The Association of Pediatric Program Directors serves Pediatric Programs and their leadership by advancing the art and science of pediatric education for the purpose of ensuring the health and well-being of children.
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Dear Colleagues,

It has been an honor to serve as your President during this hectic and fun year. The work hours, the proposed new Pediatric Review Committee requirements, APPD LEARN, Milestones, the mentoring program, the annual meeting (full of salsa dancing!), our 25th anniversary celebration and our recent fall meeting have kept things hopping along! I suspect Bob Holm and the other founders of this association would be shocked to see the great gains and growth the APPD has made over the past twenty-five years! The APPD, while representing the member programs, is composed of a bunch of remarkable people. It is reassuring and encouraging to me that my concerns, thoughts and solutions to residency problems align so well with those of the vast majority of my colleagues. In this report, I hope to elaborate on our strategic plan and the accomplishments of the past year.

Our strategic plan was completed in the summer of 2010 via multiple Board conference calls. As a reminder, our Mission Statement, Vision and Values follows:

**Mission**
The Association of Pediatric Program Directors serves Pediatric Programs and their leadership by advancing the art and science of pediatric education for the purpose of ensuring the health and well-being of children.

**Vision**
Exemplary pediatric education across the continuum

**Values**
Innovation
Collaboration
Communication
Scholarship

These guiding statements are lofty and don’t give much information in the way of specific details. That is where the four areas of focus come into the strategic plan: 1) Programs and Membership, 2) Research and Education, 3) Leadership and Performance and 4) Collaboration and Outreach. The annual report that follows will give the details about specific initiatives, highlights of task force and regional activities and descriptions of opportunities for members. I would like to outline a few items from the strategic plan that I feel are significant in the advancement of the APPD.

In terms of programs and membership, we have grown our numbers and are assessing ways to engage and welcome new members. One successful program has been the “mentoring program” led by Nancy Spector, Keith Mann and Cliff Yu. This program began in 2010 at our Chicago meeting. It has been well received by the membership and we will attempt to continue to devote ample time to this project at future meetings. Other mechanisms the APPD uses to engage and encourage member involvement are the regional meetings and task force sessions. As many of you know, our task forces align with COMSEP’s Task Forces. The hope is that our task forces can collaborate and create meaningful products, both during our joint meetings and in-between. An example of this was the Sub-internship Curriculum from the COMSEP and APPD curriculum task forces.

This year, the APPD Board decided to modify the governance structure to some degree. This allows the board members to have definitive duties through the year and allows other tasks and projects to be given to the “Executive Committee” (President, President-Elect, Past President and Secretary/Treasurer). Javier Gonzalez is now the Chair for the Council of Task Force Chairs (COTFC) and Cindy Ferrell is the chair of the Council of Regional Chairs (CORC). They are both doing magnificent jobs. In the annual report you will find updates on the most recent activities of the regions and task forces.

Many of you have heard about APPD LEARN (Longitudinal Educational Assessment Research Network). The APPD LEARN Advisory Committee is hard at work establishing this research network. Alan Schwarz, PhD, from the University
of Illinois, Chicago’s Medical Education department is our APPD LEARN Director. The advisory committee is made up of the following APPD members: Patty Hicks, Hilary Haftel, Rob McGregor, Carol Carracio, and me. Currently, APPD LEARN is working on a pilot study related to the Pediatrics Milestones and assessment of sub-interns and pediatric interns. This project is a collaborative endeavor with the NBME. APPD members participated in a survey with regards to this project in May. Also of note, APPD LEARN is working collaboratively with IIPE to facilitate learning and research by engaging many members of the APPD. I am quite hopeful that APPD LEARN will have a scholarly product by next year at this time. Keep reading the newsletter and checking the website for ongoing updates about ways to participate.

Another exciting work in progress over this past year is the APPD Program Director School (APPD PDS) which we envision will be a nationally recognized program that provides a unique opportunity for pediatric academic leaders who have been in their role as program director for less than five years, those considering becoming a program director, or those wishing for a refresher, to engage and learn from seasoned program directors, pediatric educators, and other national leaders in pediatrics. The first step in forming the APPD PDS was to send out a call for Council Members, those individuals who will be responsible for developing and delivering curriculum for the APPD PDS. The selection committee reviewed 22 capable and competitive applicants and had the difficult task of selecting 7 Council Members. We are happy to announce the inaugural Council which consists of the following APPD members:

**Franklin Trimm, MD: Chair**  
*University of South Alabama*

**Susan Bostwick, MD**  
*New York Presbyterian Hospital/Cornell Campus*

**Grace Caputo, MD, MPH**  
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**John Frohna, MD, MPH**  
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**Hilary Haftel, MD, MPHE**  
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**Su-Ting Li, MD, MPH**  
*University of California (Davis) Health System*

**Linda Waggoner-Fountain, MD, MEd**  
*University of Virginia*

Please look for more information about Program Director School offerings in the late winter. The Board hopes that a more organized, clearly laid out “school” for APPD members will strengthen programs, allow members to successfully participate in more opportunities for growth, and encourage more members to participate in medical education research and scholarship.

Please review the following annual report for the wonderful details of your organization. Thanks to all of our members who have participated in any way. You have made the APPD a better, richer and more meaningful organization over the last year. I believe I used a reference to the “Little Blue Engine That Could” in an analogy to draw similarities between our challenges as program leaders facing the surmounting challenges of work hours, new requirements, and limited time and money to the small blue engine that tried really hard. We, too, will plug along saying “We think we can, we think we can...”. Amazingly enough, with all of the changes and challenges in medical education and GME, we can say we made it over the most recent mountains, growing stronger with each task. Thank you again.

Sincerely,

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The APPD membership dues year is from July 1-June 30. Annual dues are $1600 per accredited pediatric program, which includes the program director, one associate program director, the department chair, one pediatric residency program coordinator, and all chief residents. **Programs are strongly encouraged to add all key educational faculty/personnel. This includes, but is not limited to: global health educators, QI specialists, vice chairs of education, fellowship program directors and coordinators, etc.** There is a $100 charge for each additional individual or programs may pay $3000 for an unlimited number of individuals. APPD’s membership currently includes 196 programs, totaling 2,670 individuals.

**APPD MEMBERSHIP BENEFITS**

- Representation before national affiliates and regulatory organizations
- Special Updates on important issues facing pediatric residency programs
- Opportunity to provide input toward formulation of the APPD Official Position through surveys, forums, conference calls, discussion boards, etc.
- Access to the APPD Share Warehouse where you may search for helpful information, as well as submit your own shared documents for peer review
- Participation in APPD educational programs with discounted member registration fees
- Leadership opportunities and chance to nominate colleagues/peers for leadership roles and awards
- Career development/Mentoring Program/promotions support
- Task Force membership
- Organization at the regional level
- Available consultation grants and coordinator scholarships
- Receipt of three APPD Newsletters per year
- Monthly receipt of APPD Bulletin/update
- Notification through frequent email blasts of breaking news and issues of importance to pediatric residency programs
- Availability of discussion boards/wikis on the APPD website for communication with other members
- With prior approval, complimentary posting of “Positions Available” and/or “Meetings of Interest” on APPD website

**OUR REGIONS**

There are eight regions within APPD, broken down as follows (Please note that several programs have crossed state boundaries and participate in a different region than the one designated below for their state):

- **Mid-America**: Western PA, OH, WV, KY, IN, MI
- **Mid-Atlantic**: Southern NJ, Eastern PA, DE, MD, Washington DC
- **Midwest**: IL, WI, MN, IA, MO, KS, NE, OK
- **New England**: ME, NH, MA, CT, VT, RI
- **New York**: NY, Northern NJ
- **Southeast**: VA, NC, SC, GA, FL, AL, MS, LA, AR, TN
- **Southwest**: TX
- **Western**: CA, NV, OR, WA, AK, CO, NM, UT, AZ, HI

*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 and a coordinator; others may be selected) 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, email lists, 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, email lists, etc.) and the quality control of these products will be managed with the Chair of the Council of Regional Chairs (CoRC), the APPD Communications Director and Executive Director.
The elected Regional Chairs, the Chair of the CoRC 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 and other chairs from his/her region 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 Listserve
APPD members may communicate with others in their region through the regional listserv. The listserv will send an email blast to all members in the region or to some sub-groups (program directors, coordinators, fellowship directors, etc.) on behalf of individual members. For more information on how to utilize the regional listserv, please contact info@appd.org. Listserves are for the use of Members Only.

Regional Reports

**Mid-America Region**
The Mid-America Region had another great year! In the fall of 2010, our annual meeting was very well attended and generated wonderful discussions about the new duty hour changes, as well as a masterful debate regarding whether there is “continuity” in continuity clinic and whether changes need to be made. Concurrent sessions for program directors and for coordinators was met with enthusiasm and were very productive for both groups.

At the 2011 Annual Meeting in Miami, over 60 people participated in our breakfast meeting, which included discussions on a variety of issues including resident autonomy, solutions for night coverage, and the ever-present duty hour regulations.

We would like to give our deepest appreciation and thanks to our outgoing Regional Coordinator Chair, Jean Ashley, MSBC, C-TAGME, the Manager of Pediatric Medical Education at Kosair Children’s Hospital, Department of Pediatrics, Louisville, KY, who has served in such an excellent fashion for the last several years. We welcome Serena Silvaggio, C-TAGME, Pediatric Education Coordinator at West Virginia University, who is our incoming Coordinator Chair.

Tasks for this coming year include setting the process for awarding our Resident Research Grants, which will be awarded from our Regional Dues, as well as conducting an election for an incoming Associate Regional Chair. Our 2011 fall meeting was held on Friday, October 21, again hosted by Nationwide Children’s Hospital. We’ll report on that meeting in the next APPD Newsletter.

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

**Mid-Atlantic Region**

**Fall Meeting Highlights**
The annual Fall Meeting was held November 1, 2010 at the Milton S. Hershey Medical Center. The upcoming changes to the ACGME duty hours requirements was the key topic of interest. Small group discussions focused on issues relating to duty hours and potential solutions.

We were updated on the national APPD and APPD LEARN by Dr. Patty Hicks and on the APPD Faculty and Professional Development Task Force by Drs. Cliff Yu and Nancy Spector.

Five of our regional programs shared their creativity with us in the Spotlights on Innovation segment:

- Drs. Jennifer Tingo and Bronwyn Carlson, St. Christopher’s Hospital for Children – Curriculum on Professional Development
- Dr. Robert Olympia, Milton S. Hershey Medical Center – Pediatric Resident Career Development Program
- Dr. Brooke Shuster, Georgetown University Hospital – Public Health Curriculum
• Dr. Misha Bhat, Inova Fairfax Hospital for Children – Multidisciplinary Professionalism – A Nurse Mentoring Program
• Drs. Kristin Arcara and Megan Tschudy, Johns Hopkins Medical Center – Fostering Nursing-Resident Relationships

The 1st annual Mid-Atlantic APPD Resident Research competition was a success. Thirteen proposals from eight programs in the region were submitted. The three winning projects were presented at the meeting:
• Dr. Hanna Kim, Children’s National Medical Center – “Have Accreditation Council for Graduate Medical Education Duty Hour Limits Made a Difference? A Re-examination of Resident Mental Health, Education, and Safety Seven years Later”
• Dr. Michael Ortiz, Children’s National Medical Center – “Does a Hospital and Rotation Specific Pediatric Residency Guidebook Improve Resident Efficiency, Medical Knowledge, and Patient Care?”
• Dr. Tessy Thomas, Geisinger Medical Center – “Resident Evaluation by Patients and Families – A New Tool to Enhance Accuracy in Multi-Source Evaluations”

Spring Meeting Highlights
The regional breakfast was held at the national APPD meeting in Miami in March 2011. The new ACGME duty hours requirements were once again the hot topic on the agenda. Program representatives from the region discussed their concerns, challenges, and strategies for managing the upcoming changes. Drs. Nancy Spector and Cliff Yu updated the group on the Faculty and Professional Development Task Force.

We thanked Paul Bellino, MD and Mary Anne Wesner from Geisinger Medical Center for their service to the Mid-Atlantic region as regional program director and coordinator chairs. Their dedication to establishing the region’s Resident Research grant competition was a huge success appreciated by all. An election was held to choose Paul’s successor, and from an overwhelming pool of one candidate we elected Kelly Bradley-Dodds, MD and Jennifer Bishop from Crozer-Chester Medical Center as the new Mid-Atlantic regional program director and coordinator chairs. Nancy Spector, MD continues her term as vice-chair until the Fall 2011 regional meeting.

Submitted by Kelly Bradley-Dodds, MD, Region Chair

Midwest Region
This past year, the APPD Midwest Region held its 3rd annual fall regional meeting at St. Louis University, Cardinal Glennon Children’s Hospital on October 1-2. This allowed regional members to share ideas on core curriculum delivery in the face of the new work hours rules. This also served as an opportunity for our region to vote on the implementation of regional dues. Each program has agreed to pay $50 in dues; with a goal of utilizing funds to subsidize a residents travel costs who is presenting at the APPD meeting.

In Miami we took the opportunity to have another regional collaboration in sharing event, citing how Midwest programs are dealing with the New ACGME work hours in rotation scheduling. We had a total of fifteen programs share responses to a variety of questions. Some interesting information came out of our discussion. A few highlights:
1. All of the programs will have night shifts
2. Intern caps: the range was 8-10, with some having no caps
3. Most programs were using physician extenders (ARNPs typically) in the NICU
4. 6/14 programs are on month blocks, the other 8 on 4 week blocks
5. There are a lot of different ideas on education at night, many looking at online modules.

At our regional breakfast in Miami, we decided to have our Fall Midwest meeting at University of Chicago, September 30-October 1. We set a robust agenda addressing technology uses in residency and fellowship training. Our region continues to foster an environment of sharing for the better good of the whole.

Submitted by Stacy McConkey, Emily Borman-Shoap, Peter Smith, Ambrosya Amlong, Region Chairs

New England Region
The NPPD continues to meet twice yearly. Membership continues to include the following pediatric residency programs: Albany Medical College, Bay State Medical Center, Brown University at Hasbro Children’s Hospital, the
combined program of Boston Children’s Hospital and Boston City Hospital, Dartmouth at CHAD, Maine Medical Center, Massachusetts General Hospital, University of Massachusetts, Tufts NEMC, University Of Vermont, Yale University at Yale New haven Children’s Hospital and the University of Connecticut at Connecticut Children’s Medical Center. Co-chairs are Vanessa Goodwin, Coordinator of the University of Vermont Pediatric Residency program and Ed Zalneraitis, Program Director of the University of Connecticut Pediatric Residency program.

The Fall Meeting of NPPD was held October 22, 2010 in Providence Rhode Island at Hasbro Children’s Hospital and Women and Infants’ Hospital. This was our first effort at a combined program with the NPPD, APA and COMSEP. Participants could choose in the morning between the APA and NPPD track, and there was a combined group exercise in the afternoon. The meeting was hosted by Drs. Adam Pallant of the NPPD, Marcia Van Fleet of the APA, and coordinator Donna Glittone of the Brown University Pediatric Residency Program.

The APA track included a session lead by Dr. David Keller of the University of Massachusetts: The Affordable Care Act: Is it developing appropriately for age? This was followed by presentations of abstracts in a poster session. Concluding the APA track was a motivational session by Meghan DeAngelis, Senior Employee Development Specialist for Women and Infants Hospital: What’s my carrot? What’s yours?

The NPPD started with a session lead by Ed Zalneraitis and Vanessa Goodwin on Changing Curriculum Development: Milestones and Entrustment, and a discussion on the implementation of the new common requirements for the work environment CPR VI. This was followed by breakout sessions for Chief Residents, Coordinators and Program Directors/Associate Program Directors. The Chief Residents reviewed their progress and shared solutions to issues arising in each of the programs. The Coordinators focused on recruitment and tracking documentation of the new requirements. The Program Directors followed up on CPR VI discussion, addressed possible educational research and NPPD grants, discussed other possible uses of NPPD dues, talked about an ERAS update including the MSPE release date of October 1 in 2013, reviewed developments of the NRMP: SOAP and reviewing applicants’ match history, and revisited curriculum development with outcomes linked to safety and supervision needs.

The combined afternoon session was a workshop lead by the keynote speaker Mal O’Connor, PhD, Vice President of Center for Applied Research, entitled: How to Lead Through Change. This was discussed in context of changes to come.

The NPPD next met at the Regional Breakfast at APPD on April 2, 2011 in Miami, FL, facilitated by the NPPD Co-Chairs Vanessa Goodwin and Ed Zalneraitis. Discussions included a possible regional project in implementing a Night Team curriculum. It was agreed to further develop that concept at our regular spring meeting later in the month. Those present discussed the new regional dues and how they should be allocated, reaching a consensus to have an NPPD Committee on Regional Dues develop criteria and methodology for use and distribution of these funds. They will present this at a future meeting. The breakfast concluded with plans for the Fall 2011 and Spring 2012 NPPD meetings.

The Annual Spring Meeting was held at the University of Connecticut Pediatric Program in Hartford, Connecticut on April 14, 2011. The meeting was hosted by Program Director Dr. Ed Zalneraitis, Chair of Pediatrics Dr. Paul Dworkin and Coordinator Aida Velez of the University of Connecticut Pediatric Program.

The meeting opened with an interactive presentation by Dr. Paul Dworkin, Chair of Pediatrics at the University of Connecticut entitled: Supporting Child Advocacy and Community Child Health Education: Beyond the Dyson Years. The session focused on developing sustainable models for training residents for their roles as advocates in Community Pediatrics.

The Program Directors, Associate Program Directors, Coordinators and Clerkship Directors then had a separate discussion of a regional Project. The discussion included consideration of a Night Shift curriculum. It was agreed that members would try to adapt and implement the University of Connecticut Night Team curriculum to their programs and document the regional implementation, as required by each program. The system for use of regional dues was affirmed and Committee members were selected. Dr. Melissa Held led a discussion of a Hand-off curriculum and other elements of the revised CPR VI were discussed. The soon to be announced change in the ACGME accreditation paradigm, the NRMP Supplemental Offers and Acceptance Program (SOAP) replacing the scramble for next year’s match and possible changes in the Pediatric requirements in 2013 were also discussed.
The Coordinators shared some of the discussion above and then met separately to discuss approaches to orientation, the use of the regional dues and other identified Coordinator issues. The current and rising Chief Residents held a “nuts and bolts” session for the rising Chief Residents, and developed issues for discussion with the other groups in the afternoon.

The Fall Meeting was held on Wednesday, October 19, 2011, hosted by Drs. Ted Sectish and Bob Vinci of the Boston Combined Residency Program. It was held at the Joseph Martin Conference Center at Harvard Medical School.

Submitted by Vanessa Goodwin and Ed Zalneraitis, Region Co-Chairs

New York/New Jersey Region
The NY/NJ Region held its Spring Meeting on March 18, 2011 at the Corporate Learning Center of Jacobi Medical Center, Bronx, NY. About seventy-five Program and Associate Program Directors, Chief Residents, and Program Coordinators attended the meeting, representing twenty programs. We again started the meeting early in the morning to facilitate easy travel and parking. The overwhelming consensus was that this adjustment was very successful – everyone arrived on time and parking was easy. The facility was provided, once again, at no cost and the location central to all participants. The consensus was to continue meeting at this site in the future.

The meeting started with an open forum about the new work hour requirements. Lively discussion ensued about both the interpretation and various strategies for accommodation. Most of these issues were subsequently discussed at the national meeting (such as night shifts, night floats, night calls, etc.) While no one had the perfect solution, everyone shared their attempts to satisfy all the requirements of the ACGME while trying to promote a learning environment and trying to take care of our patients. One consistent concern was maintaining the continuity in continuity clinic. Everyone left the discussion with ideas about how to implement the new duty hour rules in their programs. We will discuss how these went at our next meeting.

The next part of our meeting was devoted to professional development. Christina Skurkis, MD, Associate Program Director at the University of Connecticut School of Medicine, previewed her APPD workshop “Diagnosing the Problem Resident.” Program Directors and Coordinators shared their experiences with this difficult subject.

Finally, we wrapped up with some business issues. Henry Schaeffer gave a quick update on the AAP perspective on key parts of the Health Care Reform Act. The regional dues system seems to work well for all members. Election results for the region were announced: Auxford Burks, MD and Elizabeth Sanchez-Rocca were elected the Co-Chairs for 2011-2014.

The fall meeting was held on October 28, 2011.

Submitted by Auxford Burks, MD and Elizabeth Sanchez-Rocca, Region Co-Chairs

Southeast Region
The Southeast Region met on Saturday morning, April 2nd in Miami, Florida as part of the 2011 APPD Annual Meeting. In advance of the meeting, the Chair and Coordinator developed a survey of possible “hot topics” that was sent out to all members in an effort to organize the discussion. Response to the survey was excellent and was very helpful in selecting the topics that were of most interest to the members.

Programs Visiting Programs:
The Chair opened with discussion of initiating a regional program for program directors and chiefs to visit regional programs to gain insights and innovative solutions to new challenges. One program described their experience visiting another to learn about education and structure of night teams in preparation for the revised 2011 Common Program Requirements. Travel expenses can be minimized if hosting is offered and trips are within the region. For the program who tried it this past year, the experience was very helpful in designing new coverage models. This would be especially helpful for newly accredited programs that are just starting a residency program. The group seemed interested and we can pursue in individual discussions or future conference calls.
**Mentoring/Advising Residents:**
Next the group commenced discussion about the mentoring/advising structures within programs. There was an interesting discussion about how these relationships are established and whether programs differentiate between the advisor and mentor role. Some suggested a “pre-survey” sent to incoming interns to elucidate career plans and match with appropriate advisors/mentors. Most work to ensure at least one advisor is consistent over the 3-years of training. For the majority of participants the “Advisor” filled a fairly formal role and was fulfilled by a member of the program leadership. Advisors routinely review evaluations, procedures, and ILPs with residents. It was stated that Advisors should have at least two formal meetings with their residents and Mentors should meet often, or as needed, in an informal meeting. One suggestion given was to use the first Advisor meeting to discuss career plans and then assign the Mentor. “Mentors” play more of a role model for the resident and help them navigate future career paths. One group has a scheduled mentor lunch on a monthly basis. Others establish the expectation that residents and mentors meet at least twice a year. Generally this is a less formal relationship and is spread broadly amongst faculty.

**Board Prep/Pass Rate:**
The next item for discussion was board preparation. One institution offered a method they use for Board Prep for their residents. They created a lecture series that based on Nelson Textbook of Pediatrics that is 1.5 years in duration. Each resident experiences the curriculum twice in their 3 years of training. Residents are tested on their medical knowledge twice each year and receive feedback on their strengths and weaknesses. Perceived test taking issues are addressed. Low performing residents receive an academic contract that outlines specific steps for improvement. Failure on the test results is a remediation plan. Others had similar plans but made use of the study guide in the PREP manual. All agreed addressing study habits early in training was important. Finally, one program suggested a second “in-training exam” with old test questions be given in February to monitor for progress over the year.

**Night Team Curriculum:**
As all programs move to day and night teamshifts for, at least, their PL-1s education for those working only in the night becomes an issue. A consortium of programs is working together to develop a pediatric night curriculum that is module based. This will be available to all programs and will be a welcome addition. One member of the group pointed out that what night residents need most is to review the decisions they made overnight with an expert source. Some programs will have in-house faculty overnight to address this issue. Others will have an early morning report for overnight residents to review their patient care decisions. Finally, a few mentioned simulations as a potentially valuable tool to develop the skills required for overnight decision-making.

**Planning for 2012:**
Prior to next year’s meeting we will plan to send a similar survey for hot topics. We will follow this up with a call for volunteers to present “best practices” that address issues relevant to our membership.

*Submitted by Betty Staples, MD and Esther Thoman, Region Chairs*

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**Southwest Region**
Dr. Surendra Varma chaired the meeting of the APPD Southwest Region in Miami, Florida. In response to discussions from previous meetings, a review of the recent resident match process and the networking for the scramble was discussed and that the process would be changing in the year ahead. This issue was closed.

The primary discussion for the region concerned the upcoming institution of the new common program requirements in July 2011, with special emphasis on resident supervision, handover, graded responsibility and promotion and duty hours. Several programs including UT Southwestern – Austin and UT Houston shared their experience with incorporating the new requirements early including initial feedback from both faculty and residents. Several programs were in the process of implementing the new requirements within a month of the meeting. Many expressed concerns for a further weakening of resident continuity of care under these new rules. Hospitalists from both Baylor College of Medicine and UT San Antonio discussed the changes enacted in these programs to ameliorate the effects by using more inpatient faculty into the evenings and overnight. A robust discussion on monitoring of handovers was held with an emphasis on the use of new technologies. Dr. McKinney from UT Southwestern shared his programs’ use of iPod Touch devices in this process, but limited use due to concerns by IT departments about security of protected health information. There was a brief discussion about night float vs. night shift.
The next topic of discussion was the recent ACGME resident survey and the concerns that the new revisions were still confusing to many of the residents who complete them. Many program directors expressed frustration at the accuracy or reliability of the information and its use during the ACGME Site Visits. Several programs were taking the opportunity to review the survey with the housestaff in order to make it clear what the questions were asking. Specific discussion involved the service vs. education questions and the difficulty in defining what was meant by these terms.

Dr. Varma then asked for reports from each institution. Highlights included:

**UT Southwestern (Dallas) – iPod Touch project and some educational offerings including videos, literature and medical illustrations.**

**Drsccoll – Providing opportunities for residents to do research and attending scholarly meetings**

**UT Southwestern (Austin) – Discussed the new relationship with the UT Southwestern program in Dallas.**

**UT Houston – Discussion of extensive nighttime inpatient curriculum (10 current modules) to address the night shift requirement of a mirrored educational experience to the daytime.**

**UTMB – Announcement of the new Program Director for that program, Dr. Joan Richardson, who will be taking over for Dr. Casey Pruitt who has left the state for other practice opportunities.**

**TAMU – Scott and White – Discussion of their new Children’s Hospital.**

**Baylor College of Medicine – Discussed their growing emphasis on Global Health in their program and also a discussion of their new night shift program and research by Chief Residents.**

**TTUHSC (Amarillo) – Rural Health Grant and effect on their program.**

**TTUHSC (El Paso) – Discussion of their new Children’s Hospital.**

**UT San Antonio – Discussion of their Quality Improvement curriculum and requirement that all residents complete one project during their 3 years. Discussion of their new “Intern Boot camp” to prepare incoming residents for their duties on day one of their residency.**

During the meeting Dr. Varma formally announced his desire to retire as Chair of the Southwest Region of the APPD and Judy Behnke’s desire to pass her duties as Coordinator Chair to another person. Prior to the meeting Ms. Beth Payne, Coordinator at UT San Antonio, was nominated and she accepted the nominations and was given some time to discuss her qualifications. There were no other nominations and she was unanimously elected for a 3-year term. Following that Dr. Varma asked for nominations for the Program Director position. Dr. Courand had offered Dr. Varma assistance for the 2012 meeting as it is to be held in San Antonio. Dr. Varma asked Dr. Courand at this point if he would accept a nomination for the full position. He accepted and, as there were no other nominations, he was unanimously elected for a 3-year term. It was noted that other regions have a position for representative of Associate Residency Directors. Dr. Mark Ward and Dr. Jon Courand nominated Teri Turner for this position. She accepted the position and was unanimously elected to a 3-year term.

Southwest Region Program Coordinator Update:
The following goals have been set for the next three years. These goals were distributed to all of the Southwest Region coordinators for feedback and input on May 11, 2011.

**Goals:**

- Develop a Facebook page or other social networking outlet for Southwest Region to begin building personal and professional relationships.
- Complete and submit at least one abstract for lecture or poster options to be hosted at each of the annual APPD meetings.
- Locate or develop a written guide to the role, responsibilities and timeline for the Chair of this region to continue the momentum of goal creation throughout each tenure.
- Remind and promote to Texas PCs the APPD (10) $500.00 scholarship offerings to help PCs travel.
- Implement lunch meetings at the 2012 APPD in San Antonio as well as designated lunch at each APPD Spring meeting during the “Lunch on your Own” days
- Implement lunch meetings at the Spring ACTION meetings.
- Submit (1) item per PC on the APPD Share Warehouse

Looking forward to seeing everyone in San Antonio in 2012.

Submitted by Jon Courand, MD, and Beth Payne, MA, Region Chairs*

*Our thanks to Ms. Judy Behnke for her meeting minutes in creation of this report.
Western Region
The Western region held its annual regional meeting February 25, 2011 at the University of Utah, hosted by Jim Bale and Wendy Hobson-Rohrer. Eight programs took part in the one day meeting. The morning session was dedicated to a discussion of the 3 IIPE projects in which the region is involved. The University of Utah presented their faculty development program being run by Jim Bale and Wendy-Hobson Rohrer. The program is a robust course designed to help faculty develop a career in education and education scholarship. The University of Colorado presented their four-month third-year career centered immersion experience for residents planning a career in primary care, hospitalist medicine or subspecialty fellowship. Each resident has an individualized program and is paired with a faculty mentor for the experience. UCSF reviewed details of the handoff project in which both UCSF and Utah are taking part. The remainder of the morning was spent with a lively discussion of the challenges of the duty hour changes. The programs shared the plans they were working on to meet the requirements, in particular for interns. During the afternoon, there was a very informative review of qualitative research methodologies.

At our regional breakfast in Miami, there was a large turnout with most of the programs in the region represented. The following topics were discussed:
1. Dan West from UCSF reviewed progress to date of our collaborative regional project, the Western Structured Clinical Observation Tool. Several sites have been piloting the initial version of the tool over the last nine months or so in mostly ambulatory settings. The data from this portion of the project will be used to further refine the tool for more widespread use.
2. Becky Blankenburg from Stanford gave an update on the Night Curriculum on which she and others have been working. Thirty powerpoint modules have been created (70% medical topics and 30% on other important areas such as handoffs, communication etc). Ten of the modules have been chosen for a field test in 2011-12 at programs that volunteered to trial the curriculum.
3. Richard Shugerman announced a new program in Seattle. They are starting a rural track in which a significant portion of the training will occur in Alaska and/or in a rural Native American population site. The first class of 4 residents will begin summer of 2012.
4. The next regional meeting will take place at the new Children's Hospital in Phoenix on February 17, 2012, hosted by Grace Caputo. The group responded to a survey this summer and elected to stay with the winter date in between submitting an intern match list and the match. We also plan to use some of the regional dues paid to APPD to subsidize expenses for chief residents (in particular) or coordinators who would like to attend the meeting. Given the vast geographic area, it is very difficult for our region to meet, but the regional meetings have been very productive. We very much would like to increase attendance at these meetings.

Submitted by Adam Rosenberg, MD, Region Chair
Over the last year, fellowship directors have become more active in the APPD membership and we continue to appreciate their varying needs. This year there will be a number of workshops at the APPD Spring Meeting that will relate to fellowship directors. As our spring APPD meeting is separate from the PAS meeting, we will also continue to present a Forum for Fellowship Directors the day prior to the PAS meeting. This session will provide fellowship directors with updates from the ACGME, ABP, NRMP, and CoPS. We will also provide insight from fellowship directors who have recently undergone site visits and workshops with issues relating to fellowship directors will be presented. We will continue to assess the needs of fellowship directors and tailor the programs throughout the year according to this information. At the 2011 APPD Annual Spring Meeting, the Grassroots Forum for Fellowship Directors was conducted by Debra Boyer, MD. This session allowed fellowship directors the opportunity to share common issues and concerns and to provide a foundation for planning activities for the upcoming year. Dr. Boyer summarized the issues discussed below.

Grassroots Session for Fellowship Program Directors 2011

- Consider fellowship director specific workshops at the APPD meeting
  1. How to approach cultural diversity
  2. How to transition back into training as a fellow after being out in the workforce
  3. Writing learning objectives for PL 3,4,5s
  4. Thinking about applying milestones and addressing professionalism for fellows
  5. QI projects in small programs
  6. How to communicate with other programs
  7. How to develop a core curriculum (ex. Duke, Oklahoma, Case Western have some good examples)
- Consider periodic conference calls (?quarterly) for Fellowship Directors
- Thoughts on the APPD/APA Fellows Core Curriculum Road Show
  1. Would it be better as a hands-on program?
  2. Could it be done as workshops instead of lecturing?
  3. Could you have the fellows bring their actual projects and work on their own material?
- How to handle SOC?
  1. Consider a workshop on how to develop/run an effective SOC
  2. Some programs have individualized SOCs for each fellow, others have one SOC that is for all fellows
  3. Some programs have a chair of the SOC that fills out the evaluation form
- Talked about the ABP Task Force on Clinical Training
  1. There were lots of opinions
  2. We discussed whether fellows actually need to do research or just discuss how to do research
  3. Could the APPD facilitate updates from the Task Force to the FD members?
- Consider the development of a Fellowship Director mentoring program
  1. Would it work in dyad groups or as a group mentoring project?
  2. Could one FD have multiple mentees?
  3. Maybe the FD would want a mentor around their ACGME site visit?
  4. Should we do a needs assessment of the FD to determine the need/interest for this?
- It was asked if the APPD could help to set up a Fellowship Directors email list for communications purposes. (Note: This is in place)
- Does APPD reach out to new programs as they form to let them know about APPD? All Core Program Directors don’t always let their Fellowship Directors know about the APPD.

Submitted by Christopher Kennedy, MD
Fellowship Board Member
Program Director Pediatric Emergency Medicine
Associate Professor
Children’s Mercy Hospital
Kansas City, MO
The Forum for Associate Program Directors is pleased to report the following leadership activities and accomplishments for July 2010 – June 2011:

Leadership Activities

1. **Forum session Virginia Fall 2010**: Lynn Garfunkel and Aditee Narayan facilitated the 1 hour fall forum session with approximately 50 APDs in attendance.
   a. Review of the history and goals of the forum
   b. Review of the structure of the APPD- highlighting opportunities for professional development
   c. Sharing of APD job description template
   d. Practical tips to develop scholarly projects and enhance professional networking

2. **Grassroots Forum session in Miami Spring 2011**: There were approximately 80 attendees at the forum. This session was facilitated by Marsha Anderson, Aditee Narayan, and Jerry Larrabee. The format and content of the session was as follows:
   a. Review of the structure of the APPD and opportunities for professional development – highlighting 2010-2011 update
   b. Review of 2011 Assistant/Associate Program Director Survey
   c. APD Peer-Reviewed Presentations:
      i. “COPE: The Community Outpatient Practice Experience” Karen Wickline - Washington University/St. Louis Childrens Hospital
      ii. “Advocacy and Community Medicine Curriculum: Training Residents to Become Excited and Involved in Advocacy” Sara Marks – Geisinger Medical Center
      iii. “Longitudinal Self-Assessment in Continuity Clinic” Kimberly Gifford – Children’s Hospital at Dartmouth
   d. Faculty Development Segment: “Create Your Future with Professional Development Planning”, led by Nancy Spector MD and Theodore Sectish MD. The content of the presentation was designed to appeal to the self-identified needs of the APD group around the topic of professional development and promotion. The methodologies discussed hinged around aligning personal and professional missions, visions, and values with those of the APD’s institution, and how to develop an action plan with specific attainable goals.
   e. Membership identified the following needs that were identified in both the 2011 APD survey and also raised during the discussion segment of the meeting: faculty development aimed at knowing/understanding key elements for a successful APD career, introduction and networking with other APDs, organization, and collaboration around common projects and research.

3. **Selection of 2011-2014 APD SIG Co-Chair**: We have just brought aboard Heather McPhillips (Seattle) as an APD Co-Chair, for a 3 year term (June 2011-June 2014). This brings total SIG co-chairs temporarily to 4 with both Marsha Anderson’s and Aditee Narayan’s terms anticipated to end in June 2012 (both Marsha and Aditee were brought on at the same time so both will rotate off in June 2012). The plan is to bring on an additional APD co-chair by June 2012, which will then bring the total APD co-chairs to three (Jerry Larrabee, Heather McPhillips, new co-chair). An ongoing established rotation of 1 SIG co-chair rotating off and a new appointee every spring will keep the total number of SIG co-chairs to 3, with a 3 year term for each SIG co-chair.

Leadership Accomplishments

1. **APD Participation on the APPD Conference Planning Committee**
   Marsha Anderson was selected to represent the APDs on the APPD Executive Planning Committee for the 2011 spring meeting.

2. **APD Representation on APPD Board of Directors**
   Lynn Garfunkel continues in her 3-year term on APPD Board of Directors.
In Progress

1. **Planning of Grassroots APD SIG session for Spring Meeting; San Antonio, 2012:** APD SIG Co-Chairs are planning the Grassroots APD SIG session to take place at the spring meeting. The session will focus on identifying the needs of the group and will showcase brief presentations from APDs on significant accomplishments or challenges.

2. **Workshop Submission for APPD Spring Meeting in San Antonio:** The APD SIG Co-Chairs and Lynn Garfunkel (APPD Board representative) plan to submit a workshop proposal for the spring meeting addressing ongoing APD membership requests for faculty development around APDs early in their career. Identified topics of need continue to be how to ensure career success, networking, and collaboration. The workshop will be developed to try to address this gap.

**Goals for 2011-2012**

APD co-Chairs have identified the following goals for 2011-2012:

1. Development of an APD session for the fall meeting that will focus specifically on new APDs giving them a warm welcome, orientation, and the opportunity to ask questions or air concerns with fellow APDs. This session will be facilitated by Lynn Garfunkel and Jerry Larrabee.

2. Development of the Spring APD SIG Grassroots forum that will review highlight innovative work by APDs and provide an interactive forum to identify needs and establish 2012-2013 goals. This forum will be facilitated by the APD SIG Co-Chairs.

3. Development and submission of a spring workshop (outlined above) designed to provide strategies for APDs around professional development and also promote formation of relationships and collaborating with other APDs. The workshop developers and facilitators will include Marsha Anderson, Aditee Narayan, Jerry Larrabee, Heather McPhillips, and Lynn Garfunkel.

4. Begin development of a “Guide for New APDs” which will outline resources and ways to get involved on both regional and national levels.

Respectfully submitted,

Marsha Anderson, Aditee Narayan, and Jerry Larrabee
Co-Chairs, Associate Program Directors SIG
Association of Pediatric Program Directors
The APPD Fall 2010 Meeting in Reston, VA
The fall meeting included workshops and presentations by program coordinators and fellowship coordinators on the following topics: mentoring, preparing for a site visit, scholarly activities in fellowship and residency training and ILP’s.

Invited guests from the following organizations presented tips and updates: American Academy of Pediatrics, ERAS and ECFMG.

The coordinator executive committee hosted a social at a local restaurant giving the new coordinators an opportunity to get to know each other and share ideas with other coordinators.

The Spring 2011 Meeting in Miami, FL
The coordinator section of the APPD celebrated the organization’s 25th anniversary in style by dancing to the salsa music, mixing and mingling with other APPD members. There were presentations on mentoring, social media, recruitment, resilience and career development. One of the very thought provoking presentations was “Where were you when the lights went out.” This addressed the many crises that can take place in a residency program such as illness, death, accidents, etc., and a well-thought plan of action to help everyone prepare for emergencies.

Representatives from the following key organizations presented updates to the coordinators: ECFMG, American Academy of Pediatrics, American Board of Pediatrics.

The 3 task forces broke out into individual sessions to review their goals and objectives for the year. Coordinators are encouraged to join one of these task forces:

1. Professional Development
2. Management/Team work
3. Program Tools.

Task force chairs were asked to produce a report for the executive committee.

Cindy Gibson from Miami Children’s hospital received the Carol Berkowitz award for 2011. The coordinators were delighted for Cindy as this was very well deserved.

The three year term for the executive committee ended for Elizabeth Sanchez-Rocca, Program coordinator, Brookdale University Hospital and Medical Center, NY and Deb Parsons, Neonatal Fellowship Coordinator, Indiana University, IN. The coordinator executive committee would like to thank Elizabeth and Deb for their huge contribution to the coordinators executive section. Both were a joy with which to work and passionate, wonderful people who will be missed. They remain a great resource for the current executive committee.

The executive committee leadership team welcomed Jean Ashley, MSBC, C-TAGME Manager, Pediatric Medical Education from University of Louisville School of Medicine, KY and Staci Leitner, Fellowship Administrative Director, Stanford University, CA. We are looking forward to their new ideas, presentations and leadership during their three year term.

The APPD Fall 2011 Meeting in Arlington, VA
A review of the mentoring program took place as well as an introduction and sign up for the task forces. For new coordinators, the following topics were presented: a year in the program, demonstration of the coordinator handbook, recruitment strategies, preparing for a site visit, and alphabet soup. The Hands-on Session included demonstrations by the AAP PediaLink, the ABP, ERAS, FindaResident, NRMP, and the APPD, giving the new coordinators a chance to ask questions in a small group setting. A well-attended coordinator social took place at a local restaurant on Thursday September 8th, following the APPD Networking Reception.

Submitted by Avis Grainger C-TAGME and Jaime Bruse C-TAGME, Co-Chairs
Communications Director, Jerry Rushton, MD, MPH

The biggest initiative in APPD communications over the past year has been centered around the new ACGME Duty Hours implementation and review of proposed new pediatric RRC requirements for accreditation. We have had a great deal of input by members on these important, and often acute changes as new duty hours were finalized in Fall 2010 and implemented in July 2011.

We have used the APPD website, Bulletins, e-newsletters, and additional conference calls to solicit member feedback, input, and aggregate responses on these organizational changes which have many implications for pediatric education. In addition, annual meeting and conference programming has focused on best practices, new innovations, and emerging evidence on duty hours and changes in pediatric education.

A major part of the APPD strategic plan is collaboration with other organizations. We have been active in communications with other pediatric organizations like AAP, APA, COPS, FOPO, et al. as we work on the accreditation changes and support for educational initiatives.

For the future year, we will continue to explore how new media, interactive communications, and other creative solutions may enhance our traditional emails, Bulletins and communications.
Curriculum Task Force
Chair: Karin Hillenbrand, MD (Brody School of Medicine at East Carolina University)
Vice Chair: Rebecca Blankenburg, MD (Lucile Packard Children’s Hospital, Stanford)

Curriculum Task Force members continue to work on a number of national curricula, including Bioethics, Global Health (collaboration between the APPD and the AAP Section on International Child Health and directors of pediatric global health tracks), Medical Home, Mental Health, Public Health, and Resident as Teacher. New Curriculum initiatives which involve our membership include the National Pediatric Nighttime Curriculum (collaboration between APPD and Pediatric Hospital Medicine Education Task Force), Pediatric Surgery Curriculum (collaboration with AAP), Handovers: the IPASS Curriculum, and a Curriculum on Grief and Loss.

At the Spring 2011 Annual Meeting in Miami, FL, members of the Task Force had an opportunity to participate in break-out groups working on a variety of curricular projects in various stages of development, including the Nighttime Curriculum, Global Health, Medical Home, and Resident as Teacher. Furthermore, we continued our tradition of a Task Force sponsored workshop consisting of platform presentations focused in one curricular area — this year focused on quality and safety curricula.

In the coming year, in addition to continuing work on the above curricular projects, we will explore creating a centralized clearinghouse for completed curricula. We welcome all interested individuals to join the Curriculum Task Force and become involved in one of the many curricular endeavors!

Evaluation Task Force
Chair: Suzette S Caudle, MD (Carolinas Medical Center)

We appreciate the leadership and expertise of Ann Guillot who stepped into the role of Vice Chair of the Evaluation Task Force in the spring/summer of 2010. She has been such an effective leader overall. After she was elected to the APPD Board of Directors in 2011, she was unable to remain as a leader of the task force and we are happy to report that Katy Bartlett has agreed to step into the role of Evaluation Task Force Vice Chair. Much thanks to both Ann and Katy!

At the 2011 Spring Meeting the Evaluation Task Force continued its recent tradition of offering a mini-workshop within the Evaluation Task Force meeting time entitled -- Assessing the Competencies. In 2010 we covered Systems Based Practice. The 2011 meeting focused on Interpersonal and Communication Skills. After a brief overview of the topic, Ann Guillot reviewed one of her program’s methods for formative feedback to residents on interpersonal and communication skills using simulated patients.

Last summer the Task Force had a group phone call and determined there was interest among the Task Force members in pursuing a project looking at the process of evaluations, specifically the patient/family portion of the 360 degree evaluation. A draft survey was written inquiring about the process used to administer patient and family evaluations. This draft survey was distributed during the first session of the Evaluation Task Force meeting in the spring. Participants completed the survey and results were shared during the second session of the Task Force meeting. There was some interest in continuing forward with this survey, to be revised and sent to the APPD membership. We plan to follow up with a conference call in the fall to further develop a group project of benefit to the APPD membership around the topic of assessment and evaluation.

If you have ideas about ways in which the Evaluation Task Force can be of use to its members and the APPD membership at large, please contact Suzette Caudle or Katy Bartlett. We encourage your ideas, involvement and participation and look forward to the year!
The Faculty and Professional Development Task Force has been involved in several important projects over this past year and is looking forward to making continued progress in the upcoming year.

Members of the APPD Faculty and Professional Development Task Force participated in the planning of the APA-APPD Leadership Conference held in Reston, VA, on September 21-22, 2010. The conference attracted 68 attendees who enjoyed ideal faculty/participant ratios and featured workshops based on the targeted needs assessment survey of APPD members focused on building leadership skills. Topics included:

- Leading Interdisciplinary Teams
- Leading From the Middle
- Strategic Planning
- Leading Change
- Finance 101

The conference also exposed participants to peer group mentoring, a concept new to most of them. After a plenary session describing the difference between traditional dyadic mentoring and facilitated peer group mentoring, a series of facilitated peer mentor sessions were woven throughout the conference. Peers were brought together in groups based on their common leadership challenges, solicited prior to the conference. A unique feature of the peer mentor program was the panel of chairs who critiqued executive summaries of leadership challenges developed in the peer group mentor sessions.

At the Annual APPD Spring Meeting in Miami, FL, members of the Task Force oversaw the planning and execution of the Forum for Chief Residents. Planning of this conference occurred in conjunction with past organizer, Dr. Ed Zalneraitis. The forum attracted a record number of participants, with well over a hundred chief residents attending the morning and afternoon sessions. The series of workshops were led by multiple task force members who volunteered to teach areas pertinent to both rising and graduating chief residents. The rising chief residents attended sessions on learning how to plan the chief resident year, as well as how to actively plan for their own professional development. In simultaneous workshops, the graduating chiefs were introduced to the concept and utilization of educator portfolios for both academic documentation, promotion, and planning; in addition they also attended an interactive session on professional development planning after the chief resident year. Post-course surveys were very positive, and we look forward to further evolution and improvement of this forum as an important vehicle for faculty and professional development of our youngest APPD members.

Also during the Spring Meeting, the APPD Mentorship Program hosted a one hour session which focused on mentoring skills and highlighted exemplars of mentoring relationships within the program. The session was well attended with over 120 participants present. Following this session, previously formed facilitated peer mentoring groups met. The APPD Mentoring Program planning group, co-chaired by Keith Mann and Nancy Spector, is in the process of inventorying program successes and identify barriers to success. During the upcoming year, the Mentoring Program planning group will develop a process to match interested members who are not currently in the program with new mentors.

The Task Force, with assistance of the Learning Technology Task Force, continues to pursue the development of a clearinghouse of available faculty development programs around the country. With a possible APPD subscription to the e-learning software program known as Moodle, we are planning to create an “Angie’s List” or “Open Table” type site which will allow APPD members to review comments from other APPD members about the various faculty development programs they have attended. This venue will provide faculty development resources for APPD members, as well as for faculty at home institutions.

Over the past year, we have also collected the results of an APPD-wide needs assessment survey for faculty and professional development. Based on the survey results, we have created the 5 specific curricular thematic
categories: educator development, leadership development, personnel management, financial management, and personal professional development. We are in active discussions to find the appropriate vehicles for dissemination of this curriculum, and look forward to the ongoing collaboration with other Faculty and Professional Task Force members, as well as with the rest of the APPD membership as we continue to develop and implement this curriculum.

Lastly, the Task Force has had a voice in the planning and execution of this year’s Pediatric Educational Excellence Across the Continuum (PEEAC) conference to be held in Arlington, VA immediately after the APPD Fall Meeting this September. This is the second time this forum has been held since 2009 for the benefit of pediatric educators from the undergraduate level to the fellowship level in both community and academic settings. We look forward to further opportunities for Task Force members to be engaged in the planning and implementation of future iterations of PEEAC as well.

We hope that with the ongoing involvement and input of current Task Force members, as well as from other APPD members interested in the areas of mentorship, professional development, and/or educator development, that we will be able to continue to provide valuable faculty and professional development resources for all members of the APPD. For those who have not been involved but are interested in any of these areas, we encourage you to contact us directly for more information about activities and opportunities within the Faculty and Professional Development Task Force.

Learning Technology Task Force
Chair: Joel Forman, MD (Mount Sinai School of Medicine)
Vice-Chair: Franklin Trimm, MD, (University of South Alabama)

The Learning Technology Task Force (LTTF) 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. At the Spring Meeting, 41 people attended the LT Taskforce meeting and were treated to a fabulous presentation of the Learning Management System, Moodle, by John Anderson and Emily Borman-Shoap, who have a university wide implementation at the University of Minnesota. Additionally, Mona Hanna-Attisha presented her implementation from the Children’s Hospital of Michigan that is a program-only implementation. This open source platform offers a very low cost solution that appears to be user friendly, easy to learn, and has an appealing user interface. Discussions after the presentation focused on issues of locating the data and software on a university vs. a commercial server and on the copyright issues related to posting of publications. There was a high degree of enthusiasm for the Moodle platform and a desire to have the Learning Technology Task Force explore it for our own use.

Franklin Trimm, LTTF Vice-Chair, presented the results of the LTTF Survey of currently used LT hardware and software that might be worth recommending to other PDs. About a dozen different items were presented ranging from simple programs to large systems. The goal is to get reviews out in an accessible manner to the APPD membership, possibly through a new Moodle platform (see below) rather than the Share Warehouse.

At the follow-up Task Force meeting, core functions that the LTTF serves within APPD were reviewed, followed by an open discussion of the best way the task force could serve the larger membership over the coming year. The following items represent the agreed upon activities for the year:

1. Identify up to 4 members to assist with reviews of APPD Special Projects
2. Identify up to 4 members to assist with reviews of APPD Abstracts for the Spring 2012 Meeting
3. We identified a liaison for the COMSEP LTTF who is co-chair of that group – Mark Hormann from Houston who will serve in this role.
4. We began soliciting people interested in assuming the role of task-force chair after Joel Forman’s term expires in a year.
5. Joel and Franklin will explore development of a TF Moodle with the APPD leadership.
   a. Establish a blog on Moodle for task force group discussions.
   b. Move, update, and enhance the reviews of LT from the hidden old site to a Moodle location. Establish a standard review form (based upon the old one) to ensure complete, in depth reviews.
   c. Establish a group of experts within the LTTF who would offer to be consultants and answer questions about
LT that they have expertise and experience with. These experts would be enrolled through the new APPD LTTF Moodle site. This would be divided into groups as follows:

i. Electronic Medical Record
ii. Learning Management System
iii. Residency Management System

Research and Scholarship Task Force
Chair: Linda Waggoner-Fountain, MD (University of Virginia)
Vice-Chair: Heather McPhillips, MD, MPH (University of Washington)

In the past academic year (2010-11), the Research and Scholarship Task Force members reviewed fifteen surveys and approved ten surveys to go out to the membership. The task force had two productive meetings during the annual APPD meeting in Miami. Members agreed on a new set of guidelines for researchers to follow if they submit a survey for review and APPD endorsement and dissemination. The complete policy can be found on the APPD website under the Research and Scholarship Taskforce section (http://appd.org/activities/taskforce.cfm). Of note, the taskforce now has a rolling submission deadline with three deadlines per year of April 1, July 1, & October 1.

Members of the committee selected two areas to focus the task force’s work over the next year: (1) Develop a mentoring group within the Research/Scholarship Task Force to have more senior members help mentor newer members with less research experience; (2) Define a three to five year curriculum of research and educational scholarship-focused workshops including, but not limited to, data management, research questions, measuring education outcomes, qualitative methods and survey research to be presented at APPD meetings. The task force warmly welcomes participation from any APPD member who has an interest in medical education research and scholarship.
APPD LEARN

APPD LEARN (Longitudinal Education Assessment Research Network)

Submitted by Hilary M. Haftel, MD, MHPE

The APPD’s Longitudinal Educational Assessment Research Network (LEARN) has now completed its first full year, focusing on needs assessment, resource identification, and infrastructure. We have learned a great deal in the process of building APPD LEARN this year. Through a series of Program Director surveys, we have identified the resources available to most program directors to conduct educational research in their home institutions. We have identified the support, in the form of education and resources, that Program Directors will need from APPD and APPD LEARN to help them participate as active members in collaborative research that will help us develop a curriculum and infrastructure for APPD LEARN sites. Thus far, we have over 50 programs of all sizes, from all APPD regions, signed up to participate in APPD LEARN!

The development of the first APPD LEARN project is also well under way. As was presented at the Spring Meeting, the APPD is working in collaboration with the National Board of Medical Examiners (NBME) to develop a pilot project identifying the critical areas of competency of fourth year medical skills important to Program Directors in choosing their incoming interns. All APPD members were able to participate in an online or paper-based survey during the Spring meeting to help gain consensus regarding this important area and help inform the NBME/APPD LEARN project, which is currently under development with the plan to launch to APPD LEARN sites this year.

This year has also been important in developing the infrastructure and staff support critical to APPD LEARN’s success. It is clear from our vision of APPD LEARN and the APPD strategic plan that this will be a long-term and important effort for the APPD LEARN and will need a significant amount of expertise to drive forward and ensure success. It is therefore my pleasure to share that the role of APPD LEARN Director will be assumed by Alan Schwartz, PhD, Professor of Medical Education at the University of Illinois/Chicago, and consultant for APPD and IIPE. Alan brings a huge amount of expertise to APPD LEARN and we look forward to working closely with him. In addition, we have been able to add Eric Shropshire to the Degnon staff to help support APPD LEARN as Project Manager. The APPD LEARN advisory committee will continue to support APPD LEARN and will consist of Patricia Hicks, MD, Program Director at Children’s Hospital of Philadelphia (Chair), Robert McGregor, MD, Program Director at St. Christopher’s Hospital for Children, Ann Burke, MD, Program Director at Wright State, Carol Carraccio, MD, IIPE Director and Director of Competency-Based Assessment Programs at the ABP, and Hilary M. Haftel, MD, MHPE Program Director at the University of Michigan.
As part of a partnership between the APPD and the Academic Pediatric Association (APA), all APPD member programs receive an institutional subscription to the bimonthly publication, Academic Pediatrics. APPD has a page, called the View from the Association of Pediatric Program Directors, set aside in each issue for topics of interest to its members. Commentaries, opinions, reviews or current issues are presented to the readership. These articles offer reading of interest to our members; works are grounded in the pediatric medical education literature. Members interested in submitting works for publication in these pages should write to Patty Hicks, Associate Editor for Academic Pediatrics View from the Association of Pediatric Program Directors, at hicksp@email.chop.edu to begin the process. All members are encouraged to submit ideas – pairing with more senior authors can be facilitated if new members consult their APPD mentor for guidance.

Recent publications in the journal are listed below:


Robert S. Holm, MD Leadership Award
2004 Recipient: Carol D. Berkowitz, MD
2005 Recipient: Kenneth B. Roberts, MD
2006 Recipient: Edwin L. Zalneraitis, MD
2007 Recipient: Frederick H. Lovejoy, Jr., MD
2008 Recipient: Stephen Ludwig, MD
2009 Recipient: Richard Shugerman, MD
2010 Recipients: Joseph Gilhooly, MD and Nancy Spector, MD
2011 Recipient: Clifton Yu, 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 Loprieato, MD, MPH
2010 Recipient: Benjamin Hoffman, MD
2011 Recipient: Martha Wright, MD, MEd

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

Carol Berkowitz Award for Lifetime of Advocacy and Leadership in Pediatric Medical Education (for a Coordinator)
2005 Recipient: Jeri Whitten, C-TAGME
2006 Recipient: Aida Velez, MEd
2007 Recipient: June Dailey, C-TAGME
2008 Recipient: Mary V. Gallagher, C-TAGME
2009 Recipient: Melodie Allison, C-TAGME
2010 Recipient: Rosemary Munson, C-TAGME
2011 Recipient: Cindy Gibson, C-TAGME
The following projects are being funded in 2011:
*A New Era of Patient Care and Resident Education: Transforming Night Coverage from a Service to Educational Model*
Investigators: Rebecca Blankenburg, MD, MPH and Madelyn Kahana, MD
Associate Program Director (Blankenburg)
Program Director (Kahana)
Stanford University Pediatric Residency Program
Funding: $8,400.00

*Modeling and Measuring Resident-to-Resident Patient Hand-off Using IPASS in the Simulation Suite*
Investigator: Kimball Prentiss, MD
Director of Medical Education, Pediatric Emergency Medicine
Assistant Professor, Department of Pediatrics
Boston University School of Medicine/Boston Medical Center
Funding: $7,650.00

*Unsettling Situations in the Pediatric Intensive Care Unit: A Curriculum for Improving Resident Confidence and Competence When Negotiating Emotionally Challenging Encounters*
Investigator: Melissa Jerdonek Sacco, MS, MD
Pediatric Critical Care Fellow
Johns Hopkins University School of Medicine
Funding: $8,000.00

The following projects were funded in 2009:
*Assessment of Work-Life Balance among Pediatric Residents*
Investigator: Mary Beth Gordon, MD
Children’s Hospital, Boston
Main 9S-Room 9156, 300 Longwood Avenue
Boston, MA 02115
Funding: $9945

*Development of a Reliable and Valid Structured Clinical Observation Assessment Tool*
Investigator: Daniel C. West, MD
Professor and Vice-Chair (GME)
Director, Residency Training Program
Department of Pediatrics
University of California, San Francisco
505 Parnassus Ave, Box 0110
San Francisco, CA 94143-0110
Funding: $10,000

*Transforming the role of teacher: the impact of a blended learning approach on faculty and resident satisfaction with endocrinology teaching*
Investigator: Teri Turner, MD, MPH, MEd
Texas Children’s Hospital
Clinical Care Center
6621 Fannin Street, Suite 1540
Houston, TX 77030
Funding: $10,000

The following projects were funded in 2010:
*Addressing the “Not-So-New Morbidity” within the Pediatric Medical Home: Opportunities for Innovations in Residency Education*
Investigator: Susan Bostwick, MD, MBA
Associate Professor of Clinical Pediatrics
Weill Cornell Medical College
New York Presbyterian Hospital, Weill Cornell Campus
Funding: $5,887.50

*A Novel Certification Program in Pediatric Procedural Sedation: Recognizing and Rewarding Proficiency*
Investigator: Stephen Wilson, MD, PhD
Director of Pediatric Hospital Medicine and Pediatric Sedation
Department of Pediatrics
University of California, San Francisco
505 Parnassus Ave, M-687, Box 0110
San Francisco, CA 94143-0106
Funding: $7,000

The following projects were funded in 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
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, DC 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
A New Era of Patient Care and Resident Education:  
Transforming Night Coverage from a Service to Educational Model  
Rebecca Blankenburg, MD, MPH, Nicole Paradise Black, MD, Jennifer Maniscalco, MD, MPH,  
Barrett Fromme, MD, MHPE, Cynthia Ferrell, MD, MSEd, Erin Augustine, MD,  
Jessie Myers, MD, Lou Ann Cooper, PhD, Madelyn Kahana, MD  
Funded: 2011

Rationale: Since the institution of ACGME work hour restrictions in 2003, nighttime rotations have become an increasingly prominent part of pediatric residency training. With additional work hour restrictions in 2011, many programs needed to create or evolve their paradigm of nighttime education.

Project Aims:  
1. To create, implement, and evaluate a pediatric nighttime curriculum.  
2. To formally address previously identified nighttime educational needs, including dealing with acute medical issues at night and the issues of teamwork, communication, handoffs, and triage.

Methods: Based on data from the National Night Float Survey in November 2010, as well as the two published nighttime curricula and the Pediatric Hospital Medicine Core Competencies, a list of thirty core nighttime topics was created and vetted by the National Pediatric Nighttime Curriculum Steering Group. Web-based, case-based modules (two cases, brief didactics, summary page, pre-/post-questions) were created for each of these thirty topics. This curriculum was implemented in IRB-approved residency programs starting July 1, 2011, and the field test will conclude on December 31, 2011. Resident confidence and knowledge on ten core topics is being measured pre-/post-program implementation via online survey tools. In addition, overall program feasibility for residents and program directors and web analytics are also being assessed.

Project Progress:  
a. To date, 77 residency programs have received IRB approval and are participating in the study. Another 10-15 programs are still working on receiving IRB approval.  
b. Residency programs have implemented the curriculum in a variety of ways:  
   1. Attendings leading the modules at night.  
   2. Residents leading the modules at night.  
   3. Residents working through the modules on their own.  
c. The field test will end December 31, 2011, and final data collection will take place in January 2012.  
d. In February-March 2012, the authors will update their modules based on feedback received and we will submit the revised curriculum to the APPD ShareWarehouse and AAMC MedEd Portal. We are also investigating methods of making the curriculum even more interactive (for those completing the modules on their own).  
e. Abstracts are being prepared for the 2012 APPD, PAS, and PHM meetings, and manuscripts will follow completion.

Addressing the Not-So-New Morbidity in Pediatric Medical Education  
Cori Green, MD, MS and Susan Bostwick, MD, MBA  
Funded: 2010

The specific aim of this study is to perform a needs assessment of pediatric residents and program directors to inform curriculum development to better address mental health (MH) issues within primary care. In terms of the resident assessment, data collection has occurred in two phases: focus groups and a brief survey given after the focus group and later via web-based survey tool for residents who did not participate in the focus groups. IRB approval was obtained this past fall, 2010.

We created a short list of open-ended questions to stimulate conversation about MH issues within primary continuity clinic. These focus group questions were piloted with a group of pediatric attendings to ensure questions elicited the
Questions elicited pediatric resident experiences and comfort level caring for patients within the primary care setting with MH issues. They also asked about their learning experiences and how they felt they can be better trained to address these issues. Three focus groups were run by a PGY2 capturing the experiences of twenty-six residents. A 4th year medical student acted as the note-taker during the focus groups. The focus groups were audio taped and transcribed by professional transcriptionists.

A brief survey was handed out immediately after the focus group was finished. This survey gathered more concrete data as to what residents feel comfortable addressing regarding MH issues in the medical home and what educational interventions will better prepare them. The survey was also distributed to all pediatric residents via Survey Monkey, a web-based survey tool, to gather quantitative data from residents who did not participate in the focus groups.

Transcripts have been coded and codes have been linked to identify larger themes. A qualitative research consultant aided in coding data. This data was presented at the Pediatric Academic Society Meeting in Denver, May 2011.

At this point we have a response rate around 35% for the surveys that were distributed. This data has not been analyzed. We will resend the survey via Survey Monkey to elicit a larger response rate.

In terms of the program director assessment, a survey tool was created and piloted within the department. This survey was approved by the APPD for distribution and at this point we have approximately a 33% response rate. We will resend the survey after the APPD Annual Meeting and then analyze the results.

Once all results are analyzed, we will create a curriculum document with goals, objectives, and learning activities for residency programs to better teach MH issues. Currently, researchers are reviewing MH curriculum already suggested by the American Board of Pediatrics, ACGME, AAP, and APA.

After creation of this document there will be a pilot implementation of curriculum within our primary care center. At this point we will begin to write grants for further study and implementation of the curriculum.

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Self-Directed Learning and Individualized Learning Plans (ILPs):
Predictors for Success and Implications for Program Directors
Su-Ting T. Li, MD, MPH; Daniel C. West, MD; John Co, MD, MPH
Funded: 2008

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

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

Methods:
A cross-sectional web-based survey of pediatric and medicine/pediatric residents and program directors from a nationally representative sample of residency programs was conducted.
1. Self-reported barriers to and strategies for achieving self-directed learning goals were systematically analyzed.
through inductive iterative review.

2. Self-directed learning efficacy was measured by resident-reported progress on learning goals from their most recent ILP. Multilevel linear regression models were used to analyze the relationship between learner and program characteristics and self-directed learning efficacy of residents.

3. Residents who had ever completed an ILP were asked to describe their most important goal and the goals on which they made the most and least progress. Responses were systematically analyzed through inductive iterative review and categorized into the 6 ACGME competencies: medical knowledge (MK), patient care (PC), interpersonal and communication skills (ICS), practice-based learning and improvement (PBLI), professionalism (PR), systems-based practice (SBP), and one additional category called future practice (FP). Conditional logistic regression analysis of the learner-matched pairs of goals (with most and least progress) assessed the association of goal type with reported goal progress.

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

1. Barriers to achieving self-directed learning goals were categorized into: difficulty with personal reflection, environmental strain, competing demands, difficulty with goal generation, and problems with plan development and implementation. Strategies for achieving learning goals included creating goals that were important (relevant to the learner and prioritized by the learner as important to achieve), specific (with broad goals broken down into incremental steps and a specific plan for each step), measurable, accountable (with reminder and tracking systems and building in internal and external accountability), realistic (achievable goals which utilize existing opportunities and constant self-adjustment), and included a timeline for completion of the goal (and incorporation of goal into their daily routine).

2. Most residents achieved moderate self-directed learning efficacy. The most important factors associated with greater self-directed learning efficacy included using a system to track one’s own progress in achieving learning goals, higher score on a propensity toward lifelong learning scale, and reporting greater confidence in self-directed learning abilities. Program characteristics, including program-level support for ILPs, had little or mixed association with resident self-directed learning efficacy.

3. MK was most frequently identified as the most important goal (53.7%), followed by PC (25.9%), PBLI (10.7%), and ICS (3.8%), FP (3.4%), PR (1.5%) and SBP (1.0%) were identified least often as the most important goal. Residents reported the most progress on PC (38.1%) and MK (33.9%) goals. In the conditional logistic regression model, residents reported most progress on PC (OR: 2.2; 95% CI: 1.6-3.1) and PBLI goals related to teaching (OR: 3.0; 95% CI: 1.6-5.6), and least progress on SBP goals (OR: 0.2; 95% CI: 0.1-0.6).

Conclusions:
1. Based on the data, the authors propose a conceptual for self-directed lifelong learning that involves creation of learning goals and plan development based on individual reflection and self-assessment and continual revision of goals and/or plans based on degree of goal attainment. This model could be broadly applicable across the continuum of medical education.

2. The most important factors associated with self-directed learning were resident characteristics. Our findings imply that residency programs should invest their limited resources in curricula that help residents develop measurable goals and systems for tracking progress toward goal attainment. Since propensity toward lifelong learning was an important factor, medical schools and residency training programs should enhance their efforts to develop this characteristic in learners.

3. Although residents were more likely to report MK goals as most important, they were more likely to report most progress on PC and teaching-related PBLI goals and least progress on SBP goals. These findings indicate areas where residents might require additional support, routine practice, or development of more realistic parameters for accomplishing certain types of goals.

Dissemination:
Three papers have been published/in press in Academic Medicine and Academic Pediatrics as a result of this work. In addition, we have presented our work at national conferences as two platform presentations (one at APPD in 2009 and one at PAS in 2010) and three poster presentations (one at APPD in 2010 and two at PAS in 2010).

Papers:
1. Li ST, Paterniti DA, Co JPT, West DC. Successful self-directed lifelong learning in medicine: a conceptual model derived from qualitative analysis of a national survey of pediatric residents. Acad Med. 2010; 85:1229-


Platform Presentations:


Poster Presentations:


The Impact of an Interactive Web-based Module on Residents’ Knowledge and Clinical Practice of Injury Prevention
Shilpa Sangvai, MD, MPH, John D. Mahan, MD, Kadriye O. Lewis, EdD, Nancy Pudlo, MD, Srinivasan Suresh, MD, MBA, Lara McKenzie, PhD, MA
Funded: 2007

Objective: To determine the effectiveness of an interactive web-based module on knowledge acquisition, retention and clinical practice by residents.

Methods: Residents were randomized to complete an interactive web-based module on injury prevention or a non-interactive web-based module of identical content. Acquisition and retention of medical knowledge were measured by pre, post and long term tests, and change in clinical practice was measured by videotaped clinical encounters.

Results: 57 residents completed the modules. The control group had higher post-test scores than the intervention group (p = 0.036). 37 residents completed the long-term test with scores which were significantly higher than pre-test scores (p = 0.00). 36 residents had videotaped encounter scores (232 visits), with no difference in these scores after the intervention (p = 0.432).

Conclusion: The non-interactive module was more effective in promoting knowledge acquisition. Residents successfully demonstrated knowledge retention with completion of either module. The modules were insufficient to change clinical practice.

Presented at the following meetings:
Nov 2009 “The Impact of an Interactive Web-Based Module on Residents’ Knowledge and Clinical Practice of Injury Prevention.” Platform Presentation. Celebration of Educational Scholarship, Ohio State University College of Medicine. Columbus, Ohio

May 2009 “The Impact of an Interactive Web-Based Module on Residents’ Knowledge and Clinical Practice
An Exploratory Pilot Study to Evaluate the Feasibility and Effect of an Interactive Breastfeeding DVD on Pediatric Residents’ Breastfeeding Counseling Skills

Jennifer A. G. Tender, MD, IBCLC

Funded: 2006

We have completed the breastfeeding DVD and begun the evaluation process. All first pediatric year residents participating in their newborn nursery rotation at a community hospital were divided into three study conditions: Group One observing a certified lactation consultant for 1 hour, Group Two watching the 30-minute interactive DVD and Group Three attending a 3-hour parent breastfeeding class. All residents took a pre-test and post-test at the beginning and end of their 4-week well baby nursery rotation containing questions assessing their knowledge, clinical management and self-confidence managing breastfeeding challenges. The post-test also contained questions regarding their satisfaction with the intervention and utilized a modified form of Brookfield’s Critical Incident Questionnaire.

At the end of their rotation, the residents were evaluated at the hospital using a standardized patient. The clinical case was a breastfeeding infant with mild jaundice and maternal nipple pain. Since we were unable to use a real breastfeeding mother, we used a standardized patient and a breastfeeding doll which was prompted to cry eight minutes into the interview if the resident did not ask to observe the mother breastfeed. A short video clip was then shown of an infant with a poor latch. The residents’ management of the case was evaluated by a pediatrician, who is also a certified lactation consultant, using a tool we developed. The residents were given feedback by both the attending and the standardized patient. We plan to continue collecting data for this study for at least six months. We are conducting a similar evaluation for 3rd year medical students during their 1-week rotation through the newborn nursery.

As a sidebar to this study, we used images from the DVD to complete a bilingual (English/Spanish) breastfeeding DVD for parents which was funded by the USDA.
Program Directors Committee of the American Board of Pediatrics (ABP-PDC)
Ann Burke, MD and Patty Hicks, MD
The Program Directors Committee (PDC) of the American Board of Pediatrics (ABP) is an ABP member committee that provides Pediatric Program Director representation to the ABP. APPD has several members currently serving on this committee: Ann Burke, Carol Carraccio, Patty Hicks, Gail McGuiness, Julia McMillan, Richard Shugerman, and Suzanne Woods. The PDC and the APPD recently collaborated in the development of the latest publication from the PDC, “Assessment in Graduate Medical Education: A Primer for Pediatric Program Directors”. We are excited about the possible contribution that this publication may make and look forward to APPD member participation in developing workshops, presentations, faculty development instructional materials and other educational strategies that result in the dissemination of knowledge and skills in assessment in pediatric graduate medical education. This primer is a combination of basic principles and practical applications of assessment concepts. It is aimed at the pediatric educator whose focus is on competency-based educational outcomes. A free, downloadable PDF is now available, and an e-book version will soon be available, on the ABP and the APPD website homepages.

Committee on Pediatric Education (COPE)
Jerry Rushton, MD, MPH
The American Academy of Pediatrics (AAP) Committee on Pediatric Education (COPE) met on November 13-14, 2010 for the annual meeting in Chicago. The purpose of this Committee is to act as a think-tank within the American Academy of Pediatrics for discussion, consensus building and collaboration on emerging issues facing pediatric education. This includes proposed policy, research, curriculum and faculty development, outcome measures, and practice issues as they relate to pediatric education. I have served as liaison for the past four years. Over the last 1-2 years, the AAP COPE has new leadership under Chairperson, Dr. Beverly Wood, and AAP Committee Principal Staff, Carrie Radabaugh, MPP. As part of this change in leadership, a significant part of the meeting was spent on reviewing the focus, charge, and activities of the committee and members. There was a general consensus that in the past, the committee had been active on a more focused range of issues around the fall meeting, but did not have many action items or follow up continuing activities. Members have encouraged a more active role in reviewing items of note during the year, and we have reviewed many issues for comment as the AAP develops responses to items like duty hours, creation of ethics curricula, part-time workforce principles, etc. This is a positive step, especially during times of many changes in education. A major area discussed was in the funding of medical education and need for more information and advocacy for this issue which has been part of federal budget talks and policy. This year’s meeting will be early November in Chicago.

I believe that it is very important for the APPD to partner with the AAP on our shared interests and continue to have AAP collaborate on the effects of policy, funding, etc. on education.

Council on Medical Student Education in Pediatrics (COMSEP) and Association of Medical School Pediatric Department Chairs (AMSPDC)
Ann Burke, MD
The Council of Medical Student Education in Pediatrics (COMSEP) and American Medical School Pediatric Department Chairs (AMSPDC) had a joint meeting in San Diego in Spring 2011. As the APPD President, Ann Burke attended the meeting. In a joint plenary session with both organizations Dr. R. Fincher from Medical College of Georgia delivered an excellent talk about the importance of educational scholarship and professional advancement. Dr. Burke participated in a panel discussion and answered questions from the audience about competency-based assessment, the new work hour requirements and innovation in pediatric residency programs. A written report was given to the chairs’ organization. However, Dr. Burke attended part of the COMSEP board meeting. COMSEP and APPD are looking forward to a joint meeting in 2013. The sense of collaboration and common ground is palpable in APPD discussion with COMSEP leadership. Our organizations share many common goals, particularly around teaching and medical education. Both organizations hope to be even more aligned and work together in new ways in the years to come.
Council of Pediatric Subspecialties (CoPS)
Christopher Kennedy, MD
The Council of Pediatric Subspecialties (CoPS) is now entering its fifth year. In 2011 a revised strategic plan was developed that focuses on improving subspecialty cooperation through communication. Over the past year, efforts continued to streamline the application process for residents specifically using ERAS and the NRMP match program. ERAS use has increased from four subspecialties to fourteen, and the match this year will be used by fourteen subspecialties. CoPS is also working to serve as an effective subspecialty communication network through three major initiatives. The first, to increase resident accessibility to information about subspecialty training by developing descriptions for each subspecialty on the CoPS website. The second, CoPS will serve as a bidirectional communication network for the ABP’s Subspecialty Clinical Training and Certification Initiative between the ABP and the subspecialty community. Finally, CoPS continues to strengthen ties with APPD, hosting joint conference calls for subspecialty program directors to discuss proposed ACGME changes to categorical pediatrics requirements, and planning and participating in the PEEAC 2 conference. For a full report of CoPS programs and initiatives, you are referred to the website http://www.pedsubs.org. To contact CoPS with a subspecialty concern, please send an email to info@pedsubs.org.

Federation of Pediatric Organizations (FOPO)
Ann Burke, MD
The Federation of Pediatric Organizations is a group of seven organizations that have child health as a core value or outcome of their missions. The organizations include: American Academy of Pediatrics (AAP), the American Board of Pediatrics (ABP), The Academic Pediatric Association (APA), the American Pediatric Society, the Association of Medical School Pediatric Department Chairs (AMSPDC), Our organization and the Society of Pediatric Research. Ted Sectish, MD (a former APPD President) is the Executive Director of FOPO and has been in this position for the last five years. FOPO conducts face to face meetings with two representatives from each member organization twice per year. This past year we met twice in Washington DC and once in Chicago for a strategic planning meeting. There are full details about FOPO on the website: www.fopo.org. The meetings consisted of updates from the AAP staff at their Washington office about child health advocacy and legislative efforts, information about the various working groups within FOPO (Child health research task force, global health working group, Women in medicine task force, etc), and updates from IIPE director, Carol Carraccio. Another function of the FOPO Board of Directors is to nominate and vote on the St. Geme award.

The strategic planning process was helpful and interesting. The member organizations wanted to truly characterize what areas FOPO is best positioned to lead and speak with one united voice for these organizations. One and one half days was committed, with a facilitator, to explore this question. APPD would like FOPO to be an effective voice for key issues where collaboration and consensus among organizations is paramount. The full strategic plan report can soon be found at the FOPO website.

Initiative for Innovation in Pediatric Education (IIPE)
Carol Carraccio, MD, MA
At the time of this Annual Report IIPE will be into its third cycle. There are currently five projects involving 14 institutions that are implementing IIPE projects. Please visit the IIPE website home page at http://www.innovatedgsme.org to learn more about the individual projects. With the October 2011 issue of Pediatrics each of these project leaders will have told the story of their particular initiative in the “IIPE pages” of Pediatrics. I would encourage the entire pediatrics community to read these brief narratives about how innovators are trying to transform graduate medical education.

Our major goal for this year has been exploring ways to support medical educators to either initiate or collaborate in innovative projects. To help those interested in initiating their own project, we have developed a primer that will walk you through the process of submitting a Letter of Intent and a full application, realizing that these are skills that we did not learn in medical school or in training. Our research support team has been instrumental in putting together these resources that are available on our home page. We have also applied for a Stemmler Grant, one purpose of which will be to create a second path through IIPE that will allow program directors that have the interest in participating in a project but do not have the resources to initiate it, to collaborate with others in an internally developed IIPE project. We hope there will be more positive news to follow on this effort. In addition, we expanded from one deadline for Letters of Intent to three in an effort to be ready to capture the great ideas of the community at the time they are being developed.
Program Directors and Associate Program Directors have more pressures from regulatory sources than ever. However, the chance to be creative and advance graduate medical education for the sake of our learners and their patients is likely why you aspired to your current role. Collaborating with colleagues in work that you find meaningful may be just what you need to sustain you in these challenging times.

**OPDA (Organization of Program Directors Associations)**

*Joe Gilhooly, MD*

*November 2010 Meeting*

**ACGME:** Tom Nasca gave an update on the ACGME duty hour requirements that will go into effect on July 1, 2011. He also discussed the Public Citizen petition of OSHA to further restrict/regulate resident/physician duty hours. If you have not seen the petition: [http://www.citizen.org/documents/1917.pdf](http://www.citizen.org/documents/1917.pdf) And Dr. Nasca’s response to the petition: [http://acgme.org/acWebsite/home/OSHAACGMEResponseLetterOSHA.pdf](http://acgme.org/acWebsite/home/OSHAACGMEResponseLetterOSHA.pdf)

**AAMC:** The MSPE (Dean’s Letter) will be released October 1 starting in 2012. Discussion on improving the preparation of medical students for residency was tabled until the Spring 2011 OPDA meeting.

**NRMP:** The “managed scramble” officially known as the Supplemental Offer and Assistance Program (SOAP) will start for the 2012 match. For information get this pdf: [http://www.nrmp.org/soap.pdf](http://www.nrmp.org/soap.pdf)

Additionally the NRMP has a proposed policy change that would require all institutions participating in the Main Residency Match to place all of their core residency positions in the Main Residency Match. No positions could be filled outside of the match. For more information on this proposed policy change see: [http://www.nrmp.org/all-in.pdf](http://www.nrmp.org/all-in.pdf)

In the 2010 Match there were 1072 unmatched US seniors and 1087 unfilled positions after the match, and many of these left over positions were preliminary slots. This is only going to get worse with increasing numbers of US Medical School graduates and no growth in GME entry positions (most of the growth of GME has been in subspecialty positions).

**ERAS:** For the 2013 Match, ERAS will open on September 15 to fit with the October 1, 2012 release of the MSPE.

**NBME:** NBME made it clear that they agreed with Program Directors requiring students to have completed USMLE Steps I and II (CK +/- CS) before being placed on a rank list. However they did not agree with program policies requiring completion prior to being granted an interview, since this would create a significant test access logjam.

**AMA:** AMA is also concerned about the squeezing of US senior medical students by the lack of growth in GME positions. For a survey on the subject, see: [http://jama.ama-assn.org/content/304/11/1168.extract](http://jama.ama-assn.org/content/304/11/1168.extract)

The AMA also responded to petition sent to OSHA.

The APPD representative to OPDA, Joe Gilhooly, is currently serving a 2 year term as Chair of OPDA.

**Pediatric Academic Societies (PAS) Planning Committee**

*Cindy Ferrell, MD and Lynn Garfunkel, MD*

The PAS Planning Committee meeting was held in Chicago, IL on July 16, 2011. Two board members (Lynn Garfunkel and Cindy Ferrell) represent the APPD at this meeting. The program committee reviews Invited Science submissions for State-of-the-Art plenaries, Topic Symposia, Hot Topics and Mini-Courses. The APPD selects 2 submissions based on interests of APPD and has input on accepting other submissions as well. This year the APPD will be supporting one mini-course on simulation and one topic symposium on meaningful assessment of pediatric learners. The PAS planning committee will meet again in January to review the original science abstract submissions and assist in the selection of abstracts to be presented at the PAS.
Primary Care Organizations Consortium (PCOC)

Clifton Yu, MD

Dr. Clifton Yu represented the APPD at the 2011 Fall Meeting of the Primary Care Organizations Consortium on September 9, 2011 in Chevy Chase, MD. Dr. Yu gave an update to representatives of the major primary care organizations (including the AAP, APA, and COMSEP) on ongoing APPD projects and initiatives such as APPD LEARN, Milestones, the APPD Mentoring Program, and the Program Director School, as well as discussed other issues facing pediatric residency educators to include new RRC requirement proposals. He will join the PCOC group again in order to represent the APPD during their Spring Meeting in 2012.

PEEAC (Pediatric Educational Excellence Across the Continuum) Meeting

Grace L. Caputo, MD, MPH

PEEAC Conference Again a Success!

The second biennial Pediatric Educational Excellence Across the Curriculum (PEEAC) conference was held in Arlington, Virginia on September 9-10 following our Fall APPD meeting. This successful educational gathering represents a collaborative effort of APPD, APA, COMSEP and CoPS. Pediatric educators from across the United States and Puerto Rico came together to network, learn from each other and share experiences with other like-minded clinician-educators.

The themes for the meeting included curriculum development, teaching strategies, evaluation tools and development of educational scholarship for career advancement. The meeting convened with a timely and interesting presentation by Carol Aschenbrener from the Association of American Medical Colleges who addressed “Preparing the Workforce for Collaborative Care: Competencies, Change and Culture Shift.” Carol Carraccio updated attendees on the status of the Milestone Project.

Nationally recognized faculty from the four organizations facilitated three separate workshop sessions, with seventeen workshops being presented. Small groups discussed the educational “hot topics” of getting faculty to give formative feedback, teaching and assessing clinical reasoning, teaching during night shifts and promoting reflection and self-directed learning. Forty-seven posters were presented at the Advancing Education in Pediatrics Poster Reception.

Maryellen Gusic and Elissa Zenni from the APA led the efforts of the diverse and skilled Planning Committee. Mary Ottolini also represented the APA. Thanks to Ann Burke, Grace Caputo and Cliff Yu for representing the APPD. Planning Committee leaders from COMSEP were Susan Bannister, Jennifer Koester and Jerold Woodhead. James Bale, Chris Kennedy and Robert Spicer represented CoPS. All the tireless efforts and leadership of the Planning Committee were rewarded with a very well received meeting.

The conference was a tremendous success, thanks to the 148 participants, 38 faculty and the organizational leaders of the APA, COMSEP, the APPD, and CoPS. Evaluations reflected the participants’ appreciation of the course and the chance to network with colleagues who interact with various levels of learners.

Handouts and slides from each presentation are posted on the PEEAC.org meeting website. We look forward to partnering with our educational colleagues again on this conference.
There has been continued interest in the certification of pediatrics residency and subspecialty coordinators. During the past year, three additional pediatric coordinators have achieved certification and five coordinators successfully achieved maintenance of certification. Certification is renewed every five years. As of August 2011, there are thirty-five certified pediatric residency coordinators and five certified Neonatal-Perinatal Medicine coordinators. In addition, coordinators in Pediatrics Emergency Medicine have been formally recognized as a task force and are currently developing the tools for certification. Coordinators in Pediatrics Gastroenterology are forming a task force and will soon seek recognition from the TAGME Board of Directors to begin the process of developing assessment tools for their subspecialty as well.

This past spring, PedTAC (Pediatric Training Administrators Certification Council), added a new member, Jaime Bruse, C-TAGME, Pediatrics Residency Coordinator from the University of Utah.

PedTAC is currently in the process of updating our assessment tools to incorporate recent changes to the Common Program Requirements. The new tools will be used during the fall 2011 assessment cycle. Once the new Pediatrics Program Requirements take effect in 2013, the assessment tools will undergo another revision.

In August 2010, Kathy Miller and Melodie Allison attended the annual TAGME Board of Directors meeting in Cleveland, Ohio. At this meeting the Board formed an ad-hoc committee to review the current eligibility criteria for certification. The committee developed a proposal allowing alternative venues for coordinators to meet the professional development requirement. This new system was adopted during the 2010-2011 academic year in time for the spring assessment cycle.

Kathy Miller continues to serve on the New Specialty Development Committee which mentors task forces and reviews assessment tools developed by medical specialties and subspecialties for certification of their coordinators. Melodie Allison continues to serve on the Media Committee which developed and published a new TAGME brochure and newsletter.

The next meeting of the TAGME Board of Directors will be held August 18-20, 2011 in Baltimore, MD.

Submitted by Kathy Miller, C-TAGME
FUND THE FUTURE!

APPD gratefully acknowledges the following contributors to the APPD 25th Anniversary Fund
(contributions made December 2009 - June 30, 2011)

PATRON ($1000 or more)
Ann Burke, MD, Wright State University
Laura Degnon, CAE and George K. Degnon, CAE, APPD Office
Patricia Hicks, MD, Children’s Hospital of Philadelphia
Dena Hofkosh, MD, University of Pittsburgh Medical Center / Children’s Hospital of Pittsburgh
Rebecca Powers, MD, East Tennessee State University
Theodore C. Sectish, MD, Children’s Hospital/Boston Medical Center

SPONSOR ($500-$999)
Lynn C. Garfunkel, MD, University of Rochester
Joseph Gilhooly, MD and Jennifer Gilhooly, CPNP, Oregon Health and Science University
Robert McGregor, MD, St. Christopher’s Hospital for Children

FRIEND ($250-$499)
Maimonides Infant’s & Children’s Hospital
Susan Bostwick, MD, New York Presbyterian Hospital (Cornell Campus)
Debra Boyer, MD, Children’s Hospital/Boston Medical Center
Susan Guralnick, MD, Winthrop-University Hospital
Gail McGuinness, MD, American Board of Pediatrics
Adam Rosenberg, MD, University of Colorado Denver
Jerry Rushton, MD, MPH, Indiana University School of Medicine
R. Franklin Trimm, MD, University of South Alabama

SUPPORTER (under $250)
Paul Cooper, MD, Louisiana State University (Shreveport)
Cynthia Ferrell, MD, MSEd, Oregon Health and Science University
Wendy Hobson-Rohrer, MD, MSPH, University of Utah
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Mark A. Ward, MD, Baylor College of Medicine
Steven D. Woods, MD, Kaiser Permanente Southern California (Los Angeles)

Yes! I Want to Fund APPD!

Donations made during our 25th anniversary year were acknowledged in several ways at the 2010 Annual Spring Meeting in Chicago and the 2011 Annual Spring Meeting in Miami. Depending upon the level of support, contributors received special pins/ribbons, were featured on posters at the meetings, and names of contributors between December 2009 and June 30, 2011 are included in the Annual Report (above).

Important new initiatives require funding sources and we look to our membership to provide that assistance.

Visit www.APPD.org to say “Yes! I Want to Fund APPD!”
### Financial Overview
July 1, 2010 through June 30, 2011

#### Support and Revenue

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#### Expenses

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#### Net Income

- **$106,667**

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6/30/11 APPD Total Fund Balance = $981,556  
Made up of:  
  UNRESTRICTED Funds: $649,367  
  RESTRICTED Funds: $332,189

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The following companies provided unrestricted funds in support of the APPD 2011 Annual Spring Meeting

**Abbott Nutrition Health Institute**  
**Mead Johnson Nutrition**

*APPD is most grateful for their generous contribution to this important activity.*