APPD NEWSLETTER

Association of Pediatric Program Directors

Fall/Winter 2002

EDITOR'S COLUMN

Robert McGregor, MD, Program Director, St. Christopher's Hospital for Children

After reading only 153 personal statements so far this season, I toyed with opening the newsletter, with a poignant vignette capturing my revelation as to why I was "called to be a pediatrician," or make analogies to a favorite children's book, "One fish, two fish red fish blue fish…." But I thought you had already read that…

For those of you who opted out of the fall meeting, you missed a great one! I think the Board's inaugural trial of active involvement vs. the traditional plenary sessions was a definite success. I think I have recovered from the fall APPD meeting (especially Momma Weidermann's role play) as I dove right into interview season and now plan for the spring meeting. With each newsletter preparation, I reflect upon what a dynamic and important organization the APPD is for me. This organization is far more than a clearinghouse for policy statements, a venue for endorsements, or stage for personal promotion. It is a vital, responsive entity capable of reacting quickly when necessary. (See reference to Ted Sectish's work group in the president's column.) The APPD also provides necessary mentorship when your local stream may not be so well stocked.

As we are propelled into a "new" order of residency operation – I challenge you all to embrace the opportunities! New structure does not equate to bad structure. Even breakeven change can be good. Reorganizing a residency is just like having to move — It stirs the soul, stirs up the dust, redirects circuits and sometimes forces us to rid ourselves of old baggage.

Thick into recruitment season, you had best already have a plan outlined which convinces applicants you are moving to a compliant fix of the work hours. As you spin the plan recognize the new opportunities. See the pond half full. Perhaps your forced night float system will (planned or unplanned) improve the teamwork at night by linking supervising residents nightly instead of randomly every 4-6th night. My ICU

(See *EDITOR* on page 2)

PRESIDENT'S COLUMN

Edwin Zalneraitis, MD, Program Director, Connecticut Children's Medical Center

As we begin another very busy recruitment time, it is easy to be distracted from the other formidable challenges that we are addressing at each of our programs and together through the APPD. This is not unreasonable. Last year was a more challenging recruitment year than we have experienced in recent times, and this year ERAS is reporting 2066 seniors selecting pediatric programs so far, just 31 more than last year at the same time. With the prospect of increased NRMP quotas as part of the solution for some programs in addressing the new work duty hour standards, it appears that recruitment this year deserves our heightened concern and attention. However, with our continued collaboration through the APPD, recruitment need not be our exclusive focus between now and the spring.

How can we make progress during this busy time? Our first Annual Membership Survey is nearly ready and will be coming to you soon. We can make this our first step at sustaining progress in other areas by completing the survey as soon as possible. This will be a key tool in accomplishing our strategic plan, and in guiding our new task force groups. It may appear daunting at first glance, and the impulse will be to set it aside with all good intention to get back to it. Don't do it- don't set it aside. Even with recruitment in progress, this survey can be completed in a reasonable length of time, and I urge you to do it as soon as possible. This annual exercise can track who we are, what we are concerned about and what we are accomplishing. However, it can only do the things if we are all dedicated to completing the survey.

How will the Annual Membership Survey results benefit us? We hope the survey will help determine the content and structure of APPD meetings and supportive efforts. The survey can be used by members as a basis for educational research. It should provide direction for curriculum development and evaluation implementation as we make progress in creating the competency-based curriculum mandated for our programs. It should identify faculty development needs and help define how best to meet them. It should provide information that would be valuable in attaining appropriate support for our efforts as program directors and for our pediatric residency programs. Ultimately, it should help us to improve the attractiveness of training in and practicing pediatrics, making recruitment less difficult and concerning.

Even while we have been putting our survey together, a work group of APPD members have been busy collaborating in a spontaneous and remarkable effort to address changes needed to comply with the new ACGME work duty hour

(See *PRESIDENT* on page 2)

INSIDE:

AAP Section on Residents ~ Pediatric Resident SIG ~ Coordinators' Corner ~ Ask the ABP ~ MPPDA Update ~ OPDA Report

(EDITOR **continued from front page)**

so liked our modified night float proposition that they plan to incorporate the same system into their staff model thus supplying better teaching opportunities after 8 PM than we have ever had. Similarly, shifting educational venues may create new and maybe even better learning opportunities for your developing residents.

What ever your new ventures, I return to a familiar mantra, "Study what you do!" If your "n" is too small, describe what you do or play with a friend or two and combine your "n"s. We face a great "natural" experiment in a few months. Never before have medical educators made such a dramatic change simultaneously. Think about what outcomes you can study. Unfortunately, as time quickly approaches, the control data may have to be historical but think of study ideas and get to work! (Alternatively, come to Seattle with ideas well thought out and be prepared to network!)

The spring meeting as Ed suggests, should really reflect your feedback from last year's meeting (especially the SIG.) This year even the SIG is going to reflect our new proactive/get more done efficiently/get more of the group involved mentality. As we get closer to May, the SIG leaders will solicit the membership to nominate key hot topics for potential discussion at the SIG. Through nominal group process via e-mail, we will attempt to begin the SIG with a short list. More to follow . . .
I look forward to seeing you all in Seattle and at the famous Pike Street Fish Market where some legendary "fish throwers" hang. I hope you will 'take the bait' and 'not let this one get away.'

Season's greetings!

(PRESIDENT **continued from front page)**

standards. Under the leadership of Ted Sectish, the work group carried out a series of conference calls and exercises to lead the way for all of us to better respond to this issue. The need for such a response was driven by the complexity of the consequences of the changes, and the short time frame required for implementation. I believe that the APPD response is a model for how program director groups can respond to such complicated and urgent issues. The results of the working group in this area will be made available to membership to help us all consider ways to address these new rules in our respective programs.

Finally, the program for our spring meeting is also nearing completion. We received superb submissions for our workshops and we are soliciting poster proposals for our second annual poster sessions at this time. As requested by membership, we will have revised the timing and format of the plenary session. It will occur later in the meeting, after the special interest group session. The plenary part of the meeting will be implemented this year with brief, well-orchestrated presentations from key representatives of key organizations and efforts. This will be followed by an extended panel discussion addressing questions to the presenters. Questions will come from earlier activities, including the special interest group, and from the audience. We hope that this will increase member involvement and that it will be a much more lively and interactive session. We look forward to your feedback on the new format, and to seeing you all in Seattle. Please make plans now to be there!

AAP SECTION ON RESIDENTS

Antoinette L. Laskey, MD, Chair, Resident Section, 2nd Year Robert Wood Johnson Clinical Scholar, University of North Carolina at Chapel-Hill

The Resident Section has been especially busy over the last several months. Several burning issues have been on the forefront of most of our discussions. The first big issue we have been addressing as a group has been the proposed ACGME resident work hour reforms. The section has written a letter in response to the ACGME's request for comments regarding the proposed changes. Specifically, the Residents' Section supports the proposed 80 hour work week and at least 10 hours off between shifts. The Committee on Pediatric Education (COPE) supported the Residents' Section letter with the emphasis on the improved patient safety and resident education that would follow these changes. Based on the letters from COPE and the Residents' Section, the AAP Board of Directors has lent its support to the ACGME work hour reform. Currently, the ACGME has issued a change in the proposed guidelines that would allow post-call continuity clinics and the Resident Section is discussing with its members the impact of this change.

Besides resident work hour reform, the Resident Section has been very involved in the discussion surrounding the American Board of Pediatrics' proposed changes in the subspecialty training pathways. The ABP, in an effort to address the "meaningful research accomplishment" requirement currently required of post-residency training fellows, has proposed several alternative pathways that residents could follow that would place less emphasis on the traditional research model of fellowships. At the COPE meeting I had the opportunity to present a brief opinion on behalf of the Section. As a Section, we support the spirit of the change, which is in essence, to allow flexibility. Residents have many reasons for either choosing to do a fellowship or not. Flexibility in training will certainly foster an interest in those who have felt that the traditional pathway did not fit their needs—for either lifestyle or career.

After the COPE meeting, I was asked to present the residents' position at the FOPO meeting held during the AAP NCE in Boston. After discussion with residents from all over the country regarding these proposed changes, the general consensus was that the majority of residents *do not* support decreasing the length of training of a general pediatrics residency. They are worried that with impending limitations on resident work hours and the likelihood this will effect elective time, they won't feel as well rounded or as prepared for the Pediatric Boards. Additionally,

an overwhelming number of residents commented that the biggest factor that keeps them from pursuing subspecialty training is a financial one. They correctly point out that after completing a residency and sitting for the Boards shortly after they graduate, they are Board certified, just as their general pediatric colleagues that graduated with them are—yet they will only be making a third as much since most fellows are paid at resident salaries. It is a difficult decision to delay starting a family or delay paying off the average student loan of over $100,000 for an additional three years. Frequently, decisions not to pursue more training are being based on these financial considerations. The Residents' Section therefore supports flexibility in subspecialty training pathways, with some reservations on those pathways that shorten the general pediatric residency. Perhaps more importantly, the Section asks that all of the involved parties that deal with post-residency training consider the economic impact of post-residency training salaries on the decision to enter a subspecialty.

Finally, the Residents' Section has been reviewing its strategic plan and has decided that a major focus over the next 12-24 months will be improving educational opportunities offered to residents through our section. One step towards this goal was a complete re-do of our web site. Our new, improved web site is up and running and we believe it is more useful than ever before. We invite you to visit and send us any suggestions: http://aap.org/sections/resident/. Our goal is to provide convenient links to the many educational materials that already exist within the various sections of the AAP.

Additionally, we have had the good fortune to be working with the *Pedialink* group in making a resident specific interface that would enhance the educational opportunities available to residents through this web site. I will be working closely with Ted Sectish (President-Elect, APPD) in order to identify possible changes that will lead to increased use of *Pedialink* by residents. The hope is that residents will begin to track medical education activities long before CME requirements become an issue.

The Resident Section sees the Pediatric Program Directors as an integral part of educating residents about the opportunities that professional organizations such as ours present to them during their training. In the somewhat overwhelming environment of patient care, education and sleep-deprivation, it is sometimes hard to see why membership in "one more thing" has any benefit. We recently developed a brochure that is available for distribution to new residents (as well as "old" residents who want to know more about us) that describes the many benefits of membership in the AAP as a whole and our section in particular. If you would like some of these brochures, please contact our AAP staff person, Jackie Burke at jburke@aap.org. Finally, we have a resident orientation slide show available to use during intern orientation or a resident noon conference. In the slide show, we discuss the many benefits and opportunities of membership including the various grants and scholarships that are available to residents. Speaker's notes are included and the slides are available for download at our website under the "About Us" tab, click on "Benefits."

If you have any questions, comments or suggestions, I would love to hear them. Feel free to contact me at laskey@med.unc.edu.

PEDIATRIC RESIDENT SIG

Joshua Schiffman, MD, Stanford University, Rebecca Ryder, MD, University of Florida

[This is part 2 of a summary of the inaugural meeting of the Pediatric Resident SIG in Baltimore, MD, May 2002. Part 1 delt with delineating residents most challenging issues beginning with time management.]

"Guidance and Mentorship" was the next most challenging issue broached in the SIG and three problem areas identified included 1) Finding direction throughout residency and career guidance for the future, 2) Choosing a Fellowship, and 3) Self-Guidance (Feedback and Evaluation).

Established mentors were identified as essential components to good career direction. Residents discussed practices that would be beneficial in career guidance including: 1) identify a mentor during intern year, 2) choosing a mentor based on specialty of interest, and 3) reassessing appropriateness of the mentoring relationship, allowing for changes during residency or even more than one mentor at a time.

Residents discussed Fellowship Training and deterrents to choosing a subspecialty career. There was consensus that the need to make an early decision (at the beginning of PGY-2 often prior to exposure to each subspecialty) is a major deterrent. Possible solutions included: Moving back the Fellowship match date, providing time for an elective month during internship, an appropriate exposure to the "true" subspecialty experience rather than an intern (scut) experience, subspecialty clinics twice a month, and an ambulatory rotation with exposure to several different subspecialties in outpatient setting. [This important topic will be re-visited in the highlights of the discussion with Dr.Behrman]

The last topic discussed was "Self-Guidance," including how residents could improve themselves. Evaluations and feedback were thought to be essential to progress as a resident. Members of the SIG felt that often the responsibility of evaluation and feedback falls to the Senior Resident. Included in the perceived Senior Resident's responsibilities are 1) Midway evaluations: residents felt that giving mid-rotation evaluations was helpful for guiding students, interns, and the team as a whole, 2) Feedback Fridays: an innovative idea for feedback at one institution includes evaluations that don't wait for mid-way, but rather occur each Friday; this gives the team a chance to identify and repair glitches along the way, 3) Clear expectations: most residents felt that the way to get the most out of a team was to clearly delineate the expectations of the senior resident as the leader of the team, the interns, and the medical students prior to

the start of a rotation.

In terms of evaluations, several residents expressed concern over hesitancy to report negative results in evaluation. Possible solutions included anonymous evaluations via computer, couching negative feedback with positive comments (Oreo cookie approach), and offering solutions for problem areas.

All in all, the first meeting of the Pediatric Resident SIG was a tremendous success. We hope to continue the SIG each year at the PAS Annual Meeting, and would like to encourage more cross-talk between residents and the APPD throughout the year.

COORDINATORS' CORNER

Vanessa Pichette, University of Vermont Pediatric Residency Program/Vermont Children's Hospital at Fletcher Allen Health Care

The program coordinator plays an integral role for his/her program during the recruiting season. I liken this role to that of a swan swimming. On the surface you appear calm, graceful and collected attempting to ensure a positive experience for each applicant. Underneath the surface you "paddle madly" organizing all aspects of a successful interview day.

At a recent pediatric student interest group the topic of discussion was interviewing. One of the key points made to the medical students was the valuable role the coordinator plays to both the medical student and the department. Often we are the first contact for an applicant. By being friendly, responsive, and organized during that initial contact, we can help the applicant navigate a very stressful time in their medical career. We can also give our program director valuable feedback about our interactions with the applicants.

As the program coordinator we are frequently the initial contact for our programs. When this interaction is a positive experience, it can decrease an applicant's anxiety about the interview process. We have the ability to make each applicant feel welcome and valued. Specifically, I try to make each candidate feel that I have responded to him or her in a prompt, personal, and understanding manner. I sometimes keep notes so that later on I can refer to them and mention a specific personal piece of information (an upcoming event, family in the area, weekend plans) demonstrating that the recruitment season is more than just a standardized process. I believe it is also a great opportunity to meet many different people and help them on the path of their medical career. The group of residents that were interns when I started are now the graduating class. It is amazing to see how much each of them has grown during the years from intern to graduating resident and I feel lucky to have been a part of that experience.

The recruiting season is a juggling act for the program coordinator (dates, people, lunches, faculty, residents). He/she plays a key role in ensuring that the interview experience is a positive one, while maintaining support for the existing group of residents. So, while you go about paddling wildly beneath the surface, remember if all goes according to plan, you can leave a lasting imprint on each applicant.

ASK THE AMERICAN BOARD OF PEDIATRICS (ABP)

Gail McGuinness, MD, Senior Vice-President, American Board of Pediatrics

This column will be devoted to an update regarding items of interest from the American Board of Pediatrics (ABP).

1. Beginning in 2003, chief residents will be allowed to take the In-training Examination (ITE) provided they are listed on the tracking roster as PL-4s. The roster will not specifically request information regarding chief residents, however, many program directors add the names to the roster. If this is done, the ABP will allow a PL-4 chief resident to take the ITE.

2. In June 2000, the ABP approved a new training pathway for individuals with MD/PhD degrees or others who can demonstrate equivalent evidence of research experience and commitment. The Pediatric Research Pathway allows trainees to spend up to 11 months of their 36 general pediatrics residency training months in research experiences in the PL-2 and PL-3 years. Nineteen months of clinical experience is prescribed similar to the requirements for medicine/pediatrics and other combined residency trainees. Programs that identify qualified individuals before they begin PL-1 training or in the early months of their PL-1 year may submit a training proposal to the ABP for review and approval. The clinical training and research experiences must be monitored carefully by a Program Advisory Committee to assure that clinical competence is not compromised. Since initiation of the pathway, there have been 17 petitions submitted and 15 have been accepted. The majority of individuals entering the pathway have PhD degrees and are training at 13 different institutions.

3. The ABP carries out its work by means of a committee structure. The Program Directors Committee advises and assists in the preparation of materials on resident evaluation and on the development of the tracking and evaluation system. It is also charged with promoting communication between the ABP and the APPD and otherwise consider issues of interest to both organizations. The committee recently decided to add a liaison member to the committee from the Med/Peds Program Directors Association (MPPDA) in order to foster communication between the ABP and the MPPDA. Dr. John Frohna, the current President of the organization, will serve a three-year term as a liaison to the ABP Program Directors Committee.

MED-PEDS PROGRAM DIRECTORS ASSOCIATION (MPPDA) UPDATE

John Frohna, MD, Med/Peds Program Director, University of Michigan

This has been a challenging, exciting year for the MPPDA. One of the most notable changes over the past two years has been the change in the number of students entering Med-Peds. The general trend away from primary care residencies has impacted Med-Peds as well. It appears that there will be another decrease in the number of students entering Med-Peds this year. At the same time, we have seen an increase in the number of students interested in combined subspecialties, similar to that seen in pediatrics and internal medicine. MPPDA has been working with the American Board of Pediatrics and American Board of Internal Medicine to make these training paths more standardized. We believe that Med-Peds is an excellent choice for students who want to care for patients of all ages, whether they wish to enter primary care or subspecialty training.

MPPDA has also been working to ensure that medical students know about Med-Peds training options, even if their medical school does not sponsor a combined training program. We have mailed informational materials to the Deans at every medical school, and for those without a Med-Peds Program, we included names of local med-peds contacts. With the leadership of Dr. Keith Boyd and his workgroup, we have revised and updated the Medical Student's Guide to Med-Peds and have placed it on our website (http://apdim.med.edu/medpeds). We have also been working with Drs. Charles Miranda and Brian Zimmerman to update the website and include a listing of all programs so that we can be an additional source for students, educators, and practitioners looking for information about Med-Peds.

Assessing outcomes of programs has become the hot topic this year, with the implementation of the new ACGME guidelines. MPPDA has been interested in assessing the outcomes of our training programs as a whole. We recently completed a survey of all programs, updating prior research on career plans for our graduates, numbers of graduates seeing both adults and children, dual Board certification, etc. Over the next couple of years, we will work with the AAMC, the AAP, and the American Board of Pediatrics to collect additional data on medical student career choice, residency outcomes, and long-term careers of med-peds practitioners.

In the spring of this year, MPPDA initiated a new award in memory of our late colleague Dr. Walter Tunnessen. As you know, Dr. Tunnessen was a mentor, teacher, and friend to many around the country; he was also a strong advocate for med-peds within the American Board of Pediatrics. To honor his memory, we established an award to be presented annually to a graduating med-peds resident who best demonstrates the qualities we admired in Dr. Tunnessen: excellence in education, compassion in patient care, and dedication to advocacy for children. We received numerous nominations of outstanding residents from around the country and selected Dr. Michael Steiner, from the University of North Carolina, as the first recipient. Dr. Jim Visser, Michael's program director, indicated that Michael is a great educator, role model for others, and "one of the most exceptional Med-Peds residents to train at UNC in the past ten years." Nominees will again be solicited in early 2003.

Finally, we continue to work on strengthening our ties with other med-peds groups. We have increased collaboration and communication with the National MedPeds Residents' Association (NMPRA) and have been very pleased with the support and collegiality of the AAP Med-Peds Section. We have members serving on a number of national committees and have worked closely with leaders in APDIM, APPD, ABIM, ABP, and the national organization for pediatric department chairs (AMSPDC).

All in all, it has been a busy, exciting year. If you have questions, thoughts, or suggestions for MPPDA, please feel free to contact me at jfrohna@umich.edu.

REPORT ON THE ORGANIZATION OF PROGRAM DIRECTOR ASSOCIATIONS (OPDA) FALL MEETING

Edwin Zalneraitis, MD, Program Director, Connecticut Children's Medical Center

The Organization of Program Director Associations (OPDA) had its annual fall meeting on November 13, 2002 at the Westin O'Hare. The meeting featured active participation by leaders of the ACGME, AAMC, NRMP and a report from ERAS.

The new ACGME work duty hour standards were a major focus of the meeting and it opened with a report from Dr. Paul Friedmann who co-chaired the committee that created the final proposed language on the new ACGME Work Duty Hour Standards. From the discussion that followed, it was clear that most program director groups were struggling with these changes. The system of monitoring for violations was described as a "two strikes and your out" approach. Dr. David Leach explained that we were compelled to respond to the need for work duty hour reduction over a short period of time due to external influences, and this included substantive enforcement. He pointed out there would be accelerated consequences for egregious violators. Actions in such situations could be implemented in as little as two weeks, and would not wait for future accreditation visits.

Dr. Leach indicated that the short implementation time and external pressures were making the process around revising the

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new work duty hour standards more "toxic" than the process for establishing the competency-based curriculum. He felt that we were being required to use a linear and external approach to a non-linear and internal set of problems. Both the ACGME and the pediatric RRC expressed interest in the APPD approach to the work duty hour issue, and in reviewing any products of the effort by our work group. The APPD effort was very consistent with the ACGME call for taking this opportunity to restructure programs to meet the new rules in the most educational way possible. However, it was also cautioned that all of our plans must include monitoring of the consequences of the restructuring on our programs, an important part of the APPD work group deliberations. The key areas for concern across disciplines were identified as moonlighting, call from home, continuity, and the 6-hour transition period after call.

Dr. Leach also provided a presentation on Professionalism: a Community Reflects on the State of the Trait. He reviewed this topic as it relates to the Outcomes Project, and the handout from this presentation can be provided to any interested APPD member. Some highlights were the key components of professionalism and the recognition that this was largely a formative pursuit, except when failure was identified. It was acknowledged that professionalism should be formed and tracked at all levels of medical education and career practice in a parallel fashion. The only differences will come from increasing sophistication as an individual moves through their education and career. Concept summaries and references were provided.

Dr. Bob Beran of the AAMC and NRMP provided an update on ERAS and addressed the new consequences of match violations for programs and applicants, as he did at the APPD fall meeting. He also discussed the "new rule" requiring institutions to have all positions in the match. This generated a fair amount of discussion, and Dr. Beran concluded the discussion by indicating that this will be further considered by the NRMP in light of the feedback that they have been soliciting. He also reviewed the status of the class action complaint on behalf of residents that has included the NRMP as a defendant. A resident representative to the OPDA meeting asked about residents opting out of the class of plaintiffs. It was indicated that it is premature for that, but that this opportunity should come next spring. The offer was appreciated.

Finally, Dr. Marvin Dunn of the ACGME introduced concern surrounding combined programs such as combined internal medicine and pediatrics. There are currently 220 combined programs. They are approved by the respective boards from each discipline, and approval requires that the programs from each contributing discipline be an ACGME accredited program. These programs are now under a fair amount of scrutiny by the Office of the Inspector General for funding reasons, the ECFMG for visa approval reasons, and the Federation of State Medical Licensing Boards with regard to resident licensing. The possibility of ACGME accreditation of combined programs was suggested, but at his point, the ACGME is just looking for feedback.

Welcome New Program Directors !

Edward Cox, MD
Grand Rapids Medical Education and Research Center
Michigan State University

Jose Gonzalez, MD
University of Texas Medical Branch Hospitals

Jeffrey Kempf, DO
Children's Hospital Medical Center of
Akron NEOUCOM

Madelyn Khana, MD
University of Chicago

Gerald Kolski, MD, PhD
Crozer-Chester Medical Center

Robert Pederson, MD
Tripler Army Medical Center

Rebeca Swan, MD
Vanderbilt University

Michael Weir, MD
Texas A&M College of Medicine-Scott
and White

Association of Pediatric Program Directors/ Medicine Pediatric Program Directors Association

2003 ANNUAL SPRING MEETING

The Westin Hotel
Seattle, WA ~ May 1 - 3

MEETING SCHEDULE AT A GLANCE

Thursday, May 1

7:00am-7:00pm
Registration

8:00am-4:00pm
MPPDA Business Meeting

8:00am-4:00pm
Forum for Chief Residents

12:00pm-6:00pm
Forum for Coordinators

12:00pm-4:00pm
Forum for Small Programs/Affiliate Chairs

4:00pm-6:00pm
Task Force Meetings

6:00pm
Wine and Cheese Reception with Guest Speaker

Friday, May 2

7:00am-7:00pm
Registration

7:00am-9:00am
Regional Breakfast Meetings

9:30am-12:30pm
APPD SIG

9:30am-12:30pm
Coordinators Sessions

12:30pm-1:30pm
Lunch

Friday, May 2 (Cont'd)

1:30pm-5:30pm
Plenary Session (*Interactive session with panel/Q&A*)

6:00pm-7:00pm
Poster Session

Saturday, May 3

7:00am-1:30pm
Registration

8:30am-10:30pm
Workshop Session I

11:00pm-1:00pm
Workshop Session II

1:00pm-2:00pm
Portfolio Demonstration

1:30pm-4:30pm
Resident SIG

1:30pm-4:30pm
Subspecialty RRC

Check your mail soon for meeting registration information and a more detailed schedule!

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Scholarships Available for Coordinators to Attend the APPD Spring Meeting in 2003!

♦♦♦

The APPD Scholarships are available to help defray costs for Coordinators who wish to attend the Annual Meeting but have financial constraints. Applicants must be members of APPD. Each award provides monetary assistance of $500 for conference fees, travel, and hotel accommodations. Applications may be obtained directly from the APPD National Office at (703) 556-9222. In order to be considered for this award, please send a completed application by January 25, 2003 to the APPD National Office.