Resident Satisfaction with Endocrinology Teaching

Teri Turner, MD, MPH, MEd, Mark Ward, MD

Funded 2009

Rationale: Changes in resident work hours and increasing demands on the resident's time have decreased opportunities for large group didactic lectures. Economic pressures, changes in health care delivery, and advances in medicine have increased demands on academic faculty, resulting in less time for teaching.¹ Blended learning – a design strategy whereby face-to-face and online learning are made better by the presence of the other – offers the possibility to recapture the traditional values of education while meeting the demands and needs of the twenty-first century, providing access to standardized content for geographically dispersed learners with 24/7 continuous availability.² Blended designs change the expected roles of all participants involved and have the ability to transform the teacher from dispenser of knowledge to facilitator of learning and assessor of competency.

Project Aims:

1. to determine the impact of a blended learning approach on faculty and intern satisfaction
2. to assess the feasibility of blended learning during a busy inpatient rotation
3. to determine the effect of a blended learning approach on an intern's lifelong learning skills and approach to topic specific learning

Methods: A non-equivalent control group design will be used to measure the impact of a blended learning approach on a resident's lifelong learning skills and approach to topic specific learning. The program evaluation framework outline by Kirkpatrick will be utilized.³ The study will take place over a 12 month period and will be conducted in a large urban residency program. It will occur during a busy mandatory inpatient clinical rotation consisting of every fourth night call. All interns ($n=48$) will be assigned to either the experimental or control group based on month of service, alternating between groups. This sample size will allow detection of a 0.8 standard deviation difference between groups with a certainty of 0.7 at a 0.05 significance level. Interns assigned to the experimental group will be asked to complete (4) thirty minute self-paced, computer-based didactic modules in a 3 week period and attend a 90 minute face-to-face session facilitated by the subspecialty teaching faculty member during the final week of the rotation. This session will consist of structured case scenarios covering core content subspecialty topics with discussion questions and role-playing activities to assess competency related to e-learning content. Control residents will receive (4) fifty minute lectures covering the same content scattered throughout the four weeks of the rotation. The topics are: 1) Type I diabetes, 2) short stature, 3) pubertal variations and 4) thyroid disorders. Data will be collected on lifelong learning skills (Self-Directed Learning Readiness scale by Fisher et al.) and approach to topic specific learning (Approaches to Study Skills Inventory for Students [ASSIST] questionnaire) at the beginning and end of each month. Faculty and residents will also complete a questionnaire at the end of the month assessing satisfaction, feasibility, time spent in various activities and organizational support.

Analysis: Data will be analyzed using SYSTAT. Descriptive and inferential statistics will be performed. Paired t-tests will be used for pre- and posttest evaluations among the control and intervention groups. Independent t-tests will be used to measure items from the posttest only analysis. Correlation coefficients will be generated for the relationship between individual characteristics and lifelong learning skills as well as approach to topic specific learning.

II. Project Progress

- a. 46 Resident physicians from the class of 2009-2010 have completed the Kolb learning style inventory (Diverging=15%, Assimilating=17%, Accommodating=23% and Converging=46%)
- b. 46 Resident physicians also completed the VARK (4% Aural, 4% Read-Write, 13% Visual, 26% Kinesthetic, 13% Bimodal, 15% Tri-modal, and 22% VARK)
- c. We have contracted with the American Academy of Pediatrics (AAP) to produce the 4 online learning modules. These will be made available to residents as bonus free courses on PediaLink (Pediatric Essentials in Endocrinology).
- d. Two courses (Type 2 Diabetes and Short Stature) are currently under production and the content is being developed for the remaining two (Pubertal Variations and Thyroid Disorders)
- e. Start date for data collection will be January 1, 2011 to allow for module development.

Self-Directed Learning and Individualized Learning Plans (ILPs):

Predictors for Success and Implications for Program Directors

Su-Ting T. Li, MD, MPH; Daniel C. West, MD; John Co, MD, MPH

Funded 2008

Background: There is widespread agreement that the development of self-assessment and self-directed learning skills is essential to lifelong learning and a critical step towards becoming an effective physician. The use of Individualized Learning Plans (ILPs), as required by the Pediatric Residency Review Committee, may be one way to improve self-assessment and self-directed learning skills; however, little is known about how best to use ILPs and what factors contribute to their success. Better understanding these areas would be a critical step toward developing strategies that enhance self-directed learning skills and successful implementation of ILPs.

Objectives:

1. To determine barriers to and strategies for achieving self-directed learning goals. To develop a model for successful self-directed learning in medicine.
2. To determine whether resident or program characteristics are associated with effective self-directed learning of residents.
3. To understand the frequency with which residents choose certain types of learning goals and whether goal type is associated with progress in completing goal.

Methods:

A cross-sectional web-based survey of pediatric and medicine/pediatric residents and program directors from a nationally representative sample of residency programs was conducted.

1. Self-reported barriers to and strategies for achieving self-directed learning goals were systematically analyzed through inductive iterative review.
2. Self-directed learning efficacy was measured by resident-reported progress on learning goals from their most recent ILP. Multilevel linear regression models were used to analyze the relationship between learner and program characteristics and self-directed learning efficacy of residents.
3. Residents who had ever completed an ILP were asked to describe their most important goal and the goals on which they made the most and least progress. Responses were systematically analyzed through inductive iterative review and categorized into the 6 ACGME competencies: medical knowledge (MK), patient care (PC), interpersonal and communication skills (ICS), practice-based learning and improvement (PBLI), professionalism (PR), systems-based practice (SBP), and one additional category called future practice (FP). Conditional logistic regression analysis of the learner-matched pairs of goals (with most and least progress) assessed the association of goal type with reported goal progress.

Results:

All program directors of participating programs (N=46) completed the survey; the response rate from residents was 57% (992/1739). At the time of the survey, 78% of residents had previously written an ILP.

1. Barriers to achieving self-directed learning goals were categorized into: difficulty with personal reflection, environmental strain, competing demands, difficulty with goal generation, and problems with plan development and implementation. Strategies for achieving learning goals included creating goals that were important (relevant to the learner and prioritized by the learner as important to achieve), specific (with broad goals broken down into incremental steps and a specific plan for each step), measurable, accountable (with reminder and tracking systems and building in internal and external accountability), realistic (achievable goals which utilize existing opportunities and constant self-adjustment), and included a timeline for completion of the goal (and incorporation of goal into their daily routine).
2. Most residents achieved moderate self-directed learning efficacy. The most important factors associated with greater self-directed learning efficacy included using a system to track one's own progress in achieving learning goals, higher score on a propensity toward lifelong learning scale, and reporting greater confidence in self-directed learning abilities. Program characteristics, including program-level support for ILPs, had little or mixed association with resident self-directed learning efficacy.
3. MK was most frequently identified as the most important goal (53.1%), followed by PC (26.6%), PBLI (10.4%), ICS (4.1%), and FP (2.5%). PR (1.3%) and SBP (0.9%) were identified least often as the most important goal. Residents reported the most progress on PC (38.1%) and MK (34.7%) goals. In the conditional logistic regression model, residents reported most progress on PC (OR: 2.1; 95% CI: 1.5-3.0) and PBLI goals related to teaching (OR: 2.9; 95% CI: 1.5-5.4), and least progress on SBP goals (OR: 0.2; 95% CI: 0.1-0.6).

Conclusions

1. Based on the data, the authors propose a conceptual for self-directed lifelong learning that involves creation of learning goals and plan development based on individual reflection and self-assessment and continual revision of goals and/or plans based on degree of goal attainment. This model could be broadly applicable across the continuum of medical education.
2. The most important factors associated with self-directed learning were resident characteristics. Our findings imply that residency programs should invest their limited resources in curricula that help residents develop measurable goals and systems for tracking progress toward goal attainment. Since propensity toward lifelong learning was an important factor, medical schools and residency training programs should enhance their efforts to develop this characteristic in learners.
3. Although residents were more likely to report MK goals as most important, they were more likely to report most progress on PC and teaching-related PBLI goals and least progress on SBP goals. These findings indicate areas where residents might require additional support, routine practice, or development of more realistic parameters for accomplishing certain types of goals.

2 manuscripts are in press as a result of this work: "Successful Self-Directed Life-Long Learning in Medicine: A Conceptual Model Derived from Qualitative Analysis of a National Survey of Pediatric Residents" will be published in *Academic Medicine* and "Factors associated with successful self-directed learning using Individualized Learning Plans during pediatric residency" will be published in *Academic Pediatrics*. A third manuscript, "Relationship between Successful Individualized Learning Plans and type of learning goal" is currently in preparation.

Our work has been/will be presented at national conferences as 2 platform presentations (1 at APPD in 2009 and 1 at PAS in 2010) and 3 poster presentations (1 at APPD in 2010 and 2 at PAS in 2010).

1. We presented "Factors associated with successful self-directed learning using Individualized Learning Plans during pediatric residency" as a platform presentation at the joint APPD/COMSEP conference in Baltimore, MD in 2009. Additionally, we will present this work as a poster presentation at the PAS conference in Vancouver, BC in 2010.
2. We will present "Successful Self-Directed Life-Long Learning in Medicine: A Conceptual Model Derived from Qualitative Analysis of a National Survey of Pediatric Residents" as a platform presentation at the PAS conference in Vancouver, BC in 2010. Additionally, we will present this work as a poster presentation at the APPD conference in Chicago, IL in 2010.
3. We will present "Relationship between Successful Individualized Learning Plans and type of learning goal" as a poster presentation at the PAS conference in Vancouver, BC in 2010.

Developing Proficiency in Resident Intubation Skills

David Tanaka, L. Katakam, S. Izatt, S. Witt

Funded 2008

In our previous update we reported on some of our progress in the understanding of the learning process involved with the acquisition of intubation skills. In this final report, we review our progress made to date and outline our plans for future research.

In pediatrics, intubation proficiency is assumed when the provider can successfully intubate more than 80% of the time but in their study, Falck, et al., reported that none of the resident groups met this pre-established definition of technical competence (Falck, AJ, et al., Pediatrics, v112 No. 6; 2003). In 2007 we reported that over ten opportunities may be needed for the average resident to acquire intubation proficiency. To assess achievement of an '80% likelihood to intubate more than 80% of the time' we employed conditional probability (Bayes Theorem) to predict the likelihood that the intubator was either a novice or proficient in the skill. We previously reported our success in the use of the Baye's Theorem to determine intubation proficiency (80% likely to successfully intubate the (next) patient as proposed by Falck, AJ, et al., 2003).

Use of Video Libraries and Recursive Intubation (manikin) Training

At Duke our traditional approach for resident resuscitation training had been to do an intensive training program at the start of the residents' internship year (Neonatal Resuscitation Program, NRP). Using the data collected from internship years starting in 2005 through 2007, we established a three year baseline prior to the implementation of our program to re-train (recursive intubation training) the new residents coming into the NICU each month. The control cohort displayed a 45% success rate by incoming interns in July but this rate of success steadily declined each month to a point where no intern (over a three year period) had logged a successful intubation during the month of December. In the summer of 2008, we started our intervention program whereby each incoming intern group was exposed not only to the manikin simulators but also to the laryngoscope videos of neonatal intubations. In 2010 we will report to the SPR in Vancouver, Canada that using the recursive training approach, we were able to maintain the July intubation success rate without any subsequent fall in this success rate over the next five months.

Are there any Predictors of Future Success Based on Current Performance?

We recently provided evidence that over ten intubation opportunities (ie, different patients requiring intubation) may be needed before intubation proficiency is attained (Katakam, 2007). We further showed (Katakam, 2008) that the learning process for intubation proficiency was not incremental, rather it occurred almost as an epiphany or as an 'ah ha' moment. Our observations suggested that an examination of the success pattern of even the first two attempts to intubate by a novice or a provider whose competency is uncertain, could provide insight into their likelihood to become proficient. In 2009 we presented evidence that the outcomes of a novice provider's first two attempts to intubate were predictive of their subsequent likelihood to become proficient as well as the number of opportunities needed to achieve this goal. This line of investigation led to the current 2010 SPR presentation wherein we report that persistence of intubation skill is related to at least three principle factors: the time between opportunities; the number of opportunities the provider had obtained prior to the next intubation event; and the skill of the intubator as determined by their intubation outcomes over their last two opportunities to intubate. This line of work indicates that in the absence of more opportunities to intubate in their residency program, increasing the number and frequency of successful experiences are essential components needed to ensure a successful outcome when that opportunity is encountered months (or years) after training.

Development of New Video Learning Tools

A. Video laryngoscope

As previously reported, we have successfully developed a video laryngoscope that can be made from a standard Miller blade used throughout the United States (both fiberoptic as well as incandescent videoscopes). This past year we have successfully obtained an FDA approval to begin clinical testing.

B. Wireless intubation videos with Laser Designator

We have developed a working wireless, battery operated, color videoscope than can also be attached to any Miller blade (see above), including the commercial video laryngoscope blades available through Storz. We are now beginning research to explore the use of the laser designator as 'common frame of reference' during the intubation process for both trainee and instructor.

C. Video Coaching

Last year (2009) we presented at the SPR our findings that suggest that video coaching may be an effective tool for training and that videolaryngoscopy, if performed with a wireless device connected to a computer with broadband internet connections, may be useful under more general 'field conditions' as well. Following these 'proof of concept' studies performed on manikins, we plan to conduct clinical trials on the use of video-assisted intubations for new providers.

D. Computer Simulation tools

We continue to make progress on the development of virtual environments to teach intubation skills. We have successfully developed a video interface to 'drive' intubation videos through either the use of a simple 'joystick' or a force-feedback 'haptic' device. We have also successfully re-created physical renderings of MRI slides of the neonatal head and neck. These latter 3D models currently permit 'fly throughs' of the oral airway and will form the basis for our future plans to create a virtual intubation environment that will feature airway secretions, dynamic airway movements, airway anomalies, and realistic, force-feedback sensations created during the virtual intubation process.

In conclusion, it is our hope that these new tools, while significantly reducing the learning time to acquire this essential skill, will also significantly reduce the number of excess providers needed to intubate a given patient (improved patient safety) as well as provide the means by which the current intubation skill level of a provider no longer in a residency environment could be accurately determined. We are very grateful for the initial financial support through the APPD that provided the 'seed funding' needed to successfully acquire an institutional grant for this project and will provide the basis for an intended major Federal grant submission later this year.

(It should also be noted that two of our former fellows (Dr. Katakam in Texas and Dr. Witt in Arizona) will continue with aspects of this research involving the use of video training and the assessment of intubation skills in the pediatric community setting.)

Thank you again for the generous support of your organization for our project.

A Pilot Study to Evaluate the Feasibility and Effect of an Interactive Breastfeeding CD on Pediatric Residents' Breastfeeding Counseling Skills

Jennifer A. F. Tender, MD, IBCLC
General Pediatrics, Children's National Medical Center
111 Michigan Avenue, NW, Washington, DC
Funded 2006

An exploratory pilot study to evaluate the feasibility and effect of an interactive breastfeeding CD on pediatric residents' breastfeeding counseling skills. This project entailed developing an interactive educational DVD for pediatric residents regarding how to manage common breastfeeding problems. We initially had challenges recruiting subjects and then problems with the consent from images used in a prior DVD. Those have been overcome and we have completed the DVD in mid-March 2010. Our IRB requested their review of the DVD prior to distribution and a copy will be provided to the. I anticipate it will take 1 month for them to review (April 2010) and 1 month for us to make their recommended changes (May 2010). We have been having ongoing discussions with the medical directors of the newborn nurseries where our residents rotate to begin the evaluation portion of the grant soon.

INTERACTIONS WITH LIAISON ORGANIZATIONS

Committee on Pediatric Education (COPE) Meeting

November 21-23, 2009

Jerry Rushton, MD, MPH

The AAP Committee on Pediatric Education (COPE) includes a broad representation of most major pediatric organizations. COPE members include many program directors and educational leaders.

New Chair, Dr. Beverly Wood provided some readings and discussion to consider the complex world of pediatric education from medical school to GME to CME and beyond. The group discussed many of the challenges in funding, financial pressures, and important child health needs. The AAP is looking for opportunities to support members in tight fiscal times and provide value and resources to their members. Some interesting survey data was presented and workforce effects of training were a major theme. Member groups and liaisons updated initiatives and shared ideas on the common issues we all face.

There was no single issue identified, or actions promoted during the meeting, but the entire group could feel the heightened sense of urgency for joint efforts, collaboration, and coordination around the many important issues facing child health in 2009-10. More and more, it is evident to all that we must approach education across the continuum, not as isolated weigh stations of student, resident, or fellow.

Council of Pediatric Subspecialties (CoPS)

Debra Boyer, MD

The Council of Pediatric Subspecialties (CoPS) is now entering its fourth year and will, at this time, become an entity on its own, no longer financially support by the APPD. Over the last year, the organization has worked to simplify the fellowship application process with many more programs now using ERAS and the NRMP match system. CoPS is also working to streamline an effective subspecialty communication system, to increase its role in the advocacy arena and to address the significant workforce issues that exist in subspecialty pediatrics.

Federation of Pediatric Organizations (FOPO)

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

Theodore C. Sectish, MD

The Federation of Pediatric Organizations is an umbrella organization, made up of the leadership of the American Academy of Pediatrics, the American Board of Pediatrics, the Academic Pediatric Association, the American Pediatric Society, the Association of Pediatric Medical Student Department Chairs, the Association of Pediatric Program Directors, and the Society for Pediatric Research. FOPO addresses cross cutting issues that affect child health and does so by setting policies, convening meetings and serving as a communication vehicle. In this report, I will summarize activities currently being addressed by the organization's task forces and update the progress of the strategic plan working groups. A complete report including a listing of presentations, publications, statements, and letters can be found at www.fopo.org.

Task Force on Women in Pediatrics

Susan G. Marshall (University of Washington) took over as Chair of the Task Force and led the meeting in Boston, MA, following the annual AAMC. The group, consisting of ten participants, reviewed the work of the Task Force in the last three years under Bonnie Stanton's leadership. During that time Task Force focused on part time/flexible work and training and child care.

The future focus for the Task Force will include the following priority areas and will focus on academic and community practice settings:

1. Pipeline, workforce, attrition, and retention of junior faculty
2. Flexible/part time training
3. Mentoring and leadership

4. Transparency for promotion, paths for advancement, salary, incentives, and resources.

The Task Force will meet by conference call quarterly and plans to meet at the PAS in Vancouver and at the NCE in San Francisco.

Task Force on Diversity and Inclusion

A planning group comprised of Tina Cheng, Denice Cora-Bramble, Elena Fuentes-Afflick, Renee Jenkins, Danielle Laraque, and Fernando Mendoza met by conference call and drafted a proposal that is attached to the agenda. They propose the following objectives:

- Develop a strategic plan for diversity and inclusion
- Develop formal collaborative relationships with AAMC, DGI, NMA and others
- Identify and support policies that would broaden the diversity of the pediatric workforce
- Support education needs of a diverse faculty in academic medicine
- Explore with IPE mechanisms for promoting excellence in pediatric training programs through diversity and inclusion
- To support leadership development of a diverse faculty

Strategic Plan Working Groups Update Leadership Academy

The focus of the Working Group is to: 1) promote collaboration among FOPO member organizations, 2) create a database of leadership activities, 3) influence the PAS Planning Committee to ensure ample educational options at the PAS Meeting, 4) work with the Pediatric Leadership Alliance of the AAP to create programming, 5) consider creating a longitudinal curriculum or activity and look at outcomes, 6) examine the educational continuum from medical school through residency and beyond, and 7) create curricula around the core competencies of leadership.

As a liaison to the PAS Program Committee, I attended a meeting held in July, 2009. FOPO was given one selection for the invited science portion of the meeting (Mini-Courses, State-of-the-Art Plenary Sessions, and Hot Topics). At that meeting, I recommended the Mini-Course, "Leadership Skills for Academic Pediatricians," a joint submission from members of the planning group for a leadership conference sponsored by APA and APPD. The Program Committee had selected a Mini-Course sponsored by our Task Force on Women in Pediatrics for inclusion in the program, "Developing Women as Leaders in Academic Pediatrics." In addition there are three workshops accepted which are devoted to leadership, "Development of Essential Medical Leadership Skills," "Leading From the Middle," and "So You Want to Be a Leader? Here is How You Do It!"

One important function of the Leadership Academy Working Group will be to ensure adequate programming about leadership topics at PAS and encouraging the submission of abstracts for invited science (mini-courses, hot topics, and state-of-the-art plenary sessions) and workshops.

Positioning Pediatricians in Leadership Positions in Organized Medicine

Carol Berkowitz and Renee Jenkins co-chair this Working Group. Members of the working group are targeting the following organizations for positioning pediatricians in leadership positions:

Carol Berkowitz – Quality (NICHQ, AQA, AHRQ) plus ACGME and the AMA

Danielle Laraque – NIMH

Renee Jenkins – NICHD (with Danielle Laraque and Ted Sectish)

Kathe Nelson – IOM and AAMC

In addition to understanding how to ensure that pediatricians can be selected for leadership positions, the group proactively joined forces with FOPO leadership in the effort to offer names for the Search Committee for position of Director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development after Duane Alexander stepped down in September 2009. I spoke with Francis Collins and submitted a letter with five names proposed. The response from the Chairs of the Search Committee is also attached.

Child Health Research Working Group

Mark Schleiss and William Hay co-chair this Working Group. The group had its speakers author a paper based on the presentation at the PAS meeting in Baltimore, "Child Health Research Funding and Policy: The Imperatives and the Investments That America Needs to Make for a Healthier World." This manuscript has been accepted and is being revised.

This year the Working Group submitted a workshop, “Crafting Successful Clinician-Scientists in Child Health Research,” which has been accepted. Several members of the Working Group, Bill Hay, Mark Schleiss, Steve Abman, and David Cornfield are leading an effort to discuss the problem of the “leaky” pipeline of physician scientists in child health research and develop an action plan, possibly resulting in a white paper. They hope to sponsor a national meeting to address the subject in greater detail.

Global Health Working Group

Errol Alden and William Keenan co-chair this Working Group. There are now four areas of focus:

1. International certification
2. Global Health Rotations and Curriculum for medical students and residents
3. Creating sustainable global partnerships
4. Helping Babies Breathe, a neonatal resuscitation and education for the global lay public

The Working Group envisions sharing knowledge across FOPO member organizations for each of these efforts. The group is considering sponsoring a forum to share ideas and one focus will be global health training and education. The forum would include pediatric program directors and members of the AAP International Child Health Section, the AAP Section on Medical Students, Residents, and Fellowship Trainees, and the Review Committee for Pediatrics of the ACGME. The Working Group plans to meet at PAS in Vancouver.

Graduate Medical Education

Aaron Friedman chairs this Working Group, which is awaiting the response of the ACGME to the Institute of Medicine’s Report on Resident Duty Hours. Once the direction of the ACGME is known, this Working Group may partner with NACHRI to host a national conference and bring together the pediatric community and include those with knowledge of government sponsored GME programs, CEOs of children’s hospitals and academic medical centers, department chairs, and program directors to develop a larger view of the future of GME funding.

Initiative for Innovation in Pediatric Education (IIPE): The First Year

Carol Carraccio, MD, MA, Director, IIPE

IIPE will have its’ first birthday in May of 2010. As pediatricians we all appreciate the amazing growth and development that occurs in the first year of life and I am happy to report that IIPE is no exception. The pediatric community and particularly the program directors that saw this as an opportunity to be creative and improve the training of future pediatricians made the growth and development possible. There has been a steep learning curve for all this year as we take each new step along a path that we hope will lead to success. And what would this success look like if it were realized? The vision of those working most closely on this initiative is one in which the pediatric community as a whole engages in innovation at some level and that we share what worked and what didn’t with each other in an effort to improve the quality of education and ultimately the quality of care for our patients. To this end our greatest accomplishment in this first year has been the partnership that has formed between IIPE and APPD to begin to build LEARN (Longitudinal Educational Assessment Research Network). By pooling our resources, both monetary and personnel, we will build the capacity through LEARN to provide the technologic and communication infrastructure needed to make collaboration across programs and data sharing possible. This will enable us to inform and improve our educational practices through rigorous study. An intended consequence will be advancing the scholarship of education and as a result the scholarship of program directors.

In a key article by Glenn Regehr¹ and an accompanying commentary by Kevin Eva,² we as a community of educators are challenged to reframe our approach to educational research. Regehr¹ states, “I have discussed two ‘imperatives’ that I believe are implicit in the dominant discourse about the science of education: the imperative of proof and the imperative of simplicity. I have suggested the potential reorienting of education research from the imperative of proof to an imperative of understanding, and from the imperative of simplicity to an imperative for representing complexity well. If we adopt these new imperatives....we will find opportunities to move away from the current model of ‘show-and-tell’ papers and talks to a model which will allow us to start building a shared understanding together.” The pediatric community is at a great advantage in accepting this challenge. This is what IIPE, APPD and LEARN are all about!

Please visit the IIPE website at <http://www.innovatopedsgme.org/index.cfm> to learn more about the current IIPE projects and the 2010 cycle for Letters of Intent. I would also encourage you to read the “IIPE pages” of *Pediatrics*

which will provide a quarterly progress report to the community. The inaugural article by M. Douglas Jones, MD appeared in the January 2010 issue. The history of IPE appears in the April 2010 issue of the journal.

1. Regehr G. It's NOT rocket science: rethinking our metaphors for research in health professions education.

Medical Education 2010;44:31-39.

2. Eva, KW. The value of paradoxical tensions in medical education research. Medical Education 2010;44:3-4.

OPDA Chair Report

Joe Gilhooly, MD

Meetings: May 8 and November 20, 2009

May 8, 2009

The May meeting was completely devoted to the duty hour changes recommended by the IOM report. There was a combined meeting between CMSS and OPDA to discuss changes to duty hours for residents. OPDA presented data from a survey of program director associations. Responses were obtained from 25% of programs representing 75% of residents in training. A majority wanted to keep the current ACGME duty hour requirements without changes, except for moonlighting, which a majority felt should be counted in the total hours. ACGME presented a report on the current history of duty hour limitations and outlined the role of the ACGME Task Force on Duty Hours. Initially, the only pediatric representation on the task force was the resident member. APPD and COPS contacted the ACGME about adding another pediatric representative and subsequently Steve Ludwig was added to the task force.

November 20, 2009

ACGME: Awaiting final report of Duty Hours Task Force. Timeline for changes to the common program requirements is July 2011. There will likely be changes related to supervision and patient handoffs.

AAMC: Encourages program directors not to rank applicants that have not completed USMLE 1 and 2 (CS, CK). Some medical schools requiring passage of Steps 1 and 2 for graduation. There is no plan to change the MSPE (Dean's Letter) release date.

NRMP: 1) The "managed scramble" will likely go live for the 2012 match. 2) As medical school class sizes increase, there is a decreasing number of position available after the match. For 2009, the number of positions available after the match equaled the number of US students unmatched, and half of these positions were only prelim positions in TY, IM, and Surgery.

ERAS: Changing over to a web based system, but this is still 3-4 years from implementation.

USMLE: Any change in the "gateways" is still 3 years away.

AMA: There is likely to be no increase in GME funding getting through congress this year. COGME wants 40% of GME positions to be primary care with improved reimbursement for primary care physicians.

The APPD representative to OPDA, Joe Gilhooly, was elected as chair-elect, a 4 year commitment to the leadership of OPDA.

Primary Care Organizations Consortium (PCOC)

Clifton Yu, MD

Dr. Cliff Yu from the National Capital Consortium Pediatric Residency Program represented the APPD at the annual Primary Care Organizations Consortium (PCOC) meeting in Washington DC on September 25, 2009. In addition to providing updates on APPD activities for PCOC Board members, he also helped with planning of a patient safety conference sponsored by PCOC that took place in January, and which elaborated upon several of the topics he presented in his previous workshop on patient safety education in pediatric GME for the PCOC earlier last year. He will be joining them for further updates and activities during their 2010 spring meeting as well.

PEEAC (Pediatric Educational Excellence Across the Continuum) Meeting

Robert McGregor, MD

A most successful collaborative effort of APPD, APA, COMSEP and CoPS resulted in the first joint educational meeting for clinician-educators teaching trainees across the continuum from medical student to fellows. The meeting was held on September 11 and 12, 2009 at the Westin Arlington Gateway Hotel and immediately followed our Fall APPD meeting.

The meeting was a tremendous success thanks to the 130 participants, 28 faculty and organizational leadership of the APA, COMSEP, the APPD and CoPS. We were most fortunate to recruit outstanding faculty. Faculty members were nationally recognized educational leaders from their respective organizations. The faculty promoted pediatric educational excellence by the outstanding workshops on curriculum development, teaching strategies, evaluation tools and development of educational scholarship for career advancement. Evaluations were very positive.

As we operated on a modest budget, each faculty member paid their own way to attend the meeting. Faculty members also facilitated and provided advice during small group networking/problem-solving sessions. A few of the small peer problem solving groups have continued to meet as a virtual peer mentoring group and longitudinal evaluations are planned. The keynote address was given by Dr. Lewis First entitled Some “First” Impressions on Medical Education: How to Help This “Patient” Not Just Survive But Thrive.

The meeting planning committee leader was **Maryellen Gusic** from the APA and leadership from each of the participating organizations included the following: COMSEP, **Bill Raszka** and **Chris White**, CoPS, **Vicki Norwood**, APA **Mary Ottolini**, and APPD, **Susan Guralnick** and **Rob McGregor**. Thanks to all for their tireless leadership and contributions as faculty members as well.

Handouts and slides from each presentation are posted on the PEEAC.org meeting website. Planning committee members plan to publish proceedings from the meeting and we hope that this meeting may be a template for similar future programs perhaps on an every other year schedule.

COORDINATORS CERTIFICATION

There has been continued interest in the certification of pediatrics residency coordinators. Five additional coordinators were certified in 2009 and one additional coordinator began the certification process. Of the five coordinators who were up for recertification in 2009, three successfully maintained certification, one retired and the other switched specialties and was not eligible to renew in pediatrics. In 2010, six additional coordinators are scheduled to recertify. As of April 2010, there are 34 certified pediatric residency coordinators and 5 certified Neonatal-Perinatal Medicine coordinators.

In 2009 PedTAC (Pediatric Training Administrators Certification Council) added two new members, Susan Quintana, Pediatrics Residency Coordinator from the University of New Mexico and Sharon Gonzales, Neonatal-Perinatal Medicine coordinator from Duke University who represents the pediatric subspecialties. PedTAC continues to review and update the pediatric assessment tools and provide assistance and information to coordinators seeking certification.

In August 2009, Kathy Miller and Melodie Allison attended the annual TAGME Board of Directors meeting in Chicago. All members of the Board of Directors now serve on TAGME subcommittees. Kathy currently serves on the National Specialty Development Committee which mentors task forces and reviews the tools developed by medical specialties and subspecialties for certification of their coordinators. Melodie is serving on the Media Committee which is gathering data from TAGME certified coordinators in all medical specialties and subspecialties regarding certification and the certification process in preparation for a poster presentation at the 2011 ACGME meeting in Nashville. The next meeting of the TAGME Board of Directors will be held in August 2010 in Cleveland.

Since the successful certification of the five Neonatal-Perinatal Medicine Coordinators in 2008, four additional pediatrics subspecialties have expressed interest in forming task forces to develop the tools needed for certification of their coordinators. These subspecialties are: Pediatric Cardiology, Pediatric Critical Care, Pediatric Gastroenterology and Pediatric Pulmonology.

The current membership of PedTAC would like to thank Jeri Whitten, June Dailey and Rosemary Munson who served as the original task force that developed tools for certification in Pediatrics and served on the TAGME Board of Directors as both members and officers since its inception. Their passion for the professional development, certification and recognition of GME program coordinators has laid the groundwork for the continued growth and expansion of both TAGME and PedTAC for years to come. Though they are completing their terms of service, their experience and dedication remains an invaluable asset for those of us who follow them and attempt to fill their shoes.

Below is a list of all certified coordinators in Pediatrics and Neonatal-Perinatal Medicine:

Name	Institution	Specialty
Penny Adams-Kraus	University of Missouri-Columbia	Pediatrics
Melodie Allison	Baylor College of Medicine	Pediatrics
Denise M. Alton	University of Michigan Health Systems	Pediatrics
Laurie Ashenbrenner	Oregon Health Sciences University	Pediatrics
Jean Ashley	University of Louisville	Pediatrics
Hilma Balaian	Kaiser Permanente – Los Angeles	Pediatrics
M. Terri Brashear	Texas Tech University – El Paso	Pediatrics
Belinda Bridges	Texas Tech University Health Science Center	Pediatrics
Jaime Bruse	University of Utah	Pediatrics
Patricia D. Chapman	Children’s Hospital of the King’s Daughters	Pediatrics
DeAnna Cobb	University of South Alabama	Pediatrics
Valarie Collins	University of South Florida	Pediatrics
Sharon June Dailey	Indiana University	Pediatrics
Shirlene Edwards	University of Texas Medical School at Houston	Pediatrics
Lorrayne Garcia	Mount Sinai Medical Center – New York, NY	Pediatrics
Cynthia Gibson	Miami Children’s Hospital	Pediatrics

Kathy Goodson	Texas Tech University Health Science Center	Pediatrics
Sharon Gonzales	Duke University	Neonatal-Perinatal Medicine
Jodi Graeber	Michigan State University	Pediatrics
Sally Hollowell	Penn State Hershey Children's Hospital	Pediatrics
Roberta Johnson	Lutheran General Children's Hospital	Neonatal-Perinatal Medicine
Cecily Lewis	Rainbow Babies and Children's Hospital	Neonatal-Perinatal Medicine
Kimberly Longstreet	Grand Rapids Medical Education Center	Pediatrics
Ashley K. Lynn	University of South Carolina SOM/Palmetto Health	Pediatrics
Kendra L. Mejia	Madigan Army Medical Center	Pediatrics
Kathryn M. Miller	Johns Hopkins University School of Medicine	Pediatrics
Janis K. Minges	MSU/KCMS Pediatrics Program	Pediatrics
Karen E. Moore	Robert Wood Johnson University Hospital	Pediatrics
Rosemary Munson	Maine Medical Center	Pediatrics
Deb Parsons	Indiana University	Neonatal-Perinatal Medicine
Susan L. Quintana	University of New Mexico	Pediatrics
Dawn Reddin	St. Joseph's Children's Hospital	Pediatrics
Robin Roller	Vanderbilt University	Neonatal-Perinatal Medicine
Elizabeth Sanchez-Rocca	Brookdale University Hospital	Pediatrics
Serena Silvaggio	West Virginia University SOM – Morgantown	Pediatrics
Diane Skeen	Cincinnati Children's Hospital	Pediatrics
Traci W. Streit	Wake Forest University/Baptist Medical Center	Pediatrics
Jeri L. Whitten	West Virginia University-Charleston	Pediatrics
Avis Wiener-Granger	Carolinas Medical Center/Levine Children's Hospital	Pediatrics

Submitted by:
Kathy Miller, C-TAGME
Senior Academic Program Coordinator
Johns Hopkins University

FUND THE FUTURE!

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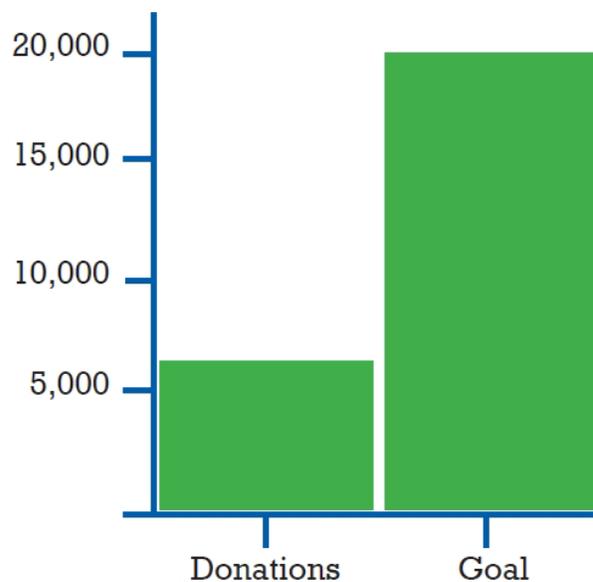
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Grace Caputo, MD, MPH, Phoenix Children's Hospital/Maricopa Medical Center
Paul Cooper, MD, LSU Health Sciences Center
Cynthia Ferrell, MD, MEd, Oregon Health Sciences University
Wendy Hobson-Rohrer, MD, MSPH, University of Utah, Primary Children's Medical Ctr
Gail A. McGuinness, MD, American Board of Pediatrics
Mark A. Ward, MD, Baylor College of Medicine, Texas Children's Hospital



Yes! I Want to Fund APPD!

Donations made during our anniversary year will be acknowledged in several ways, beginning at our 2010 Annual Meeting in Chicago. Depending upon the level of support, contributors will receive special pins/ribbons, be included on posters and other announcements during the Meeting, and be featured in the Annual Report.

Visit www.APPD.org to Say "Yes! I Want to Fund APPD!"



FINANCES

As of June 30, 2009 APPD's Net Assets = \$611,499.

Financial Overview July 1, 2008 through June 30, 2009

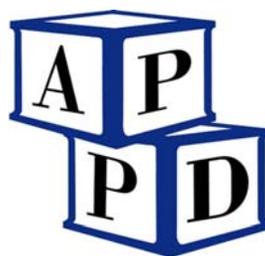
Support and Revenue

Dues Income	\$342,545
Meetings Income	308,935
TAGME	100
Other Income	-56,693
Investment Income	4,790
Miscellaneous	2,500
Cost Recovery (COMSEP Meeting)	21,800
Council of Pediatric Subspecialties	56,300
Total Income	\$680,277

Expenses

Membership Services	\$ 51,645
Meetings Expenses	282,798
Consultation Awards	8,558
Council of Pediatric Subspecialties	39,256
Special Projects Program	29,945
Administration, Operating, Management	228,924
Total Expense	\$641,126

Net Income **\$39,151**



**ASSOCIATION
OF PEDIATRIC
PROGRAM
DIRECTORS**

Laura E. Degnon, CAE - *Executive Director*
Kathy Haynes Johnson - *Association Manager*
Daglyn Carr - *Executive Assistant*
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McLean, VA 22101-3906
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