



ASSOCIATION
OF PEDIATRIC
PROGRAM
DIRECTORS

Annual Report
May 2008

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Dear Colleagues:

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

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

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

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

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

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

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

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

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

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

Sincerely,



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



APPD Leadership

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APPD Membership

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

Our Regions

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

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

New York: NY, Northern NJ

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

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

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

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

Southwest: TX, AZ

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

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

Regional Guidelines

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

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

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

Regional Reports

Mid-America

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

Formal interactive seminars were presented at the meeting:

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

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

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

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

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

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

Mid-Atlantic

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

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

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

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

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

Midwest

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

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

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

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

Respectfully submitted,
Jay Nocton and Tara Shirley

New England

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

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

Member Programs:

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

2007 - 2008 Summary:

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

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

Submitted by Edwin L. Zalneraitis, MD

New York

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

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

Southeast

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

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

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

2. Procedural Competency

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

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

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

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

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

Southwestern Region

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

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

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

Faculty Development:

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

R3P Innovations project

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

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

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

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

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

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

Submitted by Surendra K Varma, MD and Judy Behnke

Western

The 4th Annual Meeting of the Western Region of APPD was held in Seattle, Washington on October 8, 2007. Nine programs were represented at this meeting. We began our meeting with an R³P update by Dr. Bruder Stapelton reviewing its progress report and future goals. There was a brief update given on the Counsel of Pediatric subspecialties (CoPS). Action items regarding R³P from the meeting were: 1) Provide potential future innovations to address the R³P concept. 2) Provide funding ideas. 3) As a region come up with a standard questionnaire/evaluation that would help all of our programs meet phase 3 requirements, and create some baseline data. A detailed description of the entire discussion can be found at www.appd.org.

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

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

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

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

Submitted by:

Laurie Ashenbrenner, CTAGME

Fellowship Directors Activities

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

APPD Spring Meeting

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

APPD Fall Meeting

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

Associate Program Directors

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

Keith Mann and Nancy Spector

APPD Awards

Robert S. Holm, MD Leadership Award

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

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

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

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

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

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

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

Special Projects Funded by APPD 2005-2008

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

The following projects are being funded in 2008:

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

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

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

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

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

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

Developing Proficiency in Resident Intubation Skills

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

The following projects were funded in 2007:

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

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

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

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

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

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

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

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

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

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

The following projects were funded in 2006:

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

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

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

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

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

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

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

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

The following Projects were funded in 2005:

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

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

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

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

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

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

Communication with our Membership

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

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

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

Task Forces

Curriculum Task Force

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

Evaluation

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

Faculty Development

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

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

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

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

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

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

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

Surendra K. Varma, M.D.
Chair

Learning Technology

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

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

Research

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

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

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

Interactions with Liaison Organizations

Primary Care Organizations Consortium (PCOC) Meeting

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

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

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

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

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

Committee on Pediatric Education (COPE) Meeting

November 18-19, 2007

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

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

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

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

Council on Medical Student Education in Pediatrics (COMSEP)

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

Respectfully submitted,
Rob McGregor

Organization of Program Director Organizations (OPDA)

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

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

Applicants and programs:

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

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

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

The AMA is also working on the following issues:

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

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

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

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

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

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

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

Federation of Pediatric Organizations (FOPO)

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

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

Strategic Plan

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

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

Task Force on Women in Pediatrics

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

Website

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

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

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

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

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

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

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

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

Respectfully submitted,

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

Professionalism Project with the American Board of Pediatrics (ABP)

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

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

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

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

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

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

Council of Pediatric Subspecialties (CoPS)

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

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

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

Coordinators Executive Committee

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

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

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

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

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

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

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

Submitted by:

Thérèse A. D'Agostino

Co-Chair, Coordinators' Executive Committee

Pediatric Residency Program Manager

MassGeneral Hospital for Children

Coordinator's Certification

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

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

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

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

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

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

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

Certified Pediatric Administrators

Certified 2007

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Special Project Updates

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

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A) Introduction

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

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

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

Proposed study activities include:

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

B) Study Activities

Intern Training

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

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

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

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

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

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

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

Skills Assessment

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

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

Intern Feedback

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

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

using the model during the OSCE II scenarios. Suggestions on how the intern might “try on” the model in the future are also provided. Table 1 shows examples of written feedback provided to interns.

Table 1: Examples of written feedback to interns

<p>We would like to offer you the following feedback on your OSCE II. After reviewing all three of your OSCE II scenarios, <u>I observed you:</u></p> <ul style="list-style-type: none"> • Asking permission to discuss the topic of asthma with each parent; • Using open-ended questions as a primary strategy to elicit parent perspective and assist towards establishing a collaborative relationship, particularly with a ‘not ready’ parent; <p>Using reflections with a ‘not ready’ parent to 1) help decrease her resistance around having a discussion about Flovent (“<i>It sounds like you’ve had a negative past experience with it</i>”), and 2) to demonstrate your acceptance of her not being ready to start a controller (“<i>Sounds like you would need more information on it’s use and side effects before even considering it again.</i>”)</p>	<p><u>In using CMP in the future</u>, you may want to consider the following as well:</p> <ul style="list-style-type: none"> • <u>Using an Options Tool</u>. The tool can help you in three ways: 1) to get immediate feedback on the parent’s readiness and personal perspective on the various steps he/she could be taking; 2) to allow the parent to be more in control of the conversation and talk about what they are most concerned about; and 3) to save you time (the tool outlines the options: you don’t have to describe each of them unless the parent requests more information.) • <u>Develop discrepancy</u>. Open-ended questions and reflections can be a helpful strategy to increase a parent’s awareness of the discrepancy between where they are (“<i>We have made some big changes at home with our smoking</i>”) and where they want to be (“<i>We want her to be healthy and will just working on ways to figure out what’s best for her so she’s not so affected by her asthma.</i>”).
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The 29 interns will receive feedback from one of the four trained coaches. All interns will receive written feedback regarding their use of the CMP approach by April 2008.

C. Current Work/Future Plans

This study is an important part of a larger endeavor to address strategies to effectively teach the ACGME competency of communication and assess resident skill in an evidence-based and efficient manner. Additional funds from Children’s Hospital and Regional Medical Center have allowed us to expand upon the study activities accomplished to date in several important ways.

Developing skill assessment methods

Currently, we are piloting a written assessment tool, The Helpful Response Questionnaire-Pediatrics (HRQ-P), for assessing resident skills. The HRQ-P consists of six paragraphs that simulate communications from individuals with specific concerns. The HRQ-P has been adapted using asthma related content in each paragraph. After each paragraph, respondents are instructed to write “the next thing that you would say if you wanted to be helpful.” Upon completion of the OSCE I and OSCE II, the HRQ-P was administered to all 29 pediatric interns. Our plan is to determine the concurrent validity and sensitivity to change of the HRQ-P using the previously validated OSCE-based instruments as the gold standard. All interns who consent to share their OSCE and HRQ-P data for research purposes will be included in the analyses for this aim. The focus is to provide a valid alternative to OSCEs, minimizing burden on the residency program in future years.

Randomized controlled trial

In addition, we have recruited and randomized 25 interns post-training to receive either written feedback following OSCE II or a one-on-one coaching session plus written feedback. The coaching session allows a coach to meet individually with the intern to review an OSCE II tape together and discuss the intern’s use of the CMP approach. Coaching sessions are conducted in a manner consistent with CMP. The coach avoids presenting him/herself as the expert fully armed with interview ratings and helpful feedback. Instead, the coach presents CMP on its own merits, encouraging the intern to try it on and see how it “fits” within his/her own practice. In this manner, the coach helps the intern identify focal areas for performance improvement. The coaching session will help to determine whether coaching enhances interns’ CMP skills (to be measured in OSCE III 2 months after coaching) and to compare the effectiveness of coaching against written feedback only.

Faculty development

It has become clear that development of faculty skills in CMP is necessary in order to support resident learning. We are currently working with faculty from the residency program to revise the training format for the 2008 – 2009 intern retreat and are considering an overall shortened session, less time given to didactic presentations and a continued focus on skills practice.

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

Deborah C. Hsu, MD
Fellowship Co-Director
Assistant Professor
Dept. of Pediatrics, Section of Emergency Medicine
Baylor College of Medicine
Texas Children's Hospital

A pilot study was conducted, enrolling about 60 patients. The pilot revealed the need to revise the survey to be used for the study and need for more funding for the project - specifically to hire a research assistant to help enroll patients. I submitted a grant application to the Stemmler fund in October 2007; awards for the Stemmler grant will be announced in April. Regardless of the results of the grant, the final survey to be used for the study will undergo subject matter expert and focus group review later this spring. We anticipate patient enrollment in the fall for statistical validation of the survey and hopefully will have a manuscript written on the survey validation portion of the study by spring 2009.

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

Sangvai S, Mahan JD, Pudlo N, Lewis K, Srinivasan S

Enrollment: The study received IRB approval and data collection began in mid July 2007. 58 pediatric residents were enrolled and randomized at three resident continuity clinic sites.

Intervention: The intervention is an interactive web-based module on injury prevention. The control group completes an injury prevention module which is identical in content, without the interactive component (embedded questions throughout the module). Over the past several months the two modules have been rigorously developed, reviewed, revised and tested. The module focuses on five areas of unintentional injuries; motor vehicle, bicycle, firearm, fire and burn, and poisonings. The modules include hyperlinks to resources on the web as well as instructional videos on car seats and bicycle helmets. The bicycle helmet video was developed at our institution. The modules have been content reviewed by an expert in injury prevention. Consultation with a passenger safety technician and IT staff were also a part of the module development. A question bank of 50 questions was developed using American Board of Pediatric guidelines for the pre and post tests. The modules are being completed by the residents during March and April 2008.

Outcomes: There are two outcomes for this study 1) change in knowledge, which is measured by pre and post test scores and 2) change in clinical practice, which is measured by the number of injury prevention topics discussed at videotaped well child visits. Each of the videotaped encounters is scored from 0-5 (infants and children) or 0-4 (adolescents) based upon predetermined age appropriate criteria. These scores will be compared before and after completion of the module and between groups.

Data: Pre-intervention data was collected from July 2007 to February 2008. Data was collected on 156 videotaped well child visits. This represents 40% 3rd year, 22% 2nd year, and 38% 1st year resident visits and 22, 58 and 76 encounters at the 3 sites.

Results: Pre-intervention results show that on average, less than one IP topic (0.87 +/- 1.09) was discussed in each well child visit. The distribution of the number of topics discussed differed between sites and years of training (overall $p < 0.001$) with 2nd year residents discussing more topics than 1st and 3rd year residents and with the Near East site discussing more topics.

Summary: Our pre-intervention results clearly demonstrate a need to improve injury prevention anticipatory guidance given by residents in continuity clinic. Pre and post test scores will be available after the residents complete the injury prevention module in mid-April 2008. Post intervention videotaped well child visits will be conducted mid April 2008 through August 2008. The residents will take the post test again 6 months after the intervention to measure knowledge retention.

Brief Timeline/Overview

July 2007-February 2008	Pre-intervention VE data Development, completion, testing and revision of modules
March –mid April 2008	Module completion by residents Analysis of pre-intervention data, abstract submission
Mid April- August 2008	Post intervention VE data Analysis of module test scores
September 2008	Completion of videotaping portion of study 6 month post test Data compilation and analysis Submission to APPD, PAS Begin manuscript

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

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John Co, MD, MPH, Co-Investigator

Abstract:

The most recent Residency Review Committee (RRC) Common Program Requirements for Pediatric Residency Training explicitly mandates that each resident complete an Individual Learning Plan (ILP) each year. Faculty members, including program directors, who are newly responsible for facilitating development of resident ILPs may feel unprepared for the task. This lack of experience is a limitation to creating, maintaining and facilitating effective ILPs with resident learners. Faculty who develop their own ILP may experience significant benefit in mentoring residents through the ILP process. While the use of ILPs has been described in one pediatric training venue, there is a paucity of data about the impact of ILPs in pediatric residency training. The current collective pediatric experience with ILPs and their implementation is limited. There are, however, a number of validated and reliable instruments that could be used to begin to address questions regarding self-directed learning and ILPs.

The overall aim of this project is to determine if a faculty development intervention enhances faculty and trainees’ experiences in using ILPs as an educational tool. The specific aims are to determine whether a faculty development intervention increases:

1. Faculty perception of the importance of ILPs
2. Faculty self-directed learning readiness
3. Faculty self-efficacy with facilitating ILPs
4. Resident valuing of ILP usefulness

We hypothesize that during the study period, all faculty will improve in their self-efficacy with ILPs, but the faculty development intervention will result in a greater improvement in our outcome measures in the participating faculty and their associated resident advisees.

This project will utilize a faculty development intervention with three components including having faculty accomplish their own ILPs. Faculty from Wright State University Department of Pediatrics will be randomized to either receive the intervention or be in the control group. We will evaluate faculty experience and their learners’ (residents) experience with two reliable, validated surveys: The Course Valuing Inventory and The Self-Directed Learning Readiness Scale.

Additionally, a Faculty Self-Efficacy Scale will be developed and used as another outcome measure. It will aim to assess faculty self-confidence/self-efficacy with facilitating ILPs. Characteristics of the faculty (and residents) in the intervention group will be compared with those in the non-intervention group using chi-square or two-sample t tests. Differences in scores between the two groups, as well as the change in scores over time, will be analyzed with two-way analysis of variance (ANOVA) with repeated measures.

We will apply adult learning theory principles to a faculty development program. We will use evaluation tools from the education and psychology literature to measure the outcomes of our intervention. Thus, some initial assessments regarding individual learning plans will be made. The use of ILPs is new and research regarding them will undoubtedly advance our understanding of self-directed learning. We hope to expand this study to a multi-center design in one year, utilizing the lessons learned and outcomes from this pilot. Ultimately, other pediatric residency programs can utilize the faculty development program, the assessment tools and the new insight into ILPs.

1. Summary of Project Progress: **There are 44 residents in the pilot project with 23 faculty members involved. IRB approval was obtained and all participants were consented. All 23 advisors have received the one-hour instruction on ILP Basics that includes instruction on how to utilize/access Pederalink. Preliminary data including initial Faculty Self-Efficacy and Self-Directed Learning Readiness Scales (SDLRS) have been collected. Additionally, residents have been surveyed at baseline (SDLRS). All of the resident-advisor dyads have reviewed and discussed the first resident ILP of the academic year. Some are working on the second (which slightly behind schedule). The “Intervention Faculty” have meet twice to discuss barriers and benefits of the ILP process; and 90% have completed their own ILPs. There are two remaining meetings for the “Intervention Faculty”.**

2. Project Conclusion: **The completion off the data collection will be June 30, 2008. All data will be analyzed and reported on. A Manuscript of the Pilot Project will be submitted to a journal for publication. The Faculty Development Curriculum will be posted on the Share Warehouse in July 2008.**

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

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111 Michigan Avenue, NW
Washington, DC 20010

Thank you for your extending the time period for this project. We have overcome quite a few challenges, but will still need additional time to complete the project. The biggest challenge was recruiting women willing to be videotaped (see Goal 1 for a more detailed description.) We anticipate the rest of the project to go more smoothly.

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

<p>Goal 1: Create DVDWe received IRB approval through Fairfax Hospital and arranged with the Lactation Consultant (IBCLC) and Academic Technologies at GWU to videotape the women. Unfortunately, none of the 19 potential women on the postpartum floor agreed to be videotaped breastfeeding their infants. We modified and received approval through Children’s Hospital IRB and Public Relations department and recruited women through Children’s Hospital, the DC Birthing Center and two on-line DC mothers’ groups. We successfully videotaped 4 women and their infants in August. We then recruited and videotaped a “pregnant mother” and her child (for the prenatal scenario) as well as 7 children to introduce the video in February. An IBCLC and I have reviewed the 6 hours of videotape and are in the process of creating the DVD. There are some excellent images of infants being positioned correctly, mothers holding their breasts appropriately and infants latching-on and nursing well. We anticipate its completion in 6 to 8 weeks.</p>
<p>Goal 2: Develop competency assessment toolWe have created a preliminary assessment tool and is in the process of being reviewed by IBCLCs and experts in residency education.</p>
<p>Goal 3: IRB application and approvalWe received IRB approval from both CNMC and Fairfax Hospital.</p>

Goal 4: Recruit and Orient SPsWe recruited and oriented SPs for the DVD. The recruitment and orientation of the SPs for the residents' competency assessment will begin upon completion of the DVD.

Goal 5: Educational InterventionWe have created the pre and post intervention surveys and are awaiting the completion of the DVD before beginning the educational intervention at Holy Cross Hospital. 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.

Goal 6: Competency assessment using SPs: We will start this after completion of the DVD.

Goal 6: Develop TeleformOur statistician decided that data entry and analysis are more cost and time effective given our small sample size.

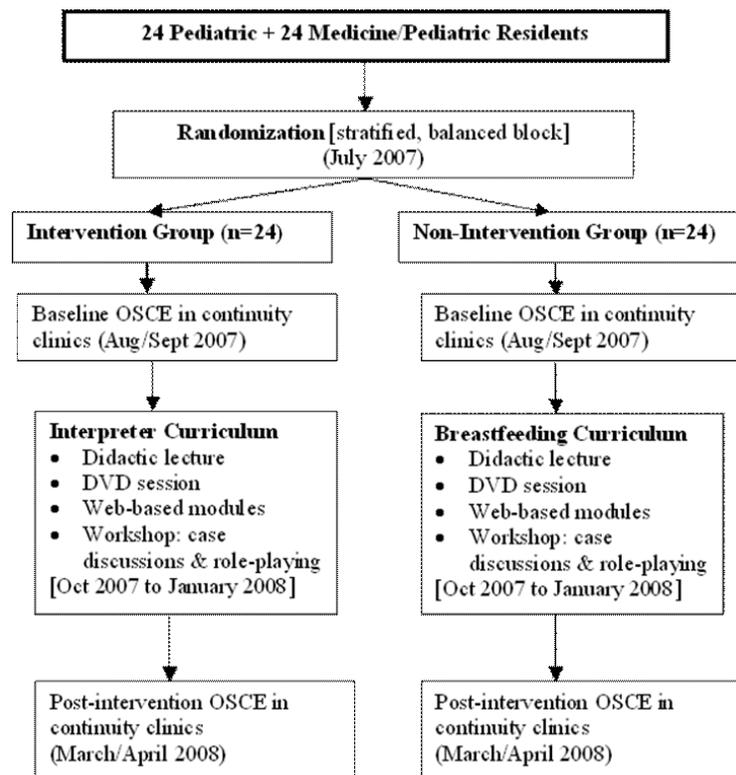
Goal 7: Score residents by reviewersThree IBCLCs have agreed to score the residents' interaction with the SPs

Goal 8: Statistical Analysis: Not started yet.

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

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- An Introductory session with the residents was held on 9.4.2007
- Baseline OSCEs were completed during the weeks of 9.17.2007 to 9.28.2007. (Two outlying residents did theirs on 10.10.2007.)
- I gave a lecture on 10.11.2007.

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- DVD session was held on 11.14.2007
 - On-line module information was e-mailed to the 22 residents in the intervention group on 1.18.2008. So far only 9 of them have completed it. I'm still sending e-mail reminders.
 - Workshop was held on 2.27 from Noon to 3 pm.
 - Post intervention OSCEs are scheduled for the week of 4/29 to 5/2 and 5/5 to 5/9 (during the 2008 APPD/PAS meetings).

The project will be complete as of June 2008. I plan to have the data analysis complete by Fall 2008. No data analysis will be performed until all the Post-intervention OSCEs are complete so as to eliminate possible bias when comparing pre- and post- data.

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

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Dr. Co's project enabled the MGH Pediatric Residency to give residents feedback from parent surveys in a relatively efficient manner. The tablet survey enabled this feedback to be given at level of the individual resident, and helped the residency program document 360 degree evaluations for their recent RRC site visit. A summary of the study findings has been submitted as a manuscript to a peer reviewed journal.

Finances

As of June 30, 2007 APPD's Net Assets = \$491,372, which is an increase of \$41,695 over last year.

Financial Overview July 1, 2006 through June 30, 2007

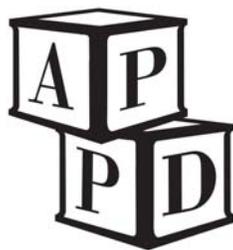
Support and Revenue

Dues Income	\$217,430
Meetings Income	240,150
Contribution from Mead Johnson	5,000
Other Income	2,530
Investment Income	55,211
Council of Pediatric Subspecialties	<u>54,375</u>
Total Income	\$574,696

Expenses

Membership Services	\$ 25,265
Meetings Expenses	256,707
Council of Pediatric Subspecialties	52,343
Special Projects Program	34,970
Administration, Operating, Management	<u>163,716</u>
Total Expense	\$533,001

Net Income **\$41,695**



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