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Dear Colleagues,

It is a privilege to serve as your president and to have the opportunity to report to you on the accomplishments of APPD. The Annual Report that follows this note reports the work products of numerous members within the organization whose efforts have been consistent over a considerable period of time. These activities, which have now come to fruition, are based on ideas brought forth by those before me and with whom I had the privilege of serving on the Board of Directors: Ted Sectish, Rob McGregor, Susan Guralnick, and Ann Burke. The current board, along with leaders of the regions, task forces and others leading key initiatives, have provided the innovative ideas and the hard work that it takes to keep APPD growing to meet the needs of all programs, while serving to make our organization’s strategic plan one that is fully realized.

This past year has had the theme of change, with the proposal and revisions of new program requirements and a new accreditation system. APPD members participated in helping to shape those changes with a collaborative and enthusiastic approach to proposed requirements for accreditation and assessment. The new requirements call for innovation and milestones assessment of outcomes. Members are cautiously embracing this new world with hopes to use the opportunity to create a curriculum and assessment plan optimally aligned with their individual institutional strengths and their residents’ curricular needs. Our APPD 2012 Fall Meeting brought together APPD member program leaders to share their best practices, ideas and research alongside the ABP, ACGME and NBME leaders with the goal of increasing collaboration to achieve the mission of APPD – “...to serve 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.”

The Pediatrics Milestones, informed by the APPD members, were published in their first iteration in January 2012. Led by Dr. Carol Carraccio, this work provides the grounding for assessment of outcomes for pediatric education across the continuum. APPD’s Longitudinal Educational Assessment Research Network (LEARN), in collaboration with the Initiative for Innovation in Pediatric Education (IIPE), partnered with the National Board of Medical Examiners (NBME) in 2011 to begin working on developing these milestones for practical use in programs. A feasibility pilot project began in 2012 with an initial six sites, with expansion plans for over 20 sites. This work lays the foundation for the further development of the 21 Pediatrics Milestones chosen by the ACGME for summative reporting to begin in December 2013. Only with the full engagement of the APPD membership will these assessments have the full utility that we all hope for; key aspects of feasibility, acceptability, validity, reliability, and educational impact must be achieved for meaningful and sustainable assessment to be achieved.

Based on member needs assessments and after many years of planning, APPD’s Leadership in Educational Academic Development (LEAD) was formed and the first enrolled cohort is well into their year-long curriculum. Led by Dr. R. Franklin Trimm (Chair), a talented council of APPD members serves as instructors of a dynamic, well-constructed curriculum that provides a foundation for the enrolled members to move forward into higher leadership roles within pediatric medical education. In its inaugural year, this educational certificate program’s teachers and students reflect the enthusiasm, dedication, talent and commitment that typifies APPD in the educational community. We are very proud of LEAD and look forward to the ongoing successes of all involved.

There have been so many terrific examples of collaborative products that have been supported by APPD Special Projects grants and task force activities. A few exemplary projects include the APPD special project supported nighttime curriculum, faculty development modules utilizing the ABP/APPD Primer on Assessment
and the dynamic and profoundly effective mentoring program. Each of these has provided a valuable member service while offering collaboration with other organizations in the Pediatrics medical education community.

I hope you enjoy reading this Annual Report and its descriptions about the many facets of the APPD - those numerous activities and products that really define the organization’s work. With opportunities for participation and leadership throughout APPD, the association functions as a dynamic and member-inspired and driven entity. As you read through the various reports, you will no doubt find additional areas of interest to you. I encourage you to reach out to inquire about how you may become involved in helping to shape the future of pediatric medical education or in expanding your current activities. Thank you for your many contributions and dedication.

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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 $125 charge for each additional individual, with two other available payment tiers: (1) $3500 for the addition of 16 individuals up to 35 total members (including chief residents) and (2) $5000 to include an unlimited number of individuals. APPD’s membership currently includes 198 programs, totaling 2,413 individuals (renewed as of 11/26/2012).

**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
- Participation in APPD educational programs
- Leadership opportunities and chance to nominate colleagues/peers for leadership roles and awards
- Career development/Mentoring Program/promotions support
- Participation in coordinated and collaborative educational research through APPD LEARN
- Task Force membership
- Organization at the regional level
- Regular receipt of APPD communications (APPD Bulletin and APPD e-Newsletter)
- Notification through frequent email blasts of breaking news and issues of importance to pediatric residency programs
- Membership in a community of educators with access and networking opportunities with others in the field
- 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 Listserv
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 kicked off the year with a great lunch meeting at the 2012 Spring Annual Meeting. Over 60 people from across the region attended. After introductions, the results of elections for Associate Regional Chair and Coordinator Chair were announced. Kim Boland, MD from the University of Louisville was elected for a three-year term as Associate Regional Director, and Christine Mayes from Children’s Hospital of Akron was selected as the Coordinator Chair, to fill a two-year term. The region also welcomed Abdulla Ghori, MD from MetroHealth, as he moved from Associate Regional Chair to Regional Chair for the next three years.

The membership held a lively discussion about current issues, including duty hours and night team implementation. We then discussed the anticipated need to assessment Milestones and agreed as a region that we would want to participate in any studies that involved the testing of Milestones, either as a region or nationally. Dr. Ghori suggested that he would send out a survey regarding programmatic interest in testing specific Milestones.

The Fall Regional meeting will again be hosted by Nationwide Children’s Hospital on October 19, 2012.

Accomplishments for this past year include our successful regional meetings, both as a region in the Fall and as a group at the National Spring Meeting. The membership of the region has been very willing to share insights, best practices, and work together to formulate strategies for implementing the required duty hour changes, as well as RRC requirements and looks forward to working on Milestone-related projects together in the Future.

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

Mid-Atlantic Region
Fall Meeting Highlights
The annual Mid-Atlantic Region fall meeting was held September 26, 2011 at Nemours/Alfred I. DuPont Hospital for Children in Wilmington, DE. The Pediatric Milestones project was the key topic of interest among the discussants. It was great to share ideas and tap the pooled experience of the group. The traditional “Spotlights on Innovation” segment once again showed some amazing creativity from programs in the region. As always, we benefitted from our geographic good fortune by having Patty Hicks in attendance. Dr. Hicks updated the group on LEARN and the national APPD, and Nancy Spector provided updates from the Faculty and Professional Development Task Force.

The 2nd annual Mid-Atlantic APPD Resident Research competition was a success. Three resident projects were each chosen to receive a grant of up to $1000 from the APPD Mid-Atlantic Region. The winning projects were presented at the fall meeting, and we received updates on the progress of the 2010 winners from their programs. We thank the region membership for supporting the competition with their regional dues, the volunteer judges, the residents and their supporting program directors and coordinators. Thanks to all for your hard work and enthusiasm!
The 2011 Mid-Atlantic Region’s Resident Research competition winners were:

- Tiffany S. Lin, MD and Rebecca S. Fischer, MD from Children’s Hospital of Philadelphia – “Education of the Pediatric Resident on Obtaining Valid Informed Consent”
- Pareen Shah, MD and Amit Thakral, MD from Crozer-Chester Medical Center – “Food Pyramid for the Mummy – Community-Based Nutritional Guidance”
- Brian P. Jenssen, MD from Children’s Hospital of Philadelphia – The Use of RSS Readers to Increase Resident Knowledge of Primary Pediatric Literature”

**Spring Meeting Highlights**

The regional spring luncheon was held at the national APPD meeting in San Antonio in March 2012. We thanked Nancy Spector for her outstanding service to the Mid-Atlantic region over the past three years as regional vice-chair and welcomed our two new co-vice chairs, Meredith Carter from INOVA Fairfax and Anna Marie Carr from Einstein Medical Center.

Hot topics on the agenda were the Next Accreditation System, the Pediatric Milestones project, GME funding, and the “flexible 6” months. Patty Hicks updated the group on LEARN and the Milestones project, and Nancy Spector assisted us in brainstorming about possibilities for regional collaboration as we plan for implementation of the Milestones.

Submitted by Kelly Bradley-Dodds, MD, Region Chair

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**Midwest Region**

This past year the APPD Midwest Region held its 4th annual fall regional meeting in Chicago, Illinois. This meeting allowed regional members to share ideas about the use of information technology in residency and fellowship training programs. This year also marks the first year that our region has collected dues. Each program has agreed to pay $50/ year toward regional education initiatives and subsidizing residents travel costs who will present at APPD.

In San Antonio, our group had to address a variety of business issues when we met. Our region had the unique situation where the PD chair had accepted a new position outside the region, the APD chair was promoted to PD at her program, and the Fellowship PD Chair is transitioning to a new role in his institution. The group agreed, that the APD Chair and the Fellowship PD chair would remain in their roles until spring of 2013. The group also agreed that the PD replacing the current chair would serve in the role for 1 year to complete the term. Our region will elect new members at the Spring 2013 APPD/COMSEP meeting.

Our region will be hosting its 5th annual fall regional meeting in Minneapolis, Minnesota at the University of Minnesota October 26-27. The focus of the meeting will be Pediatric Milestones and Updates and Plans for migrating to the Next Accreditation System.

Submitted by Amy Stier, MD – PD Chair; Emily Borman-Shoap, MD – APD Chair, Peter Smith, MD – Fellowship PD Chair; Ambrosya Amlong, C-TAGME, PC Chair

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**New England Region (NPPD)**

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 Kelley Pike, Coordinator of the Albany Medical Center Pediatric Residency program and Ed Zalneraitis, Program Director of the University of Connecticut Pediatric Residency program.

The Annual Fall Meeting was held on Wednesday, October 19, 2011. This was the 22nd Annual Fall Meeting, held in Boston at the Joseph Martin Conference Center at Harvard Medical School. It was hosted by the Boston Combined Pediatric Residency Program and its Directors Drs. Ted Sectish and Bob Vinci and Coordinators Susan Brooks and Joyce Patterson and other collaborators. Ms. Vanessa Goodwin, coordinator of the Vermont Program was thanked for her service as Co-Chair and Ms. Kelly Pike of the Albany Program was welcomed and congratulated on her election as new Co-Chair of NPPD.
The meeting included a two-part series of presentations on innovations, ideas, and improvements evolving in member programs. Each presentation was around 10 minutes in duration with questions and comments. This approach was a new one for the NPPD, and it was well-received. Members asked that it be repeated in future meetings. The topics covered were: a year-specific longitudinal simulation curriculum, improving family centered rounds, a review of a 12-year experience of an academic development block, a modular night education curriculum, a longitudinal QI curriculum, a longitudinal off-site office experience, a model for learning DBPeds in continuity experience, a group practice model for continuity experience, senior home call telephone triage, lay book club and a model for team-based board review.

The meeting also had its usual breakout sessions for Coordinators, Chief Residents and combined Program Directors, Associate Program Directors and Clerkship Directors. Each group addressed active issues faced among their members. The keynote presentation was by Dr. Christopher Landrigan: “Duty Hours, Sleep and Fatigue”. This was followed by a question and comment period. The day concluded with a discussion of citizenship: how to elicit resident compliance with program expectations. A number of suggestions and approaches were presented.

At lunch, there was a business session where the entire group discussed regional dues, the anticipated new requirements, night curriculum and hand-over/off curriculum and efforts. Dr. Shannon Scott-Vernaglia, Program Director at Massachusetts General Hospital, presented the report from the subcommittee on regional dues. It was proposed that the committee solicit proposals for one to two small grant projects per year, and there was an alternative proposal that the dues could help support the regional meetings. It was decided to survey the group on raising the dues to 20% of APPD dues and to determine the preferred plan for using the dues.

The NPPD met at the Regional Breakfast at APPD Annual Spring Meeting on March 30, 2012 in San Antonio, Texas. The meeting was facilitated by the NPPD Co-Chairs Kelley Pike and Ed Zalneraitis.

The spring NPPD meeting was scheduled for Wednesday, April 25, 2012 at the Bay State Pediatric Program. It was decided that the innovations, ideas and improvements session would be utilized again. The survey on the use of NPPD regional dues was reviewed: the results indicated that the NPPD should not increase the dues, and it was advised that 10% of the total amount paid per program is held in a fund for regional use. The total as of now is about $4500. The Oversight Committee for dues (one PD, one APD and one Coordinator) is: PD- Shannon Scott-Vernaglia (Mass General), APD- Barbara Schectenberg (Baystate), PC- Anne Marie Healy (Yale) The use of the dues will follow the results of the survey. The Coordinators proposed some adjustments in the meeting format: schedule sites and dates a year ahead as possible; registration notification will go to entire group, each specific program responding through their program designee (perhaps the coordinator or manager); replies/attendance information will be sent back to the Co-Chair (Kelley) who will forward them on to the host institution coordinator; any communication about the meeting must include the host coordinator; agenda, name badges should be provided by the host institution. These procedures were approved.

The Annual Spring Meeting was held at Baystate Children’s Hospital in Springfield, Massachusetts on April 25, 2012. The meeting was hosted by Program Director Dr. Laura Koenigs, Chair Dr. Lindsay Grossman and Coordinator Kathy Hall of the Baystate Medical Center Pediatric Residency program.

The meeting began with a presentation by Dr. Kevin Hinchey, Interim Chief Academic Officer of Baysate Medical Center. Dr. Hinchey’s presentation was on the use of milestones in practice, as implemented in the Baystate Internal Medicine program. His presentation included opportunity for an interactive exchange around the issues raised by this approach.

The Program Directors, Associate Program Directors and Clerkship Directors group; the Coordinators group and Chief residents each had breakout discussions afterward. The Coordinators discussed their role in the Next Accreditation System, the use of regional dues by the NPPD and addressed their standing agenda. The program directors, Associate Directors and Clerkship Directors had a discussion of regional educational research lead by Dr. Bob Vinci of the Boston Combined Program. The NAS and the revised Requirements for Pediatric Training were also discussed. The current and rising Chief residents had a “nuts and bolts” session for the rising Chief Residents, and they exchanged approaches to common issues for their programs. They identified issues for discussion with the other groups in the afternoon.

The presentations on innovations, ideas, and improvements by NPPD programs included: Dr. Kimberly Gifford, Program Director at Dartmouth presented on “Doctor Coach” a model for faculty development. Dr. Dennis
Basila, Program Director at Albany Medical College, presented on their CARE Program (advocacy program). Dr. Christine Skurkis, Associate Program Director at the University of Connecticut, presented an Inpatient Restructuring Experience.

The Fall Meeting is planned for Monday, October 29, 2011. This will be hosted by Dr. Kimberly Gifford, Program Director and Mr. Cameron Cudhea Program Administrator of the Dartmouth Pediatric Residency Program. It will be held at the Children’s Hospital at Dartmouth in Lebanon, New Hampshire. The agenda will be developed by early fall.

Submitted by Kelley Pike and Ed Zalneraitis, MD, Regional Co-Chairs

New York/New Jersey Region
The NY/NJ Region held its Spring Meeting on March 23, 2012 at the Corporate Learning Center of Jacobi Medical Center, Bronx, New York. About 80 Program & Associate Program Directors, Chief Residents, and Program Coordinators attended the meeting, representing 20 programs.

The meeting started with presentations by Steven Barone, MD about career tracking for residents at Cohen Children’s Medical Center and Rachel Katz, MD about the Resident as Teacher program at Albert Einstein/Jacobi Medical Center. Everyone left with ideas to take home.

Susan Bostwick, MD presented follow up of the Child and Adolescent Psychiatry for Primary Care fellowship recently implemented by the New York State Department of Health. The idea is to train pediatricians to diagnose and treat common psychiatric illnesses in order to improve mental health service delivery. The Department of Health has specifically reserved space for program directors with the hope that this knowledge will be introduced into residency training continuity clinics. Several New York program directors will participate in the program.

Susan Guralnick, MD presented information about the new ACGME accreditation system. This was followed by an open forum. 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 “educational units” and “individualized curriculum”…). 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. We will discuss these issues more at our next meeting in the fall.

The fall meeting was scheduled for October 26th 2012.

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

Southeast Region
The Southeast Region of the APPD has had a busy and productive year. We had our annual spring meeting on Friday, March 30th. At the start of the meeting we allocated time to compare notes on a few “hot topics” from the pre-meeting survey including revised coverage models and handover training and education. A few programs shared “best practices” with the group. However, the majority of our meeting time focused on concerns regarding the proposed RRC program requirements and consideration of an additional regional meeting at another point in the year.

Following comments from the RRC leadership earlier in the week, there was much conversation focused on concerns regarding the proposed RRC program requirements for pediatrics to be implemented July 2013. Specifically, the group was concerned about the inpatient cap of 16 educational units and the feasibility of 6 educational units of individualized curriculum time that cannot overlap with the 9 educational units of subspecialty experience. The group was concerned that the amount of individualized curriculum time would lead to lack of reliable and predictable resident presence with career goals that vary from one class to another. They were concerned about financial impact on departments and health systems, and they were, fundamentally, concerned about the robustness of resident education if residents become “drop in” learners on teams that are designed to function in their absence. The group charged the Region Chair with drafting a letter of concern to the RRC and members added their names to the letter after review.
We are very pleased with the response of the RRC to our letter. While we are sure that our concerns were likely shared and voiced by others, we appreciated the direct communication the RRC provided to our region. The latest version of the proposed program requirements do not include a maximum on the number of inpatient months and Ms. Caroline Fischer, Executive Director of the RC for Pediatrics, has notified us that the draft FAQs to go before the ACGME Board in late September include language that allows for overlap between subspecialty experiences and individualized curriculum units of up to 3 units.

Early in September we had another exciting success. Dr. Chad Brands and Dr. Raquel Hernandez at All Children’s Hospital- Johns Hopkins Medicine located in lovely St. Petersburg, Florida graciously hosted our initial fall meeting for the region. There was an impressive showing of programs from NC, Georgia, Arkansas and Florida. After a fun evening watching the Tampa Bay Rays baseball team beat the Texas Rangers in extra innings, we gathered on Saturday morning to learn from one another. Eight programs shared exciting innovations, and we gained insight into the new program requirements, the Next Accreditation System, CLER visits, Clinical Competency Committees, and plans for Individualized Curriculum Blocks. The afternoon was capped by a presentation by Michelle Fisher of ECFMG. Certainly the trip was lots of fun. New relationships were created, and new challenges that seemed daunting in April began to become more tangible in September. We will continue to discuss ways to continue the momentum that 2012 has brought to the region.

Submitted by Betty Staples, MD and Holly Hering

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Southwest Region
Meeting Report – March 30, 2012

1. Welcome and Introductions (Dr. Courand)
   - Dinner Social Follow-up: We thoroughly enjoyed having a relaxed time prior to our formal meeting to get to know everyone. It seems this is the first SW Region dinner to have occurred outside of the spring meeting.
   - Updates: All Texas programs matched!!!!

2. Award Presentation
   - Dr. Courand, Beth Payne and UTHSCSA offered awards to recognize the accomplishments of the previous leadership in the SW Region with plaques stating:
     - Association of Pediatric Program Directors - Southwest Region - Proudly Recognizes - Judy Behnke - For her professionalism, support and dedication to the APPD SW Region Coordinator Section from 2006-2009 and to the Graduate Medical Education community as a whole serving as a Pediatric Program Coordinator from 1982-2012.
     - Association of Pediatric Program Directors - Southwest Region - Proudly Recognizes - Surendra K Varma, MD, FAAP, Associate Dean for Graduate Medical Education & Resident Affairs, Ted Hartman Chair in Medical Education, University Distinguished Professor and Vice Chair, Pediatrics - For his friendship, support, and assistance in advancing the status of Pediatric Graduate Medical Education throughout the APPD Southwest Region from 2005-2011 as well as his commitment to teaching, research and resident advocacy in Pediatrics serving as Program Director at Texas Tech University from July 1979 to June 2011.

3. Introduction of New Program Directors (Dr. Courand)
   - TTUHSC Lubbock: Tammy M. Camp, M.D.
   - TTUHSC El Paso: Namrata Singh, M.D.
   - TAMU Scott and White: Alisa Acosta, M.D.
   - SAMMC: Brian Faux, MD
   - UTMB: Amanda, Hairfied, MD (APD)

4. Review of Survey Numbers and Highlighted Data (Dr. Courand)
   - Dr. Courand presented the results of a Texas-wide survey of all Pediatric residents getting approximately 1/2 of all residents to respond (253). This was the first survey of its type and the first time all the programs in Texas collaborated on a single project.
   - Results are attached to minutes but to highlight certain questions:
     - #1 and #3 Residents were well prepared for the new changes in the new program requirements and changes in duty hour standards.
     - #4 Close to half of all residents still feel sleepy and fatigued despite the new duty hours changes.
     - Comments from group: “Residents don’t sleep even if they have time off”
     - #8 “Most programs are routinely supervising handover either on Hem/Onc, or inpatient and certainly ICU rotations”
• #10 Close to half the residents surveyed do not agree that the new programmatic and duty hours rules have resulted in improved patient safety. “Possibly a national issue”
• TAKE HOME POINTS and Comments:
  - PD/APD/PCs are doing a good job with transitions, layouts and didactics
  - Not sure resident life is better with increased autonomy because they still seem fatigued
  - Residents need an explanation on do’s and don’ts on sleep and fatigue
  - ACGME survey has questions on how to relieve fatigue but no solid answer
  - Biggest change was for interns but they have no basis of comparison on life prior to strict duty hour’s requirements.
  - This is the last year of the “duty hour less” residents
  - There is concern that the residents will have shock to the system working only 16 hours as interns and then moving into a 24+4 timeframe as a PL2.
  - Although it was thought that interns are less burned out in February with the new 16 hour rule, Baylor has not seen this change.
  - Having interns requiring a life balance has made an enormous change to the culture of residency.

5. Milestones Project (Dr. Teri Turner) The following items are take home points from discussions inside of the ACGME meeting for the NAS and milestones implementation plans:
• There is currently a need for “interim” milestones for preparation purposes.
• Baylor COM is a pilot institution for the milestones projects.
• Many workshops were focused on milestones at the meeting.
• Read and re-read NAS letter from President of ACGME in the NEJM.
• EPA’s were used to deconstruct medicine into competency and the milestones are THE reconstruction. Example: Lumbar puncture performs and now rated as level 1 – was consent obtained, level 2 – was the procedure performed correctly, level 3 were errors communicated.
• Think of the milestones as sub competencies, there are 52 milestones sections and those need to be reconstructed. For preparation use the newborn literature “care of newborns” and use the American Board of Pediatrics milestones booklets.
• Educate faculty on EPA, terms, milestones and think of creative ways to reinforce the new information such as pocket cards.
• Begin observing your learners more than ever.
• Consider handover to create a better learner.
• Focus on observations and feedback during faculty development.
• Develop a competency committee to use milestone to determine training levels and attrition rates in 6 month interval if residents are competent and more frequently for assistance to residents who are moving slower.
• Increase evaluation fluency and create composite evaluations using group discussions with decreased restrictions.
• Develop progression through residency on a continuum.

6. Program Dashboards (Dr. Courand)
• This idea brings together the theme of collaboration within the state. Using these dashboards we can get to know each other, place a face with a name when networking and allow individual institutions their opportunity to share their research interests, program highlights and program accomplishments throughout the year.

7. Reports
a. Coordinator’s Group (Beth Payne, MAEd, C-TAGME)
• Goals for the PC Section: Out of the 8 original goals for the PC section over the next 3 years, we were able to complete 6. Goals completed were; to complete and Submit abstracts for lecture or poster options to be hosted at the APPD Spring meetings – out of the 9 PC workshops, Texas PC’s provided 3 of them and 1 workshop for Program Directors. Also, 80% of PC’s in Texas now serve on an APPD taskforce (professional development, tools or supervision). A reminder was sent to promote Texas PC’s attendance at APPD. We were able to implement dinner instead of lunch at this year’s meeting and I hope to implement with a lunch or dinner option at all of the spring meetings for PC’s to network. I was able to implement lunch meetings for the SW Region at the Spring ACTION meeting. I was able to prepare a handout about ACTION for review by SW Region. Finally, my hope was to submit at least 1 item to the APPD Sharewarehouse which was accomplished by submitting multiple items based on our 2012 presentations to include a continuity binder and recruitment tools. The pending goals will be realigned with the needs
of the group – using a list serve verses a Facebook Page and developing a written guide to the role, responsibilities and timeline for the Chair.

8. Additional Information: Nominations will be accepted for Chair positions for Program Director, Associate Program Director and Program Coordinator of the SW Region to begin their appointment following the spring meeting in 2014. Nominations will be accepted at the spring 2013 meeting in Nashville and announcement of new leadership will occur at the spring meeting in 2014.

Submitted by Beth Payne, MAEd, C-TAGME

Western Region
This was a very productive year for the Western Region!

The Western region held its Annual Regional Winter Meeting on February 17, 2012 at Phoenix Children’s’ Hospital, hosted by Grace Caputo and Associate Program Directors Ryan Bode, Vasudha Bhavaraju, Donna Holland, Lilia Parra-Roide, Salil Pradhan, and Dana Ursea. Many programs were represented! Programs from Arizona, California, Colorado, New Mexico, Oregon, and Utah took part in the one-day meeting. The meeting was informative and collegial. The focused topics included the milestones, individualized tracks and an update on the Pediatric Specific Structured Clinical Observation Tool (PEDSCO) and the Night Time Curriculum collaborative research projects. Dr Patty Hicks was our special guest and she gave an update and presentation on the LEARN, LEAD, and the Milestone Project.

The Western Regional Meeting in San Antonio was held on March 30, 2012 at the lunch hour and it was very well attended. There was a large turnout with most of the programs in the region represented. We celebrated success in collaboration among the programs with the Western Region APPD Special Project led by Dan West from UCSF, “Developing a Pediatric Specific Structured Clinical Observation Tool,” and the Night-time Curriculum Project by Dr Becky Blankenburg at Stanford. These projects were both presented to the national APPD membership.

The following topics were discussed:

1. Dan West from UCSF reviewed progress to date of our collaborative regional project, the Western Region Pediatric Specific Structured Clinical Observation Tool, the PEDSCO. Several sites participated in piloting the initial version of the tool. The data from this portion of the project will be used to further refine the tool for more widespread use. The next goal is to cut the sections down to about ½ the current size. There is also interest in developing an “app” for phones so that people could bring up and fill in the document on their phone. Another goal is to look to see if the PEDSCO could be applied to the milestone.

2. Becky Blankenburg from Stanford gave an update on the Nighttime curriculum: Version 1 of the nighttime curriculum project will be amended based on feedback. This will be submitted to MedEd Portal and Share Warehouse. Version 2 will be a more interactive format in a web-based platform.

3. Dr Tai Lockspeiser from Children’s Hospital Colorado was introduced as recipient of an APPD grant to study the characteristics of the learning environment that lead to successful use of learning goals in pediatric residency—she is recruiting interested sites.

4. A small amount of time was devoted to a dues discussion: the portion of our APPD dues that goes into an account for the Western Region. We have about $12,000 currently that could be used. In past meetings we have discussed whether some of it could be used to support attendance at Regional Meetings. We need a process to be able to “vet” the use. A suggestion was to form a small subgroup to look at requests. Another option was to use it to bring a speaker to a regional meeting. It could be used to support a regional research endeavor. Please forward comments or ideas to the Regional Chair: Dr Lilia Parra-Roide.

5. The next regional meeting will take place at UCLA on February 22, 2013, and hosted by Kate Perkins. The group responded to a survey the summer of 2010 and elected to stay with the winter date in between submitting an intern match list and the match.

Submitted by Lilia Parra-Roide, MD, Region Chair
Over the past year, pediatric subspecialty fellowship directors have become an increasing presence in the APPD membership. To make sure that the needs of this growing constituency are met, over the past two years we have conducted informal surveys and grassroots sessions. From these interactions we have begun to understand their needs. The topic areas most often cited include the scholarly process, academic skills training, and core curriculum development. These fellowship specific topics have informed the planning of each of the conference sessions of the presented at APPD programs this year including: the APPD spring meeting in San Antonio, the APPD Forum for Fellowship Directors’ Meeting at Pediatric Academic Societies, and the APPD fall meeting in Arlington, Virginia. Below is a brief summary of the fellowship sessions this year.

The 2012 APPD Annual Spring Meeting, the Grassroots Forum for Fellowship Directors was conducted by Chris Kennedy, 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. This session was attended by 24 subspecialty directors. Topics discussed are presented in the bulleted list below.

- Discussed the Subspecialty Clinical Training Initiative from the ABP. This included discussions regarding the length of subspecialty training, the function of the scholarly process, supervision for trainees, and resident preparation for 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 member?

- Consider fellowship director specific workshops at the APPD meeting
  1. Thinking about applying milestones and addressing professionalism for fellows
  2. QI projects in small programs
  3. How to communicate with other programs
  4. How to develop a core curriculum
  5. Consider a workshop on how to develop/run an effective SOC

- 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?

- 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.

Forum for Fellowship Directors - PAS Boston

This year’s Forum for Fellowship Directors the day prior to the PAS meeting broke records for attendance with over 61 attendees. This session provided fellowship directors with updates from the ACGME, ABP, NRMP, and Council of Pediatric Subspecialties (CoPS). Three interactive workshops were presented and included Fellowship Curriculum Development: New Ways to Solve New and Old Problems, Competency Based Education in Scholarship and Research: A Montessori Approach to Scholarship Education from the Pediatric Emergency Medicine Fellowship Experience, and Working Model of a Scholarly Oversight Committee Composition and Operations that Facilitate Success in Developing Academic Fellowship and Faculty Mentoring.

Fall APPD Meeting Fellowship Track

The number of fellowship directors attending the fall meeting continues to grow. To keep their interest this year’s fall meeting content was significantly expanded for subspecialty directors with thirteen separate sessions. While several of these sessions included direct discussion with staff and administrators from the ABP, NRMP and ACGME, the conference also included new content related to EPAs and Milestones for fellowship programs. Other new content areas included interactive workshops covering the following
Scholarly Activity Development
Quality Curriculum for Fellows
Incorporating Innovation into Your Curriculum and
Needs Assessment Program Improvement

In addition this year the APPD has formed partnership with the (CoPS) to begin two new initiatives. One is related to resident readiness to begin subspecialty training, and the other related to start dates for fellowship programs. The APPD recognizes the need for education of the subspecialty program director. We will continue to assess the needs of fellowship directors and tailor the programs throughout the year accordingly. Please let us know how we can continue to improve.

Submitted by Christopher Kennedy, MD
Fellowship Board Member
Program Director Pediatric Emergency Medicine
Associate Professor Pediatrics
UMKC School of Medicine
ckennedy@cmh.edu
The Associate Program Directors’ Special Interest Group is pleased to report the following leadership activities and accomplishments for July 2011 – June 2012:

1. APD Forum Session Virginia, Fall 2011: Lynn Garfunkel and Jerry Larrabee facilitated the 1 hour fall forum session with approximately 40 APDs in attendance. They reviewed the history and goals of the forum, the structure of the APPD- highlighting opportunities for professional development and shared the APD job description template. In addition, the group discussed practical tips to develop scholarly projects and enhance professional networking.

2. APD Grassroots Forum session in San Antonio, Spring 2012: There were approximately 100 attendees at the forum and this was the best attended grassroots session for APDs yet! This session was facilitated by Marsha Anderson, Aditee Narayan, Jerry Larrabee and Heather McPhillips. In the APD Grassroots Forum, we discussed the new RRC requirements, the milestones project, and the next accreditation system. Additionally, we received an update on what the APPD Board has been working on from Lynn Garfunkel. The APD SIG leadership reviewed survey data on the many roles APDs have within their program and we had a group discussion on the needs of APDs. Ideas included an “APD toolkit or survival manual” and a template for an Academic Development Plan tailored towards APDs. Finally, we were all treated to 3 outstanding presentations by APDs, selected from submissions from around the country:
   1. Dr. Ryan Bode from Phoenix Children’s Hospital described a unique track system that helped their program individualize resident education and might be a model for compliance with the new RRC requirements.
   2. Dr. Rosina Connelly from University of South Alabama shared their program’s experience with changing their inpatient rotation to meet duty hour requirements and standardize the handoff process between residents.
   3. Drs. Frey and Zella from Mass General showed us how to teach at night from home using Skype!

3. Workshop: “Assistant/Associate Program Directors: Successfully Adapting and Innovating in the Early Years of Your Career” The APD SIG also sponsored a workshop headed by Dr. Marsha Anderson that reviewed setting an academic roadmap as an APD. This session was aimed towards APDs in their first few years of their role to provide guidance and mentorship in successfully navigating the first few years of the various roles of an APD.

4. Selection of 2012 APD SIG Co-Chair: The SIG leadership selected Lynn Gardner from Emory University to act as the third SIG co-Chair replacing both Marsha Anderson and Aditee Narayan whose terms ended in June 2012. The APD SIG is in current conversation with the APPD Board to determine how the new governance structure will potentially change the SIG structure and leadership.

Submitted by Jerry Larrabee, MD, Lynn Garfunkel, MD and Lynn Gardner, MD, Co-Chairs, Associate Program Directors SIG
A very busy, active year.

**APPD Fall 2011 Meeting in Arlington, VA**
We welcomed 34 new coordinators to the APPD last Fall Meeting and hope they left with new ideas, tips and the pleasure of connecting with other coordinators. We shared information on the initial launching of the Coordinators’ Section as well as the Coordinators’ Task Forces and mentoring program. This was followed by an interactive session on many acronyms in pediatrics “Alphabet Soup” and discussions/presentations on surviving a site visit and recruitment from both the residency and fellowship points of view. Invited guests from American Academy of Pediatrics, ERAS and American Board of Pediatrics provided updates from their organizations.

Coordinators attended a dinner at a local restaurant and although the constant rain did not agree with the outdoor plans of the evening, the atmosphere and the fellowship was remarkable.

**Spring 2012 Meeting in San Antonio, TX**
Change was on everyone’s mind at this meeting as the ACGME had recently announced its Next Accreditation System. While waiting for exact details from ACGME, the theme of the conference: “The Evolution of Residency Training: Adapting and Innovating in a New Era” was most appropriate. The Coordinators’ Section presented workshops on dealing with changes, embracing technology, ensuring the continuity of the program, coordinator and the academic year and NAS. One evening we all enjoyed a Coordinators’ social at a local Restaurant on the vibrant River Walk.

The Coordinators’ Task Forces: Professional Development, Management/Team Work and Program Tools conducted individual sessions. These task forces continue to work towards their goals of increased coordinator professional development, enhancing the knowledge and skills of coordinators who also function as managers, and automation of the tasks of information gathering and documentation in the ever-changing management and accreditation demands of residency and fellowship.

Cindy Colpitts of the University of Nebraska Medical Center was honored as the 2012 Recipient of the Carol Berkowitz Award for Lifetime of Advocacy and Leadership in Pediatric Medical Education. The coordinators were delighted with this choice and extended a standing ovation to Cindy as she accepted this well deserved award.

**Executive Committee Changes/Updates—**
The three-year term for the executive committee ended for two dynamic individuals - Jamie Bruse, C-TAGME Administrative Program Coordinator, University of Utah and Avis Grainger, C-TAGME Program Coordinator, Levine Children’s Hospital at Carolinas Medical Center. The Coordinators’ Executive Committee would like to thank Jamie and Avis for their huge contributions to the coordinators section. Both were wonderful to work with and their expertise, professionalism and drive will be missed. They will certainly remain a great resource for the current executive committee.

The current Executive Committee welcomes Ambroysa Amlong, Program Coordinator at the University of Iowa and Kelly Pike, Program Coordinator at Albany Medical Center as new members. We welcome their new ideas and leadership over the next three years.

The Committee submitted two **Board Proposals** this year:

1. **Coordinators’ Academy** - We proposed the addition of a half-day forum focused on Coordinator-specific core skills and professional development topics prior to the official start of both the spring and fall meetings. Before giving final approval for this, the Board has requested a curriculum be presented. A Needs Assessment Survey will be going out to all coordinators to support this proposal requesting their ideas for topics. We have asked The Professional Development Task Force Co-Chairs, Therese D’Agostino, Massachusetts General Hospital, and Vanessa Goodwin, University of Vermont, with support from members of the Executive Committee, to spearhead development of this curriculum for coordinators along with the expert assistance of Melodie Allison, Baylor.

2. To optimize communication among coordinators, we proposed the creation of a Coordinators’ Communications Committee and the Board has approved. We asked Amy Gaug, University of Minnesota; Tara McKinley,
University of Louisville School of Medicine and Beth Payne, University of Texas Health Center San Antonio to Co-chair this Committee. Their primary directive is to coordinate and manage communication to and among the Coordinators’ section using various existing mechanisms including the APPD Newsletter, Coordinator’s list serve and web page in addition to identifying and implementing additional ones such as blogs and/or discussion boards. Their knowledge and enthusiasm will move the coordinators forward in this important area of professionalism.

We are in the midst of updating the Coordinators Mentoring Program to maximize our ability to successfully mentor one another as we all seek to increase our skills and expertise as program administrators. The current program has met with only limited success and is under review. The Executive Committee is considering a new model of small group peer mentoring which by design will include coordinators of similar types of programs and varying years of experience. We anticipate that this model will be more effective and provide a mechanism to give and receive unbiased feedback and/or assistance with both career and project development.

Last, but certainly not least, we congratulate our newest TAGME certified coordinators!!!

Ambrosya Amlong, C-TAGME Pediatrics
Karen Ariemma, C-TAGME Pediatrics
Vanessa Goodwin, C-TAGME Pediatrics
Ellen Marr, C-TAGME Pediatrics
Kathy Morten, C-TAGME Pediatrics
Teresa D Woods, C-TAGME Pediatrics
Tina Zimmerman, C-TAGME Pediatrics

Submitted by Pat Jacobi and Kathy Miller, C-TAGME, Co-Chairs
Communications Directors, Jerry Rushton, MD, MPH (2009-2012) and Bob Vinci, MD (2012-2015)

There have been two major initiatives in APPD communications over the past year. First has been the continuation of our discussions related to implementation of the ACGME Duty Hours changes. The second initiative is related to the review of proposed new Pediatric training requirements for accreditation. A series of focused conference calls were held to obtain membership feedback on these proposed changes as well as allowing us to begin to describe how some programs have adapted to these new Pediatric RRC requirements.

We have used APPD website, bulletins, 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, the annual spring meeting and conference programming has focused on best practices, new innovations, and emerging evidence on duty hours and changes in pediatric education. In October 2012 we changed the format of the Fall Meeting to incorporate a series of presentations related to the new Pediatric training requirements. We continued to include focused presentations at the Fall Meeting to assist new Program Leaders. To accomplish this goal we utilized a successful Pre-Meeting Conference to provide educational presentations focused on preparing new Program Leaders for careers in medical 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. The APPD Board has had active discussions with the ACGME and the Pediatric RC to provide meaningful input related to the Next Accreditation System and the development and utilization of the Pediatric Milestones.

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, MPH (Brody School of Medicine, East Carolina University)
Vice Chair: Rebecca Blankenburg, MD, MPH (Lucile Packard Children’s Hospital, Stanford)

Curriculum Task Force members continue to work on a number of national curricula, including the National Pediatric Nighttime Curriculum (collaboration between APPD and Pediatric Hospital Medicine Education Task Force), Pediatric Surgery Curriculum (collaboration with AAP), Global Health (collaboration between the APPD and the AAP Section on International Child Health and directors of pediatric global health tracks), Grief and Loss, Medical Home, Mental Health, Nutrition, and Resident as Teacher. New initiatives which present opportunities in curriculum development for our membership include Disaster Preparedness (in collaboration with the Global Health working group), Pediatric Hospital Medicine, and a curriculum on Quality Improvement.

At the Spring 2012 Annual Meeting in San Antonio, TX, members of the Task Force had an opportunity to participate in break-out groups working on several curricular projects in various stages of development, including the projects addressing Nighttime Education, Global Health, and Quality Improvement. Interested members also began work on a project to create a centralized “Curriculum Inventory. Our goal for this project is to create an online catalog which will provide program directors and other interested educators with a listing of available curricula, and a detailed description of each, as well as information about how to find and use the curriculum within their own programs. As in past years, the Task Force sponsored a workshop consisting of platform presentations focused in one curricular area – this year focused on ‘Communication Skills Related to the Exchange of Patient Care Information.’ The Task Force also led a pre-conference workshop entitled “Teaching Residents to Teach Themselves: Creating Self-Directed, Lifelong Learners.”

In the coming year, in addition to continuing work on the above curricular projects, we hope to utilize a working group of interested members to develop and launch our Curriculum Inventory project. 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)
Vice-Chair: Katy Bartlett, MD (Duke University Medical Center)

At the Spring 2012 APPD meeting in San Antonio the Evaluation Task Force launched a new project and format for our Taskforce meetings. Based on the content of Assessment in Graduate Medical Education: A Primer for Pediatric Program Directors published by the American Board of Pediatrics and the Association of Pediatric Program Directors in the fall of 2011, the taskforce began work on developing modules for Faculty Development around assessment of the Core Competencies. Taskforce members divided into the following groups based on interest and expertise:

- Patient Care
- Professionalism
- Interpersonal and Communication Skills
- Systems-Based Practice
- Practice-Based Learning and Improvement
- Milestones.

Each group developed a basic framework for their module during the taskforce meeting, and through conference calls and the contributions of many members, work on the modules continued over the summer. Now several modules are nearing completion. The modules will be made available for use by APPD membership following the fall APPD meeting in Arlington, VA. There the taskforce leaders, Suzette Caudle and Katy Bartlett, will present the concept and intent of the modules during a Faculty Development Panel at the fall meeting.

In the coming year we plan to continue work on completion of the above project. The Evaluation Taskforce also hopes to launch new projects related to assessment in graduate medical education, likely focusing on tools for incorporation of Milestones. If you are interested in ongoing or future work with the Evaluation Taskforce, please contact Suzette Caudle or Katy Bartlett. We encourage your ideas, involvement and participation in the coming year.
Faculty and Professional Development Task Force
Chair: Nancy D. Spector, MD (St. Christopher’s Hospital for Children)
Vice-Chair: Marsha Anderson, MD (Children’s Hospital Colorado)

We thank Clifton Yu for his tremendous leadership over the last 3 years as Chair of the Task Force. Under his direction, the Task Force has successfully completed many important projects and the membership of the Task Force has grown significantly. His leadership and vision of merging faculty and professional development was a key factor in the Task Force’s growth and impact.

1. Accomplishments 2011-2012
a. The Task Force presented one of 2 preconference workshops, entitled “Leading Teams, Managing People, and Making Projects Scholarly—Essential Professional Development for Program Directors.” The content of the workshop was based on data received from our previous needs assessment survey of the APPD membership. Ten Task Force members participated in the development and presentation of the workshop. Approximately 60 participants were in attendance. Feedback was quite positive.
b. The Task Force Chair, Cliff Yu and Vice-Chair, Nancy Spector, coordinated the planning and execution of this year’s Forum for Chief Residents. Special thanks to Erin Giudice, Cindy Ferrell, Ed Zalneraitis and Ken Roberts for leading the planning of this session. Over 24 faculty presented a variety of workshops to an audience of approximately 110 chief residents (approximately 2/3 rising chief residents and 1/3 graduating chief residents). The series of morning workshops were selected from submissions from Chief residents and Task Force members. A secondary goal of the morning sessions was to give Chief residents the opportunity to present at the Forum with mentorship from the faculty and Program Directors at their own institutions. In the afternoon, the group was divided into 2 tracks: one for rising chief residents and one for graduating chief residents. Based on feedback from last year, this year’s Forum was held during the preconference time in order to allow for more opportunities for collaboration and networking during the remainder of the meeting. Feedback for this session was quite positive.
c. This year’s Mentoring session focused on Mentoring Dyads. Over 60 new mentor-mentee dyads were paired. Approximately 10 existing mentor-mentee dyads were also in attendance. During this past year, the APPD Mentoring Program Planning Committee has developed the APPD Mentoring Toolkit. Portions of this toolkit were distributed to the mentor-mentee dyads. Special thanks go to the APPD Mentoring Program Planning Committee- Nancy Spector and Rhonda Graves Achonolu, Co-chairs, as well as Marsha Anderson, Janet Serwint, Aditee Narayan, Ted Sectish, Teri Turner and Cliff Yu. This session was very well received.
d. The Mentoring Program Planning Committee worked with the Evaluation Task Force to develop a plan for incorporation of facilitated peer group mentoring groups into their Task Force Meetings. The Evaluation Task Force Chairs reported that the groups worked well. Some of these facilitated peer groups plan to continue working together during the upcoming year.

2. Task Force Meetings and Plans/Projects/Challenges for the Coming Year
The Task Force had 2 very productive meetings during the Spring 2012 Meeting with approximately 50 Task Force Members each meeting. Cliff Yu and Nancy Spector gave an overview of the accomplishments of the Task Force during the past year, as well as the accomplishments during the meeting. The following issues were discussed.

a. Need to continue to pursue opportunities for implementation of faculty and professional development curricula based on our comprehensive needs assessment survey of APPD membership. We will continue to explore opportunities to deliver topics in both the Fall and Spring meeting. Our current proposal will be to continue to pursue leadership and professional development topics at the Spring meeting, in particular the pre-conference workshops, while proposing to have additional workshop opportunities for more basic educator development topics at the Fall meeting for newer program directors. One proposal would be to have several pre-conference workshop offerings from each of the individual task forces, rather than only one or two that are competitively selected.
b. Create a new needs assessment- given the many upcoming changes in RRC requirements, Milestones, etc.. The group agreed that it is time to conduct a new needs assessment.
c. Plan for initiation of facilitated peer group mentoring projects through our own task force, as well as others based on the subject matter of the project (eg. educational IT projects facilitated through the Learning Technology Task Force, curricular projects through the curriculum task force, etc.). Will be proposing as a project for the Faculty and Professional Development Task Force the creation of a faculty development
program inventory, which will be an electronic inventory of faculty development programs across the country with input and commentary by program alumni throughout our APPD membership.

d. Expansion of the dyadic mentoring program through the continued development and dissemination of the APPD Mentoring Toolkit, which was debuted at this year’s Spring meeting. Development of a “Mentoring Newsletter” (this effort will be led by Rhonda Graves Achonolu) that would provide further resources and “stories of mentoring success” to all involved in mentoring.

e. Continued evolution and development of the Forum for Chief Residents as a key vehicle for faculty development of our newest and youngest APPD members. Will continue to utilize member input and participant survey data to shape and evolve the forum’s content and modes of delivery. We also will continue to enlist the participation of as many Task Force members as possible in the planning and implementation of the CR Forum, with the idea to use this as a vehicle for the professional development of our own Task Force members. Also, develop a mentoring program for Chief residents- this has been requested by the chief residents.

f. Work with members of the Program Director School Council to develop complementary avenues for individual faculty and professional development available to all APPD members.

Due to the large number of projects and programs that are under the umbrella of the Task Force, we are proposing the additional leaders to lead the projects/programs that are listed below. The leaders intend to invite junior members of the organization to work with them on their assigned projects. We are looking forward to a very productive year and want to thank all the project leaders in advance.

### 2012-2013 APPD Faculty and Professional Development Task Force

**Chair- Nancy Spector**

<table>
<thead>
<tr>
<th>Task Force Committees</th>
<th>Responsibilities</th>
<th>Project Leader(s)</th>
</tr>
</thead>
</table>
| Mentoring Program Planning Committee | Match mentors and mentees  
• Traditional dyadic  
• Facilitated peer group  
Develop toolkit  
Support pairs and groups  
• Newsletter  
Work with Jim Bale and CoPS to plan mentoring activities  
Work with Chief Resident Forum Planning Committee to plan mentoring activities | Aditee Narayan  
Rhonda Graves |
| Educator Development Curriculum Committee | Form a committee  
Plan implementation  
• Based on needs assessment  
• Through meetings or asynchronous resources | Teri Turner  
John Mahan |
| Professional Development Curriculum Committee | Form a committee  
Plan implementation  
• Based on needs assessment  
• Through meetings or asynchronous resources | Ted Sectish  
Cliff Yu |
| Chief Resident Forum Planning Committee | Form a committee  
Plan forum in conjunction with Spring Meeting  
Create mentoring and networking opportunities (Work with Mentoring Program Planning Committee) | Erin Giudice |
| Needs Assessment Survey Committee | Form a committee  
Design updated Needs Assessment Survey to include Milestones, EPAs, NAS elements, new Pediatric Program Requirements  
Work with leadership of APDs and Fellowship Director Groups to create Survey | Marsha Anderson  
Nancy Spector |
| Inventory of Faculty and Professional Development Courses and Programs Planning Committee | Form a committee  
Create a process to create course and program information and annotations  
Work with Kathy to determine how inventory will be developed and maintained | Amber Hoffman |
Learning Technology Task Force

Co-Chair: Mark Hormann, MD (University of Texas Houston)
Co-Chair: Emily Borman-Shoap (University of Minnesota)

The APPD Learning Technology Task Force underwent a leadership change during the 2011 meeting. The LTTF thanked Joel Forman and Franklin Trimm for their leadership over the past years, and announced that Emily Borman-Shoap, Program Director for the University of Minnesota program, and Mark Hormann, Associate Program Director for the University of Texas Houston program, will be taking over the reins for the next few years. Emily will be serving a three year term and Mark will be serving for two years.

During our first meeting we had a lively (and some may say heated) discussion about the nature of our group. In some ways the LTTF behaves as a Special Interest Group, in that many people coming to the meetings are interested in new technology to assist in resident education. Participants come just wanting to talk about their technology and listen to what others are doing at their institutions. Particular interests cropped up in ways to teach at night, useful electronic curricular platforms, and teaching and assessing within the EHR. However, there are elements of our “charter” that are task oriented, such as disseminating reviews of technology to the group as a whole. We concluded that both purposes were worthwhile, and neither should be sacrificed.

The LTTF is officially charged with identifying and evaluating “technology, including software, computers, personal digital assistants, telecommunication devices, and wireless technologies that support training and education of pediatric residents.” To that end, we will be producing short summaries of various technologies, explaining possible uses and warning of potential pitfalls. In this way we can present the work of APPD members and hopefully stimulate discussion about the use of technology to enhance residency education.

In addition to disseminating our successful technology projects, we discussed developing a “consult” service, providing the membership a list of LTTF members who can help brainstorm about particular technologies and offer expert assistance in getting an idea using technology off the ground. We hope to have this resource developed for the spring meeting.

Research and Scholarship Task Force

Chair: Heather McPhillips, MD, MPH (University of Washington)
Vice-Chair: Su-Ting Li, MD, MPH (University of California Davis Health System)

The Research and Scholarship Task Force’s goals are (1) to support educational research and scholarship through supporting the members of APPD in developing the skills necessary to plan, carry-out and disseminate important advances in pediatric GME; and (2) to review surveys prior to dissemination to APPD membership for relevance, content and human subject approval in order to limit surveys to PDs and APDs that are most likely to result in important results relevant to our membership and to pediatric GME. The task force reviews surveys three times per year (deadlines April 1, July 1, October 1). In the past academic year (July 2011 through June 2012), the Research and Scholarship Task Force members reviewed six surveys and approved five to go out to the membership. Thank you to all task force members who volunteered their time and expertise in completing these reviews.

We had terrific meetings in San Antonio at the annual APPD meeting with record attendance (41 people at the first meeting and an only slightly smaller group at the second meeting). In our meetings, we broke into three separate interest groups. The first group discussed workshop ideas to be submitted to the spring meeting by the task force. The task force discussed submitting a combined COMSEP/APPD pre-conference workshop idea for the joint COMSEP/APPD 2013 annual meeting: Design and Implementation of your educational scholarship idea. The task force also discussed submitting 2 workshops each year: (1) an introduction to educational research and scholarship workshop and (2) a workshop aimed at a slightly more experienced audience focused on specific research and scholarship methods. A second group discussed promoting scholarship in individual program’s residents and a potential collaborative research project. A third group met to begin preparation of a manuscript detailing results of the past ten years of surveys of APPD members that were reviewed and approved by the task force.

Members of the task force also collaborated on a workshop this year that was an introduction to educational research and scholarship that was well attended and received very positive reviews.
In late 2011, APPD initiated a new Program Director school called APPD LEAD, Leadership in Educational Academic Development. Starting with a vision of the APPD Board and expressed needs of the membership, the concept of a Program Director School was developed into a program that started the first cohort of participants in July 2012. This first cohort will graduate at the 2013 Spring Meeting. LEAD is off to an enthusiastic start in establishing a nationally recognized program to develop and promote excellence in pediatric graduate medical education leadership.

APPD leadership began by developing some core concepts about what the school would be and how it would be developed and run. A call was sent out to the APPD membership for individuals who would be interested in being involved in the Council, the group that would further develop and implement the school. There was a strong response to this call, making the decision making process for APPD leadership a challenging next step. The individuals selected for the Council are:

- Susan Bostwick, MD; New York Presbyterian – Weill Cornell
- Grace Caputo, MD, MPH; Phoenix Children’s Hospital
- John Frohna, MD, MPH; University of Wisconsin
- Hilary Haftel, MD, MHPE; University of Michigan
- Su-Ting Li, MD, MPH; University of California-Davis
- Franklin Trimm, MD, Council Chair; University of South Alabama
- Linda Waggoner-Fountain, MD, Med; University of Virginia

The Council further developed the overall goals for LEAD, set up and completed the first application round for participants and developed a GME leadership curriculum. LEAD is a one-year program beginning with a stand-alone 3-day meeting followed by additional meetings and activities coupled with the Fall and Spring APPD meetings. Participants develop a project to complete over this time frame. The first face-to-face meeting took place July 19-21, 2012. The second meeting took place on October 3, 2012, just prior to the APPD Fall Meeting. The third and final meeting for Cohort 1 will take place April 9-10, 2013 followed by recognition of their accomplishments at the 2013 APPD Spring Meeting.

Members of Cohort 1 include residency program directors, residency associate program directors and fellowship directors and represent a notable level of experience in educational leadership. Members of the first cohort are:

- Marsha Anderson, MD; University of Colorado
- Chad Brands, MD; All Children’s Hospital Johns Hopkins Medicine
- Susie Butcher, MD; Emory University
- Michele Carney, MD; University of Michigan
- Joseph Cernich, MD; Children’s Mercy Hospital
- Stephanie Dewar, MD; Children’s Hospital of Pittsburgh
- Geoffrey Fleming, MD; Vanderbilt University School of Medicine
- Bruce Herman, MD; University of Utah
- Jay Homme, MD; Mayo Clinic
- Michelle Howenstine, MD; Indiana University / J.W. Riley Hospital for Children
- Laura Koenigs, MD; Baystate Medical Center / Tufts University
- Jerry Larrabee, MD; University of Vermont
- Keith Mather, MD; University of Oklahoma-Tulsa
- Allison McBride, MD; Wake Forest University
- Angela Myers, MD, MPH; Children’s Mercy Hospital
- Paul Schwartzberg, DO; Jersey Shore University Medical Center
- Dawn Tuell, MD; East Tennessee University
- Renuka Verma, MD; Children’s Hospital at Monmouth Medical Center

A call for applications for APPD LEAD Cohort 2 will go out to the membership in January 2013 with an April application deadline. Applicants will be notified by early May of decisions. The second year of Cohort 2 will follow the same curriculum as developed for the first year, with ongoing improvements to its implementation.

Current information on APPD LEAD is available at: https://www.appd.org/ed_res/LEAD.cfm

Submitted by Franklin Trimm, MD, Chairperson, APPD LEAD Council
APPD LEARN (Longitudinal Education Assessment Research Network)

Submitted by Alan Schwartz, PhD, APPD LEARN Director

The APPD’s Longitudinal Educational Assessment Research Network (LEARN) now includes 104 APPD member programs, up from 55 programs in 2011, and is actively engaged in several research and research training activities.

Working in partnership with the National Board of Medical Examiners Center for Innovation, a total of 24 APPD LEARN programs, in collaboration with their Pediatrics clerkships, are engaged in a pilot study of online assessment tools for measuring learner development on a subset of Pediatrics milestones. Participating programs are collecting assessments and providing feedback to 2-4 interns and subinterns each month. Data collection is expected to be complete in June 2013, and we hope this pilot study will lead to future deployment of milestones assessment instruments with good evidence for validity of their scores. I want to particularly recognize the efforts of Steve Clyman, Kathie Rose, Yelena Spector, and Christa Chaffinch at the NBME, APPD LEARN Project Manager Eric Shropshire at Degnon and Associates, and project PI Patty Hicks.

APPD LEARN issued its first call for member-initiated proposals in mid-2012, and received six proposals in response to the first review deadline. APPD LEARN’s Proposal Review Committee (PRC), consisting of Z. Leah Harris (PRC Chair), Erika Abramson, Jerry Larrabee, Adam Rosenberg, Heather McPhillips, and Daniel West worked very hard this year to formulate the call for proposals, develop a proposal review process, and review the proposal submissions. Results of the review will be announced in late 2012; we anticipate several new APPD LEARN projects will begin as a result.

APPD LEARN’s Educational Development Committee (EDC) focuses on determining the educational needs of APPD LEARN members, and barriers and facilitators of effective participation in the network. The APPD LEARN EDC, consisting of Beatrice Boateng (EDC Chair), Marsha Anderson, Priya Garg, and Susan Izatt, reviewed last year’s needs assessment survey, fielded a new survey for 2012, and plans to collaborate with the Research and Scholarship Task Force on the development and presentation of a meeting workshop curriculum in educational scholarship. In Spring 2012, I had the pleasure of joining Hilary Haftel in conducting the first APPD LEARN-sponsored workshop on educational scholarship at the APPD meeting in San Antonio.

We also continued to develop our infrastructure this year. This includes both technology - an enterprise-quality research data repository system, a project management system, and a system for de-identification of learner data - and know-how related to facilitating IRB applications by APPD LEARN member sites and managing data collection. The new APPD LEARN website, http://learn.appd.org, is up and provides comprehensive information about APPD projects and plans. The APPD LEARN Advisory Committee, consisting of Patty Hicks, Ann Burke, Hilary Haftel, Rob McGregor, and Carol Carraccio, together with APPD Executive Director Laura Degnon, have been a terrific support in all of APPD LEARN’s endeavors this year.

At the end of my first year as APPD LEARN Director, I’m very excited by the progress we’ve made in the development of the network and the projects to come. APPD LEARN is your research network, and I’m honored to have the opportunity to work with you on these important endeavors. Please feel free to contact Eric or me at any time with questions or suggestions for APPD LEARN. For more information, see http://learn.appd.org.
Since 2009 the APPD has partnered with the Academic Pediatric Association (APA) and Academic Pediatrics to publish a bimonthly manuscript to address topics of interest to the APPD membership. The types of manuscripts published include commentaries, opinions, reviews, and curricular innovations that address important issues related to pediatric graduate medical education. This year has been a year of transition as Dan West has taken over for Patty Hicks as Associate Editor for the APPD Pages. Publications since the last annual report include the following:


Anyone associated with APPD can submit a manuscript for consideration for publication in the View from APPD pages. Although any topic will be considered, we are particularly interested in manuscripts that address curricular innovation, implementation of the new ACGME program requirements and compliance with the new accreditation system, implementation and validation of the Pediatric Milestones, competency-based assessment (including the development and use of EPAs), and other innovative approaches to pediatric training. In general, manuscripts should be less than 2000 words and the use of figures or tables will need clear justification. Importantly, all manuscripts should be well grounded in evidence published in the medical and education literature. Manuscripts that pair more junior authors with well-established senior authors are particularly desirable. Finally, all manuscripts will undergo peer review consistent with the policies of Academic Pediatrics.

If you want to submit a manuscript, or even if you just have an idea for a manuscript, please contact the Associate Editor for APPD Pages, Daniel West at westdc@peds.ucsf.edu.

Submitted by Dan West, MD
APPD AWARDS

Robert S. Holm, MD Leadership Award
2004 Recipient: Carol D. Berkowitz, MD
2005 Recipient: Kenneth B. Roberts, MD
2006 Recipient: Edwin L. Zalneraitis, MD
2007 Recipient: Frederick H. Lovejoy, Jr., MD
2008 Recipient: Stephen Ludwig, MD
2009 Recipient: Richard Shugerman, MD
2010 Recipients: Joseph Gilhooly, MD and Nancy Spector, MD
2011 Recipient: Clifton Yu, MD
2012 Recipient: John Frohna, MD, MPH

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 Lopriento, MD, MPH
2010 Recipient: Benjamin Hoffman, MD
2011 Recipient: Martha Wright, MD, Med
2012 Recipient: Greg Blaschke, MD, MPH

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

Carol Berkowitz Award for Lifetime of Advocacy and Leadership in Pediatric Medical Education (for a Coordinator)
2005 Recipient: Jeri Whitten, C-TAGME
2006 Recipient: Aida Velez, MEd
2007 Recipient: June Dailey, C-TAGME
2008 Recipient: Mary V. Gallagher, C-TAGME
2009 Recipient: Melodie Allison, C-TAGME
2010 Recipient: Rosemary Munson, C-TAGME
2011 Recipient: Cindy Gibson, C-TAGME
2012 Recipient: Cindy Colpitts, C-TAGME

This award honors a Program Coordinator for a lifetime of advocacy and leadership in pediatric medical education.
The following projects are approved for funding in 2012:

**Characteristics of the Learning Environment that Lead to Successful Use of Learning Goals in Pediatric Residency**
Investigator: Tai Lockspeiser, MD
Assistant Professor, Pediatrics
University of Colorado, School of Medicine
13123 E 16th Ave B032
Aurora, CO 80045
Funding: $9,175

**Quality Improvement (QI) in Pediatric Residency: Evaluating Resident Self-Efficacy and Discovering Best Practices in QI Education**
Investigator: Mark S. Craig, MD
Academic Pediatrics Fellow
University of Rochester
265 Crittenden Blvd. Box 777
Rochester, NY 14642
Funding: $6,804.60

**Striving for the Optimal Balance between Service and Education**
Investigator: Jennifer Kesselheim, MD, MEd
Associate Fellowship Program Director, Education
Instructor, Dana Farber Cancer Institute
450 Brookline Ave, Smith 230
Boston, MA 02115
Funding: $8,926

The following projects were 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 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 94143-0110
Funding: $7,000

The following projects were funded in 2009:

**Development of a Reliable and Valid Structured Clinical Observation Assessment Tool**
Investigator: Daniel C. West, MD
Professor and Vice-Chair (GME)
Director, Residency Training Program
Department of Pediatrics
University of California, San Francisco
505 Parnassus Ave, Box 0110
San Francisco, CA 94143-0110
Funding: $10,000
Transforming the role of teacher: the impact of a blended learning approach on faculty and resident satisfaction with endocrinology teaching
Investigator: Teri Turner, MD, MPH, MEd
Texas Children’s Hospital
Clinical Care Center
6621 Fannin Street, Suite 1540
Houston, TX 77030
Funding: $10,000

The following projects were funded in 2008:

Promoting Resident Self-Directed Learning Through m-learning (Mobile Learning)
Investigator: Deirdre (Dedee) Caplin, PhD
Associate Professor of Pediatrics
University of Utah School of Medicine
Division of General Pediatrics
50 N. Medical Dr., 2A200 SOM
Salt Lake City, UT 84132
Funding: $5,935

Validation of an Evidence-Based Medicine (EBM) Critically Appraised Topic Presentation Evaluation Tool (EBM C-PET)
Investigator: Hans B. Kersten, MD
Associate Professor of Pediatrics
Drexel University College of Medicine
Dept of Peds, St. Christopher’s Hospital for Children
Erie Avenue at Front Street
Philadelphia, PA 19134-1095
Funding: $9,000

Self-Directed Learning and Individualized Learning Plans (ILPs): Predictors for Success and Implications for Program Directors
Investigator: Su-Ting T. Li, MD, MPH
Associate Program Director, UC Davis
2516 Stockton Blvd
Sacramento, CA 95618
Funding: $10,000

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

The following projects were funded in 2007:
Can Faculty Development Enhance the Effectiveness of Individualized Learning Plans in Pediatric Residency Training
Investigator: Ann E. Burke, MD
Wright State University

Boonshoft School of Medicine, Dept. of Pediatrics
Dayton Children’s Medical Center
One Children’s Plaza
Dayton, OH 45404
Funding: $5,390.00

Bridging the Gap: Teaching Pediatric Residents to be Primary Care Providers Who Provide Follow-up to Families after a Life-altering Diagnosis or Death of a Child
Investigator: Megan E. McCabe, MD
Fellow, Pediatric Critical Care Medicine
Johns Hopkins Medical Institutions
600 N. Wolfe St
Blalock 904
Baltimore, MD 21287
Funding: $9,615.00

Training Pediatric interns in Behavior Change Counseling And Using OSCEs to Assess Skills
Investigator: Heather A. McPhillips, MD, MPH
Asst. Professor, Peds/ Assoc. Residency Dir.
Univ. of Wash. Pediatrics Residency Prog.
Children’s Hospital and Regional Med. Center
Box 359300 G0061
4800 San Point Way
Seattle, WA 98105
Funding: $10,000.00

The Impact of an Interactive Web-Based Module on Resident’s Knowledge and Clinical Practice in Primary Care
Investigator: Shilpa Sangvai, MD, MPH
Division of Ambulatory Pediatrics
Columbus Children’s Hospital, 3rd Floor Timken Hall
700 Children’s Drive
Columbus, OH 43205
Funding: $9,465.00

Impact of a Curriculum on the Use of Interpreters On Resident Interpersonal and Communication Skills with Limited English Proficiency (LEP) Patients
Investigator: Tara S. Williams, MD, FAAP
Assoc. Pediatric Residency Program Director
Department of Pediatrics, MetroHealth Medical Center/Case Western Reserve University
2500 MetroHealth Drive, H-455, Peds Admin
Cleveland, OH 44109
Funding: $8,000.00

The following projects were funded in 2006:
Evaluating an Advocacy Track in a Pediatric Residency Program: Using Self Assessment, Mock Advocacy Scenarios and Portfolios to Measure Resident Competence
Investigator: Lisa Chamberlain, MD, MPH
Clinical Instructor in Pediatrics
Director of Community Health and Public Service Concentration
Stanford University School of Medicine
750 Welch Road, Suite 325
Palo Alto, CA 94304
Funding: $10,000

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

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

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

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

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

The following Projects were funded in 2005:
Structured Clinical Observation: A Collaborative Study of Direct Observation of Residents
Investigator: Ellen K. Hamburger, MD
Children’s National Medical Center
Office of Medical Education
111 Michigan Avenue
Washington, 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
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.

Methods
This is a mixed qualitative and quantitative study. Qualitative: Open-ended questions were developed by the research team and pilot tested in a focus group of pediatric faculty. Questions assessed resident experiences, comfort level, interests, and receptiveness to better addressing MH issues within primary care. Resident focus groups were run by a PGY2 with a convenience sample of pediatric residents. A note taker was present in each focus group. Groups were audio-taped and sent for professional transcription. Transcripts were reviewed by 3 separate researchers to discern codes, then qualitative software helped organize data and identify themes.

Qualitative: A web-based survey was sent to all Pediatric Program Directors. Survey questions included program characteristics (including current mental health services model and current educational practices), program director perceptions on residents competencies in mental health, and likelihood to implement new curricular activities in MH. Fisher’s exact test and linear regression were used to look for associations between program characteristics and current MH models and likelihood to implement curricula. In addition, residents who participated in the focus group completed a survey to validate and expand upon the focus group results.

Results
3 resident focus groups were completed and 40 completed the survey. Major themes that emerged from focus group transcripts highlighted barriers residents perceive in pediatricians taking on a better role in addressing MH in primary care and include: lack of comfort with patient care skills, “black box of psychiatry”, lack of mentorship, and emotional reactions to MH. Residents want more training in differentiating normal behavior from pathologic behavior, prescribing medications, and counseling. They believe this can best be learned through experiential learning and enhanced exposure to MH specialists. The residents’ surveys validated these themes.

For the PD survey we received 99 responses, a response rate of 60%. 55% of PDs were not aware of the new proposed AAP MH competencies and most reported teaching MH as part of another rotation (87%); PDs stated they would implement annotated cases (89%), and/or MH rotation (80%) curriculum. In regards to MH competencies, 47.2% of PDs reported residents perform a psychosocial screen often or always and only 34.8% coordinate care with MH professionals often or always. PD report medical knowledge as above average for ADHD diagnosis (63.9%); yet only 12.8% report diagnosing anxiety as above average and 6.5% for ODD.

Programs that had an integrated model in continuity clinic with MH specialists did rate their resident competencies higher in both communication skills (p=0.04) and knowledge on treatment (p=0.02) Programs with a model of exclusive referral were more likely to implement new curricular activities (p=0.05)

Conclusions
All residents agree they are not adequately trained to handled these issues in their continuity clinic or later in the real world. Resident perceptions of why this is can be described through various themes including comfort level, “the black box of psychiatry,” environmental constraints, need for improved role models, and personal or emotional barriers. Curriculum reform is needed and MH training needs to be integrated in to all 3 years of residency with combined teaching approaches. Faculty development is also an essential component in new curricular activities.

While new AAP MH competencies exist, many PDs are not aware of these new guidelines which is a barrier to improving MH training in pediatric residency programs. Program directors believe resident competencies in handling mental health issues need improvement as most competencies were rated as average. Programs with an integrated MH model do believe their residents are more competent in communication skills and knowledge of MH issues. Program characteristics were associated to MH competencies and both were associated with PD willingness to implement new curricular activities.
Presentations
Resident Focus Group data was presented as a poster at the 2011 PAS meeting. In addition, this data was presented by one of our residents for the Queens Pediatric Society.

Resident and Program Director data were presented as a poster at the 2012 APPD meeting.

Program Director data were presented as a poster at the 2012 PAS meeting.

Information from this study was brought to the AAP District 2 office in support of including residency program directors and continuity clinic faculty in the NYS DOH funded CAP-PC training program (mental health training for pediatric providers). Prior this training was limited to pediatricians in the community and specifically excluded educators.

Next steps
Manuscript preparation is under way now. In addition, Dr Cori Green, a member of this research team, is a consultant to the AAP Mental Health Leadership Work Group which is currently working on a curriculum for Mental Health.

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“Assessment of Work-Life Balance Among Pediatric Residents”
Mary Beth Gordon, M.D.; Theodore C. Sectish, M.D.; Marc N. Elliott, Ph.D.; David Klein, M.S.; Christopher P. Landrigan, M.D. M.P.H.; Laura M. Bogart, Ph.D.; Stephen Amrock, S.M.; Ann Burke, M.D.; Vincent W. Chiang, M.D.; Mark A. Schuster, M.D. Ph.D.
Funded: 2009

Objectives: To describe pediatric residents attitudes towards work-life policies such as reduced work hours; to describe utilization of these policies; and to consider the potential impacts of such policies.

Methods: We surveyed U.S. pediatric residents from a probability sample of 58 residency programs.

Results: Reduced Work Hours: 57% of sampled pediatric residents participated (n=1,469), representing 58 programs. 41% of respondents support a 56-hour week, with 28% neutral and 31% opposed. 23% of all residents would be willing to lengthen training to reduce hours. Part-time: 29% of residents would like to consider working part-time; 79% of these residents are female. The primary impediment (81%) to seeking a part-time residency was the belief that the program wouldn’t be accommodating. Financial viability (37%) or professional stigma associated with part-time work (33%) were other major impediments. Only 3% of sampled residents currently work part-time. 24% of residents who do not plan to pursue fellowship list work hours as their primary rationale. The availability of a part-time option was a primary reason for planning a career in community vs. academic medicine. Child Care: Although less than 10% of residents are able to access child-care through their hospital, over 20% of fathers and over 30% of mothers would have used these services if available. Paid parental leave: Paid maternity leave was available to 76% of resident-mothers, with mean time 6 weeks. Five of those weeks accounted for by vacation and/or elective time. Paid paternity leave was available to 43% of resident-fathers, with mean time 1.5 weeks, typically accounted for entirely by vacation and/or elective time. Preliminary analysis suggests that longer maternity leave is associated with better breastfeeding outcomes, feeling of bonding with infant, comfort with childcare arrangement, self-reported clinical performance, and use of educational opportunities upon return to work.

Conclusions: Although most residents believe reduced hours would improve quality of life, they are less sure how it would impact patient care and education. Beliefs about impact on patient care and education drive whether they support this policy, and whether they would support an extra year of residency. Many residents are interested in part-time work, but perceive social and financial obstacles. The lack of part-time work in subspecialty and academic medicine influences career choices, particularly among women. Significant proportions of residents do not have access to on-site child-care or paid parental leave, although demand is high for these benefits. In particular, longer paid leave seems to correlate with improved parental and child outcomes upon return to work.
Dissemination:
Resident tracking system changes: There will now be two options for a “marginal” to allow program directors to be concise about what they intend for their trainees. The two options are: 1) Marginal with Advancement to Next Level, which means the trainee receives credit for one year of training and 2) Marginal with extension at the Same Level, which means that the trainee needs more time at the same level for you and your clinical competency committee to make decisions about progression. No partial credit is received as this designation is an interim evaluation. In many cases, extension of training would be necessary to repeat unsatisfactory rotations and/or educational experiences in the option number two above. More info can be found at https://www.abp.org/abpwebsite/publicat/programdirnews.pdf

The 2012 General Pediatrics Certifying Examination: At this writing most 2012 test takers have experienced the new computerized certifying exam. This and other changes were discussed at the PDC. Additionally, the passing score will be established by using an absolute standard; in other words it will be criterion-based. The In Training Exam (ITE) will be changed in 2013 to align with the actual certifying exam, thus the scoring you may be used to will be modified in 2013. Therefore, the cumulative average scores provided to programs will no longer be provided, since the different scoring systems cannot be compared and averaged for cumulative reporting.

ACGME General Pediatrics Program Requirements: As APPD members know, in general, the new requirements enhance flexibility, individualize training and allow for some innovation. The changes were discussed in the PDC committee. Additionally, the various pathway options were discussed in the framework of what should be required, for example; in the child neurology, pediatric-emergency medicine combined training and the accelerated pathway, etc. This was discussed and APPD members will hear more about specific decisions in the spring of 2013 when the ABP discusses changes with other combined boards (internal medicine, genetics, emergency medicine, etc.)

Time limited eligibility: Beginning with the examinations in 2014, applicants will be required to have completed training required to take the examination within the previous 7 years. Applicants for whom categorical residency training was completed more than 7 years earlier (prior to 2007 for those taking the examination in 2014) an additional period of training will be required before applying for the certification. The new policy and other details regarding this topic can be found on the ABP website in the section on time-limited eligibility for initial certifying examination.

In addition to the above topics, the committee was pleased that the APPD Evaluation Task Force has embarked on the project to develop faculty development presentations and materials based on the Assessment in Graduate Medical Education: A Primer for Pediatric program Directors.

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Committee on Pediatric Education (COPE)
Jerry Rushton, MD, MPH (2011) and Lynn Garfunkel, MD (2012)

The purpose of this group 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.

COPE is led by Chair, Dr. Beverly Wood, and AAP Committee Principal Staff, Carrie Radabaugh, MPP. COPE is one of only two committees at the AAP that does not consist specifically of AAP designees but of invited member organization liaisons, select AAP journal editors, the executive director and 3 AAP staff.
A significant part of each meeting is spent on reviewing the activities of the committee member and liaison organizations.

Group discussion in 2011 centered on visioning for the future of pediatric education and future needs of pediatricians. Three main themes for the Future of Peds Practice 2020 discussed were changing demographics, changing peds practice, and use of information technology. These will likely have major impact on our patients, clinical practice, medical education needs, and future workforce planning. Future meetings will discuss how the AAP can help to anticipate and address these needs.

At the 2012 Meeting, Ed Zalneraitis presented an overview of the Pediatric Milestones, EPAs, and NAS. Each liaison member presented the educational endeavors and issues relevant to their organization. Updates were also presented by the AAP member sections which included the Forum Management committee, SMSRF, Department on Federal Affairs, and Dept of Education which included Journal editors (Pediatrics, PIR, PreP-SA), as well as, Divisions of CME-CPD, E-learning and Workforce, and Med Ed Policy.

The intended purpose of COPE, last updated in 1988: “… to act as a think tank regarding AAP educational policy and to comment and make recommendations on AAP educational programs, development of other educational programs and policies, and political efforts in relation to pediatric education.” Current members question the intended outcome of COPE meetings, as many felt the above directives are not being met; there has been no specific written consensus, policy or guidance either to AAP members or from the Academy to other nationally relevant bodies. After frank discussions about the lack of direction and progress of COPE, it was decided that Dr. Robert Perelman and Dr. Wood will draft a document to the liaison members for review on the Academy’s need for, composition of, and outcome focus of COPE.

This is the concluding year of Dr. Wood’s leadership as chair of COPE.

**Council of Pediatric Subspecialties (CoPS)**

*Debra Boyer, MD*

CoPS has had a very successful year and has enjoyed a strong partnership with the APPD. The organization has created a new dues structure and the APPD has been a supporting member of this new process.

CoPS has partnered with the ABP to help promote discussion around the Subspecialty Certification and Clinical Training Initiative. The CoPS website has been updated with specific subspecialty descriptions that are available to all residents interested in learning about a variety of subspecialties. For the upcoming year, CoPS hopes to work with fellowship programs to try and move toward a third year match for all fellowships as well as work towards developing a couples match for fellowship applications. Finally, CoPS has partnered with the APPD to form an action team looking at fellowship readiness. This team will work with categorical pediatric program directors to suggest the best ways to use the Individualized Curriculum to prepare residents entering subspecialty fellowships.

**Federation of Pediatric Organizations (FOPO)**

*Patricia Hicks MD, MHPE and Ann Burke MD*

The purpose of the Federation of Pediatric Organizations (FOPO) is to promote high standards of health care for infants, children, adolescents and young adults. The FOPO is a 7 member organization that allows APPD to work collaboratively with the American Board of Pediatrics (ABP), Academic Pediatric Association (APA), American Academy of Pediatrics (AAP), American Pediatric Society (APS), Association of Medical School Pediatric Department Chairs (AMSPDC), and Society for Pediatric Research (SPR). The current Executive Director for FOPO is Ted Sectish, MD. Dr. Sectish posts full reports of all of the FOPO meetings on the FOPO Website. Each organization sends two members, typically two board members, to the two meetings that occur in Washington D.C. each year. Drs. Patty Hicks and Ann Burke are the current APPD representatives.

At the most recent meeting, a “Visioning Summit” which is planned for September 2013 was discussed. A facilitator has been identified and four topic areas chosen for the Summit’s themes. The areas include: Child Health Research, Gender and Generations, Diversity and Inclusion, and Pediatric Training along the Continuum. The APPD should be aware of this activity and will, most certainly, be asked for input. Stay tuned.
Updates from IIPE, the AAP legislative affairs office, the Children’s Hospital Association and the National Institute of Child Health and Development (NICHD) were provided at the September 2012 meeting in Washington, DC.

Initiative for Innovation in Pediatric Education (IIPE)

Carol Carraccio, MD, MA

Current IIPE Projects:

- Boston Children’s Consortium (10 institutions): Building effective resident handoff practices to improve patient safety: A multi-center pediatric residency quality improvement initiative
- CHOP/University of Michigan: Team based care and transfer of care to improve resident education and care quality
- Children’s National/Denver Children’s: The referral and consultation process: Ensuring the competence of graduating residents
- Denver Children’s: Immersion of senior residents in flexible 4-month blocks aligned with career choice
- University of Rochester: A longitudinal curriculum to enhance the autonomy of residents in self-assessment and self-improvement
- University of Utah: Academy of Pediatric Education and Leadership
- University of Vermont: Longitudinal quality improvement curriculum: A team-based approach

The scholarly work resulting from these projects is noteworthy. There were 4 poster presentations and 1 platform presentation at the APPD annual spring meeting. In addition, there were 4 poster presentations, 3 platform presentations, 1 plenary presentation and 1 workshop at PAS.

An Updated Mission, Vision and Tagline

We hope to encourage more widespread interest in educational innovation from all members within the pediatric community. To this end we updated our mission statement to broaden the focus beyond graduate medical education.

The new mission, vision and tagline are as follows:

Mission: To initiate, facilitate and oversee innovative change in pediatric medical education through carefully monitored, outcome-directed experimentation

Vision: Pediatric medical education will improve the health of children, adolescents and young adults by adapting to changes in their health care needs and changes in the organization and delivery of health care.

Tag Line: Transforming pediatric education & care

The APPD LEARN/IIPE Partnership

This partnership is truly exciting and holds much hope for the future of educational innovation and medical education research. We are in the process of creating a new pathway that will be additive to the traditional pathway. The plan is to disseminate a request for proposals that invites the community to participate in an already developed project concept and design that will be centrally supported through the IIPE/APPD LEARN partnership. The leadership of APPD along with the leadership of IIPE will work to develop the projects based on study questions of widespread interest. The study design, methods for implementation, and data collection system will be developed by APPD/IIPE leadership and all data will be captured by the APPD LEARN repository for analysis. These will be large-scale projects that are critical to pediatric medical education. The inaugural project will be a study of the milestones with the intent of observing learners in vivo to determine levels of performance characteristic of trainees at various levels of experience.

IIPE and Quality Improvement: Linking Educational and Patient Care Outcomes

The rationale for explicitly working to incorporate QI methodology into the design of IIPE projects is that the ultimate goal of any medical education innovation is improvement in outcomes for patients. Input from our colleagues with expertise in QI will help us to design projects that link educational outcomes with patient care outcomes. Opportunities for funding educational innovation projects will be enhanced if they are tied to patient outcome measures. In addition, research manuscripts that meet Standards for Quality Improvement Reporting Excellence (SQUIRE) Guidelines will provide investigators with additional venues for disseminating outcomes through peer review publications.
Organization of Program Directors Associations (OPDA)

Joe Gilhooly, MD
May 11, 2012 Meeting
ACGME: Tom Nasca

Dr. Nasca reviewed the Next Accreditation System including the changes to the Sponsor Site Visit Program and the implementation of the Clinical Learning Environment Review (CLER). He highlighted that the Next Accreditation System (a continuous accreditation model) will track the following outcomes annually:

- Annual ADS Update
- Program Attrition – Changes in PD/Core Faculty/Residents
- Program Characteristics – Structure and Resources
- Scholarly Activity
- Board Pass Rate – Rolling Rates
- Resident Survey – Common and Specialty Elements
- Clinical Experience – Case Logs or other
- Faculty Survey – Core Faculty
- Semi-Annual Resident Evaluation and Feedback
- Milestones
- Annual Sponsor Site Visit (CLER – renamed and modified)

NRMP: Mona Signer (www.nrmp.org)
The SOAP was successful, but will be modified based on feedback.

All-in Policy: Beginning with the 2013 Main Residency Match, any program that participates in the Match must register and attempt to fill all positions through the Match. Programs must place all positions in the Match or no positions in the Match. “Program” is defined by ACGME number. The following exceptions have been approved:

- Rural scholars programs
- Family Medicine fast-track programs
- Off-cycle residents, if training begins before February 1
- Partially matched applicants at end of SOAP
- Dually-accredited programs (ACGME & AOA)

OPDA is working with the NRMP to address concerns regarding match agreement violations, specifically:

- Expectations for away elective rotations
- Limited interview slots
- Inappropriate interview questions
  - Where else have you interviewed?
  - Are you single or married? Do you plan to have children?
  - Do you have family in the area?
- Post interview communication
  - Second looks expected/unofficially required
  - Asking for commitment to rank program first

NBOME/USMLE: Pete Katsufrakis
In 2014, the Step 3 exam will no longer be a single exam given over two days; there will be two exams with separate scores. There will be a separate focus for each and they will be separated, at the examinee’s discretion, by days, weeks, or months. A potential impact of this is on the scheduling of clinics and time away from a program. Step 3A will likely look like current Step 3 with multiple choice questions focusing on medical knowledge and patient care. Step 3B will likely be multiple choice but strive to focus on competencies (e.g., patient safety) not historically evaluated in the traditional Step 3. Plans are ongoing for Step 1 and 2 changes with 2016 anticipated as the earliest estimated year of implementation.

AAMC: Geoffrey Young
Student Debt: Eighty-six percent of 2011 students report debt with a mean of $161,290. Interestingly, of 11 factors identified as “strong” or “moderate” influences on the specialty choices of 2011 graduates, educational debt and income expectations ranked 11th and 7th, respectively. The top 4 influential factors identified by respondents were: personality fit, specialty content, work-life balance, and role model influence.
The earlier release of MSPE will allow it to play a greater role in selecting students for invitation. Earlier interview seasons avoid bad weather in some states. However, earlier interview season means that applications are less complete when decisions to invite are made and fewer students have an opportunity to complete Sub-I, or possibly some of their core clerkships, in time for inclusion of these experiences in MSPE.

**AMA:** Sarah Brotherton
Dr. Brotherton thanked Dr. Paul Rockey for his years of service as Director of the AMA’s Division of GME; he was recently appointed as Senior Scholar in Residence at the ACGME.

**GME Funding:** Joe Gilhooly
Dr. Gilhooly is part of the CMSS task force which is addressing this issue. Talking points are being developed that cut across all specialties. This will be finalized at the November 2012 CMSS meeting. The focus is on demonstrating to the public that there is value in supporting GME.

**Faculty Development for Program Directors from International Residencies and Fellowships:** An area of interest is faculty development assistance for international directors and faculty; are there opportunities to participate in programs already established by our program director organizations? OPDA members were previously polled about international membership and had reported variability in the practice of incorporating additional guests or international members. Current discussion reiterated the sentiment that programs welcomed the opportunity to share with and learn from their international colleagues. However, for many, the logistics, including size and space limitations as well as costs, impact the ability to include more participants at PD meetings often held in conjunction with other meetings of their organizations.

**Pediatric Academic Societies (PAS) Planning Committee**
*Cindy Ferrell, MD and Lynn Garfunkel, MD*
APPD Board Members Cindy Ferrell and Bob Vinci attended the PAS Program Planning Meeting in Chicago this summer. APPD will be sponsoring two invited science sessions at the annual PAS meeting in Washington DC this May. The first session is a mini-course entitled “Individualized Training in Pediatric Residencies: Implications for Trainees, Departments and the Pediatric Workforce”. The second is a hot topic session entitled “Wake Up and Smell the Coffee! There’s More Affecting GME Than Just Duty Hours”.

**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 is continued interest in certification of pediatric residency and subspecialty coordinators. During the past year, eight additional pediatric coordinators have achieved certification and one coordinator successfully achieved maintenance of certification. Certification is renewed every five years.

As of August 2012, there are forty-three certified Pediatric residency coordinators and six 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 assessment tools for certification. It is anticipated certification in this specialty may be available in 2014.

This past spring, Ped-TAC (Pediatric Training Administrators Certification Council), added a new member - Rebecca Hasegawa, C-TAGME, Pediatric Residency Coordinator from the Medical University of South Carolina.

Ped-TAC committee members will be revising the assessment tools to incorporate changes that will be announced with the Next Accreditation System in addition to the Pediatric program requirement changes taking effect July 2013.

Kathy Miller, C-TAGME completed her term as Chair of Ped-TAC. Ms. Miller will continue to serve as the newly appointed chair of the New Specialty Development Committee (NSDC). Melodie Allison, C-TAGME is the newly appointed chair for Ped-TAC.

In August, Melodie Allison, C-TAGME and Jaime Bruse, C-TAGME attended the annual Board of Directors meeting in Durham, North Carolina sponsored by Duke University. Ms. Sharon Gonzales, C-TAGME and Ms Pam Neville hosted the board meeting. The TAGME Policy and Procedure Manual were reviewed extensively with recommended changes submitted to the Policy and Procedures Committee. An ad-hoc assessment committee was created to review the changes that will be necessary to the global assessment based on the implementation of Next Accreditation System (NAS) in July 2013.

Ped-TAC Committee members also serve on additional TAGME Committees:
Melodie Allison, C-TAGME - Nominations and Web Site Development Committee
Penny Adams, C-TAGME – Assessment Tools Committee
Jaime Bruse, C-TAGME – Media Committee
Rebecca Hasegawa, C-TAGME – Media Committee
Susan Quintana, C-TAGME – Media Committee

Submitted by Melodie Allison, C-TAGME
FUND THE FUTURE!

APPD gratefully acknowledges the following contributors to APPD’s Fund the Future Campaign
(contributions made July 1, 2011-June 30, 2012)

PATRON ($1000 or more)
Patty Hicks, MD, MHPE, Children’s Hospital of Philadelphia
R. Franklin Trimm, MD, University of South Alabama

FRIEND ($250-$499)
Dena Hofkosh, MD, MEd, University of Pittsburgh Medical Center Medical Education Program/Children’s Hospital of Pittsburgh
Robert McGregor, MD, St. Christopher’s Hospital for Children
Adam Rosenberg, MD, University of Colorado Denver
Curtis Turner, MD, Texas Tech University (Amarillo)

SUPPORTER (under $250)
Susan Bostwick, MD, New York Presbyterian Hospital (Cornell Campus)
Grace Caputo, MD, MPH, Phoenix Children’s Hospital/Maricopa Medical Center
Lynn Garfunkel, MD, University of Rochester
Richard Kynion, MD, Tripler Army Medical Center
Alan J. Schwartz, PhD, University of Illinois College of Medicine at Chicago
Ramzan Shahid, MD, Loyola University

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Visit www.APPD.org to say “Yes! I Want to Fund APPD!”
# Financial Overview

## July 1, 2011-June 30, 2012

### Support and Revenue

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### Expenses

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### Net Income

- **$97,159**

6/30/12 APPD Total Fund Balance = $1,069,663

Comprised of:

- **UNRESTRICTED Funds**: $691,079
- **LEARN RESTRICTED/DESIGNATED Funds**: $378,584

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The following companies provided unrestricted funds in support of the APPD 2012 Annual Spring Meeting:

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

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