



Association of Pediatric Program Directors

Annual Report

May, 2005

*Association of Pediatric Program Directors
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May 2005

Dear APPD member,

Communication is an important focus for our organization. In the Spring Newsletter, Bob Englander outlined APPD's four-pronged approach to communication. This Annual Report, launched at a time when we are growing in the scope and number of APPD activities, represents the culmination of a year in which the Board of Directors has emphasized enhanced communication to keep APPD members informed and involved.

As you read about task forces, regional activities, sections, and interactions with related organizations, it is my hope that you will see opportunities to participate in ways that add value to your own professional life and, in doing so, make substantial contributions to pediatric graduate medical education. You will also read about the new APPD Awards, the Special Projects Program, the *PediaLink* Resident Center Project, the formalizing of our regional structure, and continued outreach to subspecialty fellowship directors among the many new initiatives in this past year.

I want to take this opportunity to thank all of you who have contributed so enormously to make APPD grow and thrive. I offer my special thanks to the leadership of APPD including the Board of Directors, Officers, Task Force and Regional Leaders, and most notably to executive director, Laura Degnon. Laura has managed APPD with finesse, hard work and dedication. Laura is assisted in this effort by George Degnon and the newest member of the Degnon Associates management team, Kathy Haynes.

Welcome to the Annual Meeting! I look forward to sharing another wonderful three days with all of you in Washington, DC.

Warmest personal regards,



Theodore C. Sectish, MD
President, Association of Pediatric Program Directors



APPD Leadership

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APPD Membership

The APPD membership dues year is from July 1-June 30. Annual dues are \$750 per accredited pediatric program, which includes the program director, associate program director, department chair, coordinator and chief residents. **We also invite individuals from programs such as Pediatric Emergency Medicine, Medicine Pediatrics, Pediatric Child Psychiatry, Pediatric Rehabilitation Medicine, Pediatric Genetics, Subspecialty Training Fellowship Directors, etc. There is a \$75 charge for each additional individual.**

APPD Outreach to Fellowship Directors

APPD Meeting for Leaders of Fellowship Directors Societies/Committees/SIGs

The following invitation was sent on February 10, 2005 to fellowship director and society leadership:

The Association of Pediatric Program Directors (APPD) is interested in reaching out to existing pediatric fellowship program directors groups within subspecialty societies. Our organization serves as the professional home for pediatric program directors and provides support to help program directors maintain accreditation, structure curriculum, learn new methods of evaluation (especially with the measurement of competencies), and provide effective leadership and administrative oversight. We host national meetings twice a year, (one for new program directors or those going through an RRC site visit) maintain a website (www.appd.org) and provide timely discussions via conference calls and web-discussion groups for hot topics such as the new RRC program requirements or the ACGME Case Log system.

We interface and send APPD Liaisons to other professional organizations such as AMSPDC, AAP, ABP, OPDA, NRMP, and COMSEP, and are members of the Federation of Pediatric Organizations and the Pediatric Education Steering Committee. Our mission is to provide a voice and venue for defining, promoting, and improving pediatric graduate medical education, enhance the career development, professional satisfaction, and scholarship of individuals in the pediatric graduate medical education community, and promote leadership and collaboration with related organizations.

As President of APPD, I am inviting you to a meeting of leaders of fellowship director organizations from each of the pediatric subspecialty societies on Saturday, May 14, 2005 from 1:00 pm to 3:00 pm during the PAS Meeting in Washington DC (at the Renaissance Hotel). The purpose of this meeting is provide a forum for discussion on a variety of topics of common interest to pediatric fellowship program directors, including the revised ACGME program requirements that will require measurement of competencies, the development of Scholarship Oversight Committees within institutions, and the recent FOPO statement about moving the time of fellowship application to fall of the PL-3 year. If this venue at APPD is successful and meets the needs of leaders of pediatric fellowship program director groups within subspecialty societies, APPD is prepared to host these meetings on an annual basis. In addition, we could develop a Section for Fellowship Directors within our organization thereby providing an organizational structure and an Annual Forum during the PAS Meetings for issues that need discussion across all pediatric subspecialty fellowship programs. The meeting next spring is intended for the leadership of fellowship directors groups, but this forum can be broadened to invite all fellowship directors in the future to discuss common areas of interest.

Please return the attached attendance confirmation form to the APPD office no later than March 10, 2005. If you have further comments or questions, please contact me via email tsectish@stanford.edu or our Executive Director, Laura Degnon at laura@degnon.org.

Theodore C. Sectish, MD
President, Association of Pediatric Program Directors
Program Director, Stanford University

New in 2005: Request for Special Projects

Derived from the Council of Task Force Chairs (Chairs of each of the Task Forces, plus the immediate past president), the APPD Special Projects Program was created. This program will provide financial support for projects in the areas of learning technology, residency curriculum, educational research, residency evaluation and faculty development. The APPD may grant up to \$10,000 per selected project. The Board of Directors will determine the funds available for this program annually. The number of awards will be dependent on the funds available and the size of the grant requests of the selected projects. We received 21 high quality proposals this year and asked nine to submit a more elaborate proposal. We plan to award at least 3 proposals this year and are developing a fundraising plan to make this new initiative sustainable. We believe that is an important activity of APPD to promote high quality and rigorous educational research.

New in 2005: Formalizing our Regional Structure

The Association of Pediatric Program Directors (APPD) has restructured our regions and has created a Council of Regional Chairs. We have eight regions and a Program Director and Program Coordinator will chair each region. These 16 will form the Council of Regional Chairs. Duties and responsibilities will include:

- Written communication within each region will take place twice a year. Some regions we envision creating their own Newsletter, for example. Before dissemination, the written communication will be reviewed and approved by the APPD Communications Director and the Executive Director.
- The Council of Regional Chairs will meet face to face at least once during the year, as well as hold teleconferences throughout the year as needed. (It is suggested that the Council of Regional Chairs have at least one conference call during the year. The President-Elect shall serve as the Chair of the Council of Regional Chairs.)
- The Regional Chairs will be responsible for coordinating meetings for their region.
- The Council of Regional Chairs will be responsible for collecting information for posting on the website and listserv. It is expected that each region, through the Regional Chairs, submit at least one article for the APPD Newsletter per year.

APPD Council of Regional Chairs (effective May, 2005)

PROPOSED CHANGES TO THE REGIONAL STRUCTURE

There will be eight regions within APPD, broken down as follows:

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

New York: NY, Northern NJ

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

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

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

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

Southwest: TX, AZ

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

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.

The Rocky Mountain/Plains region was eliminated, with the following changes:

1. Colorado joined the ranks of the Western region
2. Kansas, Nebraska, and Oklahoma joined the other Midwestern states
3. Wyoming, Montana, Idaho, North Dakota and South Dakota were not assigned to any other region.
4. Arizona moved to Southwest
5. New Mexico moved to Western

PROPOSED FUTURE PLANS

- Each region is to develop their own rules of operation.
- More formalized regions led by Regional Chairs (made up of a program director or a coordinator, or both) to be part of Council of Regional Chairs (similar to Task Forces).
- A specific outline of leadership roles (terms, 3 year terms, staggering terms, etc) and responsibilities (expectations, i.e., minutes, postings, newsletters, teleconferences, listservs, face-to-face meetings, financing local projects that would allow for intermittent dues).
- Clarified guidelines for the regularity of teleconferences and face-to-face meetings, the frequency of APPD internal/external communications tools/products (such as newsletters, website, listserv, etc) and the quality control of these products by APPD Communications Director and Executive Director.

STRUCTURE

Two members (Program Director and Program Coordinator) from each APPD region will be elected as Regional Chairs by the membership of that region. A Regional Chair must be nominated by a member of his/her region. The elections may be done by mail, electronically, or at a face-to-face meeting. The term for a Regional Chair is 3 years and may be renewed. To stagger the Chairs, the first terms will be as such:

New England: ME, NH, MA, CT, VT, RI	3 year term (beginning May, 2005)
New York: NY, Northern NJ	3 year term (beginning May, 2005)
Mid-Atlantic: Southern NJ, East PA, DE, MD, Washington DC	3 year term (beginning May, 2005)
Southeast: VA, NC, SC, GA, FL, AL, MS, LA, AR, TN	2 year term (beginning May, 2005)
Mid-America: West PA, OH, WV, KY, IN, MI	2 year term (beginning May, 2005)
Midwest: IL, WI, MN, IA, MO, KS, NE, OK	2 year term (beginning May, 2005)
Southwest: TX, NM	1 year term (beginning May, 2005)
Western: CA, NV, OR, WA, HI, CO, NM	1 year term (beginning May, 2005)

The sixteen elected Regional Chairs and the APPD President-Elect will comprise the Council of Regional Chairs.

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

New APPD Awards

Robert S. Holm, MD Leadership Award

2004 Recipient: Carol D. Berkowitz MD

2005 Recipient: Kenneth B. Roberts, MD

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

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

2004 Recipient: Carol Carraccio MD

2005 Recipient: Gail A. McGuinness, MD

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)

This award will first be given in 2005

New in 2005: Brief Web-based Surveys for Rapid Feedback from Membership

We have developed a mechanism for surveying our membership to address questions that require a rapid response. We have used this technique to assist our liaison organizations such as the Pediatric RRC and the AAMC. The following two examples illustrate how APPD assisted the NRMP and the AAMC by providing them with program director input.

Two-Phase Match

We surveyed our membership about their preferences in keeping the one-phase match process with its current timing and further development of the dynamic match begun last year or if they favored a two-phase match as proposed by the NRMP. The results were as follows:

Total Responses: n = 257

Keep the current match: 235 (95%)

Proceed with the two-phase match: 22 (5%)

These data may be analyzed further by eliminating duplicate responses from the same program, and separating categorical and medicine-pediatrics programs:

Categorical pediatric programs: n = 177 (88% of all pediatric programs)

Keep current match: 162 (92%)

Proceed with two-phase match: 15 (8%)

Combined Med-Peds programs: n = 12

Keep current match: 10 (83%)

Proceed with two-phase match: 2 (17%)

One-Visit Standard

The AAMC proposed that all program director groups agree to the standard of one visit for each applicant to each program for U.S. seniors applying for residency. We surveyed our membership about this standard and the results were as follows:

Total responses: n = 257

Yes: 166 (65%)

No: 87 (34%)

No answer 4 (1%)

By eliminating duplicate responses from the same program and separating results into categorical or combined medicine and pediatrics programs, here are the responses:

Categorical pediatric programs: n = 168 (83% of all categorical programs)

Yes: 110 (65%)

No: 58 (35%)

Med-Peds programs: n = 12

Yes: 9 (75%)

No 3 (25%)

While a significant majority supports this standard, there is a significant minority who does not favor it at this time.

Enhanced Communication with our Membership

We are formalizing various methods of communication to and among our membership and the Board of Directors will soon appoint a Communications Director. The ways in which we communicate with our members include:

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

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

*Taken from the Spring 2005 Newsletter
Editor's Column: Communicating with the APPD
Robert Englander, M.D., M.P.H.*

In my final column as editor I wanted to highlight the evolution in communication within the APPD over the past couple of years. Perhaps spurred by such “hot” issues as the work duty hours and the ACGME online procedure logs, the APPD Board examined the communication throughout the organization, and focused on a “four-pronged attack” to try to optimize that communication: 1) ad hoc working groups operating via conference calls, 2) web-based discussion groups, 3) the APPD listserve, and 4) the Newsletter.

First, the concept of an ad hoc work group “meeting” through a series of conference calls was born out of the work duty hours requirements, allowing us as an organization to quickly and efficiently share strategies for coping with change. Second, the process was refined over the ensuing year to allow not only rapid response to “hot topics” through conference calls, but online follow-up via our website. The provision of conference call summaries and discussion threads on the website allows all to weigh in regardless of availability for the calls.

The success of the combination approach using a task force brought together by conference calls supplemented by a threaded web-based discussion was evident in our unified voice in responding to the new RRC requirements for residency training in pediatrics last September. The strategy was so successful that we have since employed it for reviewing the ACGME procedure log, and added an ongoing discussion board to the website to allow you all to raise important issues as they arise.

The third arm of communication, the APPD listserve, was expanded this year to trial a twice-monthly format to improve turnaround time for issues best dispersed in that format. So far the feedback from the membership has been positive. We would welcome additional suggestions you may have regarding both frequency and content of the listserve.

Finally, the fourth arm of communication, the Newsletter, remains a way of summarizing organization activities, inviting input from other organizations with a significant impact on the APPD, sharing ideas that perhaps have less of a time pressure, and announcing events that are important to the membership. We have expanded the “regular” features to include “Task Force Happenings”, keeping the membership up-to-date on the activities and opportunities provided by these groups. This edition of the newsletter also introduces a new feature, the “Regional Update”. This column is designed to keep the membership apprised of regional activities while hopefully producing some cross-fertilization of ideas and enthusiasm!

The APPD Board hopes that this “four-pronged attack” is serving the communication needs of the members well. We would welcome any feedback you have on how we can better meet your communication needs. It has been a pleasure to serve as your newsletter editor these past two years, and I look forward to participating in the continuing evolution of communication within our organization.

Discussion Board

So, you want to make some changes in your program, and you want to know how other program directors handle things in their program? So, you want to develop some new curriculum and you want to know what’s available in other programs before reinventing the wheel? OK, you’re angry about the something and you just need to vent, and to see if anyone else shares your (clearly correct) opinion. Well, the **APPD Discussion Board** is your answer. Due to the great success of our topic specific discussion boards created to address the RRC guidelines and the RRC Procedure log, the APPD Board introduced the new General Discussion Board last fall. As suspected, program directors do have many issues they want to address in a timely manner. It is a great opportunity to let the APPD Board know what is important to you. The discussion threads so far have been quite varied, but always interesting. Feel free to add your thoughts, questions, opinions, queries... This is not a place for surveys or job opportunities. This will not be in your face. You will only be a part of it if you visit the site, but please do visit the site. It is eye-opening to see what others are thinking about. We hope to hear from you soon.

Interactions with the Pediatric Residency Review Committee and the ACGME

APPD has provided well-organized summaries to the Pediatric RRC regarding issues relevant to residency programs based on the work of action teams. Two letters from APPD were sent to the Pediatric RRC regarding new Program Requirements for Residency Education in Pediatrics and the ACGME Case Log system. In addition, we used our discussion board to generate comments regarding the proposed revisions in the Common Program Requirements. The above-mentioned letters may be found on the APPD website.

Annual Spring Meeting

Our Annual Spring Meeting is held conjunction with the PAS Meeting and is our key venue for APPD activities. This year the meeting is titled, “Beyond Understanding the Competencies: Sharing New Curricula, Best Practices, and Practical Tools.” We will feature a workshop, “Personal Learning for Professional Development,” facilitated by Robert Kegan, a renown educator from the Harvard University Graduate School of Education. There were record number of abstracts submitted (N=70) for poster presentations and workshops for the upcoming meeting.

PediaLink Residents Center Project

APPD and AAP are partnering to create a Residents Center as part of the *PediaLink* website. The *PediaLink* Residents Center, scheduled to be available for use by residents and programs starting in July 2005, will include a number of features to facilitate professional development of residents: 1) an individualized learning plan for residents; 2) a program directors portal which will enable program directors to track and document individual and group learning activity on *PediaLink* such as PREP Self-Assessment, online educational modules, or AAP CME activities. Eventually we envision the development of a career center to assist residents in the fellowship application process or the pursuit of a job in pediatric practice. There will be links to other related websites, educational resources, both AAP and non-AAP sources.

APPD Involvement in FOPE II Recommendations

The November 29, 2004 letter to Richard E. Behrman, M.D Chair, Pediatric Education Steering Committee of the Federation of Pediatric Organizations is reproduced below to provide an update:

Dear Dick:

We are responding to your request for a progress report on those parts of the Future of Pediatric Education II for which the Association of Pediatric Program Directors (APPD) was to provide a significant contribution. APPD prioritized recommendations numbered 4, 5, 6, and 7. If there are other parts of the FOPE II document for which APPD input has been or might be of value, please let us know, and we will be pleased to respond accordingly.

Recommendation #4. Pediatricians should take steps to enhance the scientific foundation of pediatric medical education and ensure its programs (curriculum, teaching and evaluation methods) are based on this science. Research centers for pediatric medical education should be established to develop and disseminate innovation in medical education, to collaborate with educators in other fields, and to enhance generally the profession's scientific knowledge about medical education. Faculty leadership in medical education should be encouraged.

The APPD has taken a multifaceted approach to promoting a scientific approach to pediatric medical education. First, we have organized a task force infrastructure, similar to those of the Council on Medical Student Education in Pediatrics (COMSEP), with a major focus of these task force groups being the scientific approach to developing and assessing curricular programs. The Task Forces for Curriculum, Evaluation, Research, Learning Technology and Faculty Development all can make key contributions in collaborating on this effort. To enhance their effectiveness, they have been charged with the development and selection of workshops and poster sessions at our Annual Meeting. In addition, we disseminate the outcomes of these workshops and posters through the APPD web site, Newsletter and Listserv to provide our membership with studied tools, methods, programs and projects that can enhance their residency programs.

By establishing a new Special Projects Program with a Request for Proposals, APPD is also committed to fund or identify funding opportunities for programs, groups of programs or task force(s), or individual members who are interested in studying educational research questions. We expect to receive proposals that include collaborative efforts with educators from other fields and educational research experts with skills in study design and assessment. It is our intention to share ideas and resources in virtual centers of research focused on identifying best practices in pediatric graduate medical education and to promote the collaboration of APPD members with faculty who have educational research expertise so as to contribute rigorous educational research in the field of graduate medical education.

Recommendation #5. The goal of residency education should be to emphasize the knowledge, skills, experience and attitudes necessary for a pediatrician in varied roles. Residents should be educated with a core curriculum so that pediatricians have a common foundation that defines the field of pediatric residency education. Pediatric residency education shall remain three years in duration. Resident education needs enough flexibility to accommodate a broad range of initial competencies and the evaluation of educational outcomes. Residency programs must ensure that all residents have designed and implemented an individualized professional education plan (CME) by the third year of residency training, which incorporates anticipated needs for their future practice.

Over the past year, APPD was pleased to have members of the Ambulatory Pediatrics Association (APA) Educational Guidelines for Pediatric Residency curriculum revision group present its revised competency-based curriculum for general pediatric residency training at the APPD Annual Spring and Fall Meetings in Workshops and Plenary Sessions. These venues provided members with opportunities to view and demo this web-based curriculum format that includes a common foundation for all programs, to create individualized rotations and activities for each program, and to implement unique features for

learners. APPD member programs are already implementing the APA Educational Guidelines or other similar platforms actively, thus addressing the mandate for a three-year, common core, flexible program that meets the needs of diverse educational outcomes.

APPD with external funding from Pfizer established the Tunnessen Consultation Program to assist programs in addressing curricular and program requirements as well as special needs. We have conducted over 24 consultations in the past several years, many of which focused on curricular issues, and we will continue to offer this consultation program even if our funding source changes since it is a significant service to our membership.

The new Program Requirements for Residency Education in Pediatrics, to be implemented within the next year, will mandate the implementation of an individual learning plan for all pediatric residents. APPD has anticipated this requirement during the revision, and is working to make this a functional learning plan that can be carried forward as part of continuous professional development (CPD) in keeping with the Program for Maintenance of Certification in Pediatrics (PMCP) through the American Board of Pediatrics (ABP). APPD members are actively working with several other national groups in this effort. An APPD Board Member who is our representative to the Committee on Pediatric Education (COPE) of the American Academy of Pediatrics has been an important contributor to the initial draft of the Resident Continuing Medical Education (CME) Plan. Recently, in collaboration with the Resident Section of the AAP and the Editorial Board of *PediaLink* (AAP's online home for CPD), APPD has formed the *PediaLink* Resident's Corner Working Group, a group charged with the development of an online home for residents within *PediaLink*. The initial work products to be developed by May 2005 will be 1) an Individualized Learning Plan (ILP) and 2) a Transcript for residents to document learning activities. APPD members serve in key liaison roles to other projects of similar importance to CPD, including representation on the eQIPP Advisory Board and a project initiated by an APPD Past-President to develop a portfolio infrastructure for residency evaluation and documentation of attainment of the competencies of the Accreditation Council for Graduate Medical Education (ACGME).

Recommendation #6. Pediatrics should assume the leadership in establishing a process by which core competencies for educating pediatricians at all levels are continuously developed, revised and evaluated. Program requirements, curricula and evaluation systems, for both programs and learners, should be based on these competencies.

The ACGME and the American Board of Medical Specialties Outcomes Project has identified the areas of general competency that all residency training programs must be able to evaluate and demonstrate what graduates must attain by the end of training. The Pediatric Residency Review Committee (RRC) has been a leader in incorporating the evaluation and documentation of competence in each of the general areas into the new requirements, and the ABP has been active and innovative in addressing these competencies, while developing the ABP PMCP.

APPD has been active in providing summative response and feedback to the Outcomes Project through individual participation in key positions on the Pediatric RRC and the Program Directors Committee of the ABP and through many APPD activities. We are in a period of transformation of graduate medical education to a competency-based approach to training. This approach to training represents such a major change in the format of residency programs that this topic has become an element of nearly all APPD activities, including the Annual Spring and Fall Meetings, the work of Action Teams and Task Forces, the Special Projects Program, the Tunnessen Consultation Program, and a key focus of our Strategic Plan.

Recommendation #7. Determining needed adjustments to the current RRC recommendations must be the focus of all pediatric organizations on an ongoing basis. Training should continue to ensure that pediatricians are sufficiently differentiated from other child health professionals who care for children. Residents should be educated with a core curriculum so that pediatricians have a common foundation that defines the field and are prepared to address a broad spectrum of child health needs in a wide variety of practice settings.

The APPD recognizes the mandates of the Common Requirements of the ACGME and the Program Requirements for Residency Education in Pediatrics of the Pediatric RRC as one road map for developing curricula that provide a common foundation that defines pediatric education. APPD was active in responding to the draft of the proposed requirements and formed APPD Action Teams, which met through a series of teleconferences and threaded web-based discussion groups to provide organized summaries and feedback to the Pediatric RRC and the ACGME. In addition, when there was no clear consensus about items discussed, we conducted brief web-based surveys to address these controversial issues. Summaries of these Action Teams can be found on our website, www.appd.org. At our Annual Spring and Fall Meetings, representatives from the ACGME and the Pediatric RRC have become a regular part of Plenary Sessions and Workshops. As a result of our efforts, we have developed a collaborative relationship with the Pediatric RRC that has enabled our organization to work harmoniously towards our mutual goals of improving residency training and making the transition to competency-based education. Topics of mutual interest include ACGME duty hour standards, implementation of the ACGME General Competencies, improvements to the ACGME Case Log system, and providing formal reactions and responses to the draft of new Program Requirements for Residency Education in Pediatrics.

The activities already discussed in addressing Recommendation #5 include the identification and implementation of the common educational foundation that creates a training experience that will allow the graduates to continue to differentiate themselves from other child health professionals. The flexibility built into accreditation requirements by reduced reliance on process and improved focus on outcome, along with the creativity and flexibility in the proposed approaches to implementation being addressed by APPD Task Forces and in activities in collaboration with other organizations, is ensuring that programs have the ability to train graduates who can address a broad spectrum of healthcare needs in a wide variety of practice settings.

We would also like to comment on another FOPE II recommendation:

Recommendation #8: Pediatric program directors should work closely with pediatric department chairs to ensure that career counseling and mentorship assume more prominence in residency training programs.

While most programs have already developed career planning and mentoring programs, there is evidence that these can be improved. With the requirement to develop individualized learning plans for each resident, it is likely that this effort will provide an important opportunity to enhance the career planning efforts on a formal and personalized basis. APPD views this as an important pathway by which we can work with department chairs and make significant progress in this area, and we plan to promote this.

We hope this adequately addresses the areas in which the APPD has been significantly involved. We believe that the expected progress is being made in each of these areas, and that the attention focused on them has resulted in the success so far, for which PESC has been hoping. Please let us know if you need further information or if you have questions.

Theodore C. Sectish, MD
President, Association of Pediatric Program Directors
Program Director, Stanford University

Edwin L. Zalneraitis, M.D.
Past-President, Association of Pediatric Program Directors
Program Director, University of Connecticut

TASK FORCES

Curriculum Task Force

The Curriculum Task Force provided feedback and guidance for curriculum development and dissemination throughout the year. The two main focuses were 1) acting as reviewers and representatives for curriculum development and 2) setting up the curriculum tool shed on the APPD website. As reviewers, task force members gave unique and valuable insight to other groups, keeping program directors' interests in mind. There were liaisons to multiple working groups including the AAP resident education committee on breastfeeding, the Bright Futures curriculum at the AAP, and Genetics in Primary Care curricular development. Essentially, the entire task force reviewed, commented and beta tested the APA Educational Guidelines. We have reviewed the AAP document on Continuous Professional Development, providing a summary of feedback. The Tool shed is up and running on the APPD website under "Educational Resources". Members submitted various curricular resources with reviews. This site will continue to evolve and adapt to the needs of the APPD membership. There will be a Curriculum Task Force workshop focusing on PBLI and SBP in Washington, D.C. in May 2005. Many resources and best practices in curriculum will be examined. The Task Force continues to branch out and become involved in various activities pertaining to pediatric curriculum.

Evaluation

The Evaluation Task Force members, under the leadership of Dr. James Sherman, divided into small groups in order to focus on different evaluation tool types and determine which tool or combination of tools within each type was "best practice". The evaluation tool types were 1) Checklist, 2) O.S.C.E., 3) 360⁰, 4) record review and 5) commercial software systems. Leadership of the task force changed in the autumn of 2004 to Dr. Annamaria Church. Subsequently, two conference calls were arranged among task force members. There was limited availability of the members for the calls. However, there was discussion of what tools different programs had developed as well as what competencies the tool was useful for evaluating. In addition to checklists, observed encounters and 360⁰'s, members use web-based didactics with pre and posttests, reflective essays with associated checklists and passports to document experiences. There was also discussion of the need to network with the AAP and the Pedialink resident project. In view of the paucity of available participants for the conference calls, it was decided to send out by electronic mail a request to task force members to send any evaluation tools they have developed to Dr. Church. Dr. Church will copy and collate all the tools into packets for discussion at the May meeting. Future direction: 1) Develop uniform evaluation tools which can be used by programs to evaluate the competencies; 2) Determine measurable, desired outcomes in our residents which can be used to validate the evaluation tools which we develop.

Faculty Development

This year the Taskforce had three projects that we undertook – development of a mentoring program, revision of the AAP's Peds 101 booklet and submitting a workshop for the spring meeting. The taskforce used conference calls and email to communicate and accomplish our projects.

- **The Mentoring Program:** the taskforce believed that new program directors and initially those in this role for less than three years would benefit from mentoring by a more experienced member of the organization. As we begin our program we are going to do several things. First, all new program directors as identified by the ACGME will receive a letter from the taskforce leader and the APPD president welcoming them to the APPD and encouraging their attendance at the spring meeting. They will also be offered the opportunity to be paired with a mentor. In addition, these new program directors attending the meeting for the first time will have an identifying symbol on their name badges. By identifying the new attendees, we hope to have members of the organization introduce themselves to the new persons and actively engage them in APPD activities. Letters introducing the mentorship program along with a call for both mentors and mentees were sent in mid-March. We hope to have pairings done prior to the spring meeting so that mentors can contact their mentees and arrange a time to sit and talk.
- **Peds 101:** For several years the AAP has had a publication that they could send out to anyone requesting information about medical school, pediatrics and residency training. As a result this

booklet had a huge audience and after review, a lot of information that was at times challenging to follow. The taskforce was asked to review this booklet and determine a way of organizing the information that would best meet the needs of the various groups needing to access it. Presently the booklet exists in both hardcopy as well as online. The taskforce discussed this issue and a taskforce comprised of Clifton Yu and Martin Weisse made suggestions as to the reorganization of the booklet. The most effective organization would be to divide the booklet into three sections one for each of the main constituent groups:

- Peds 101: topic-going to medical school; audience-high school and college students
- Peds 201: topic-pediatrics as a career and training; audience – medical students
- Peds 301: topic- pediatric careers (practice, fellowship, etc); audience – pediatric residents

The booklet would be divided in such a manner for the hard copy and online, specific sections could be downloaded as needed. We anticipate an outline for this project by the spring meeting.

Workshop: this year the taskforce decided that a professional development targeted workshop was indicated. On one of the calls, we decided to focus on the mid-career program director and look at issues of promotion. A workshop titled *Promotion and the Program Director* was submitted and accepted for presentation. The group of Susan Guarnick, Miriam Bar-on, Edwin Zalneraitis, and Surendra Varma agreed to present the workshop. We anticipate that this will be the first in a series of professional development workshops.

Learning Technology

The LT TF held 2 conference calls since the last full LT TF meeting at the APPD Annual Meeting in 2004.

The conference calls occurred in December 2004 and March 2005. Highlights of the LT TF work included:

1. The LT TF decision to commit to development of a LT Resource Center (or LT Assessment Center) to be located in the APPD Web site, open to members only and listing evaluations of LT tools and programs by PD's and PC's. The LT TF will finalize the format at the LT TF meeting in Washington DC in May 2005 with plans to implement this summer.
2. The LT TF committed to try to work with the ACGME on improvements in ACGME Resident Case Log system and to develop a relationship that will facilitate work on at Continuity Patient Panel system, as one is developed in the future. The LT TF decided to involve a small sub group (eg., 5 members) of the LT T with the ACGME on an ongoing basis for this effort.
3. The LT TF reviewed the efforts of the AAP Pedialink Work Group to expand the value of Pedialink for residents and program directors. Several members of the APPD are working with the AAP on this endeavor (including John Mahan from the LT TF). The Pedialink site will have a portal for and information devoted to PD's. Pedialink will continue to offer links and educational information for residents and will also add a place for each resident to generate an individualized learning plan (ILP), as will be required by the RRC. More information about the Pedialink site will be presented at the Spring Meeting LT TF meeting. In the future, additional resources can be added to the site by the AAP, based on PD interest.

The agenda for the LT TF meeting in May 2005 will be devoted to the LT Resource Center, development of a LT TF – ACGME collaboration and efforts to meet with LT vendors to inform them about LT of interest to pediatric PD's and PC's.

Research

Our task force spent the past year discussing strategies to improve the quality of research that the APPD membership both participates in and conducts. A main area of discussion surrounded better defining the role of the membership in survey research. Program directors are often asked to participate in survey research conducted both by members and non-members. In recent years, program directors have voiced concerns regarding the volume, relevance, and quality of the surveys they are asked to fill out. Our task

force has begun to develop a survey policy to help address these issues with the aim of guiding members to fill out high quality surveys of high relevance to program directors. Related to this effort will be the development of an annual (or biennial) survey of the membership to collect timely information regarding residency education. Finally, we are planning to develop a survey methods workshop for the 2006 APPD meeting.

APPD Attending Other Meetings

Primary Care Organizations Consortium (PCOC) Meeting 3/21/05

The Primary Care Organizations Consortium spring meeting was attended by representatives from Pediatrics, Family Medicine, Internal Medicine, Combined Internal Medicine/Pediatrics, the American College of Osteopathic Family Physicians and the Student Osteopathic Medical Association. Also represented were the Bureau of Health Professions (BHRP/HRSA), the Center for Primary Care Research (AHRQ), the American Medical Student Association and the Associate/Assistant Deans of Primary Care. This meeting addressed the status of Primary Care specialties in the current match, and ways to promote careers in primary care. A part of this effort is National Primary Care Week, which offers an opportunity to reach medical students early in their training. Current areas of interest for research funding to be sponsored by the BHRP were discussed. Opportunities for and education about research in the primary care setting were addressed. COGME (the Council On Graduate Medical Education) is hoping for renewal, and if this occurs will focus on physician workforce issues, physician diversity, and GME financing. The continued funding of Title VII general pediatrics training grants is at risk, and several national pediatric organizations are working to continue this appropriation. There is lobbying underway to ensure that time spent at the offices of volunteer faculty does not cause the residency programs to lose some of their funding. AHRQ has updated its clinical preventive services recommendations. The final version of this document will be available later this year online at <http://pda.ahrq.gov>. The AHRQ will be making a concerted effort to increase the number of Pediatric recommendations in this guide. This meeting was an excellent opportunity for the different primary care organizations to learn how they can work together to achieve common goals.

Susan S Guralnick was APPD's representative to the March 21 meeting.

Primary Care Organizations Consortium (PCOC) Meeting 10/4/04

PCOC sponsored a very successful (in numbers and by evaluations) national patient safety conference in Chicago marking a transitional period for PCOC. PCOC had traditionally been a more passive "endorser" of products and is now transitioning to an active provider of information in this conference centered approach. A second such program is scheduled for 2005 with more emphasis on multidisciplinary, ambulatory patient safety.

Title VII funding was discussed and will most likely continue at 2004 levels. It was emphasized that measurable outcomes from any funded projects need to be shared for funding to be continued. Any future projects will improve likelihood of funding if their measurable outcomes include patient safety outcomes.

Liaisons reports were presented from the Bureau of Health Professions, Health Resources and Services Organization (HRSA), Agency for Health Care Research and Quality (AHRQ) - similar message that funding will be dependent on measurable outcomes being patient related not learner related, American Medical Student Association (AMSA), and the American Association of Medical Colleges (AAMC).

Robert S McGregor was APPD's representative to the October 4 meeting.

Committee on Pediatric Education is a Committee (COPE) Meeting 7/2004

The Committee on Pediatric Education is a Committee of the American Academy of Pediatrics. COPE's role is to serve as a forum for the major stakeholders in pediatric education to come together to discuss critical educational issues, such as the structure and content of residency education, resident work/duty hours, international medical graduates and competency-based graduate medical education. Recent top priority issues for COPE over the past 2 years have been Cultural Competency, International Pediatrics and the development of an Individualized Continuing Medical Education Plan for pediatric residents.

Members of COPE include the Ambulatory Pediatric Association, the Society for Developmental and Behavioral Pediatrics, the AAP Resident Section, the Society for Adolescent Medicine, the Med-Peds Program Director's Association, The Council on AAP Sections, Pediatrics in Review, the Advisory Committee to the Board on Education, the Association of Medical School Pediatric Department Chairmen, the Committee on Continuing Medical Education, the American Pediatric Society, the Council on Medical Student Education in Pediatrics, the journal *Pediatrics*, PREP Self-Assessment, General Pediatricians, the American Board of Pediatrics, the National Association of Children's Hospitals and Related Institutions, the Canadian Paediatric Society, and the Society for Pediatric Research.

The APPD presented to COPE a Continuing Medical Education Plan for pediatric residents, in order to train residents in self-directed professional development. This concept will likely be required in the revised RRC Guidelines. As a result, the Pedialink Resident Center Workgroup has taken on the task of making a format available for program directors through the Pedialink site.

Other issues addressed at the COPE meetings have included: the timing of fellowship applications, presentation of In-Training Exam results in the PREP "content specification" format, residents as students vs. employees, making EQIPP more affordable for residency programs, and International Health opportunities for residents.

Susan S Guralnick was APPD's representative to the July, 2004 meeting.

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

The AMSPDC Executive Committee was held on March 4, 2005 in Kiawah Island, South Carolina. Ted Sectish, in his annual report, briefed the Executive Committee about many elements of which are included in this Annual Report, and focused discussion on issues related to the APPD Special Projects Program and outreach efforts to subspecialty fellowship directors.

The Executive Committee was pleased with the Special Projects Program and showed real interest in fostering rigorous educational research. There was discussion later in the meeting about the role of the Pediatric Education Steering Committee (PESC) of the Federation of Pediatric Organizations (FOPO) for continuing the dialogue about promoting educational research.

Bruder Stapleton and Doug Jones expressed a particular interest in APPD's efforts to reach out to pediatric subspecialty fellowship directors and facilitate discussion at a national level. The APPD meeting for fellowship directors leaders within subspecialty societies is planned for Saturday, May 14, 2005 at the Renaissance Hotel in Washington, DC from 1 pm – 3 pm.

Council on Medical Student Education in Pediatrics (COMSEP) Executive Committee Meeting

The COMSEP Executive Meeting was held on April 8, 2005 in Greensboro, North Carolina. Ted Sectish presented the Annual Report and focused discussion on our Special Projects Program, the alignment of COMSEP and APPD Task Forces, new APPD awards and our four-pronged approach to communication within the organization and with our liaison organizations.

COMSEP was very interested in the Special Projects Program and would like to join with us in facilitating a national discussion about how to promote rigorous research.

National Resident Matching Program (NRMP)

The APPD remains active in attending the NRMP meetings through Drs. Steve Selbst and Ed Zalneraitis, and through providing input regarding Pediatric Program Director views to the NRMP. It was felt that the R3 Match format is working quite well, and most programs feel comfortable and confident in using it.

APPD members and other program director groups do clearly not desire the two-phase match, in its proposed format at this time. At the present time, the APPD representative at the NRMP meetings is not a voting attendee. However, at the spring meeting, there is a proposal to reconstitute their Board of the NRMP, and invite APPD and other program directors to apply for one of two program director positions. There will also be two resident positions added to the Board. The other hot button issue remains the so-called "new rule" that would require all programs at each institution to have all positions in the Match, in order to have any of the programs from that institution allowed to be allowed to participate. The debate continues and exceptions are being considered. This is on the spring meeting agenda, but it will not impact next year's Match, regardless of the decision. Stay tuned.

Match waivers and violations continue to be tracked, with consequences for confirmed violators. For the 2005 Match 19 applicant waivers were requested, 13 granted, 2 denied and 4 are still pending at this time. There were 14 program waivers requested, 13 granted and the other is still pending. The most common reason for waiver request is personal hardship, followed by changed specialty choice and visa problems. The report on this year's Match violations has not been made yet. Violator's will be reported to the appropriate accreditation and certifying organizations, and they will be flagged for future matches.

Organization of Program Director Organizations (OPDA)

APPD has continued to work as an integral part of OPDA. Ed Zalneraitis is the Immediate Past Chair of OPDA and has regularly attended meetings. Issues of current interest addressed include:

OPDA will now have a representative to the Council of Chairs for the ACGME, and Board member Dr. Joe Gilhooly is the APPD nominee for this position.

OPDA has been tracking the step 2 clinical skills examination of the NBME. Dr. Peter Scoles presented results and changes to the group. The current failure rates are, for LCME students is 4%, and IMG takers 17%. The NBME will have the capacity to test 33,000 students next year, and they believe that this will meet demand, including repeat takers, in an even more timely way. They expect about 21,000 U.S. students and 12,000 IMG applicants to take the test. They expect to have the results for most available in advance of the rank order submission deadline for all takers prior to December 31, 2005. All of the current data and information is posted on the OPDA part of the CMSS web site www.cmss.org.

Dale Austin of the Federation of State Medical Boards (FSMB) kept members updated. The FSMB is working on increased portability of licensure. They would like all residents licensed, and there are still 6 states that do not do this. They would like criminal background checks on all residents, and would like to develop ways to both define minimum qualifications and promote excellence. There was a discussion

about how all interested organizations should link together to meet common goals, and also discussion of the process for using information from criminal background checks.

Ruth H. Nawotnick, President of the National Board of certification of training Administrators of graduate Medical Education Programs spoke of certification of Program Coordinators. The APPD was recognized as one of the lead groups in this effort, and indeed, our Coordinator leadership has been out front in creating this certification for Pediatric Program Coordinators.

Dr. David leach discussed the current ACGME efforts. The “Quadrads” will be meeting again. Dr. Bob Englander will be representing APPD and Carol Carraccio will be representing the RRC. The ACGME will be looking at further collaboration with the ABMS on certification and Maintenance of Certification. The ACGME is looking at annual outcomes measurements from programs as a way to increase the time between re-accreditation. This could be up to 10 years, and they are inviting programs to submit proposals for innovative changes that require waiver of some requirements. The Committee on Innovation in the Learning Environment had its first meeting in April of this year. Two awards for innovation were given to the University of Wisconsin for a CD on the competencies and Duke University for a two CD set on resident fatigue and issues such as boundaries. These CD will be available at no cost nationally through a grant from the Macy Foundation.

Mona Signor spoke for the NRMP (see separate report) and Moira Edwards for ERAS. The ERAS system seems to be working well, including the integration with “Find a Resident”.

Dr. Bob Sabalis discussed AAMC issues. There is now an electronic copy of “Applying to Residency” on their web site. This was developed jointly by the AAMC and OPDA. This is directed at students, and there will be companion documents for Program Director and Deans of Student Affairs, and there is already a “Careers in Medicine” section on the web site. Criminal background checks are now being proposed for all medical students. Both the AAMC and the ACGME are cautiously interested in this, and would like a better-defined process protecting the interest of students and residents who could endure unintentional adverse consequences. They are planning a follow up survey of program directors on the MSPE. The AAMC is still hoping to get buy on for the single visit standard for all students applying for residency, and they were disappointed with the response from program directors so far.

Dr. Paul Rockey discussed AMA issues. The AMA continues to be very concerned about workforce issues and the possible doctor shortage in the near future or even now. They are calling for a 15% increase in the class size of all medical schools, and subsequently all residency programs. There was a spirited discussion about who would pay for all of this, and validity of work force data projections. The AMA has endorsed a policy to develop “National Self-sufficiency in Healthcare “ over the long-term.

Federation of Pediatric Organizations (FOPO) and the Pediatric Education Steering Committee (PESC)

FOPO and PESC remain very active with regular attendance and input from Drs. Ted Sectish and Ed Zalneraitis. The issues addressed this past year (edited from the March 2005 FOPO Newsletter which is available in full on the FOPO web site at www.fopo.org) include the following:

The Resident Section of the American Academy of Pediatrics has proposed that the **time of application and acceptance for subspecialty pediatric training program** be moved from the second to third year and that the time and application form be uniform for all subspecialty training programs. The Board of Directors of the Federation of Pediatric Organizations and the members of the Pediatric Education Steering Committee unanimously endorsed this concept.

This policy would permit pediatric residents to benefit from the opportunity to experience a broad spectrum of subspecialties and more general training as a pediatrician before making a decision to apply for a subspecialty fellowship. Subspecialty training programs would benefit from having more information about an applicant’s performance as a pediatric resident and greater confidence that the

applicant's choice of subspecialty is an informed judgment before deciding to accept an applicant for a subspecialty fellowship.

Policy Statement

Applications for subspecialty fellowship training should not be required or accepted by training programs before July 1 of the applicant's PL-3 year or final year of training for combined program residents. Offers of subspecialty fellowship positions should not be made by training programs before November 1 of the PL-3 year or final year of combined training.

This policy will not apply to residents in the "Special Alternative Pathway" or the "Accelerated Research Pathway" for American Board of Pediatrics certification. The policy also does not apply to residents applying to the Pediatric Scientist Development Program or those who have previously completed 3 years of pediatric residency training and have decided to apply for additional subspecialty training.

The 2005 St. Geme Award is to be awarded to Dr. Robert Kelch, who was selected by the Federation. Dr. Kelch is currently the Executive Vice President for Medical Affairs at the University of Michigan.

The Conference on Improving Patient Care, Safety and Pediatric Resident Education was held in October at the duPont Hospital for Children. Dr. Paul Batalden presented the keynote address which focused on understanding the interface between the Microsystems involved in patient care and resident education. This was followed by a panel discussion on improving patient care and safety through implementation of the ACGME professional competency guidelines. The panel consisted of Drs. Carraccio, Jones, Lannon, and Proujansky.

There were then a series of presentations on patient safety programs involving house staff, and following these presentations there was a workshop to identify priorities for patient care and safety that would involve house staff education. Dr. Linda Headrick addressed the subject of simultaneously creating excellence for patients and resident learners. Dr. Peter Margolis then discussed issues related to establishing, managing, and measuring the impact of quality improvement programs in a residency practice setting. This was followed by a presentation by Charles Homer on improving the quality of primary care in academic medical centers. Drs. Johnson, DeWitt, and Miles then discussed the issue of faculty participation in quality improvement, in making competency-based assessments of residents, and maintenance of board certification of faculty.

The second day of the meeting included a discussion by David Stevens of the AAMC on the use of evidence to redesign improved patient care in academic settings. This was followed by a series of presentations on resident scheduling, sleep deprivation, and patient safety; evaluating educational experiences of residents using clinical information systems, and streamlining resident work patterns using PDA patient data access. There was subsequently a discussion on mitigating communication barriers that threaten patient safety by Dr. James Stevens and a presentation on creating "the perfect residency" by Blair Sadler.

A follow-up conference will be held at Cincinnati Children's Hospital Medical Center. This meeting will focus on the interface between individual patient-physician interaction and the standardization of medical practice. It will also address reliability in medicine. These issues will be considered from the prospective of both residency training and patient care.

The Committee on Women in Pediatrics has recently put together a document delineating a comprehensive proposal to address, at each phase in the development of a pediatric physician, the measures or steps that should be taken to promote the career development of women pediatricians and promote the best interests of children whose parents are or will be pediatricians. Some of these measures are gender specific; many are not and will benefit the next generation of men and women in pediatrics.

The recommendations to be considered in this context will be found in this document on the FOPO web site in the near future. Members of the committee are:

Richard E. Behrman, MD, Chair
Executive Chair, Pediatric Education Steering Committee
Federation of Pediatric Organizations

Ann Arvin, MD
Lucile Salter Packard Professor of Pediatrics
Research Professor of Microbiology and Immunology
Chief, Pediatric Infectious Diseases

Carol Berkowitz, MD
Professor and Executive Vice Chair,
Department of Pediatrics
Harbor-UCLA Medical Center

Patrice (Patti) Dickson, M.D
Harbor-UCLA Medical Center

Gary L. Freed, MD, MPH
Professor of Pediatrics, School of Medicine
University of Michigan

M. Douglas Jones, MD
Professor and Chair, Department of Pediatrics
The University of Colorado Health Sciences Center
The Children's Hospital

Antoinette (Toni) Laskey, MD, MPH, FAAP
Assistant Professor of Pediatrics
Riley Hospital for Children
Wishard Memorial Hospital

Susan Marshall
Assistant Dean for Curriculum
University of Washington School of Medicine

Lawrence A. McAndrews, AB, MHA
President & CEO
National Association of Children's Hospitals
and Related Institutions (NACHRI)

Bonita Stanton, MD
Professor and Chair, Dept of Pediatrics
Children's Hospital of Michigan

Coordinator's Certification

Professional development and education, both for program directors and coordinators continues to be the primary focus of APPD. The continued development of tools such as our online handbook, provide valuable resources for residency program coordinators. Certification for residency program coordinators has been one of the long-range goals of the coordinators' section. In October 2003, the National Board for Certification of Training Administrators in Graduate Medical Education (TAGME) became a reality. TAGME was formed in order to set national standards and provide assessment tools for certifying training administrators/residency coordinators from all specialties. Jeri Whitten, representing APPD, has been a member of the TAGME Board of Directors since May 2004. Two specialties, General Surgery and Pediatrics, were chosen in 2004 to pilot the certifying process. Since the fall of 2004, the APPD Task Force on Certification has been working to develop assessment tools and work effort products. The assessment tools were presented to the TAGME Board of Directors on March 1, 2005 and approved. Upon approval of the assessment tools, two at-large members from Pediatrics were added to the Board of Directors. June Dailey and Rosemary Munson, who were instrumental in the development of the assessment tools, are the at-large members, representing APPD and Pediatrics. Pediatrics will be the first to offer "testing". Pediatric residency program coordinators/Training administrators will have opportunity to apply and sit for Part I to be given during the in-training examination in July 2005. We chose to pilot the project during in-training exams because it will allow coordinators to complete Part I as a monitored assessment, while not having the expense of travel to another monitored site. The work effort product, which is Part II of the assessment, can be completed and submitted by August 15. Both Part I and Part II will be "graded" and those who meet the requirement of 80% will be presented to the TAGME Board in October 2005, and certification will be granted.

Coordinators Executive Committee

The Members of the Coordinators Executive Committee have had a very busy and productive year. The Coordinators Executive Committee has monthly conference calls where we plan for our fall and spring meetings. We also discuss policy changes that will impact the coordinators section. As the coordinators representative on the APPD Board, Rosemary and Venice also participated in monthly APPD Board Conference calls and attended the spring and fall board meetings in San Francisco and Virginia. We will attend our final board meeting in Washington, DC.

Rosemary Munson and Venice VanHuse coordinated the Coordinator's section of the APPD Fall Meeting. We had a great meeting and "get to know you dinner" with the new coordinators who were in attendance. Other members of the Coordinators Executive Committee who attended were Mary Gallagher and Dee Burkins.

Mary and Dee met with coordinators at the Fall meeting who were interested in participating in the Spring meeting or who just wanted to know more about how to get involved with the planning for the meeting.

We continue to learn more about our role as members of the APPD organization and work to generate more interest on the part of coordinators in participating at annual meetings.

Finances

As of June 30, 2004 APPD's Total Liabilities and Net Assets = \$365,878.

Budget Overview July 1, 2004 through June 30, 2005

Income

Dues	\$160,000.00
Spring Meeting	\$86,000.00
Other (Interest/Donations)	\$11,000.00
Fall Meeting	\$23,000.00
Consultation Prgm Grants	\$15,000.00
Total Income	\$295,000.00

Expense

Admin, Legal, Acct	\$103,625.00
Spring Meeting	\$65,000.00
Other Meetings	\$7,000.00
Operating Expenses	\$25,000.00
Membership Services	\$24,000.00
Fall Meeting	\$34,600.00
Consultation Program	\$15,000.00
Total Expense	\$274,225.00

Net Income **\$20,775.00**