



Association of Pediatric Program Directors

Annual Report

May 2007

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May 2007

Dear Colleagues:

It has been a remarkable year for the APPD. We began this chapter in the midst of the ACGME continuity case-log system controversy which through our efforts resulted in the ACGME making the continuity case log optional. We have also been successful in publishing a related publication in conjunction with David Leach entitled "Community discernment: getting nonprocedural documentation right--a first step to exemplary accreditation. Please see the 2007 January-February edition of *Ambulatory Pediatrics*. We are continuing to address what should be "appropriate" outcome measures for resident continuity experience and have engaged our colleagues from the Ambulatory Pediatrics Association's continuity clinic Special Interest Group. Many additional action plans have been operationalized, including our most successful 2006 Fall meeting, with a record 170 attendees.

We have continued to send representatives to ensure APPD's voice is heard at major pediatric organization's meetings including: Primary Care Organizations Consortium (PCOC), Committee on Pediatric Education (COPE), Association of Medical School Pediatric Department Chairs (AMSPDC), Council on Medical Student Education in Pediatrics (COMSEP), National Resident Matching Program (NRMP), Federation of Pediatric Organizations (FOPO) and the Pediatric Education Steering Committee (PESC), Electronic Residency Application System (ERAS), PAS Planning Committee and Council of Pediatric Subspecialties (CoPS). Overall, I am most pleased with our accomplishments to date.

We have continued to advance many of the initiatives outlined during the last year of the presidency of Dr. Ted Sectish -- funding special projects, developing the subspecialty directors educational thread throughout our Fall and Spring meetings, continuing to facilitate the regions to become more active and better communicate, the development of a shared-warehouse on our website; and co-financing (with AMSPDC) the inaugural year of CoPS. For the second year in a row, APPD President-elect Dr. Susan Guralnick has continued her successful efforts to have APPD sponsor two PAS workshops.

The major new agenda items in which we have engaged fall under the following categories: ACGME Continuity Case Log, ACGME Procedural case log, Council of Pediatric Subspecialties (CoPS), Council on Medical Student Education in Pediatrics (COMSEP), Strategic Planning, Associate Program Directors, and the Professionalism Project with the American Board of Pediatrics (ABP). These projects will be elaborated upon in the text of this Annual Report.

I trust you all have been kept abreast of most of these activities by our multiple efforts at communication and I look forward to continuing this momentum into next year. I need to acknowledge and thank Laura Degnon and Degnon Associates for their invaluable executive expertise and support. Also congratulations to Laura for joining the elite group of management experts having passed her examination and becoming a Certified Association Executive (CAE). Thanks to all our hard working board members, task force chairs, and regional chairs and to all of you for helping to push this organization forward. Thanks again for the tremendous opportunity to lead this dynamic organization.

Sincerely,



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



APPD Leadership

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APPD Membership

The APPD membership dues year is from July 1-June 30. Annual dues are \$1000 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 \$75 charge for each additional individual. **Programs are also offered the option to include an unlimited number of members from their program for \$1500.** APPD's membership currently includes 186 programs, totaling 1662 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 President-Elect will comprise the Council of Regional Chairs.

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

Regional Reports

Mid-America

APPD Mid-America Region Spring 2006 Meeting

Over forty members of the APPD Mid-America Region met to breakfast and talk together on April 28, 2006 in San Francisco. The major part of the session was devoted to relations with ACGME, from the need to collaborate with ACGME to move pediatric residency education forward to the need to become engaged in methods to most effectively monitor continuity clinic activities, document procedural competency and address other resident training needs. The

discussion was heated, with many good questions, some good proposals and a definite commitment by the members to become part of the solution. Our new chair, Dena Hofkosh, was charged with bringing these insights and this message to the APPD board.

APPD Mid-America Region 2006 Fall Meeting

Twenty eight members of the APPD Mid-America Region met on October 20, 2006 in sunny Columbus to share valuable insights and educational strategies. Eleven institutions in our region were able to send representatives to the one day session. The theme was “Innovative Educational Methods to Achieve Competent Pediatricians.” The meeting at Columbus Children’s Hospital was underwritten by Ross labs (in a trial run of a model that may be able to be extended to support other APPD regional activities)

There were 8 separate innovative educational programs presented by members of the region and the group thoroughly debated the value, possibilities, weaknesses and future prospects of each program. There was a particular emphasis on the value of these programs in producing competent pediatricians and in helping residency programs address the ACGME Core Competency requirements. The “generalizability” of each program was also considered and the value of the good ideas was evident to all those who attended. The members were particularly impressed with the value of such presentations and this format as a method to share new ideas and develop opportunities for collaboration. The educational presentations are listed below.

Presenter	Topic
Raheel Khan, MD West Virginia University	A MODEL OF CONTINUITY CLINIC
Abdulla Gori, MD Case Western Reserve-MetroHealth	DEVELOPING AN EVIDENCE-BASED MEDICINE SERIES
Satid Thammasitboon, MD West Virginia University	TEACHING RESIDENTS TO MINIMIZE DIAGNOSTIC
John D Mahan, MD Ohio State University	360 ⁰ – PROFESSIONALISM ASSESSMENT IN A PEDIATRIC ER ROTATION
Ann Burke, MD Wright State	ILP TRAINING FOR FACULTY ADVISORS
Abdulla Gori, MD Case Western Reserve-MetroHealth	CATALYST FOR KIDS: A MODEL FOR QUALITY IMPROVEMENT TRAINING
Hillary Haftel, MD University of Michigan	A NEW SOCIO-CULTURAL CURRICULUM BASE DON NON-ENGLISH SPEAKING STANDARDIZED PATIENTS
Tara Williams, MD Case Western Reserve-MetroHealth	DEVELOPING A NEW DIDACTIC CULTURAL COMPETENCY SERIES

As with our past regional meetings, a highlight was the opportunity to talk over lunch and catch up with each other. Program coordinators in attendance also took advantage of this meeting to share their experiences. Everyone who attended agreed with the value of the presentations and opportunity for the speakers to present at this meeting. The consensus was to continue with this regional meeting format as a tested method to share new ideas and develop opportunities for collaboration in the region.

APPD Mid-America Educational Workshops

- 4th Annual Pediatric Chief Resident Workshop was held at the University of Indiana in August 2006
- The Regional Faculty Development Workshop was held at Cincinnati Children’s Hospital in September 2006

APPD Mid-America Region Officers

- PD Chair: Dena Hofkosh (Pittsburgh)
- PD Vice Chair: Raheel Khan (West Virginia)
- PC Chair: Christine Mayes (Akron)
- PC Vice Chair: Delana Vanover (Columbus)

Submitted by Delana Vanover and John D Mahan, MD

Mid-Atlantic

The APPD Mid-Atlantic Region met for a one-day conference on Tuesday, October 17 at Geisinger Medical Center in beautiful Danville, Pennsylvania, hosted by Paul Bellino and Mary Anne Wesner. The meeting was held in the absence of Clifton Yu, our regional chair, who is currently deployed to Afghanistan. We had an excellent showing of over 50 participants representing 16 programs from Delaware, Pennsylvania, Virginia, Maryland, New Jersey, and the District of Columbia.

The morning was spent conducting a program “show-and-tell” on innovative approaches to residency topics such as a web-based NICU curriculum, resident supervisory seminar, resident research, continuity group PI projects, and a continuity “passport” to assist with systems-based practice.

Dr. Steven Durning from the Uniformed Services University presented an informative plenary session on the ACGME toolbox and ways to evaluate your program’s success.

We rounded the afternoon with breakout sessions involving program directors and associate program directors, program coordinators, and chief residents. After re-convening for summaries from our groups, we all adjourned with the promise to participate in regional research regarding residency education.

ubmitted by Maureen Petersen, MD

Midwest

The APPD Midwest Region had its first regional meeting prior to the APPD meeting in Spring 2006 and held its first regional teleconference on December 19th 2006 with members from 15 different programs participating – thank you to all who participated! The topics covered in the teleconference were:

1. International electives: With Denise Bratcher, Program Director and Keith Mann, Associate Program Director at Children’s Mercy Hospital, Kansas City leading the discussion, issues related to setting up and creating guidelines, institutional barriers to funding, malpractice issues and deciding resident eligibility for these electives were reviewed. Some regional programs already have structured international electives in place and volunteered to serve as resources for programs to explore sending their residents to those sites. A successful effort at petitioning one program’s institution to maintain resident salary during these electives was also shared.

2. Board Review: The second discussion led by Jay Nocton, Program Director at the Medical College of Wisconsin revolved around effective board review in a residency program; different

models of board review were discussed, including Chief Resident run sessions, games eg. Jeopardy to enhance educational experiences and intense board review courses for program graduates.

3. 2007-2010 Regional Representatives: Teleconference participants nominated one member to serve as program director and regional chair for 2007-2010. A program coordinator representative nomination also was made and regional representatives will be confirmed by vote at the Spring APPD Regional Meeting.

4. APPD Midwest Regional Meeting May 2, 2007 The 2nd Midwest Region Meeting will be held on Wednesday May 2nd at ~3pm preceding the APPD meeting. As with last year, members will be surveyed to determine content for the meeting and we look forward to continuing our successful efforts at enhanced regional networking and collaboration on issues common to us all. I am confident that last year's regional activities are the start of great things to come!

Submitted by Tom George

New England

The NPPD continues to meet twice yearly. Membership continues to include the following pediatric residency programs: Albany Medical college, Bay State Medical Center, Brown University at Hasbro Children's Hospital, the combined program of Boston Children's Hospital and Boston City Hospital, Dartmouth at CHAD, Maine Medical Center, Massachusetts General Hospital, University of Massachusetts, Tufts NEMC, University Of Vermont, Yale University at Yale New haven Children's Hospital and the University of Connecticut at Connecticut Children's Medical Center. Co-chairs are Aida Velez and Ed Zalneraitis of the University of Connecticut.

The Spring meeting of NPPD was held April 6, 2007, hosted by the Massachusetts General Hospital Pediatric Residency Program. The combined session in the morning was: "How to Identify and Help the Under-Performing Resident: Translating from the Experience of Medical Students with Performance Difficulties" by Laura Raymond, M.D. Director, Office of Advising Resources, Harvard Medical School.

The Chief Resident session was: "Problem Solving and Planning" facilitated by Drs. Kimball Prentiss, Laura Chapman and Vandana Madhavan, Chief Residents, Massachusetts General Hospital Pediatric Residency Program.

The morning Program Directors meeting addressed: Debriefing on reaccreditation site visit (Jerry Durbin, MD of the University of Massachusetts), International and other special offerings, Continuity logs, Procedural competence and procedure logs, Conference attendance/alternative didactics and R³P: path for the future.

The Coordinators meeting included: Spring Meeting of TAGME update, University of Massachusetts site visit debriefing and discussion, Job descriptions and structure for the registration of medical students and residents at the University of Connecticut. The afternoon combined sessions was The Failing Resident by Debra Weinstein, M.D. Vice President for Graduate Medical Education, Partners Healthcare (Massachusetts General Hospital/Brigham & Women's Hospital).

The fall 2006 meeting was hosted by the Albany Medical Center Pediatric Residency Program. This was the first NPPD meeting for which the Clerkship Directors were invited. Due to the late

invitation, attendance by Clerkship Directors was limited, and they combined with the residency Program Directors for their parts of the meeting.

The morning combined session was: “Ethical perspectives in pediatrics and residency training” by Dr. Glenn McGee, followed by a discussion of professionalism and society.

The Chief Resident agenda included: How to counsel excellent residents when things don’t go well (Baystate), Didactic instruction (UConn), Rounding on the inpatient service: FCR/other (UConn), Resident assistants/clerical support, Role of the teaching resident on inpatient service (Vermont), Professionalism and Society follow up (Vermont/UConn), Electronic medical record: orientation and education and Planning the rest of the Chief Resident year.

The morning Program Director and Clerkship Director meeting agenda included: Program updates and issues, COMSEP addition to meetings, E24?, Professionalism and Society follow up, How do programs choose their chief residents? (UMass), How do programs fund for an additional chief resident? (UMass), Role of the teaching resident on inpatient service (Vermont), Staffing inpatient services afternoons and Accreditation changes.

The Coordinators agenda included: APPD updates, The role of the coordinator, Ethics and Professionalism and New documentation requirements. The afternoon combined session featured: A QI presentation by Dr. Schulte (Albany).

Submitted by Edwin L. Zalneraitis, MD

New York

The NY/NJ Region held an Educational Retreat 10/27/06 hosted by Maria Ferreri Children’s Hospital in Westchester. The meeting was very well attended, and included Program Directors, Assistant/Associate Program Directors, Chief Residents and Program Coordinators. Our agenda was focused on the American Board of Pediatrics R³P Project. After a brief overview of the project, the attendees broke up into several small groups. Each group was asked to address these questions being posed by the R³ P Project group “ What is the future of Pediatrics as a field?” and “What training will be required to best prepare the Pediatrician of the future?” As expected, the groups had many similar ideas, but there were some surprises. We will be sending a report from this meeting to Gail McGuinness of the ABP.

The remainder of the meeting was a SIG format, with separate sessions for the program directors, chief residents, and program coordinators. We are beginning to plan our Spring Retreat, which will be held at Fort Hamilton in Brooklyn. The educational focus of that meeting has not yet been determined. The NY/NJ region is fortunate in that the majority of our programs are in the NY/NJ metropolitan area, and it is relatively easy for us to get together.

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

Southeast

Pediatric Program Directors, Coordinators, and Chief Residents affiliated with the Categorical, Subspecialty and Combined Training programs met as a group during the APPD Spring Meeting in San Francisco (April 27- 29, 2006). Twenty-seven of the 37 programs in the Southeast Region were in attendance at the APPD meeting.

Discussion was solicited about how programs within each state communicated and what type of meetings (if any) were held. Several states have held a group meeting in the past year, typically in the fall. Most meetings were held at a central location with each program providing their own travel expense; lunches provided by sponsoring institution.

Dr. Majure reminded members of the Regional Listserv and encouraged everyone to join and participate in those discussions. As follow-up to the March 29th conference call, members were asked for their thoughts about regularly scheduled conference calls. The group felt that a conference call two (2) times per year would be sufficient, with additional calls PRN. There was a proposal to have the next conference call in late summer/early fall to discuss recruiting and the tactics each program has in place.

Relative to recruiting, discussion was held about creating a Southeast Regional Brochure. This brochure would be web-based and include information about each program, PIG contact information, website listings, etc. One suggestion made was to have letters and program brochures sent to Pediatric Interest Groups at other institutions within our region. Another suggestion was to survey Regional members for specific information about benefits provided for applicants during the interview process and incoming residents.

On November 2, the Southeast Region held its Fall Conference Call with participation from 14 of the 37 institutions comprising the Region. As expected, recruitment topped the lists of issues for discussion. Frustrations were voiced as to some of the “less than helpful” information that comes in applications. The structured recommendation letters that Emergency Medicine and Internal Medicine have begun to use to communicate information was discussed as an alternative to the Chair’s letter. We will follow-up with our colleagues in these areas as to how helpful these have been. Behaviorally-based interviewing as discussed and experiences with this format were shared. Issues surrounding duty hours seemed to focus on the “30 hour rule.” Night floats both on the ward and in the ICU settings continue to be a viable solution. Hospitalist services are gaining popularity, including hospitalist services without resident involvement. One program does limit per resident patient load at 10 patients with overflow being cared for by faculty or hospitalists. Bed availability in pediatric inpatient services seems to be a widespread problem. Many programs have removed residents from the “bed control” process moving this to nursing administration or an attending physician. Another conference call will be scheduled prior to the Spring Meeting in Toronto.

Submitted by Marc Majure, MD

Southwest

Due to unavoidable circumstances and scheduling conflicts, the region could not have a meeting in Dallas at the time of Texas Pediatric Society’s Annual Scientific Meeting. We continue to search for a mutually convenient time and place to meet in between the annual meetings.

An idea which has been floated around is whether we can meet for an extended period of time (half a day) at the annual APPD meeting instead of just during the Regional Breakfasts. We can develop a full agenda of items for discussion if we are allowed to hold such a meeting. Another idea which is being considered is to discuss the Teaching Academy's role in GME at all institutions. We are also considering a forum to discuss how we are incorporating ACGME competencies in our residency programs.

Our region will continue to interact electronically at the time of the match. Should a program not match completely then the other programs may provide names of applicants for consideration for scramble match.

Submitted by Surendra K Varma, MD

Western

As reported by Joseph Gilhooly MD from Oregon Health Sciences Health Sciences in the APPD fall newsletter, the 3rd annual meeting of the Western Region of APPD was held in Portland, Oregon on September 15, 2006. 12 programs were represented at the meeting. The focus for the day was on portfolios. We reviewed the Accreditation Council for Graduate Medical Education (ACGME) plans for a web-based portfolio and the policy issues that will be raised over ownership of the contents and access to the data by the ACGME and partner organizations such as the American Board of Pediatrics (ABP). The framework of the new portfolio in development on the ABP website was also reviewed. The group supported the concept of a "tiered" portfolio with specific contents remaining private for the learner/program and other contents, or perhaps summative information, being shared. Action items from the meeting were: 1) Increase collaboration between the APPD and the ACGME to jointly develop policies regarding portfolios and their use by programs and accrediting organizations. 2) Encourage collaboration between the ABP and ACGME so that a single web-based portfolio be developed that will take learners from residency through their careers as pediatricians. 3) As a region, move forward on a project to develop and pilot a summative competency evaluation tool that could serve as a model for data sharing with accrediting organizations. 4) Encourage the ACGME to use a less complex training program such as Transitional Year to trial a web-based portfolio before tackling a 3 year pediatric residency. 5) The growth of the Western Region's activities are challenged by travel distances and we need to identify additional support to bring coordinators and chief residents to the regional meeting. The meeting ended with a tour of Doernbecher Children's Hospital and a reception with senior medical students applying to pediatric residencies.

We plan to survey our regional members soon for topics to be discussed at the Regional breakfast meeting in Toronto and continue to work on the action items identified at the fall meeting.

We look forward to a stimulating spring meeting in Toronto in May 2007 and wish everyone all the best for the upcoming match.

Submitted by Rukmani 'Roni' Vasan MD, MPH, MSED

Strategic Planning

We have seen a remarkable increase in our membership, partly related to new expectations of the RRC for more program assistance as well as increasing sub-specialist involvement. To thoughtfully plot our path for the next several years and proactively manage our growth we engaged in a strategic planning process.

In preparation all APPD members had the opportunity to help identify key issues via a membership survey. A 22 member planning group was then developed including the current Board, past leaders, several task force and regional leaders, and representatives of our most rapidly growing contingencies, the associate program directors and the subspecialty fellowship directors. Members have recently received the executive summary of our plan including our refined mission, vision and values.

A living document with action plans and accountability is planned for distribution to the membership at our May 2007 meeting in Toronto and will be posted on our website.

Fellowship Directors Activities

APPD Spring Meeting

- Workshops specifically designed for fellowship directors
- Forum for Fellowship Directors including an update from the ACGME and ABP (“Changes in Pediatric Subspecialty Education”); an update from CoPS, including an open forum discussion on issues to be addressed within the subspecialties; and a presentation on “Implementing ACGME Competencies into Fellowship Training Programs: Initial Steps in Curriculum Development.”

APPD Fall Meeting

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

Associate Program Directors

As the largest growing contingency of the APPD, several Associate Directors were asked to assist in our strategic planning process. Recognizing that initiating a “needs assessment” of this group would better serve them, the Spring Meeting in Toronto will include a specific forum for Associate Program Directors (APDs) including a new SIG headed by Dr. Nancy Spector and Dr. Keith Mann – both seasoned APDs.

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

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

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: TBA

Special Projects Funded by APPD 2005-2007

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 Director
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

Updates on several of these projects may be found on pages 37-42 of this Report.

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
Funding: \$10,000

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
Division of Infectious Diseases
PO Box 800386
Charlottesville, VA 22908
Funding: \$8,700

Learning Style and Academic Self-Efficacy: A Pilot Study

Investigator:
J. Marc Majure, MD
Director, Pediatric Graduate Medical Education
Duke University Medical Center
Durham, NC 27710
Funding: \$7,760

Communication with our Membership

The Communications Director, Annamaria Church, MD, oversees our various methods of communication to and among our members. Those methods include:

- Listserv – disseminated every two weeks
- Newsletter – produced 3 times a year
- Annual Spring Meeting for the entire membership
- Annual Fall Meeting for new program directors and coordinators and programs preparing for an RRC site visit
- Discussion Board at our website www.appd.org
- Brief web-based surveys.

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

ACGME Continuity Case Log System Update

As this “hot topic” dominated the SIG last Spring in San Francisco, this represented the first challenge to the new presidency of Dr. Rob McGregor. The APPD has successfully engaged with the ACGME and the Pediatric RRC through a series of face-to-face meetings and conference calls resulting in an initial moratorium on the implementation of mandatory logging. This appears to be the philosophical abandonment of mandatory use while still allowing for optional use if programs have no alternative tracking system. In an ongoing process led by Dr. Bill Balistreri, the APPD is represented by Dr. McGregor, along with Dr. Patty Hicks, APPD member and Technology Task Force member, and Dr. Jerry Rushton, SIG leader. Our next exciting move is to engage the Ambulatory Pediatric Association’s (APA’s) Continuity Clinic Special Interest Group to help define potential meaningful outcome measures of continuity education. We hope to remain engaged to help direct the Pediatric RRC in developing relevant monitoring strategies. To improve transparency in our discussions a new link on our web page is dedicated to ACGME issues.

ACGME Procedural Case Log

In the process of discussing the Continuity piece of the log, the same APPD representative group mentioned above addressed the shortcomings of the existing procedural log. As a result of those efforts, the ACGME is actively removing the repetitively complained about coding issues. Ongoing dialogue with the ACGME and Pediatric RRC is occurring regarding limitations and potential fixes of the current system. Discussions are also being initiated regarding the possibility of engaging in a very exciting next step -- developing a true procedural curriculum, complete with linked evaluation piece.

APPD Action Team Report **Response to the FOPO Report on Women in Pediatrics**

August 16, 2006

The APPD appreciates the additional time allowed by FOPO to formulate a response to the “Report of the Task Force on Women in Pediatrics.” Our organization accomplished a survey to gain insight from our membership, held a workshop at the 2006 Annual Spring Meeting (APPD), and has discussed the recommendations in great detail amongst the APPD “Action Team.” The following is a summary of the organizations reactions and general support of the FOPO Report.

Dr. Behrman, in the initial request, asked that 5 questions be answered:

- 1) Do you agree with the recommendations that relate to the APPD and those that relate to other organizations?
- 2) If you disagree with any recommendations, what is your objection?
- 3) Do you have suggestions for improving the report?
- 4) Do you have additional recommendations that should be included?
- 5) In regard to the recommendations that relate to the APPD and you agree with...what are the priorities and related timetables for implementation?

This report will address 4 of the 5 questions asked (Question #4 will be summarized at the end of this report) for each of the six recommendations- Section B- that relate directly to residency training.

#1) a. The APPD generally agrees with this statement. The main concern is how will such a standard be enforced? Therefore, the specific details of this recommendation need to be worked out by APPD.

- b. No objections
- c. The statement "A standard for rating family friendly programs should be developed by the AAP" should be changed from "AAP" to "APPD"!
- d. The priority of the APPD is to create a "family friendly rating scale" with input from stakeholders that could set the stage for a formalized rating scale via Frieda or with an independent organization (A Great Place to Work). The timeline would be 1-2 years.

#2) a. The APPD generally agrees with this statement. Concerns are the difficulty in finding truly reliable and valid measures of performance in relation to the competencies at this point in time. We are also concerned that using the term "All" is too prescriptive. Some programs may not want to offer part-time residencies due to barriers to a flexible system.

- b. No objections
- c. Change "All pediatric residency programs" to "Pediatric Residency Programs". Additionally, add "shared" to the "part-time or flexible training schedules". Also try to address the language in the part: "The availability of this training option can be attractive to a career in pediatrics, promoting the choice of academic general or subspecialty practice and research as well as private practice". There could be a comment that currently one can NOT hold an NIH K-award and work part-time. Thus establishing part time or shared work in residency may be the start of a cultural change at the research level of academic pediatrics.
- d. The APPD will have a repository of Frequently Asked Questions (FAQ) and best practices in regard to part-time and flexible option scheduling. The detail about this type of training can be difficult for program directors. This will be housed in the APPD on-line "Share-Warehouse". These best practices and FAQ will be posted by January 2007.

#3) a. The APPD action team agrees with this recommendation. The Action team Survey showed that 50% of responding (total respondents n=107) Program Directors (PD) are in favor of granting credit for independent work relating to maternity or paternity leave.

- b. No Objections
- c. No changes in this recommendation
- d. The APPD will have a repository of best practices for this recommendation. There are currently many programs with written extended leave "electives" for independent study. They will be posted in the "Share-Warehouse".

- #4) a. Agree
 - b. No Objections
 - c. The phrase that reads “readiness for board certification based on measured competencies”, could be clarified to read “based on valid, reliable measures of competency”
 - d. The APPD will continue to encourage membership to validate evaluation tools and research those tools. The APPD has 5 yearly special projects grants awarded (\$10,000 per grant). Many of these pertain to this concept. Also, the ABP R³P project, which will globally look at the timing and design of residency training, has representation from a number of program directors.

- #5) a. The APPD agrees and currently fosters this as it is an RRC requirement.
 - b. No Objections
 - c. No recommended changes
 - d. The APPD will encourage members to share their faculty development work in this area. An informational sheet regarding the special needs of parents and the balancing of family/professional life will be generated. Hopefully this will spur on discussions and sharing of curricular tools used by PDs to teach and facilitate thought about this topic.

- #6) a. The APPD agrees that the AAP and ABP surveys of medical students and residents should include questions about the family friendly environment of training programs. There was discussion and agreement that the APPD should be involved in polling the residents, however. Also additionally surveying students and residents to find out what their perceptions of “family friendliness” are would be a good starting place.
 - b. No objections
 - c. Please include that the APPD will assist in the endeavor of surveying residents. Additionally the recommendation could also include doing questionnaire or focus groups of students and residents to find out their perceptions of family friendliness. Please add us (APPD) as a responsible organization.
 - d. We will assist and collaborate with the other organizations to develop surveys that accurately gather valid data about residency programs’ environments and students/ residents’ needs and definitions of family friendliness.

The FOPO “Report of the Task Force on Women in Pediatrics” is well written. It clearly delineates many of the areas that pediatric organizations can address in a reasonable time frame. The APPD agrees with the philosophy and spirit of the report. We would request continued involvement in this evolutionary process towards meaningful family friendliness in pediatrics.

Thank you.

Respectfully submitted on behalf of APPD,

Ann Burke, MD
Wright State University SOM

Adam Pallant, MD, PhD
Brown Medical School

Annie Church, MD
Palm West Hospital

Edwin Zalneriatis, MD
University of Connecticut

TASK FORCES

Curriculum Task Force

The Curriculum Task Force continues to be involved in national curriculum initiatives, including curriculum focusing on Oral Health, Bright Futures at the AAP, etc. We have recently been asked to become involved in a curriculum being developed by the AAP section on Epidemiology. This past year, again, we sponsored a successful workshop at the APPD annual meeting regarding curricula to address the PBLI competency. We plan to continue to annually sponsor a curricula innovations theme based workshop. In addition, the Curriculum Tool Shed is our warehouse for curriculum program directors who are willing to share and address the ACGME competencies. Our goals are to review curricular resources that are available, putting the curriculum or links in our Tool Shed, and to identify areas where curricular development may be needed, seeking appropriate partners or members of the committee who are interested in developing curricula to meet these needs.

Evaluation

The Evaluation Task Force continues to work to develop evaluation tools which can be validated and correlated to the level of pediatrician competence. We have placed tools which directors have developed onto the APPD web-site. As the new RRC guidelines are instituted and many new evaluation methods and tools are developed to comply with these new guidelines, the task force will post those as well. As the tools are used by various programs, we will obtain feedback. When the number of trials is sufficient, we will attempt to validate the tools to measurable outcomes.

Faculty Development

The Faculty Development Task Force has been hard at work contributing to several upcoming educational opportunities for the APPD Annual Meeting in Toronto.

The *Faculty Development Pre-Conference Workshop*, scheduled for Wednesday, May 2 from 1:30-5:00 p.m. (additional registration fee required) will be led by Fred McCurdy, MD. The workshop will actively engage attendees to focus on personal skill development and each attendee will leave the session with a workbook full of suggestions that can be immediately applied to their current professional circumstance.

During the Annual Meeting, Cliff Yu and Joe Lopreiato will be leading a workshop, with assistance from Greg Blaschke and Tim Shope, titled *“Efficient, Competency-Based Schemes to Document the Clinical Performance of Students, Residents and Fellows. A P.R.I.M.E.R for You.”* The workshop will teach exciting new skills, focusing on “How to get your faculty to provide better and more detailed written evaluations on the clinical performance of your students, residents, and fellows?” and “How to teach faculty to get the most out of their precepting sessions in a busy clinic or ward?”

On Saturday, May 5, the Forum for Small Programs/Chairs will focus on a number of issues that relate to quality Resident education. The three areas which will be the focus are: a) Better understanding of the R3 project b) Patient care log and procedure log and c) Faculty development with focus on better education regarding the business of medicine. This session will be led by

Drs. Steve Shelov, Lynn Campbell, and Surendra Varma, and will include presentations by representatives of the ABP and Pediatric RRC.

Learning Technology

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.

Current projects include unveiling the new Learning Technology Task Force Resource Center; ACGME Procedure Log/Continuity Log issues; Clinical Gestalt project; the need for more LT vendors for Spring meeting; and LT TF Research/Collaborative Project ideas.

Research

Our task force discussions centered around a few important areas: 1) Survey Policy: Since the Spring APPD meeting of 2006, three surveys have been submitted for review for circulation to the membership, with two already having been distributed at the time of press. One survey sought to determine the various ways pediatric residency program teach international health. The response rate was a respectable 45%, with an abstract submitted to the PAS meeting for presentation. The second survey related to breastfeeding education and policies at pediatric residency sites, and had a 67% response rate. Results of this survey will be available at the 2007 spring meeting as a poster presentation 2) Collaboration with COMSEP (Council on Medical Student Education in Pediatrics):

Several task force members suggested that educational research could be strengthened through doing work that links medical student and resident performance. During this past year, we continued our discussions with the COMSEP Research Task Force, and have begun thinking of ways to study the effects of medical student use of ILP's on the quality and type of interns and residents produced. 3) Periodic Survey to the membership: During our fall 2006 call, Adam Pallant from the APPD Board discussed his survey. Intended to be distributed to the membership on an annual/biennial basis, the survey would gather basic information on program director satisfaction and support, and provide a "needs assessment" to the APPD over time. Our task force discussed some suggestions for improvement with Dr Pallant, and he agreed he would bring back a revised survey for re-review by the group.

Interactions with Liaison Organizations

Primary Care Organizations Consortium (PCOC) Meeting

3/19/06 and 9/22/06

The Primary Care Organizations Consortium has two meetings each year, spring and fall. The meetings are attended by representatives from Pediatrics, Family Medicine, Internal Medicine, Combined Internal Medicine/Pediatrics, and the American College of Osteopathic Family Physicians. Also represented are the Bureau of Health Professions (BHRP/HRSA), the Center for Primary Care Research (AHRQ), the American Academy of Medical Colleges (AAMC), the American Association of Colleges of Osteopathic Medicine, the American Medical Student Association and the Student Osteopathic Medical Association. This meeting addressed the status of Primary Care specialties among graduating medical students, and ways to promote careers in primary care.

BHPR presented information regarding the current and predicted healthcare workforce and shortage estimates, and the status of Title VII funding. Due to recent budget cuts, there were no competitive grants funded this year, only continuation of current grant funding. It is hoped that this will improve after the 2006 election. A legislative update was provided by the AAP representative. The APA and APPD presented information about the R³P project, the new Council on Pediatric Subspecialties and the APPD plan for a Share Warehouse. In order to focus on the needs of patients, rather than institutions, the AAMC plans to focus more attention on residency education and continuing medical education, and will encourage training in the care of patients with chronic diseases. The growth of Practice Based Research Networks (PBRN) was discussed, as were PBRN meetings and resources. AHRQ has updated its Guide to Clinical Preventive Services recommendations. The final version of this document is now available in print, in a PDA download, and online at <http://pda.ahrq.gov>. The AHRQ will be making a concerted effort to increase the number of Pediatric recommendations in this guide. AHRQ presented funding opportunities.

In March, PCOC held a Strategic Planning meeting using a SWOT analysis method. Two new areas of focus were developed out of this year's meetings. It was decided that if the member organizations of PCOC were to lobby on Capitol Hill as a group, rather than individual organizations, we might have more impact. Our first lobbying opportunity took place this fall, when several groups including members of different organizations (Peds, FP, IM, etc...) met with senate and congressional staffers in September. PCOC plans to continue these efforts associated with each of its meetings in the future. The second new agenda item is focused around the Medical Home. This concept was born in Pediatrics, and is finally being recognized by adult medicine as well. PCOC will now work to spread knowledge and application of this important medical care concept. This meeting was an excellent opportunity for the different primary care organizations to learn how they can work together to achieve common goals.

Committee on Pediatric Education (COPE) Meeting

November 19-20, 2006

The COPE meeting was held in Chicago. The participants included representatives from the AAP, APPD, National Association of Children's Hospitals and Related Institutions (NACHRI), Ambulatory Pediatric Association (APA), Council on Medical Student Education in Pediatrics (COMSEP), Med-Peds Program Director's Association (MPPDA), General Pediatrics, Society for Adolescent Medicine (SAM), the American Pediatric Society (APS), American Board of Pediatrics (ABP), Federation of Pediatric Organizations (FOPO), Canadian Pediatric Society (CPS), Society for Pediatric Research (SPR), and Society for Developmental and Behavioral Pediatrics (SDBP). AAP representatives included the Committee on Continuing Medical Education (COCME), the Dept of Education, the International Office, the newly formed Division of E-Learning, Pediatrics in Review, PREP SA, the Resident Section, the Division of GME and the Pediatric Workforce, the Section Forum Management Committee, the journal Pediatrics, and the Advisory Committee to the Board of Education (ACBOE).

The purpose of this committee is to serve as a think tank within the AAP for discussion, consensus, building and collaboration on emerging issues facing pediatric education. Each member of the committee presented information about the recent activities and current goals of his/her organization.

APPD issues presented included: The development of a new Strategic Plan; Professional development for our membership; Outreach efforts toward Subspecialty Fellowship Directors, including a track program at our annual meetings; the formation of CoPS (Council of Pediatric Subspecialties) as a forum for communication between and within subspecialties; the Share Warehouse; the Pedialink Resident Center including the Individualized Learning Plan; and the R³P Project.

The Committee as a whole supported increasing opportunities in International Rotations, and is drafting recommendations encouraging promotion of best practices in International Rotations and addressing the financial restrictions limiting these rotations for many residency programs.

There were several fascinating focus topics for the meeting. These included International Pediatric Education, Graduate Medical Education flexibility, Physician reentry into the clinical workforce, and implementing culturally effective pediatric care. A recommendation to the AAMC that coursework in a second language be required for application to medical school. This was felt to be equally, if not more, relevant to medicine than some of the currently required premedical coursework.

The ABP presented an update on the Residency Review and Redesign in Pediatrics (R³P) Project. The second forum will be held this winter, and there is an informative website available via the ABP website that will inform stakeholders about the process so far.

The MPPDA addressed their accreditation status by the ACGME, which has begun, allowing accreditation for programs begin July 2006.

The need for education among Med-Peds, Adolescent Medicine programs and Internal Medicine programs in Transitional Care was also addressed.

The PREP group announced that due to a grant from Mead Johnson the PREP Audio program will become available at no charge to all pediatric residents as podcasts in the near future.

It was felt that the APPD, APA, COMSEP and the AAP are all creating many educational curricula and tools, and that a way to link these resources should be created. A meeting (hopefully conference call) will be arranged to address this issue.

Association of Medical School Pediatric Department Chairs (AMSPDC) Executive Committee Meeting

APPD was represented at the AMSPDC Board meeting. The executive summary of our strategic plan was presented and examples of representative projects under each heading were outlined. The AMSPDC Board was very impressed with our method of planning and content and welcomed our linking with COMSEP for common educational issues. Some common discussion regarding APPD input with R³P ensued.

Council on Medical Student Education in Pediatrics (COMSEP)

Dr. McGregor addressed the plenary group to discuss the opportunities for our common task forces to develop collaborative projects for our goal of a meeting with some combined workshop/poster sessions in Spring of 2009. We had members represented at each of their task forces and individual reports follow below:

Curriculum

COMSEP Co-Chairs: Lyuba Konopasek and Sandy Sanguino
APPD Representative: Susan Bostwick

COMSEP has a well-developed curriculum available on their website. We are developing a survey, which we trialed at the meeting, to determine if people are using the curriculum, how they are using it, and what can be improved. One aspect of the survey deals with subinternship, i.e., use of established curriculum, goals and objectives.

As part of the continuum of education, COMSEP is interested in collaborating with APPD on the development of goals and objectives and an adaptable curriculum for subinterns. They would like to survey the APPD members regarding subinternships. CDIM (COMSEPs equivalent in Medicine) has developed a subintern curriculum which is available.

Another major issue discussed was whether credentialing in medical school for procedures could be carried forward to residency. COMSEP is working on a list of diagnosis, procedures, skills, etc., that would be the basis for the curriculum. These plans will be reviewed and discussed at the Annual Meeting, Toronto.

Evaluation

COMSEP New Co-Chairs: Starla Martinez, Scott Davis
COMSEP Former Co-Chair: Pauola Algranati
40-50 Attendees
APPD Representative: Annamaria Church

Our meeting focused on developing specific outcome measures in the skills domain to assess *minimal competency* of a third year medical student. The members broke into four subgroups to discuss and identify the minimal skill level in the areas of: a) care of the newborn (two groups) b) nutrition and c) growth and development as well as how to assess attainment of those skills.

The entire task force then reconvened to discuss the possible measures identified. The results will be compiled and the plan is to continue to develop a unified evaluation tool that will measure the attainment of minimum competency by a third year medical student. There was discussion to use the same process to develop a pediatric subinternship evaluation tool and the potential transfer of that information to the student's residency. Collaboration between COMSEP and APPD will involve the same specific subtopics and development of evaluation tools to assess the resident's competence at the different levels of residency training.

Faculty Development Task Force

COMSEP Meeting Leaders: Leslie Fall and Angela Sharkey
APPD Representative: Surendra Varma

The COMSEP task force is very enthusiastic to collaborate with APPD. The specific areas of joint venture are: 1) Development of Education Portfolio. (APA may have a model which we will review at our annual meeting.) 2) Compiling all faculty development resources for a joint warehouse, e.g. APPD Faculty Development "toolshed".

We continue working on ILP for Clerkship Directors and their clientele, possible development of a speaker's bureau for faculty development, developing a website for COMSEP Faculty development, and creating a workshop for Residents as Teachers.

Learning Technology

COMSEP Co-Chairs: David Levine, Mary Ottolini, Chris White
APPD Representative: Patty Hicks
45 attendees

Patty Hicks from the APPD Learning Technology Task Force group discussed the Pediatric Procedure Curriculum and Evaluation of Competency Project that the APPD hopes to undertake in collaboration with the ACGME. COMSEP Learning Technology Task Force members and leadership were asked to collaborate with the APPD on this project. Those present were enthusiastic about this project; many present were already attempting to create their own video library for procedure instructional materials. The COMSEP task force members discussed the scope and work involved in this project and asked what sort of financial and content expertise support was anticipated. Several in the group offered their expertise as web developers and

content experts. Clarification that this was not an exclusively simulation center specific project was made, emphasizing that the final product would need to serve all pediatric training environments (many of which do not have simulation centers or access to a simulation center). The group agreed that development of this product should then be used throughout the continuum from UME through post-graduate medical education.

Patty Hicks also discussed the new APPD LTTF Resource Page, recently developed by John Mahan, Abhay Dandekar and the APPD. The page will soon be available on the APPD website.

There was an in depth discussion of the various repositories for digital educational materials, including www.aamc.org/mededportal, www.healcentral.org, www.fmdrl.org as well as the COMSEP Curriculum webpage, <http://www.comsep.org/Curriculum/index.html>. Opportunities to post scholarly work on these pages was discussed; varying levels of peer review exist for these digital resource pages. COMSEP posted materials are available to be shared by others for educational purposes. These materials are posted with an understanding that those that use these materials are to: a) cite the author when using and b) write to the author to acknowledge use of their materials so that the author may track the use/value of the materials outside of their own institution. Clearer display of these expectations on the page was requested.

A lengthy discussion about video or other large file storage options included comments and reviews on www.sendspace.com, www.pando.com. Few centers have the ability to store these large files within their current learning management systems (e.g. limited hosting space on Blackboard).

Discussion on collaborative efforts to share useful educational web sites among clerkship directors included sharing tips on identifying resources outside of their own institutions. Agreement was reached to collect these resources and post them with some commentary (by rating and teaching subject) as a service to the COMSEP membership.

Further collaborative work is planned for the Annual Spring meeting with strong consensus of the benefit of sharing ideas between COMSEP and APPD.

Research

COMSEP Co-Facilitators: Sherilyn Smith, Cynthia Christy
APPD Representative: Rob McGregor
25 COMSEP attendees

The task force began by developing a curriculum for research workshops to be presented as a scheduled (non-competitive) workshop annually. Such topics included:

- Translating educational ideas into projects
- How to write grant proposals
- Scholarship in the day to day activities of Clerkship Directors

The transition of leadership was discussed as well as a “task force chair” job description

Discussion about a possible combined APPD / COMSEP future workshop to engage student and resident learners in research projects was introduced.

The rest of the meeting addressed the potential combined research project(s) involving the Individual Learning Plan. Pre-meeting discussions by John Co and the Task force leaders had begun to flush out ideas. Dr. McGregor provided some history and facts regarding the variability

of programs with respect to implementation to date but that all programs must be complying at some level currently. After outlining a potential multi-centered study to teach fourth year students who are planning to do pediatric residencies to do an ILP, studying measurable outcomes during residency to see if: 1) the resident ILP is better in quality measures and 2) resident attitudes are more accepting if the concept had been previously introduced, it became evident that there are many preliminary and do-able projects needed before the larger prospective study is designed. These projects included: A systematic review of the ILP literature, Defining characteristics of a “quality” ILP, Residency Director survey regarding measurable elements in an ILP and Resident survey of ILP acceptability and utility.

As the meeting ended, two representatives volunteered to attend our Research Task Force in Toronto – Heidi Salee of Saint Louis University and Antoinette Spoto-Cannons of University of South Florida. Additional volunteers were to sign up to indicate their interest in any arm of the preliminary projects. Action plan: forward those names to John Co for potential conference calls, even prior to Toronto.

One additional idea to consider implementing is the COMSEP membership data base which is now searchable regarding subspecialty expertise or research interests.

Organization of Program Director Organizations (OPDA)

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

Peter Scoles presented from the NBME. They are reassessing their current USMLE 1-3 structure. The primary use of the exam will still be for state licensure, but they want to cover as many of the competencies as possible. They presented a two gateway framework, gateway 1 would be to enter post-graduate training, and gateway 2 would be for licensure. Gateway 1 might blend the current USMLE 1 and USMLE 2 CK with integrated basic science and clinical science questions. The potential implementation date for these changes would be 2011.

Mona Signer presented from the NRMP. 2007 was the largest ever match with 24,600 positions, the increase mostly due to Neurology moving to the NRMP. Pediatrics was a top choice for US Medical School Seniors, exceeded only by Internal Medicine.

Paul Rockey presented from the AMA. They updated us on the on-line availability of the ***Guidebook for GME Directors and Coordinators*** available in PDF format at www.ama-assn.org/go/gmeguidebook. Also, to get an email subscription to the AMA GME e-Letter, go to this web site: <http://www.ama-assn.org/ama/pub/category/7669.html>

Jeanne Heard presented from the ACGME. A report from the Learning Portfolio Advisory Committee should be on their website by May 2007. David Leach is retiring, and a search for a new executive director is underway. A report from the CILE (Committee on Innovations in the Learning Environment) is already posted on the ACGME website: <http://www.acgme.org/acWebsite/home/CILE.FirstReport.FinalDraft.022407.pdf>. There are 11

recommendations in this report with the key one being recommendation 5: “To advance innovation at the level of residency programs and sponsoring institutions, institute a Request for Proposal (RFP) for accreditation waiver to promote improvement and innovation in the learning environment. The goal is to provide incentives for programs and institutions that innovate in areas that include change in education and clinical care, adapting education and/or care to the common duty hour standards, and applying the general competencies.” New Common Program Requirements and Institutional Requirements go into effect July 1, 2007.

The ABMS presented very interesting new program that could be very useful in competency-based education. This is the ***Patient Safety Improvement Program***. This web-based interactive program has several patient scenarios and quality improvement exercises. Physicians completing the modules receive CME credit that satisfies MOC requirements. A demo of the program was distributed at the meeting. For more information contact Steve Sarbaugh (steve.sarbaugh@healthstream.com) or Barb Rosenthal at the ABMS (brosenthal@abms.org).

Rajeev Sabharwal presented from the AAMC Center for Workforce Studies. They are concerned that as medical schools rapidly expand their class sizes over the next few years, there may not be enough residency positions available to medical school graduates. The expansion of medical school class size is occurring while post-graduate positions remained capped by the federal government. The increase in graduates will rise from 16,488 in 2002 to 19,296 in 2012, a 17% increase. Go to <http://www.aamc.org/workforce> for more information.

Federation of Pediatric Organizations (FOPO)

Meeting - January 29, 2007
Washington, DC

Attendees – Susan Guralnick, Rob McGregor

The Federation of Pediatric Organizations (FOPO) met at the Washington DC offices of the AAP in January. FOPO’s purpose is to promote high standards of health care for infants, children, adolescents and young adults. Members of FOPO include the APPD, APA, AAP, ABP, APS, AMSPDC, and SPR. Ted Sectish, past president of the APPD, is the new Executive Director of FOPO. The agenda for the meeting included a Report on the Task Force on Women in Pediatrics, Selection of the St. Geme Awardee, and updates from the Alliance for Pediatric Quality, NIH/NICHD, Government Affairs, Council of Pediatric Subspecialties, NACHRI, and the R³P Project. There was also discussion of International Health Initiatives. FOPO will be holding a Strategic Planning meeting July 2007 in order to define some critical focus areas for future FOPO activities, and determine strategies to achieve desired outcomes.

Professionalism Project with the American Board of Pediatrics (ABP)

Several APPD representatives had the opportunity to participate in a combined ABP and APPD project funded by the American Board of Pediatrics Foundation to develop resources for program

directors regarding professionalism. APPD representatives including Dr. Joe Gilhooley, Dr. Cliff Yu, Dr. Leslie Mihalov (Associate Program Director), and Dr. Rob McGregor joined the ABP's program director's group, Dr. Gail McGuinness, Dr. Jim Stockman and invited educators for a two-day retreat. Continued product development is underway.

Council of Pediatric Subspecialties (CoPS)

Thanks to a combined effort of Association of Medical School Pediatric Department Chairs (AMSPDC) and the APPD (and the heroic efforts of Laura Degnon), CoPS now exists as an organization to support the needs of pediatric subspecialists. This is actually the fruition of Dr. Ted Sectish's hard work. The APPD hopes to assist CoPS with respect to education regarding RRC requirements and practical strategies for subspecialist educators to implement new guidelines and strategies. This is a great opportunity for APPD to be involved in the next stage of education for our trainees. A subspecialty thread can be expected within the Spring meeting program and integrated efforts at educating categorical and subspecialty trainees will be promoted.

ERAS Advisory Board

Submitted by Dr. Ed Zalneraitis

ERAS continues to expand and improve its services to programs and applicants. It has enjoyed continued success as it has expanded into use for many fellowship programs. ERAS is always looking for feedback, to help develop ways to further enhance their service. This year, they made progress in a number of key areas for possible improvement. Please let them or me know if you have any suggestions.

With the 2007 application year, ERAS embarked on its first trial of a web-based system for ERAS, but it did not include pediatric applicants. However, the plan is to move to a full web-based system in stages, and pediatrics will be involved soon. It is always good to get in early, but not necessarily the first in a trial of the conversion to a complex on-line system. The web-based ERAS application will allow for access via the Internet from anywhere. It is felt that this would facilitate the evaluation process and contact between applicants and programs. The results of that effort and future plans will be available by the next meeting.

A process has been developed to deal with inaccurate or falsified submissions in the ERAS application materials provided for programs. This will serve to identify, verify and report problems to the appropriate participants. These problems are fortunately relatively rare, but it is important to find and deal with them, so that all using ERAS can be confident about the information received.

ERAS put a special effort this year in helping programs and applicants understand the "Scramble" policies and procedures for unfilled Match 2007 positions. Unmatched applicants were advised to contact programs by phone prior to sending material for an unfilled position. Program Directors were advised to download ERAS files in advance if they anticipated using ERAS during the Scramble. Programs expecting to receive materials by email were urged to check with

their IT department in advance to be sure that these application documents would be able to get through firewalls, and that large files could be accepted. Programs were advised that Scramble applicants would be marked as such for programs to easily identify them. The programs were informed that NBME and NBOME services would be available to meet requests for documents on short notice. Finally, all were advised of the availability and use of FindAResident.

The next meeting of the ERAS Advisory Board will be in September, 2007 and I will provide an up date prior to next year's Match.

NRMP Board of Directors

Submitted by Dr. Ed Zalneraitis

The NRMP is finally free from the shadow of the Jung et al law suite, and it has emerged with its mission, vigor and determination intact. The expansion into offering match services to internal medicine and pediatric fellowships has gone very well, and the NRMP is continuing to explore opportunities to be of service to other allopathic training programs. This year's Match went extremely well, with the match running smoothly on the first try for the first time. It appears that programs, applicants and advisors are mastering the nuances of the match process. Pediatrics continued to be among the more successful specialties, sustaining its highly successful match rates for US seniors and with the overall positions matched.

The Match violations investigation and enforcement efforts have matured, and success in dealing with the relatively few alleged violations has been smoothly attained. The NRMP Violations Review Committee (VRC) is continuing to work on the process for alleged violations and the language in the Match agreement to ensure that Match process maintains its integrity. It is the intent to deal with all alleged violations expeditiously, fully, fairly and understandably. The VRC is a standing committee of the NRMP Board of Directors to develop and enforce the violations policies.

The NRMP Board of Directors has also has established a Data Release and Research Committee (DRRC) to examine ways to use the data collected by the NRMP to better inform the medical student and GME processes. This past year, the NRMP posted data from the past match on its web site. This is a rich source of information that reveals things like the correlation with USMLE scores, AOA status, research activities etc. and the rates of matching by discipline. It is worth a trip to the web site to examine the information now available. It will help you in counseling students and forming strategy for your match.

The NRMP Board of Directors, through its DRRC, has developed very careful review and use policies for all who wish to access and use its data for educational research purposes. Even more exciting, they are now considering supporting research using the NRMP data on a competitive basis. Pediatric residency programs interested in doing educational research using the data available through the NRMP, should consider applying to do so, and may in the future have the opportunity to apply for support from the NRMP for their efforts. The next NRMP Board of Directors meeting will be May 7, 2007, and I will have more information about this and other issues.

Coordinator's Certification

Certification for residency program coordinators and training administrators continues to be an important goal of the APPD Coordinators' Section. In June of 2006 at the spring TAGME (Training Administrators of Graduate Medical Education) Board of Directors meeting, Jeri Whitten, C-TAGME, representing Pediatrics and the APPD, began her term as President of TAGME. Jeri served as Vice President/President Elect from May 2004 until June of 2006.

Pediatric Training Administrators Certification Council (PedTAC) is responsible for continuous review and revision of the assessment tools for Pediatrics, as well as "grading" the monitored assessment and Work Product. One outside reviewer, a representative from Internal Medicine, also "grades" the assessments to assure objectivity. Three new members will be added to PedTAC in 2007 –Jefri Palermo, C-TAGME (University of Iowa Hospitals and Clinics Program), Melodie Parker, C-TAGME (Baylor/Texas Children's Program), and Kathy Miller, C-TAGME (Johns Hopkins/Harriett Lane Program).

PedTAC will also be working with the pediatric fellowship programs to assist in the development of assessment tools for pediatric fellowship coordinators. Early discussions are underway with a representative from Neonatology for establishment of a task force. Coordinators from several pediatric fellowships have also expressed interest in developing tools for certification.

In July of 2005, the first monitored assessment for pediatrics was offered during the in-training examination. Twenty-one candidates applied and sixteen were approved for certification at the November TAGME Board meeting.

The 2006 monitored assessment was given on Wednesday, April 26 from 2 to 7 pm at the San Francisco Marriott. Six candidates applied and five were approved for certification at the November TAGME Board meeting.

The 2007 monitored assessment will be given on Wednesday, May 2 from 2 to 7 pm at the Sheraton Toronto Center immediately prior to the opening of the APPD meeting. Seven new candidates and one repeat candidate have applied. The successful candidates will be presented for certification at either the June or November TAGME Board meeting.

At the time of this publication, 24 pediatric coordinators have been certified.

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Coordinators Executive Committee

The members of the Coordinators Executive Committee play an essential role in the planning and organization of the coordinators section of both the APPD Spring and Fall meetings, the primary vehicles for sharing information among the members.

For 2006, Therese D'Agostino and Vanessa Pichette planned the Coordinators Section of the Spring meeting held in San Francisco, attended by 110 new and "seasoned" coordinators. The workshops and presentations were interactive and represented the interests of a very diverse group from all sections of the country. All coordinators came away with an increased awareness of how to enhance skills and, most importantly, be prepared for an RRC site visit.

The Fall meeting, planned by Sally Hollowell Koons and Mary Gallagher was held in Reston, Virginia and was also well attended. The meeting focussed on the needs and concerns of new coordinators. Mary and Sally also hosted a "meet and greet" dinner to welcome all new coordinators. The response from those who attended was great! This dinner will be planned for both the upcoming Spring and Fall meetings as a positive way to welcome the coordinators and to encourage them to exchange ideas, voice concerns and share experiences.

Coordinators are encouraged to "visit" the APPD website for related links that range from the American Board of Pediatrics to E.C.F.M.G. There is a wealth of information, including the Coordinators' Handbook and both curriculum and evaluation tool sheds on this site...only a click away at www.appd.org.

2006 Special Project Updates

Developing Problem-based Cases for Pediatric Residents Using Objectives Linked to the ACGME Competencies and an Internet Application.

An APPD Special Project Update by
David T. Price, M.D., Principal Investigator
February 3, 2007

Original Specific Aim(s)/Research Question:

The purpose of this pilot study is to determine how well case authors can write problem-based cases utilizing the available technological enhancements within CG to address learning objectives linked to ACGME competencies. The web application and the author's ability to use the tool effectively for case development are being evaluated.

Update: No change has been made regarding the original specific aim for this project. The development of the web application and the recruitment of authors is ongoing. The cases can clearly be driven by objectives linked to competencies.

Methods:

Case authors will be recruited at the Association of Pediatric Program Directors' 2006 spring meeting and the Pediatric Academic Societies' 2006 spring meeting. Case authors will be expected to start writing May 1, 2006 and complete the cases by September 30, 2006. Objectives for teaching the evaluation and management of five common pediatric problems have been developed using the Pediatric Educational Guidelines for Pediatric Residency Education¹¹ and by using the Content Specifications and PREP Study Guide¹². This information will be given to the authors to provide a foundation for their case. Ten authors will be recruited to write cases. Five general pediatric problems were chosen as the basis for the ten cases. The number of clinical problems and cases was kept low to ensure that this study was able to produce and evaluate a few high-quality cases. Three of the clinical problems are appropriate for general inpatient pediatrics; two for ambulatory pediatrics. Two authors will write a case for each clinical problem. There will be three objectives for each case. These objectives must be linked to at least three ACGME competencies.

Update:

At the APPD Spring 2006 meeting forty-one people indicated their interest in the project and their willingness to participate as an author, reviewer or editor. After the meeting significant revision of the web application was needed because of problems discovered as we demonstrated the project at the meeting. Since that time the web application has been stable and functional. During my meeting with the Learning Technology Task Force there were also suggestions that I develop a tutorial to help authors understand how to utilize the web application for case development. The revision and development of the tutorial significantly delayed the start of the project. Recruitment of authors has been a challenge. While many authors have expressed a desire to write a case, the development of an interactive case using multiple patient encounters and objectives linked to competencies is far more daunting. Little response was generated by my attempts to recruit authors by email or telephone calls. Dr. John Mahan, Chair of the Learning Technology Task Force has served as my advisor. His emails generated little response. Recently,

however; Dr. Mahan introduced me to a new technology, WebEx. This application allows potential authors to view my desktop while I demonstrate the application and talk to them through teleconferencing. This past week I have used this technology three times to help potential authors learn more about my project. I will also use this technology to help authors start their cases. Recruitment is still ongoing.

Results:

I do not have data that demonstrate how authors use an Internet application to write interactive cases that use objectives linked to competencies.

Update:

The difficulties I am experiencing may be symptoms related to the larger process of moving case-based medical education from being driven by interesting cases to being driven by objectives linked to competencies. The difficulties may also be related to the time program directors must devote to the administration of their programs. This may leave little time for creativity. The task is larger than I initially believed and will require a more intense effort on my part and much more time. During this past year I moved from East Tennessee State University to Duke University. Though I am no longer a program director, part of my negotiated Duke contract was sponsorship for my continued participation in the APPD for the next two years. I am committed to this project.

Budget: No funds have been dispensed, obligated or promised. All cost incurred thus far have been out-of-pocket.

Update:

Funds will be dispensed when authors have written cases that have been reviewed and approved for publication on the Internet.

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

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As a brief synopsis, item construction for the patient survey is currently ongoing and will hopefully be completed by later this month. Review of the items by field experts should occur 3/2007 and we will hopefully start field tests (patient data collection by 6/2007 with potential collection of pilot data 4/2007). The videotaping portion of the study is currently on hold pending resolution of issues brought to my attention by our risk management personnel who reviewed the protocol. I hope to start the videotaping portion of the study later this year (unlikely to start before 9/2007).

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

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We are having some logistic issues with the project--namely determining the best way to enroll residents in the study given that we are not able to take residents away from continuity clinic as this would prevent them from fulfilling their required hours. We also need to complete additional requirements from the IRBs of 2 hospitals.

Our accomplishments thus far include:

1. Developed the outline for the DVD
2. Developed the scenarios for the Standardized Patients
3. Contracted with the George Washington University production team for the DVD filming and editing
4. Submitted initial IRB proposals to Children's Hospital and Fairfax Hospital (working on revisions including additional consent forms)
5. Established a schedule for residents in the well newborn nursery with pediatric program directors at Children's Hospital and Holy Cross Hospital
6. Met with the statistician to determine if new methodology is statistically viable
6. Organized a schedule for the Lactation Consultant at Fairfax Hospital for videotaping and developing the DVD

We anticipate completing the DVD by April, 2007 and begin enrollment of the pediatric residents thereafter. After completion of the DVD, we will need one year to collect data on 26 residents. Given the limitations on the pediatric residents' time, we have modified our methodology as follows:

There are two PL-1 residents assigned to the Holy Cross Hospital (HCH) newborn nursery and three PL-2's assigned to the pediatric inpatient unit. Two to three residents will be assigned to the IBCLC observation group and the others to the interactive CD group. At the beginning of the rotation, the residents will complete a survey containing demographic questions, prior experience with breastfeeding counseling, self-confidence regarding breastfeeding management and knowledge and breastfeeding attitudes (Appendix 2). This survey will be based on questions from previously validated surveys. Each resident will then complete the intervention.

During the last week of the rotation, the residents' competency regarding breastfeeding counseling will be evaluated using two to three standardized patients (highly trained patient simulators). The goal is to recruit real breastfeeding mothers and infants as SPs. Given the frequency and large number of SPs required, it may not be feasible to use breastfeeding mothers. We may need to use women with a doll. When residents ask to watch the woman breastfeed, we will show them videotaped images of breastfeeding mothers experiencing problems with latch-on or pain. They will then advise and demonstrate proper positioning and latch-on. The SPs would simulate at least the following clinical scenarios: a woman with sore nipples, a breast and formula fed 2-week

jaundiced infant just below birth weight. Prior to their SP interaction, the residents will complete a second survey asking similar questions about breastfeeding management, knowledge, self-confidence regarding breastfeeding counseling and after completion of the course they will rate the breastfeeding curriculum.

Our progress toward each of our study's goals is outlined below.

<p>Goal 1: Create DVD</p> <p>We have created the outline for the DVD and contracted with Academic Technologies at The George Washington University to assist with videotaping and editing. We have developed a schedule for the lactation consultant (IBCLC) at Fairfax Hospital to obtain consent from participants. We plan to meet a few more times with the IBCLC and the production team prior to filming.</p>
<p>Goal 2: Develop competency assessment tool</p> <p>We have obtained approval to use previously tested tools¹ and have created a preliminary assessment tool (see attached). This will be revised after review by IBCLCs and experts in residency education.</p>
<p>Goal 3: IRB application and approval</p> <p>We have submitted the IRB application to CNMC and Fairfax Hospital (see attached) and are awaiting final approval.</p>
<p>Goal 4: Recruit and Orient SPs</p> <p>The recruitment of Standardized Patients (SPs) for the DVD will begin as soon as we receive IRB approval. The recruitment and orientation of the SPs for the residents' competency assessment will begin upon completion of the DVD.</p>
<p>Goal 5: Educational Intervention</p> <p>We have created the pre and post intervention surveys for the residents based on a previously validated survey² (see attached). We have included the Pediatric Program Director at Holy Cross Hospital (Sandra Cuzzi, MD) as a collaborator on the study. She will assist with ensuring the residents' are given time to complete the surveys, intervention and SPs assessment. The IBCLC at Holy Cross Hospital has agreed to participate in the study and we have received approval from Holy Cross' IRB to conduct the study.</p>
<p>Goal 6: Competency assessment using SPs: Not started yet.</p>
<p>Goal 6: Develop Teleform</p> <p>Our statistician will decide if teleforms or data entry and analysis are more cost and time effective given our small sample size.</p>
<p>Goal 7: Score residents by reviewers</p> <p>Three IBCLCs have agreed to score the residents' interaction with the SPs</p>

¹ Osburn T, Espey E, Leman L, Alvarez K. A breastfeeding curriculum for residents and medical students: A multidisciplinary approach. *J Hum Lact* 2005;21:458-463.

Goal 8: Statistical Analysis: Not started yet.

¹ Osburn T, Espey E, Leman L, Alvarez K. A breastfeeding curriculum for residents and medical students: A multidisciplinary approach. *J Hum Lact* 2005;21:458-463.

² Freed GL, Clark SJ, Lohr JA, Sorenson JR. Pediatrician involvement in breast-feeding promotion: a national study of residents and practitioners. *Pediatrics* 1995;96:490-4.

**Development and Testing of a Tablet Computer Survey for
Parental Assessment of Resident Competency in
Interpersonal and Communication Skills**

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1. **Summary of project findings:** We have been successful in implementing our tablet-computer based parent survey on our main pediatric inpatient unit. Since we began the study in July, we have obtained 141 parental survey responses, with little to no refusal. We have found that patients tend to rate residents highly on most items:
 - **Overall rating of resident:** 89% excellent/very good
 - **Recommend resident to friend/relative:** 95% stated yes
 - **Trust the resident's judgment:** 90%
 - **Ask about what is bothering you:** 88%
 - **Explain things in a way you could understand:** 92% usually/always
 - **Listen carefully to you:** 95%

However, we found that team communication was rated poorly

- **Confusion as to who was in charge:** 25% stated yes
- **Received conflicting information:** 45% yes sometime/often

The survey is now recognized by the residents, as evidenced by the fact that some have asked "When will I get my survey results?" We have been able to generate resident specific reports regarding parental responses and have just begun distributing them. The survey data is a vital part of the 360 degree evaluation as mandated by the RRC.

This system will continue indefinitely as we have enlisted a volunteer to distribute the survey once/week. We anticipate continuing to analyze data at the individual level as surveys accumulate over the three year training period.

2. **Presentations:** An abstract describing this work was submitted and accepted for presentation at the upcoming APPD Spring Meeting.

3. **Publications:** We submitted a manuscript to *Ambulatory Pediatrics* and are awaiting response.
4. **Other related projects/funding:** We have disseminated the survey to an inpatient rotation at one of our community hospitals to allow us to collect more survey responses.

Finances

As of June 30, 2006 APPD's Net Assets = \$449,677.00

Financial Overview July 1, 2005 through June 30, 2006

Support and Revenue

Dues Income	\$203,450.00
Meetings Income	178,200.00
Contributions	5,000.00
Other Income	2,225.00
Investment Income	38,790.00
Total Income	\$427,665.00

Expenses

Membership Services	\$ 21,124.00
Meetings Expenses	138,918.00
Consultation Awards	7,113.00
Special Projects Program	50,000.00
<u>Administration, Operating, Management</u>	<u>159,709.00</u>
Total Expense	\$376,864.00

Net Income \$50,801.00

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