



ASSOCIATION
OF PEDIATRIC
PROGRAM
DIRECTORS

Annual Report

April 2009

Association of Pediatric Program Directors
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Dear Colleagues:

Now in our 24th year of existence, 2008-2009 has been a busy year for the Association of Pediatric Program Directors. In addition to our usual activities, we have focused our efforts on partnering with other pediatric education organizations and responding to the Institute of Medicine Duty Hours Report. Our organization is thriving and our membership continues to grow. This year we surpassed our goal of 2000 members!

The continuum of medical education has risen to the forefront in pediatrics. On the cutting edge, the APPD has been strengthening ties with various pediatric education organizations. In April of 2009, the APPD will have its first combined meeting with COMSEP, the Council on Medical Student Education in Pediatrics, the parallel organization in the medical student world. The two organizations have similar goals, and will greatly benefit from shared ideas and resources. There will be shared workshops, platform sessions, and task force meetings. Both organizations plan to continue working as partners to smooth the transition from medical school into residency and onward. This year we also meet along with the MPPDA, the Medicine-Pediatrics Program Directors' Association. The MPPDA meets alternate years with APPD and APDIM (Internal Medicine). With all three of these organizations meeting together, this meeting should be an incredible educational and networking experience.

The APPD has continued its support and partnership with the Council of Pediatric Subspecialties. This organization, entering its 3rd year, has been very successful in bringing together pediatric subspecialists, enhancing their communication and uniting them around key shared issues. CoPS has made great strides in developing a core fellowship curriculum and instituting unified fellowship application dates. These efforts will greatly benefit the membership of the APPD and their trainees.

In partnership with the Academic Pediatric Association, the Council on Medical Student Education in Pediatrics, and the Council of Pediatric Subspecialties, the APPD will present the first Pediatric Excellence in Education Across the Continuum Conference (PEEAC). This conference, to be held in Arlington, Virginia in September 2009, will focus on the needs of those pediatric educators without their own organizational support, such as community and satellite clinic preceptors and inpatient clinical faculty.

Between our annual meetings, the APPD remains very active. Our regions have been busy holding regional meetings, with presentations of workshops and regional projects. The Task Forces have been diligent, working both on their own projects and those in concert with COMSEP. The Curriculum Task Force will be presenting an update at our annual meeting on their project in concert with the COMSEP Curriculum Task Force, the development of a Subinternship Curriculum. The Faculty Development Task Force will be presenting a pre-conference workshop in April entitled "Followership: the Lost Art of Playing Second Fiddle." The Associate Program Directors, with the fantastic leadership of Nancy Spector and Keith Mann, have organized and are focusing their efforts on the professional development of this section of our membership. Ted Sectish, Nancy Spector and Rob McGregor are moving forward with plans for a Leadership training program.

A very exciting landmark event this year is the beginning of the APPD's publishing relationship with the Academic Pediatrics journal. The APPD has an Associate Editor position for the journal, and an APPD page is published in each issue. Patty Hicks currently serves APPD in the important Associate Editor role. This communication venue offers tremendous opportunity for the APPD to address the current and important issues in pediatric education.

The most critical issue of the 2008-9 year has been the Institute of Medicine Duty Hours report. The APPD has been actively working toward a response to the IOM resident duty hours recommendations, as requested by the ACGME. The APPD was represented at the ACGME special Conference on Duty Hours. We had excellent member participation from a diversity of programs on our four Action Calls in January and February, and many APPD members further participated in work groups formed to address the main focus areas delineated on those calls. As a response for the ACGME is developed, the APPD Board continues to seek input from its membership.

It is the goal of APPD to ensure that the Board is well-represented by our ever growing membership. Last year, a new position on the APPD Board was created, that of Fellowship Director representative. Debra Boyer is now completing

her first of a three year term in that role, and it's evident that having a seat on the Board reserved for a Fellowship Director was a great move.

The Coordinators Section of APPD continues to thrive. At this years' Annual Meeting, the coordinators will have coordinator-specific sessions each day of the meeting – a significant and important increase from years past. Also, in an effort to represent all coordinators, both residency and fellowship, one of the six slots on the Coordinators Executive Committee was designated last year for a Fellowship Coordinator. Deb Parsons from Indiana University Neonatal/ Perinatal was elected to serve in that capacity and has represented the fellowship viewpoint well.

As outlined in our strategic plan, the APPD is taking steps to develop LEARN, the Longitudinal Educational and Research Network. This network will facilitate programs' participation in collaborative research projects that focus on resident education and assessment. The APPD Board is currently developing a business plan, the first step toward operationalizing this network.

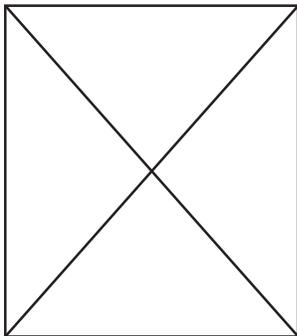
Under the leadership of Rob McGregor, APPD created a Development Fund in the fall of 2008. The APPD has set exciting and innovative goals, and our hope is that the membership will help achieve these goals by making a donation to the Development Fund. If you have not yet made your contribution, I urge you to do so.

I would like to thank the amazing people I work with on the APPD Board of Directors for their tireless efforts and incredible creativity, as well as Laura Degnon, Kathy Haynes Johnson and the staff of Degnon Associates who enable our dreams and visions to become reality.

Sincerely,

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Susan Guralnick, MD
President, Association of Pediatric Program Directors

A square box with a black border, containing two diagonal lines that cross in the center, representing a redacted signature.

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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 189 programs, totaling 2230 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

Chair: *Raheel Khan, MD - West Virginia University - Charleston*

Associate Chair: *Hilary Haftel, MD - University of Michigan Medical School*

Coordinator Chair: *Jean Ashley, BS, C-TAGME – University of Louisville*

Regional Annual Fall Meeting: APPD Mid-America region held its annual fall meeting at Nationwide Children's Hospital-Ohio State University in Columbus, Ohio on October 24, 2008. Dr. John Mahan graciously hosted the meeting. Over 40 participants representing 16 residency programs attended the meeting.

Formal interactive seminars were presented at this meeting included:

- “Residency Credit Score” - A Quantifiable Semi-Annual Evaluation of Resident Performance
Drs. Abdulla Gori, Aleece Caron & Fran Carbone - MetroHealth Medical Center
- Direct Observation and Use of the MiniCEX in Continuity Clinic
Dr. Jerry Rushton - Indiana University
- Implementing the Healthcare Matrix to Facilitate the Applications of the Core Competencies
Dr. Abdulla Gori - MetroHealth Medical Center
- “Learning Extravaganza” – Creating an Institution-wide Faculty Development Program
Ms. Jeri L. Whitten - West Virginia University-Charleston
- Professional Development and Academic Advancement
Dr. John Mahan - Nationwide Children’s Hospital
- Can Faculty Development Enhance the Effectiveness of ILPs in Training?
Dr. Ann Burke - Wright State University
- Faculty Development Program
Dr. Rhett Lieberman - Children’s Hospital of Pittsburgh

Residency Program Coordinators held a breakout “Share and Review” session in the afternoon on following topics:

- “A Year In The Life Of A Residency Program” – Annual/Monthly Tasks
- Resident Files/Portfolios

At the conclusion of the meeting, Dr. Khan thanked Dr. John Mahan and Mariah Barnes for hosting the meeting. He also thanked the attendees and reaffirmed the need for sharing ideas and resources by way of the “Share Warehouse.”

APPD Mid-America Medical Education Speakers Pool: Earlier this year, Mid-America region developed and circulated a list of volunteer exchange faculty that can be shared at the regional level with over forty faculty development topics. Regional residency programs are encouraged to take advantage of this great wealth of expertise within our region for their own faculty development.

APPD Mid-America Regional Elections: The Mid-America region implemented a two-year term limits for its officers at its last spring meeting and is getting ready to elect new regional Chair and Associate Chair for 2009-2011. Nominations are currently being sought and the new officers will be announced in April 2009 at the annual regional breakfast meeting in Baltimore, MD.

Mid-Atlantic

Fall Meeting Highlights

This year’s fall meeting was held at The A.I. DuPont Hospital for Children in Wilmington. Drs. Steve Selbst and Glenn Stryjewski hosted the event.

Several key issues were resolved at the meeting:

- 1.) The position of Vice-Chariman was approved and Dr. Nancy Spector from St Christopher’s Hospital for Children was elected.
- 2.) Nominations for the position of Coordinator Chariman were entertained and Stephen Schraith from Inova Fairfax was elected.
- 3.) Considerable discussion about regional APPD dues took place throughout the day. It was the ultimate decision of the group that we will pursue the idea of charging regional dues. The collected monies will be used to support resident led research initiatives concerning resident education. The supported research will be presented at subsequent fall meetings. The specifics of how much to charge, who will collect and keep the funds, and who will be responsible for distribution of the funds will be determined using e-mail meetings over the next several months. We hope to be able to have these issues resolved in time for the next dues cycle.

The meeting permitted five of our regional programs to spotlight an interesting project or activity they wanted to share with the group.

-
- 1.) Dr. Ana Krishnan of Inova Fairfax Hospital for Children presented their work looking at faculty work hours. They presented very interesting data contrasting resident perceived and actual work hours and their present activities looking at faculty work hours as they pertain to ACGME duty hours guidelines.
 - 2.) Dr. Lanre Omojokun of Children's National Medical Center presented examples of their utilization of an electronic residency portfolio. They discussed their use of tools offered through E-Value to collect and record information that their residents can use to prove their experience in residency as well as for future maintenance of certification.
 - 3.) Dr. Tiffany Ohta, representing The National Capital Consortium, discussed their tools for measuring resident performance in the outpatient clinic arena. The talk focused on their use of structured clinical observation and chart stimulated recall.
 - 4.) Dr. Allen Friedland from The A.I. DuPont Hospital for Children presenting an interesting discussion on his program geared at helping residents understand pediatric consumer goods. The educational opportunity is provided with the help of Baby's are Us and permits residents to learn about a number of consumer goods available to parents with a critical eye as to AAP safety and nutritional policies.
 - 5.) Dr. Michael Blair of Saint Christopher's Hospital for Children presented their strategy to ensure that residents have adequate exposure to required procedures.

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

- 1.) The recent ACGME statement on duty hours violations and their plan to ensure compliance
- 2.) The RRC statement on PICU patient numbers and the implications that this may have for smaller programs
- 3.) Mechanisms for documenting and ensuring adequate continuity clinic patient numbers for residents

Overall, the meeting was very productive. We are looking forward to our next meeting at the Spring APPD session in Baltimore.

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

Midwest

The APPD Midwest Region held its inaugural face-to-face regional fall meeting in Milwaukee on October 17th -18th, 2008. After a few years of discussing the practicality and feasibility of such a meeting within such a broad geographic region, it was rewarding and exciting to hold this inaugural regional meeting. The meeting began with an introductory presentation on the future of resident education by Karen Marcdante, MD, Vice Chair of Education in the Department of Pediatrics at the Medical College of Wisconsin. This was followed by several topical and curricular discussions during a 2-hour morning session. John Frohna, MD, Program Director and Vice Chair of Education at the University of Wisconsin-Madison, discussed "Teaching and Assessing Professionalism." Kathy Finta, MD, Associate Program Director at the Marshfield Clinic, presented a "Knowledge Improvement Project (KIP)" that has been developed for residents within their program. Finally, "Strategies for Developing and Implementing Resident Quality Improvement Projects," was presented by Mike Weisgerber, MD, Associate Program Director, Medical College of Wisconsin, and Natalya Miller, MD, Chief Resident, Medical College of Wisconsin. An afternoon session consisted of breakout groups for Program Directors, Coordinators, and Chief Residents. The program directors discussed ideas for collaborative educational and research initiatives among our Midwest regional programs, while the coordinators and chief residents discussed topics of specific interest to their roles within residency programs. Specifically, the coordinators spent most of their session discussing resident recruitment efforts, and ideas which would improve this process. In addition to the above, a social dinner was held the evening prior to the meeting at a downtown Milwaukee restaurant. We are planning for this to be the first of many annual fall meetings within our region, with our respective programs rotating as hosts.

The APPD Midwest Region will also be holding a regional meeting in conjunction with the Annual Spring APPD meeting in Baltimore, on April 28, 2009. During this meeting, we hope to continue discussions of potential collaborative educational projects, and also discuss 1-2 additional topics of interest. During the regional breakfast meeting, we plan to identify a host program and tentative dates for the regional fall meeting to be held in September or October of 2009. With the regional chairs' tenure set to end in 2010, we will also be soliciting nominations for

candidates for the regional chair positions, with a tentative election to be held around the time of the fall meeting such that the successive leadership of the region will be identified well before the 2010 Annual Meeting.

Respectfully submitted,
Jay Nocton, MD, Keith Mann, MD, Tara Shirley

New England

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

The spring meeting of NPPD was held March 28, 2008 and was hosted by the Bay State Medical Center Pediatric Residency Program at the Bay State Medical Center. The Combined Morning Session: "Can empathetic and humanistic care be taught to adult trainees in an academic environment?" The session was lead by Dr. Adam Pallant Program Director of the Brown University Pediatric Residency Program.

The Chief Resident session Facilitated by Sarah Abbruzzese, MD and Ian Goodman, MD, Bay State Medical Center Chief Residents

- Nuts and Bolts of Being a Chief Resident
- Past year: What was good? What could have been better?
- Night Float Morning report
- Chief Resident role with the problem resident
- Humanism in Pediatrics: follow up

Program Directors and Clerkship Directors:

- What resources (faculty, FTE; coordinator FTE, secretaries, etc.) do NPPD programs possess? Dr. Carole Stashwick
- Remediation for problem residents- Dr. Carole Stashwick
- Effectiveness of individual learning plans – Dr. Sam Borden (Med-Peds Director)
- Board Prep – How using the in training exam – Drs. Stechenberg and Borden
- Subspecialty experience – elective vs. required – Dr. Barbara Stechenberg
- How to involve residents more formally on the inpatient evaluation process for medical students – Drs. Melissa Held & Priti Bhansali
- Night float curriculum and evaluations for night float – Dr, Priti Bhansali
- Inpatient Rounding- Ed Zalneraits

Program Coordinators:

- Info. from recently RRC reviewed programs –Ann Marie Healy
- APPD Spring Meeting Updates – Therese D'Agostino
- Task Force Updates – Therese D'Agostino
- Personalysis Workshop Info. - (A workshop on building/creating productive working relationships as a team) Therese D'Agostino
- Interview Day – How organized and coordinated?

The afternoon combined session addressed getting Clerkship Directors more involved, had another discussion of the resident experiencing problems and finished planning the fall meeting.

The fall Meeting was Friday, October 3, 2008 was hosted by the University of Vermont Pediatric Residency Program at the Vermont Children's Hospital

The Combined Morning Session:

Teaching and learning of professionalism and mentoring. Presentation and discussion by Robert Macauley, M.D., D. Divinity, Pediatrician and the Hospital Ethicist who teaches the medical student Ethics Curriculum and provides elective and conference teaching in ethics for pediatric residents.

Topic: Professionalism and mentoring: How to teach this in the setting of an ethics curriculum for residents and med students?

Combined Program Directors, Clerkship Directors and Chief Residents Session-Director Facilitators: Drs. Ann Guillot and William Raszka and Chief Residents Facilitators: Drs. Patty Rissacher and Jeremy Archer (Vermont)

This was an interactive session: Create brief scenarios illustrating their own challenges in the focus areas in professionalism and mentoring

Coordinators: Facilitators: Vanessa Goodwin (Vermont) and Aida Velez (UConn)

AAP Presentation re PEDIALINK. Guest presenter: Charlette Nunnery, AAP Manager E-Learning

Content. This was an informative presentation about the options and tools available via Pedialink.

- The Role of the Chief Resident in the 3rd YR (Gretchen Jones & Tiffany Nemetz)
- How to plan for an empty Chief Resident Position (Kelly Pike)
- AAP Roster & Dues issues (Rosemary Munson)
- Program Assistant role (Aida Velez)

The afternoon combined session was: **The Great Mentoring Debate of 2008**

Facilitated by **Lewis First, M.D. Professor and Chair of the University of Vermont Department of Pediatrics.**

This was very interactive session with full participation by all. It included a small amount of competition, and allowed for no postprandial napping.

The wrap up included a discussion of the role of hosting institution in planning of meeting, lead by Gretchen Jones & Tiffany Nemetz. It was confirmed the University of Massachusetts in Worcester, MA would host the spring meeting on March 27, 2009.

Respectfully submitted,

Ed Zalneraitis and Aida Velez, Regional Co-Chairs

New York/New Jersey

The NY/NJ Region held its Fall Educational Retreat on October 31, 2008 at Maria Fareri Children's Hospital in Valhalla, NY, located on the campus of New York Medical College. Attended by Program and Associate Program Directors, Chief Residents and Program Coordinators, with a backdrop of magnificent fall foliage, the day provided a wonderful opportunity to share thoughts and concerns facing pediatric residency programs before the onset of the recruitment season. Three topics of interest were discussed:

1. Inpatient Diagnoses: Complexity and Diversity:

This discussion focused on the RC's failure to define their requirements for complexity and diversity of diagnoses. People expressed concern about the RC's requirements which are poorly aligned with what patients are actually hospitalized for. Suggestions of balancing the importance of inpatient with outpatient diagnoses were discussed.

2. Community Hospital versus Children's Hospital Outcomes: Are there differences in outcome measures for residents who graduate from the two different settings?

The group generated a list of outcome measures to look at including ABP Board Scores, numbers who work with the underserved, maintenance of certification, CME, etc. Data from the ABP and ACGME, as well as a few other sources are to be used to study this question.

3. RC Citations regarding PICU Patient Numbers

Concerns about the RC's disregard for severity of PICU cases were discussed. We will be looking into the mean numbers of PICU patients per resident at residency programs in our region.

Based on suggestions made by attendees of our fall retreat, our Spring Regional Meeting will be held on Friday, April 3, 2009 at Jacobi Medical Center's Corporate Learning Center. We are looking forward to this new meeting venue, which is located in the Bronx and may actually be closer to the midpoint of our region. Meeting participants will include program directors, associate program directors, program coordinators, fellowship program directors and coordinators, as well as incoming and outgoing chief residents.

We are very pleased to announce that Dr. Susan Guralnick will be present to discuss "APPD efforts related to the IOM Work Hour Recommendations"; and Dr. Ed Zalneraitis will be presenting on the topic of "Teaching and Assessing Professionalism: Tools from the APPD and ABP." Finally, since the largest group of attendees is composed of in-coming and out-going Chief Residents, a portion of our spring meeting is devoted to discussions of topics such as Conflict Resolution, The Problem Resident, Chief Residency, and Teaching Skills For Chief Residents.

Submitted by Joel Forman, MD and Beth Woolf, MA

Southeast

Thursday, May 1st, 63 representatives of 31 programs met to discuss mutual items of interest in Honolulu at the Southeast regional breakfast.

Members of the Southeast Region agreed that the APPD does an excellent job giving new program directors an overview of responsibilities at the Fall meeting each year. Individual institutions should make a commitment to sending all new directors to the fall meeting. Discussion centered around the need for a longitudinal approach to training that provides directors with training not only in Program Director 101 but in executive leadership in regards to managing finance/funding, communicating effectively with Chairs/DIO, Medical School administration and medical education. There was recognition that the program director is the leader of the educational team. Training would help keep focus/enthusiasm and recognize that the program director position is a chosen career path. Several approaches were discussed.

- Two Components – Executive leadership and Education
- Begin with Nuts and Bolts with academic progression to some sort of credentialing - similar to Ambulatory Peds leadership forum where you apply, go to sessions
- Cost Friendly –
- Combination Educational component that we need but are not trained in as well as Administrative

Possible Methods of Implementation:

- Suggested intensive 10 day face to face training
- APPD collaborate with an educational institution to explore Master's degree – use some elements of degree programs in education - bulk discount with guarantee of participation – receive CME as well
- A 12 month curriculum – CME credit
- Online training with occasional face to face meetings
- Add an additional day to annual APPD meetings for director development

An area of continued interest is procedural competence vs. procedure numbers. How do you determine residents are competent? Some hospitals require a list of procedures residents are competent to perform. One program has a procedure month during the intern year that focuses on procedures ACGME requires competence in. They are compiling information regarding numbers logged and self perception of level of competence. Compiling data to assess numbers of a procedure needed by their residents to feel comfortable in performing. One program has residents apply for competence after completing a number of selected procedures. An attending then watches them perform the procedure and signs their application of competence. Simulation labs are another alternative. They have a curriculum list supervised by faculty. Helps identify those who are struggling.

Another area of interest was Chief Resident training. There is not much formal training. There are a few Leadership Training Camps that focus on teaching skills and interactions with various levels of hospital and program level personnel. The need to keep personal professional goals moving forward is important. One program allows Chief Residents to dedicate a defined period of time each week to specific professional interests. Others have Chief Residents choose a project for the year and present grand rounds on the content of the year. Chief Residents were encouraged to participate in the listserv for Chiefs.

Best practices of resident recruitment were discussed including geography, website development, promotional dvds, target groups and various incentives. It was suggested that recruitment efforts target clerkship directors, COMSEP and Pediatric Interest Groups.

Sub-Groups within the region will continue to meet midyear after the annual meeting. The western portion of the region (LA, MS, Central and West TN, AR, UAB) meets in the fall in Memphis, GA programs along with UT Chattanooga meet in late summer and Florida programs meet every other year.

Southeast Region members who were available on Wednesday morning prior to the Grassroots forum met to discuss items of interest. Topics discussed included Faculty development and appraisal, configuration and effectiveness of Curriculum/Education committees, Procedural competence and caps to admissions and crosscover.

Program Directors, Chief Residents and Coordinators from a variety of programs participated in a regional conference call on Tuesday, January 26. Topics discussed included:

- General financial concerns for programs – faculty loss, educational programs for residents, funds for lunches and perks, membership fees. Most programs have not been, at this point, adversely affected by cut backs. A few have seen cuts in travel and foresee cuts to conference lunches and other perks. There are concerns about future faculty losses.
- Patient number caps on inpatient services and who cares for patients once cap is reached. Several programs do have caps of 8 and 10 patients per intern. Once the cap is reached patients go to a hospitalist service. Hospitalist services vary in size program to program.
- Advocacy rotations – Discussed a model in which a faculty member with significant interest put together a month long rotation culminating in resident community projects.
- International Rotations for residents – Most applicants are interested in and ask questions about program commitment to offer international rotations. Several hospitals pay resident salaries for 1-2 international rotations throughout residency. Rotations range from program sponsored in designated locations to individually planned rotations.
- Help for poor test takers – Need to identify and begin help early in residency.
- What are site visitors looking for – two programs recently had site visits and discussed the focus of their particular reviewers. Each program had totally different experiences. One reviewer had great interest in transfer letters and documentation in individual files but little interest in documentation of competencies or numbers. The reviewer of the second program seemed more focused on procedure logs and duty hours.
- Cultural sensitivity training – discussed curriculum located on pulmonary website http://support.mchtraining.net/national_ccce/index.html

The Georgia programs met in the fall. Programs in North Carolina meet each spring at the AAP offices. The programs within a six hour radius of Memphis generally meet each fall but were unable to meet in the fall of 2008.

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

Southwestern Region

We will try to provide help to programs in the Southwest Region who may have any opening after the match. Our annual meeting at APPD is always very interactive and successful. We look forward to exploring the possibility of a regional workshop on “Teaching Residents To Teach.”

Respectfully submitted,
Surendra K. Varma, MD, FAAP, FACE

Western

The APPD Western Region held their regional meeting on October 17, 2008. The meeting was held at The Children’s Hospital in Denver, CO. Adam Rosenberg, MD, and the University of Colorado Pediatric Residency Training Program staff hosted. Attendees at the meeting included 5 chief residents, 5 coordinators, 2 associate program directors and 8 program directors. There was discussion of the APPD’s initiative regarding development of

program directors and feedback was sent to the Ad Hoc group working on this project. The meeting took advantage of its location and had a presentation on the status of the R³P project from Doug Jones, M. An active discussion ensued and presentations were made of innovative projects that were happening at each institution that meet some of the objectives of R3P. There was also discussion of possible collaboration opportunities within the region. The group determined that a useful collaborative project would be one that could create and validate an outcome tool that could be used across training programs to identify competency in areas such as interpersonal and communication skills or professionalism. On behalf of the region, Dan West, MD, Program Director at the University of California at San Francisco, has submitted a proposal for the 2009 cycle of APPD Special Projects Grants and the region plans to meet at the Spring meeting in Baltimore to continue moving the project forward. Despite the geographical barriers of region X, we plan to successfully implement this project!

Fellowship Directors' Activities

Beginning in May of 2008, a Board position was created for a Fellowship Director. This position will hopefully strengthen the relationship between fellowship directors and the APPD, realizing that this subgroup of our membership has a different set of needs than categorical program directors. Along these lines, the Fellowship Director Board Member will help to coordinate the track for Fellowship Directors at both our Spring and Fall Meetings. Our Spring Forum for Fellowship Directors will include updates from the ABP, ACGME, NRMP, CoPs, and ERAS. Additionally, we will provide Fellowship Directors with instruction on using the APPD Share Warehouse, discussions of ILPs and a session on how to survive current site visits. Future goals of the Fellowship Board Member will be to survey the membership to determine the best ways that the APPD can serve this growing population of members.

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

Forum for Associate Program Directors

The Forum for Associate Program Directors is pleased to report the following accomplishments for the past year (2008-2009):

- 1. Grassroots Forum session in Hawaii Spring 2008** - There was approximately 70 attendees at the forum. This session was facilitated by Keith Mann and Nancy Spector. The format of the session was as follows:
 - Review of the history and goals of the forum
 - Review of the structure of the APPD- highlighting opportunities for professional development topics desired by the group
 - Discuss "Hot topics"
 - Plans for the upcoming year.
- 2. Forum session Virginia Fall 2008** - There was a session for Associate Program Directors (APDs) on "Roles of the APD" facilitated by Monica Sifuentes and Nancy Spector. There were approximately 50 attendees.
- 3. Forum leadership** - During the forum session in Hawaii the participants agreed upon a structure for the succession of leadership of the forum. Forum co-chairs will serve a 3 year term. Each year there will be the addition of one new co-chair (3 in total). Each year one co-chair will rotate off. Potential co-chairs will be nominated and voted on by the forum membership. The goal is for the more experienced co-chairs to mentor the new co-chairs in the activities performed by the co-chairs- in an effort to provide professional development. This past year, nominations were solicited and 2 new co-chairs were selected - Aditee Narayan and Marsha Anderson. Either Keith Mann or Nancy Spector will rotate off this upcoming year.
- 4. APPD Regional Co-Chairs** - In an effort to improve involvement of the APDs in APPD activities, the forum membership requested that each region have an APD as co-chair. This request was approved by the board. It is believed that all the regions have a co-chair.
- 5. APPD Task Force Co-Chairs** - In an effort to improve involvement of the APDs in the APPD activities, the forum membership requested that each APPD Task force have an APD as co-chair. This request was approved by the board. The Task Forces have not chosen co-chairs to date.
- 6. APD Sponsored Workshop at the Annual Spring Meeting-** The forum membership decided to sponsor a workshop annually for delivery at the Spring Annual meeting.

Goals of this project are:

- More experienced APDs to mentor less experienced APDs in the development of a workshop
- More experienced APDs to mentor one APD to lead the group
- Develop a workshop for APDs that would address one of the professional development needs identified at the Hawaii Grassroots Forum

Accomplishments:

- A call for participation was sent out by the co-chairs of the Grassroots Forum, Nancy Spector and Keith Mann, and there were 5 responders: (Aditee Narayan – Duke Children’s Hospital, Marsha Anderson – Denver Children’s Hospital, Glenn Stryjewski – Thomas Jefferson/AI DuPont Hospital for Children, Priti Bhansali – University of Connecticut, Sherry Sakowitz – Brookdale, Satid Thammasitboon – West Virginia University)
 - Aditee Narayan was chosen as the group leader
 - The group has had weekly conference calls over the last several months
 - A workshop topic was chosen “Managing from the Middle: Improving Leadership Skills for Associate Program Directors”
 - A workshop abstract was constructed, submitted, and accepted.
 - Workshop preparation is in progress
 - The group is being mentored by Keith Mann, Nancy Spector, and Christy Corriveau, an expert in facilitating leadership workshops (Children’s National Medical Center)
 - The APD board agreed to pay for materials required for the workshop
 - The same workshop has been submitted to the Annual Meeting of the Association of American Medical Colleges
- 7. Construction of Template for APD job description** - The forum membership identified a need for a template for an APD job description. This project has been led by Marsha Anderson. A draft of the template will be presented at the forum at the Spring Meeting in Baltimore.
- 8. Addition of APD Names and Email Addresses to the APPD Website** - The forum membership has requested that APD names and email addresses be added to the APPD website. This request was approved by the board. To date, the names and addresses have not been added.
- 9. Planning of Forum for Spring Meeting in Baltimore** - Keith Mann, Nancy Spector, Aditee Narayan and Marsha Anderson have been involved in the planning of the Forum for the spring meeting. The session will focus on mentorship needs of the group.

Respectfully submitted,

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

APPD Awards

Robert S. Holm, MD Leadership Award

2004 Recipient: Carol D. Berkowitz MD
2005 Recipient: Kenneth B. Roberts, MD
2006 Recipient: Edwin L. Zalneraitis, MD
2007 Recipient: Frederick H. Lovejoy, Jr., MD
2008 Recipient: Stephen Ludwig, MD
2009 Recipient: Richard Shugerman, MD

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

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

2004 Recipient: Carol Carraccio MD
2005 Recipient: Gail A. McGuinness, MD
2006 Recipient: Theodore C. Sectish, MD
2007 Recipient: Julia A. McMillan MD
2008 Recipient: Robert McGregor, MD
2009 Recipient: Joseph Lopriato, MD, MPH

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

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

2005 Recipient: Jeri Whitten, C-TAGME
2006 Recipient: Aida Velez, MEd
2007 Recipient: June Dailey, C-TAGME
2008 Recipient: Mary V. Gallagher, C-TAGME
2009 Recipient: TBA in Baltimore

Special Projects Funded by APPD 2005-2009

Updates on several of these projects may be found on pages 23-26 of this Report.

The following projects are being funded in 2009:

Assessment of Work-Life Balance among Pediatric Residents

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

Development of a Reliable and Valid Structured Clinical Observation Assessment Tool

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

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

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

The following projects were funded in 2008:

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

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

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

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

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

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

Developing Proficiency in Resident Intubation Skills

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

The following projects were funded in 2007:

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

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

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

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

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

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

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

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

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

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

The following projects were funded in 2006:

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

Investigator: Lisa Chamberlain, MD, MPH
Clinical Instructor in Pediatrics
Director of Community Health and
Public Service Concentration
Stanford University School of Medicine
750 Welch Road, Suite 325
Palo Alto, CA 94304
Funding: \$10,000

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

Investigator: David T. Price, MD
Associate Professor, Pediatric Residency Program Dir
East Tennessee State University
Department of Pediatrics, P.O. Box 70578
Johnson City, TN 37614-0578
Funding: \$7,500

Overcoming Obstacles to Resident Education on a Busy Clinical Service: A Model for Web-based Learning

Investigator: John Kheir, MD
Chief Resident, Cincinnati Children's Hospital
333 Burnet Avenue, M.L. 5018
Cincinnati, OH 45229
Funding: \$7,500

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

Investigator: Jennifer A. F. Tender, MD, IBCLC

General Pediatrics, Children's National Medical Center
111 Michigan Avenue, NW
Washington, DC 20010
Funding: \$7,500

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

Investigator: John Patrick T. Co, MD, MPH
Massachusetts General Hospital for Child and Adolescent Health Policy
50 Staniford Street, Suite 901
Boston, MA 02114
Funding: \$10,000

The Pediatric Emergency Medicine Patient Perception Survey: Development of an Instrument to Measure Patient Perception with Medical Care Delivered by Resident Physicians in a Pediatric Emergency Department

Investigator: Deborah C. Hsu, MD
Associate Fellowship Director
Assistant Professor, Pediatric Emergency Medicine
Baylor College of Medicine, Texas Children's Hospital
6621 Fannin Street, MC 1-1481
Houston, TX 77030
Funding: \$7,500

The following Projects were funded in 2005:

Structured Clinical Observation: A Collaborative Study of Direct Observation of Residents

Investigator: Ellen K. Hamburger, MD
Children's National Medical Center
Office of Medical Education
111 Michigan Avenue
Washington, D.C. 20010
Funding: \$9,791

Reforming Pediatric Procedural Training: A Proposal to Develop an Evidenced-Based Curriculum

Investigators: Michael Gaies, MD and Shaine Morris, MD
Children's Hospital Boston
300 Longwood Avenue
Boston, MA 02115
Funding: \$20,000

Design for a Pediatric Resident Curriculum and Evaluation Tool in Pediatric Resuscitation

Investigator: Julia McMillan, MD
Pediatric Residency Program Director
Associate Dean for Graduate Medical Education
Johns Hopkins School of Medicine
600 North Wolfe Street, CMSC 2-124
Baltimore, MD 21287

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

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

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

Special Project Updates

Developing Proficiency in Resident Intubation Skills - *Funded 2008*

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

In pediatrics, intubation proficiency is assumed when the provider can successfully intubate more than 80% of the time but in their study, Falck, et al., reported that none of the resident groups met this pre-established definition of technical competence (Falck, AJ, et al., Pediatrics, v112 No. 6; 2003). To teach intubation skills to new residents, many programs use coursework developed by the Neonatal Resuscitation Program (NRP) coupled with practice time in either simulation or intubation labs. In 2007 we reported that over ten opportunities may be needed for the average resident to acquire intubation proficiency and we have since observed that the learning process to acquire intubation proficiency appeared to follow a categorical rather than incremental trajectory (SPR 2008). This latter finding is important as it suggests that the training time might be significantly reduced if the elements associated with the categorical learning process were well understood and a viable remedy applied. To assess achievement of the '80% likelihood to intubate more than 80% of the time' we use conditional probability (Bayes Theorem) to predict the likelihood that the intubator is either a novice or proficient in the skill. Our preliminary observations suggest that major impediments to the acquisition of intubation skills involves the proper recognition of oral-pharyngeal structures in the living patient and the relative inability of any trained intubator to easily point out these structures to the novice intubator in real time. Our proposal is to demonstrate that the use of video libraries of actual neonatal intubations, coupled with coaching of the novice intubator with real-time video obtained while using standard intubation tools, will significantly reduce the number of opportunities needed to acquire intubation proficiency and to increase patient safety by reducing the number of intubations and their subsequent attempts resulting from prior intubation failures. If successful, this approach is economically feasible for many pediatric programs to adopt (cost per video setup using standard laryngoscope blades for less than \$750 versus over \$10,000 for commercially available video laryngoscopes that require proprietary intubation tools) and its use could be easily integrated into existing intubation training programs.

Interim Progress Report:

Validating the Use of Bayes' Theorem as a Predictive Tool for Intubation Proficiency

We elected to use Bayes' Theorem instead of more conventional deterministic statistical approaches due to the particular standards to which pediatric programs are asked to assess intubation proficiency (80% likely to successfully intubate the (next) patient as proposed by Falck, AJ, et al., 2003). Our application of Bayes' Theorem is not strictly rigorous – the individual is presumed to be a novice whose skills, through learning, are expected to improve. Thus, we are attempting to discriminate between two fixed, but dissimilar populations; rather we are testing the same individual over time in an effort to determine if they are, in fact, proficient.

To validate our use of the Bayesian approach, we examined the actual outcomes of provider's following intubation attempt at several arbitrarily chosen likelihoods to be proficient. Using this approach, we were able to determine that an individual with at least an 80% likelihood to be proficient had a greater than 80% success rate on their next attempt. In contrast, those whose likelihood to be proficient were found to be less than 70% likely to be proficient, had a much higher failure rate than the standard would allow (ie, they failed more than 20% of the time on their next attempt). Taken together, these findings are consistent with the notion that our Bayesian approach is a reasonable predictive tool for resident intubation proficiency.

Use of Video Libraries and Recursive Intubation (manikin) Training

At Duke our traditional approach for resident resuscitation training had been to do an intensive training program at the start of the residents' internship year (Neonatal Resuscitation Program, NRP). Opportunities to continue with simulation training during the resident's ICN rotation were made available through the year.

Using the data collected from internship years starting in 2005 through 2007, we established a three year baseline from which we have begun our cohort controlled study on the effectiveness of monthly re-training using both the traditional manikin tools as well as video libraries of actual neonatal intubations. The control cohort displayed a 45% success rate by incoming interns in July. This rate of success steadily declined each month to the point that no successful intubations were logged over a three year period by the pediatric interns in the ICN. In the summer of 2008, we started our intervention program whereby each incoming intern group was exposed not only to the manikin simulators but also to the video tapes. Although we have only one internship group in the testing cohort,

our preliminary findings indicate that in contrast to the prior three year's experience, there was no fall-off in resident intubation success rates over the first six months. These findings suggest that the use of even simple video intubation libraries, coupled with traditional manikin simulators, may be helpful in the acquisition of intubations skills.

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

We have recently provided evidence that over ten intubation opportunities (ie, different patients requiring intubation) may be needed before intubation proficiency is attained (Katakam, 2007). We recently showed (Katakam, 2008) that the learning process for intubation proficiency was not incremental, rather it occurred almost as an epiphany or as an 'ah ha' moment. This latter finding suggested that once the novice intubator gained an essential 'mind's eye view' of what to expect, subsequent attempts to intubate were often successful (Katakam, 2008). This pattern for learning suggests that examination of the success pattern of even the first two attempts to intubate by a novice or a provider whose competency is uncertain, could provide insight into their likelihood to become proficient or possibly even the number of opportunities needed to attain proficiency.

Using currently collected data we examined the success rates of each provider resulting from their first two attempts. We grouped the intubation outcomes as follows: Missed Both; One Success; Both Successful. Our preliminary data suggest that those providers that missed their first two attempts would, on average, require more than 10 opportunities before they would demonstrate proficiency whereas those providers that were successful on their first two attempts would require only 5-6 opportunities. These preliminary findings suggest that the implementation of newer learning stratagems might not require a full three year's of data on an individual, rather evaluating only the individual's first two opportunities obtained following a new learning paradigm might be needed.

Development of New Video Learning Tools

A. Video laryngoscope

We have successfully developed a video laryngoscope that can be made from a standard Miller blade used throughout the United States (both fiberoptic as well as incandescent videoscopes). These scopes, in contrast to the current commercial products (\$18,000 to \$60,000), can be manufactured for less than \$500.00. We are presently working with the FDA to get the necessary clearance for clinical testing.

B. Stereo videos

We are in the prototype development phase to create stereo videos of neonatal intubations obtained not from the viewpoint of the intubation blade (as above) but from the perspective of the intubator. These 3D videos should be available by the end of this year.

C. Wireless intubation videos with Laser Designator

We have developed a working wireless, battery operated, color videoscope than can also be attached to any Miller blade (see above). This new prototype includes a novel laser designator whereby the instructor, while viewing the real time videos, can 'direct the play' of the novice intubator through the use of a common reference point in the patient's oropharynx (ie, the low power, eye-safe laser dot).

D. Video Coaching

In a preliminary study we have found that 2/5 novice intubators successfully intubated a manikin (within AAP time guidelines) during their first attempts to do so. Using VoiP Bluetooth instructions from an experienced intubator, 4/5 novice intubators successfully intubated a manikin (within AAP time guidelines) during their first attempts to do so. These preliminary data suggest that video coaching may be an effective tool for training and that videolaryngoscopy, if performed with a wireless device connected to a computer with broadband internet connections, may be useful under more general 'field conditions' as well.

In conclusion, we are continuing to pursue the development of neonatal intubation training strategies. In addition to those mentioned above, we are also working on a 3D computer model that could provide realistic intubation opportunities in a 3D, force-feedback, virtual environment. When successful, it is our hope that these new tools, while significantly reducing the learning time to acquire this essential skill, will also significantly reduce the number of excess providers needed to intubate a given patient (improved patient safety) as well as provide the means by which the current intubation skill level of a provider no longer in a residency environment could be accurately determined.

**Self-Directed Learning and Individualized Learning Plans (ILPs):
Predictors for Success and Implications for Program Directors - Funded 2008**

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

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

Specific Aims:

Primary Aims

1. Assess learner attitudes surrounding self-assessment, self-directed learning and ILPs.
2. Determine which learner and residency program traits are associated with resident self-directed learning efficacy, the primary outcome.

Secondary Aim: Determine what residents and program directors perceive to be advantages and challenges associated with developing and implementing an effective ILP.

We hypothesize that learner-specific and program-specific factors are associated with the efficacy of self-directed learning in pediatric residents.

Methods: We propose a national cross-sectional web-based survey of pediatric residents and program directors at multiple training programs. The resident survey will include demographic questions (gender, subspecialty preference, practice site preference, year of training), and scale items intended to assess self-directed learning efficacy as measured by progress toward achieving previous learning goals, confidence in self-directed learning abilities, learning style, propensity toward lifelong learning, previous experience with self-assessment and self-directed learning, and perceived advantages and challenges associated with ILPs. The program director survey will elicit information about program demographics, the program's use of ILP, and the existence of programmatic support for self-assessment and self-directed learning.

Analysis: Descriptive analyses of the learner and program director surveys will characterize the distribution of learner and program traits for Aims 1 and 3. Aim 2 will be addressed with bivariate tests and multivariate regression methods for multilevel data that will be used to estimate and test for the presence of associations between learner- and program-level traits and the **primary outcome (self-directed learning efficacy)** while controlling for residual within-program correlation. **Potential predictors of self-directed learning efficacy include learner-traits (learner demographics, confidence in self-directed learning abilities, learning style, propensity toward lifelong learning and previous experience with self-assessment and self-directed learning) and program traits (program demographics, programmatic support for self-assessment and self-directed learning.)** Our anticipated sample of at least 15 programs and at least 225 learners will allow fairly precise inferences for all three Aims—e.g. for the standardized regression coefficients in Aim 2, the 95% confidence interval half-widths should be less than 0.21 units for program traits and less than 0.15 units for learner traits.

II. Project Progress

- a. 46 residency programs have enrolled in the study. (The number of programs enrolled in the study exceeded our anticipated sample size of at least 15 programs)
- b. In addition to IRB approval from UC Davis (the PI's institution), 28% (13/46) of programs received additional IRB approval from their home institution (where the PD at that site serves as the site PI).
- c. Data collection has been completed on all but 1 residency program – that program's data collection started on March 20, 2009 (today) and will close on April 19, 2009.
- d. Thus far, the response rate is 58% (972/1684) from the resident survey (not counting the program which just started data collection today) and 100% (46/46) from the program director survey. (The number of residents enrolled in the study exceeded our anticipated sample size of at least 225 programs.)
- e. Data analysis is currently underway. Preliminary descriptive analyses are complete (but will need to be rerun once the final program results are in). Bivariate and multivariate analyses are currently underway.

-
- f. The study has been accepted as a platform presentation at the joint APPD/COMSEP conference in Baltimore, MD and results will be presented on April 30, 2009.
 - g. We will write and submit a manuscript based on the results of the study.

**Impact of a Curriculum on the Use of Interpreters On
Resident Interpersonal and Communication Skills with
Limited English Proficiency (LEP) Patients** *(Funded 2008)*

Tara S. Williams, MD, FAAP
Case Western Reserve University

The curriculum implementation and data collection phases of the project have been completed. Information related to the project will be presented as a workshop at the 2009 APPD/COMSEP meeting. Data analysis is on-going and I hope is to have the analysis complete by September 2009. I plan to present the project as a poster for the 2010 APPD meeting.

**The Impact of an Interactive Web-Based Module on
Residents' Knowledge and Clinical Practice - Funded 2007**

Shilpa Sangvai, MD, MPH, John Mahan, MD, Nancy Pudlo, MD,
Kadriye Lewis, EdD and Srinivasan Suresh, MD, MBA

Background: Web-based learning has gained popularity in residency training. Few studies have evaluated instructional methods within web-based learning and little is known on the impact of web-based learning on knowledge retention and clinical practice.

Objective: The purpose of this study is to determine the effectiveness of an interactive web-based module (WBM) on medical knowledge (MK) acquisition and retention and clinical practice by residents.

Design/Methods: This study used an interactive WBM on injury prevention (IP) as an intervention to improve residents knowledge and clinical practice. Pediatric residents (n=57) from three levels of training were enrolled from three continuity clinic sites and randomized to complete an interactive WBM or a non-interactive WBM of identical content. Outcomes were acquisition and retention of MK, measured by pre- and post-tests, and change in clinical practice. Videotaped well child encounters (VE), evaluated before and after the intervention, were used to define clinical practice. A score was assigned (0-5 for infants and children; 0-4 for adolescents) to each VE based on the number of IP topics discussed by the resident.

Results: 57 residents completed the modules. The control group had better post-test scores (mean 90.36) than the intervention group (mean 87.76), even after adjusting for year of training and pre-test score ($p=0.036$). 37 residents completed the 7 month post- test, with scores which were lower than the immediate post-test (mean 68.75 and 72.86 for the control and intervention groups, respectively) and with no significant difference between groups ($p=0.217$). There were 156 pre-intervention and 160 post-intervention VE obtained with 36 residents having both scores. Pre-intervention scores (mean 0.84 +/- 0.89) were slightly higher than post-intervention scores (mean 0.66 +/- 0.89) and there was no difference in post-intervention VE scores between groups ($p=0.161$).

Conclusions: There were no significant differences in knowledge retention or clinical practice between the instructional methods and the non-interactive format was more effective in promoting knowledge acquisition. This study is significant because it compared instructional methods within similar media and measured clinical practice by direct observation, both of which improve study accuracy. Our findings suggest that additional methods need to be used with interactive web-based learning to optimize its effectiveness.

Communication with our Membership

Communications Director, Jerry Rushton, MD, MPH

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

For 2009, we hope to build on this with a redesign of the website to connect APPD members. As we have continued to grow- especially with fellowship directors, associate PDs, and new coordinators and PDs, we strive to keep the whole group connected in addition to the development of subgroups within the organization and website. We also want new members to quickly find information and get involved. With so many important new initiatives and communications around vital proposals like the IOM Duty Hours report, we will continue to develop listservs, teleconferences, websites, regional and national meetings to connect to members with our shared strengths.

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

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. We have jointly developed goals and objectives and are working on learning activities and a survey of current practices for program directors and clerkship directors. In addition, members of our task force are representing us working on curriculum for Residents as Teachers, Breastfeeding, Medical Home and Dental Care. This past year, we sponsored a successful workshop at the APPD annual meeting regarding curricula to address the Professionalism competency and we have a workshop for this year with the same focus. We plan to continue to annually sponsor a curricula innovations theme based workshop. We are looking forward to our combined task force meeting with COMSEP in Baltimore where we plan to further refine the subinternship curriculum with input from both groups. We also have a full agenda planned for our APPD Task force meeting, with updates from members and invited guests on ongoing curriculum initiatives.

Evaluation

The Spring Meeting in Hawaii was a great start to a new year for the Evaluation Task Force. The meeting included an educational session on 360 Evaluations led by Dr. David Melamed. This was followed by a lively discussion of how these types of evaluations can be used to create a 360 profile of our trainees. This meeting stimulated renewed interest in the Task Force. This year has been spent in identifying this interest and preparing for future projects. Discussions are ongoing with the leaders of the COMSEP Task Force. Currently plans are being made for the joint meeting in Baltimore.

Faculty Development

The faculty development task force continues to participate in implementing the strategic plan and annual meeting planning. The task force will have a pre-conference workshop “ Followership: The Lost Art of Playing Second Fiddle.” While many of us aspire to be leaders and managers, we all-at one time or another-have been followers. And, we all will be so many more times in the future! It takes the proper skills and attitudes to be an effective follower. Poor followership can make good leadership virtually impossible. This workshop is devoted to the art of following. This workshop will help us learn how to make the second fiddle sound as sweet as the first violin. We will continue to work on the mentorship program. During the meeting our task force will explore new and innovative techniques for faculty development. We will also continue to work in collaboration with COMSEP.

Learning Technology

Our task force has continued to work in several arenas! We have continued to add to our group’s contribution to reviews on the Learning Technology Resource Center within the Share Warehouse and continued to garner further contributions for reviews from all members. With help from several of our members, Raj Donthi presented a workshop presentation on Learning Technology Survival Tips (“LT 101”) at the fall meeting. Our group continues to be active in the development of various technology based aspects of the APPD L.E.A.R.N. and Share Warehouse.

We are now working together to create a cumulative bibliography of Learning Technology based articles and literature resources for members to access. Additionally, we are actively partnering with our colleagues in COMSEP to find technology based solutions to help learning across the continuum of pediatric education. Through more collaborative efforts, we are hoping to strengthen this partnership with more activity generated by our upcoming Spring meeting.

We continually are seeking learning technology vendors to display products at our annual meetings, and also seek to generate 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 2008-09 academic year centered around two areas:

1) Survey Policy and Review: Since the Spring APPD meeting of 2008, three surveys have been submitted for review for circulation to the membership, with one receiving approval (“Setting Standards Across the Educational Continuum” sponsored by the AAMC and Carol Carraccio). The goal of survey review is to increase the quality and appropriateness of survey research in which the membership participates, and to maximize the chances that the survey findings contribute to pediatric graduate medical education in a generalizable way.

2) Collaboration in Research: Task force members Dr. Su-Ting Li (PI), Associate Program Director, UC Davis, and Dr. Daniel West, Program Director, UCSF, received a special projects grant for their project “*Self-Directed Learning and Individualized Learning Plans (ILPs): Predictors for Success and Implications for Program Directors.*” With the help of several task force members, the project was described at each of the regional meetings held at the 2008 Spring Meeting in Hawaii, facilitating program recruitment for participation. Data collection was completed in late 2008, the results of which will be presented at the 2009 Spring Meeting. Task force members hope that this project helps encourage members to both develop and participate in other multi-institutional projects that help improve pediatric graduate medical education.

Interactions with Liaison Organizations

Professionalism Project with the American Board of Pediatrics (ABP)

Professionalism - Next Steps

Robert McGregor, MD

The combined efforts of the American Board of Pediatrics Foundation, American Board of Pediatrics Program Directors Committee and the Association of Pediatric Program Directors (APPD) resulted in the program director's guide "Teaching and Assessing Professionalism." Many APPD members attended the combined APPD/ABP Program Directors session introducing the guidelines and beginning an organized approach to their potential implementation.

John Frohna (who edited the guide) in conjunction with Rob McGregor have been invited to co-chair a special topic symposium at this year's Pediatric Academic Societies Meeting in Baltimore entitled: Promoting Professionalism Across the Medical Education Continuum. In preparation for this high level exposure for the APPD, John and Rob have been re-reviewing the literature and have recruited Gail McGuinness from the ABP, Bill Raszka from COMSEP and Joe Lopreiato from the Uniformed Services University of the Health Sciences to join forces with them.

Many of our APPD members volunteered to participate in workgroups to implement and study professionalism education and assessment. Conflicting agendas have delayed our initially intended organized approach. We are now eager to take the next steps including the potential for multi-center studies involving professionalism education. John and Rob are currently surveying those "volunteers" to define the current status of professionalism activities among these self selected program directors.

The proposed work groups moving forward include:

1. Use of the guide as a tool for assessment of professionalism
 - Developing specific assessment tools
 - Reliability and validity of tools
2. Use of the guide for teaching professionalism
 - Didactic instruction of content
 - Experiential learning
3. Faculty Development in facilitating using to guide
 - Teaching
 - Assessment
4. Using the guide in developing and sustaining life-long learning
 - Across the continuum – students, residents, fellows, faculty
 - Possibly across disciplines
5. Development of resources to address lapses in professionalism
 - Institutional resources
 - Immediate interventions

This data will be shared at the Topic Symposium at the 2009 PAS and charges to the work groups will follow shortly.

Council on Medical Student Education in Pediatrics (COMSEP)

Susan Guralnick, MD

The APPD has always maintained a close relationship with COMSEP, our parallel organization in medical student education. For several years our Task Forces have been working on projects in concert with the parallel Task Forces in COMSEP, and our task force leaders have attended the annual COMSEP meetings. The Curriculum Task Forces have been working together on an exciting project, the development of Subinternship Curriculum in pediatrics. The product of this work will be presented at our joint meeting in April. This year, the culmination of a brilliant plan instituted by Dr. Robert McGregor, APPD Immediate Past President, will take place – the first combined APPD-COMSEP meeting. The two organizations have similar goals and will greatly benefit from shared ideas and resources. There will be shared workshops, platform sessions, and task force meetings. Both organizations plan to continue working as partners to smooth the transition from medical school into residency and onward. In order to

further the idea of education as a continuum, the APPD, COMSEP, APA, and CoPS will be sponsoring their first annual joint educational meeting this fall. The Pediatric Excellence in Education Across the Continuum Conference (PEEAC) will take place in Virginia, September 2009.

Committee on Pediatric Education (COPE) Meeting

November 23-24, 2008

Jerry Rushton, MD, MPH

Summary

It is important to have a seat at the COPE table as most major Peds organizations are represented. See notes below for some of the specifics. In general, I found the meeting to be more one of information sharing and there were no significant major initiatives decided at this meeting.

We discussed some issues which were interesting, although not a major part of our acute PD issues— pediatrician re-entry into the workforce, international experiences, political issues regarding children, and native American/ cultural issues. There were some interesting resources we may want to consider sharing, and several times the committee referred to Share Warehouse as a potential repository for some of these resources and materials. There were a few other discussions on diversity of workforce, GME funding, etc. that were not the major topic of discussion, but likely to be topics for future discussions. Mental health is being tabled until the next meeting and allowing the AAP committee to work on this.

See MH info: www.aap.org/commpeps/dochs/mentalhealth/docs/TFOMH%20Fact%20Sheet%202%202008.pdf

See the following link for full COPE meeting agenda and details: <http://www.aap.org/visit/COPEAgendaBook2008.pdf>

Meeting Notes

Pediatrician re-entry into the workforce is an interesting issue. There are few formal programs and most are ad hoc. Data was presented, half are returning after 5-10yr. leave. Several reasons—family (kids, elderly parents), own health, career interest changes, etc. Data here: www.aap.org/visit/COPE_reentry_1107.ppt. Also see websites: www.aap.org/reentry and www.aap.org/workforce/.

Interesting that as part of this discussion related to workforce, although part-time is more common, the general feeling is that aside from select rural/urban underserved areas and some pediatric specialties, there is not a significant workforce undersupply of pediatricians

International peds opportunities discussion was mainly on how to help organize goals, objectives, and describe outcomes (little has been done to date). Also the need to consider GME/funding issues (although it will be challenging to get much traction politically since GME funding is frozen and likely to decrease if anything) <http://www.aap.org/visit/COPEintlrecs.pdf>. May leave this as an issue that local programs face and share resources, although AAP does have significant global outreach. Some info from GHEC here <http://globalhealthedu.org>.

Discussion of politics in next Presidency--Political pessimism for loan deferment, and even GME funding may change. Unclear how this will be seen in midst of other child health measures which will likely have main AAP and national priority in new Obama administration to cover more kids/uninsured. Our focus to be proactive should be to help define what the true cost of GME is and how to continue to support residency training in wake of likely future cuts?

Culturally effective care— there are goals/objectives and resource grid which we will link to Share Warehouse <http://www.aap.org/visit/culteffectivecare.ppt>.

- Set up general common goals and objectives www.aap.org/visit/CEPC_educ_goals_2008.pdf
- Develop reflective activities and outcomes measures for residents/grads
- Set up resources, listings of opportunities www.aap.org/visit/CEPC_resources_COPE_7-16-08.xls

Other miscellaneous notes and info

- Canadian CPS members-only toolkit on mental health education www.cps.ca/english/membership/memberonly/ScreeningTool.asp www.cps.ca/english/Advocacy/MentalHealth.htm

- ALF leadership resolutions www.aap.org/moc/chapters/res2008.htm
- SDBP is conducting a national survey on behavioral peds rotation to describe the current state of training (Franklin Trimm)
- Bioethics group from ABP interested in Share Warehouse info
- Environmental health/disaster preparedness/tox (discussed previously, not much focus or time at this meeting, except Military)
- Prior presentations http://www.aap.org/visit/disaster_preparedness.ppt http://www.aap.org/visit/Military_Pediatrics_1107.ppt
- Military disaster MMHAC training <http://aapnews.aappublications.org/cgi/content/full/22/6/241-a>

Council of Pediatric Subspecialties (CoPS)

Susan Guralnick, MD

Debra Boyer, MD

CoPS has been actively working on a variety of issues related to subspecialty training. Issues that have been identified of importance include: workforce numbers, fellowship recruitment and matches, and the IOM report. Throughout the year, CoPS members have participated in conference calls addressing many of these issues. In February, the APPD sponsored a CoPS member action call regarding the IOM report. Program directors from varying specialties and regions participated in this call, helping to develop a pediatric fellowship-specific response to send to the ACGME. CoPS, APPD, APA, and COMSEP have joined forces to develop a joint educational conference aimed at educators who do not typically attend annual educational meetings. This conference, the Pediatric Excellence in Education Across the Continuum Conference, will be held in Virginia in September 2009. This is expected to become an annual event, with speaker representation by educators from each level along the medical education continuum.

Federation of Pediatric Organizations (FOPO)

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

Theodore C. Sectish, MD

Meetings

As Executive Director, I represent FOPO and present reports at meetings of the leadership (Councils, Executive Committee, or Boards of Directors) each of the seven member organizations that comprise the Federation and participate on Public Policy Council, the AAP Access Committee, the AAP Committee on Pediatric Education Conference and serve as an *ex officio* member of the Council of Pediatric Subspecialties.

Finances

By the end of our fiscal year June 30, 2009, I expect that we will be close to budgeted expense. The budget for the next fiscal year has no inflationary increase in dues because the inflation rate is essentially zero through December 2008. There are reserves that bear interest in a Vanguard Money Market Fund. Budgeted expense is similar to last year's budget will some minor variation in travel and meeting expenses. As the Working Groups and Task Forces continue to increase their activities, there may be additional future travel and meeting expense but sufficient funds exist for to meet these expenses in the coming year.

Task Force on Women in Pediatrics

The Task Force on Women in Pediatrics met in October 2008 in association with the AMSPDC Executive Committee Meeting and prior to the AAP NCE. At that meeting, the Task Force reviewed its activities and accomplishments and refocused its priority areas: flexibility in training and employment and child care. The Task Force will work in concert with the Working Groups and offer assistance where the priorities and of the Task Force and Working Groups intersect.

Members

Bonita Stanton (Chair)

Richard Behrman

Carol Berkowitz

Ann Burke

F. Sessions Cole

Mary Beth Gordon

Lindsay Grossman

M. Douglas Jones

Antoinette Laskey

Susan Marshall

Robin Deterding
Patricia Dickson
Marianne Felice
Christine Gleason

Victoria Norwood
Ken Slaw
Nancy Spector
Anne Willoughby

Joseph W. St. Geme, Jr. Leadership Award

The Federation of Pediatric Organizations is delighted to announce Kenneth B. Roberts, M.D. as the recipient of the 2009 Joseph W. St. Geme, Jr. Leadership Award. Dr. Roberts will receive this award on Sunday, May 3rd during the American Pediatric Society Plenary immediately following the Presidential Address and the Howland Award at the Pediatric Academic Societies Meeting in Baltimore, MD.

Website

The FOPO website is located at www.fopo.org. We periodically update the website and its sections: Leadership and Member Organizations, Task Force on Women in Pediatrics, Strategic Plan (and the individual Working Groups), Reports, Meetings, Links, and Contacts. Our Task Force on Women in Pediatrics and the Working Groups may utilize the website to post information related to their group activities or develop other online interactive features such as discussion boards or surveys. The website will soon feature a description of the Joseph W. St Geme, Jr. Leadership Award and a list of past and current recipients.

Strategic Plan

1. Leadership Academy Working Group

This Working Group is presenting a proposal to the PAS Planning Committee to create a Leadership Track during the PAS Annual Meeting. FOPO Leadership Academy Working Group members would be responsible for organizing and facilitating programming at PAS in the Leadership Track consisting of 2-3 mini-courses or topic symposia. Topics to be featured include Team Development, Self -Reflection, Change Management, Time Management, Financial Management, Negotiation, Strategic Planning, and Conflict Management.

Members

Robert Perelman (Chair)

Tina Cheng
Aaron Friedman
Elena Fuentes-Afflick

Susan Guralnick
Gil Liu
Robert McGregor
Kenneth Roberts

2. Positioning Pediatricians in Leadership Positions Working Group

The group, now led by Carol Berkowitz and Renee Jenkins, will prepare a list of organizations to be targeted as important organizations to have pediatricians within their leadership structure. The group will determine the nomination process within each targeted organization and the optimal strategies to position pediatricians in leadership positions. Please note that additional members are needed to join this working group.

Members

Carol Berkowitz and Renee Jenkins, Co-Chairs

Steven Czinn
Danielle Laraque

3. Graduate Medical Education Funding Working Group

This Working Group remains in the fact-finding and information-gathering stage to better understand the complexities of current funding mechanisms and the short term threats to GME funding. Several question and discussion points are a part of the discussion:

- How can FOPO broaden the understanding of GME funding within the larger pediatric community, including CMS, Medicaid, CHGME and Medicare?
- What more can we do to further galvanize our advocacy efforts and assure continued funding?
- Given the state of the economy and the recent IOM Report on Resident Duty Hours, should we begin to study GME from a financial and clinical perspective and consider innovative approaches to funding the enterprise?
- Should FOPO (and possibly NACHRI) host a meeting with an audience made up of those who know the intricacies of government funded GME programs, CEO's of children's hospitals and academic medical centers, department chairs, and program directors and discuss IOM Report on Resident Duty Hours and the

implications for GME funding, our advocacy efforts for long term sustainable funding streams, analysis of the costs of GME, and the unique aspects of pediatric GME?

Members

Aaron Friedman (Chair)

Jay Berkelhamer

Robert Kliegman

George Lister

Larry McAndrews

Arnold Strauss

4. Child Health Research Working Group

The Child Health Research Working Group has organized a Topic Symposium at the 2009 PAS meeting entitled “Child Health Research Funding and Policy: The Imperatives and the Investments that America Needs to Make for a Healthier World,” facilitated by William Hay and Mark Schleiss. The featured topics and speakers are:

- “Child Health Research Funding – Alarming Trends of the Past Decade” – Dan Gitterman
- “The Future of Child Health Research Funding – The Audacity of Hope” – Duane Alexander
- “Investment in Child Health Research – Smart Money, Well Spent: How Research in Early Life Disorders Pays Huge Dividends in Adult Health” – George Dover
- “New Paradigms in Child Health Research Funding – The Rationale for the National Pediatric Research Consortia Bill” – David Williams

Members

Mark Schleiss and Bill Hay (Co-Chairs) Elena Fuentes-Afflick

Steve Abman

Bruce Gelb

William J. Britt

Karen Hendricks

David Cornfield

Rob Lane

Scott Denne

Larry McAndrews

Sherin Devaskar

Joe Neu

Benard Dreyer

Norm Rosenblum

Gary Freed

Phil Shaul

Bruce Gelb

Lawrence Stanberry

Chris Gleason

Mort Wasserman

5. Global Health Working Group

This Working Group has reviewed the current organized activities of FOPO member organizations. The AAP has a variety of global health activities. The PAS Planning Committee has elevated Global Health to become a major theme area in its annual meeting and named Mark Schleiss, Robert Perelman, Bill Keenan, and Alvin Zipursky to lead this effort. The Global Health Working Group has identified three priority areas to focus its efforts:

- **Certification – International Pediatric Credentialing Collaborative.** The ABP is beginning an effort to foster international pediatric certification by providing the tools needed to build a certification program. The ABP has piloted In Training Examination in Italy and Lebanon. The ACGME could also export common standards of accreditation, like the JCAHO has done with its international focus. The FOPO Global Health Working Group could serve in a coordinating or communication role.
- **Global Health Rotations for Residents and Medical Students.** The Global Health Working Group recently published an article in *Pediatric Annals* about the key components of a Global Health Rotation. This group will work collaboratively with the AAP Section on Medical Students, Residents and Fellowship Trainees (SOMSRFT) to explore the efforts already in place in medical school and residency programs and catalogue opportunities and resources. In addition, they will continue their work in drafting a document that provides a description of an ideal Global Health Rotation, including provisions for housing, food, relationships with authorities, insurance (malpractice, health, evacuation, etc.) and the educational preparation prior to the rotation.
- **Development of Regional Child Health Capacity Through Sustainable Partnerships.** Bob Armstrong will lead this effort focusing on Departments of Pediatrics. They will review what institutions are currently doing and present a workshop about the method of developing these regional collaboratives.

Members

Errol Alden and Bill Keenan (Co-Chairs) Judith Palfrey

Robert Armstrong

Bonita Stanton

Richard Chinnock

Peter Szilagyi

Pedro de Alarcon

Alvin Zipursky

6. Position Statement: Health Insurance for All Children and Youth in the United States

On October 6, 2008, the Policy Statement was unveiled at a press conference at the National Press Club in Washington D.C., “Put Children First,” on National Child Health Day. FOPO joined the AAP joined forces with business leaders and philanthropic organizations. I represented FOPO and spoke about the Position Statement in a panel together with Robert Dugger (Managing Director, Tudor Investment Corporation & Advisory Board Chair, Partnership for America’s Economic Success), Renée Jenkins, M.D. (President, American Academy of Pediatrics), Joseph Minarek, PhD (Senior Vice President, Committee for Economic Development), and Sara Watson, PhD (Senior Officer, Pew Center on the States & Director, Partnership for America’s Economic Success). You may watch the press conference and read additional materials and presentations at <http://www.aap.org/advocacy/putchildrenfirst/>.

Initiative for Innovation in Pediatric Education

The Initiative for Innovation in Pediatric Education (IPE) is the entity that will implement the recommendations of the Residency Review and Redesign Project in Pediatrics convened by the American Board of Pediatrics Foundation (ABPF) on behalf of the pediatric community at large. The IPE is similarly an effort undertaken on behalf of the entire pediatric community. It has been agreed that the Federation of Pediatric Organizations (FOPO) will serve as the administrative home for this Initiative. This model provides credibility for the IPE as representing the broad interests of the pediatrics community, leverage in seeking external funding and a means for it to function independently within FOPO while reporting its activity to the Board of Directors on a periodic basis.

IPE will have a direct reporting relationship to the FOPO Board of Directors. An Oversight Committee will manage all aspects of the IPE as described in a Charter. This committee will appoint a Review Committee to evaluate proposals for consideration and will report to the Executive Committee. A Project Support Group will provide consultation and data management in concert with experts in managing learning collaboratives.

A job search is underway for a Director of the IPE. This position is ideal for an individual with experience and commitment to graduate medical education, creativity, and proven leadership ability. The Search Committee will select among the candidates and conduct interviews of the finalists during the meetings of APPD and PAS from April 29, 2009 to May 5, 2009.

Publications List

“Federation of Pediatric Organizations: Advancing Goals of Seven Pediatric Societies.” *AAP News*, June 2008; 29(6): 30-31. This article featured a description of the overall goals of FOPO, its membership, the strategic initiatives, and its history of collaborative leadership.

“The Federation of Pediatric Organizations Strategic Plan: Six Strategic Initiatives to Enhance Child Health.” *J Pediatr* 2008; 152: 745-6. This article appeared in the Journal of Pediatrics’ Notes from the Association of Medical School Pediatric Department Chairs and described the strategic planning process and its six strategic initiatives.

“Health Insurance for All Children and Youth in the United States: A Position Statement of the Federation of Pediatric Organizations.” *J Pediatr* 2008; 153: 301-2. This article is in the September issue of the Journal of Pediatrics and features the Position Statement of the Working Group and the evidence behind elements of the Position Statement.

“Part-time Pediatric Residency Training: Principles and Practices,” *Pediatrics* 2008; 122: e938-ee944. This article is a review of part-time training: why residents might pursue part-time training, perceived obstacles, perspectives of residents, program directors and the American Board of Pediatrics, and practical models of part-time training.

“Global Health Training for Pediatric Residents,” *Pediatric Annals* 2008; 37: 786-796. This article articulates the importance of global health training experiences, an overview of current opportunities, and makes recommendations for optimizing these experiences.

“FOPO Task Force on Women in Pediatrics: Considerations for Part-Time Training and Employment for Research-Intensive Fellows and Faculty.” *J Pediatr* 2009; 154: 1-3. This article is based upon the symposium that was sponsored by the Task Force on Women in Pediatrics.

Organization of Program Director Organizations (OPDA)

Meetings: April 25 and November 14, 2008

Joe Gilhooly, MD

OPDA Chair report

Top issues of the members of OPDA:

1. MSPE release date
2. Changes to USMLE steps and release of scores vs. pass/no pass
3. Fellowship start dates
4. Duty hours, potential for more changes from IOM
5. ACGME Milestones project

Survey of OPDA regarding use of USMLE Step 2 CS:

1. Step 1 used for invitations for interview
2. Step 2 CS used the least for invitations, unless there is an unresolved failure
3. Failure does not mean much, since we assume they will pass on next attempt

ACGME: Future accreditation process will have annual submission of information allowing the site visit to focus on the quality of the learning environment: 1) quality of curricula, 2) quality of the learner's experiences with faculty, 3) volume and variety of patient care experiences, 4) attainment of educational goals measured with valid tools. Resident Survey is providing valuable data about programs. Milestones project reviewed: The groups assigned to this project are an evolution of the "specialty quadrads." Charge is to develop key indicators for each of the competencies by the end of 2009. Also will develop 2 tools for each competency and all programs will need to use these tools, potentially via the ACGME Portfolio. Will need national faculty development to effectively implement these standardized, common evaluation tools.

AAMC: Survey of schools regarding mental health issues and services. 10-25% of student body affected by mental health issues, and 33% reported that services at the school were inadequate. 59% provided services with no out-of-pocket expenses for students. Medical school enrollment is up to 18,000 (up almost 10%).

NRMP: Fewer unfilled positions (800, and 500 of these are prelim or transitional year positions), more couples (with good match rates). 13,000 unmatched international grads, 883 unmatched US Seniors. Scramble: ½ of positions filled in 4 hours and only 179 left by 6 PM. Top five factors in ranking programs: 1) academic reputation, 2) quality of supervision, 3) quality of the housestaff, 4) positive interview experience, 5) geographic location and cost of living. Top 5 factors in ranking applicants: 1) MSPE (Dean's letter), 2) Letter of recommendation, 3) USMLE scores, 4) perceived interest in the program. Straw man for standardized scramble:

1. Release unmatched applicants and unfilled positions at same time (Monday)
2. Cooling off period (Tuesday)
 - a. All would have to use ERAS
 - b. Programs would have time to review applicants and interview by phone
3. Offer positions via NRMP (Wednesday)
4. 1200-1400 on Wednesday applicants can accept or reject offers (binding commitment)

ERAS: Going through a complete overhaul after 15 years using the current technology. Instead of adapting and adding to the current software, they are changing to completely new interface technologies. An ERAS Implementation Advisory Committee has been formed to assist in the process (no one from pediatrics is represented). Goal is to be ready in July 2010 for the 2011 match.

USMLE: Moving to 2 "gateways" model. Details not yet decided, but would not be implemented any sooner than 2013.

Primary Care Organizations Consortium (PCOC) Meeting and Conference on Patient Safety and Health Information Technology

October 1-4, 2008

Clifton Yu, MD

Dr. Cliff Yu from the National Capital Consortium Pediatric Residency Program represented the APPD at the annual Primary Care Organizations Consortium (PCOC) in Washington DC on October 4, 2008. In addition to providing updates on APPD activities for the PCOC, he was also invited to speak on patient safety issues in graduate medical education during the preceding PCOC sponsored conference on patient safety and health information technology. He delivered a presentation entitled “Patient Safety Education in Pediatric GME Programs,” and served on a panel of discussants addressing patient safety education at the undergraduate and graduate levels.

Pediatric Educational Excellence Across the Continuum (PEEAC) Project

Robert McGregor, MD

The first annual Pediatric Educational Excellence Across the Continuum (PEEAC) conference has moved from theoretical to scheduled. Over the past year stemming from robust early discussions on numerous conference calls among educational leaders initially from the Academic Pediatric Association (APA) and the Association of Pediatric Program Directors (APPD) and the Council on Medical Student Education in Pediatrics (COMSEP), a steering committee was formed. The committee initially was made up of: APA representatives - Maryellen Gusic (Committee chair) and Mary Ottolini, APPD representatives – Rob McGregor and Susan Guralnick, and COMSEP representatives – Bill Raszka and Chris White. After a face to face meeting in Hawaii, numerous phone conference calls expanded this steering committee to include Vicky Norwood of CoPS. Connie Mackay and Laura Degnon have been instrumental to this process moving forward as well. We have decided to focus on any interested pediatric educator, but especially those who may not have regular access to the educational session of APA, APPD and COMSEP. The target audience includes, but is not limited to, hospitalists and subspecialty fellowship educators, as well as continuity and ambulatory clinic and clinical preceptors.

The faculty and format are nearly finalized. The date and venue immediately follows the Fall APPD meeting at the Westin Arlington Gateway September 11th and 12th. We even have a website up at <http://www.peeac.org>. This PEEAC Conference will be a perfect venue for rising educators to gain content expertise, specific teaching skills and valuable networking with like-minded clinicians. Faculty recognized for their teaching expertise from the Academic Pediatric Association (APA), Association of Pediatric Program Directors (APPD), Council on Medical Student Education in Pediatrics (COMSEP), and Council of Pediatric Subspecialties (CoPS) will facilitate workshops and small group sessions.

This exercise of planning has truly been an excellent representation of how collaborative projects can add value and resources to our APPD organization.

Coordinators Executive Committee

The year began unlike any other, this was the first year the APPD Coordinators Executive Committee included a fellowship coordinator. A fellowship coordinator will be elected to the committee every three years, enhancing the relationship of pediatric residency and fellowship coordinators across the country and allowing for additional growth of the APPD coordinators section. The participation at the fall meeting included more fellowship coordinators than in the past.

We had the advantage, as a result of the change in the roles and responsibilities of the Executive Committee Members that occurred last year, to work together as a team in the planning of the 2008 Fall meeting in Alexandria, VA and the upcoming 2009 Spring meeting in Baltimore, MD. This change has made being a part of the committee more meaningful and allowed all six members to express themselves and be part of the decision making process. The 2008 Spring meeting in Hawaii was planned by all six members of the Executive Committee and was well attended and, as you can you imagine, location may have had something to do with that. Jeopardy was a big hit and was enjoyed by all attendees, so much so, you may see it on future agendas.

The 2008 APPD Fall meeting in Alexandria, VA finished with a lunch chat session giving participants the opportunity to ask questions and share information and make suggestions for future meeting agendas. It proved to be valuable to all.

This year also brought about the development of the Coordinators listserv. Coordinators are encouraged to access it by directing an email to appd-Coordinators@listserv.appd.org.

The APPD Coordinators Executive Committee would like to encourage residency and fellowship coordinators to consider presenting at one of the annual APPD meetings. You may do this as an individual or invite others to participate and present as a group. This provides a great opportunity for professional development. Please call on any of us for questions.

Submitted by:
Valarie Collins, C-TAGME
Co-Chair, APPD Coordinators' Executive Committee
Department Director, Pediatrics Program
University of South Florida College of Medicine

Coordinator's Certification

In 2008, five coordinators took the assessments for certification; three at the spring session and two during the fall open assessment. All five were successful in completion of their tools and have been granted certification. We are extremely proud of the 100% pass rate in 2008.

TAGME offered the first round of maintenance of certification assessments in 2008. Fourteen of the initial group of nineteen applied, took the assessments, and were recertified. Three have left their position or retired. Two elected not to seek recertification.

For the spring 2009 assessments to be administered at the APPD meeting in Baltimore, there are five candidates. The open assessment in the fall will be held on Saturday, September 26 at several sites around the country. More information is available on the TAGME website.

In 2009, seven coordinators are eligible to apply for maintenance of certification.

Congratulations to Neonatal-Perinatal Medicine who, in December, 2008, received approval of their tools and can now offer certification to their fellowship coordinators. Sharon Gonzalez from Duke University chaired the Task Force, along with members Deb Parsons (Indiana University), Roberta Johnson (Advocate Lutheran), Robin Roller (Vanderbilt), and Cicily Lewis (Case Western). All five have now received TAGME certification. We are excited to have our first fellowship program up and running and look forward to more in the future. Special thanks to Kathy Miller and Sally Hollowell for their work with the Neonatal Task Force.

PedTAC (Pediatric Training Administrators Certification Council) members Jeri Whitten, Melodie Allison, June Dailey, Sally Hollowell, Kathy Miller, and Rosemary Munson continue to review and update the pediatric assessment tools and provide assistance and information to coordinators seeking certification.

In August, 2009, Jeri Whitten (Immediate Past President), June Dailey (Secretary) and Rosemary Munson (Treasurer) will complete their terms as officers of the National Board of Certification for Training Administrators of Graduate Medical Education (TAGME). Jeri and Rosemary will also complete terms on the TAGME Board of Directors and will be replaced by Sally Hollowell and Kathy Miller.

Submitted by:

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Program Specialist, West Virginia University, Charleston

Certified Pediatric Administrators

Certified 2008

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Finances

As of June 30, 2008 APPD's Net Assets = \$572,347.

Financial Overview July 1, 2007 through June 30, 2008

Support and Revenue

Dues Income	\$279,825
Meetings Income	220,323
Contribution from Mead Johnson	5,000
Other Income	2,250
Investment Income	(5,999)
Council of Pediatric Subspecialties	54,011
Total Income	\$555,410

Expenses

Membership Services	\$ 28,596
Meetings Expenses	181,277
Consultation Awards	6,209
Council of Pediatric Subspecialties	50,674
Special Projects Program	28,285
Administration, Operating, Management	179,394
Total Expense	\$474,435

Net Income **\$80,975**



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OF PEDIATRIC
PROGRAM
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