



EDITOR'S COLUMN

*Jerry Rushton, MD, MPH
Indiana University School of Medicine,
Riley Hospital for Children*

Students of history will note the upcoming 100th Anniversary of the 1910 Flexner Report. While it may be hyperbole to draw parallels to the flux in early 20th century medical education, those of us who work with present day-to-day challenges can sense that we are at a crossroads. With the IOM report, funding concerns, and shifting system needs, we are at a key time in the evolution of medical education.

In the midst of this period, the APPD and our members are increasingly viewed as valued partners by the ACGME, ABP, and other organizations. In the past, it felt like we were often reacting to administrative mandates after the fact. However, through diligence of our past leaders and development of valued expertise, the APPD is now sought out proactively to effectively implement change. We must recognize this shift and deliver in our role with research, innovation, and collaboration.

The latest ACGME Bulletin includes the cover title "Beginning a Dialogue with the Graduate Medical Education Community" as an introduction to the next steps in considering the IOM report on duty hours. The January 2009 supplement to Pediatrics on the R3P review includes this statement "Participants in the project concluded early on that top-down 're-design' of pediatric resident education was neither realistic nor appropriate".

These exemplify the opportunities that we have to move the IOM and ABP ideals from broad concepts to innovative, creative, real-world application in our programs. Ultimately of course, we hope that efforts benefit our patients.

In meetings this spring, APPD members will present research, provide examples of new models, and help guide next steps. I hope that we can get many people involved at every level. It is an exciting time in education and we have key roles to play.

PRESIDENT'S COLUMN

*Susan Guralnick, MD
Stony Brook University School of Medicine*

Recruitment season is over now, so we are all enjoying hours of free time, feet up, eating bon-bons, right? OK, so the reality finally hit me that for the program director, there is no "light" time of year. July is new residents, then you fall right into recruitment, then there is the "I am so behind I will never catch up" time, then the match, retreats, orientation...and it starts over again. Yet, hopefully, it remains fun and exciting. I believe that the APPD scheduled the spring meeting intentionally at a time when we all feel the need for renewal. Winter is long, recruitment is exhausting, burn-out is imminent. Then, program directors, associate program directors, program coordinators come together at our wondrous meeting. We attend workshops and view posters, coming away with dozens of wonderful new ideas, and...the excitement returns! The memories of why we love what we do come flooding back! We are re-energized! We are renewed!



Our upcoming meeting is especially exciting as it is our first combined meeting with COMSEP, the Council on Medical Student Education in Pediatrics, which is our parallel organization in the medical student world. Clearly, our two organizations have similar goals, and can benefit from shared ideas and resources. We have heard wonderful things over the years about the COMSEP meetings but, be warned, we heard there can be dancing involved. To make the meeting even more exciting, this is also the year that we meet along with the MPPDA, the Medicine-Pediatrics Program Directors Association. The MPPDA meets alternate years with APPD and APDIM (Internal Medicine). With all three of these organizations meeting together, this meeting should be an incredible educational and networking experience. Between our annual meetings, our organization remains very active, as you will see when you read the articles in this newsletter. Our regions have been busy holding regional meetings, some with presentations of workshops and regional projects. The Task Forces have been diligent, working both on their own projects and those in concert with COMSEP. The Curriculum Task Force will be presenting an update at our annual meeting on their project in concert with the COMSEP Curriculum Task Force, the development of a Subinternship Curriculum. This has been an exciting and active project which we look forward to hearing more about. The Faculty Development Task Force will be presenting a pre-conference workshop in April entitled

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FOPO AWARDS 2009 ST. GEME LEADERSHIP AWARD TO KENNETH B. ROBERTS, MD

COORDINATORS' CORNER

Marlene Keawe, University of Hawaii



On February 2, 2009, the Board of Directors of the Federation of Pediatric Organizations selected Kenneth B. Roberts, MD as the 2009 Joseph W. St. Geme, Jr. Leadership Awardee. This award was created in honor of Dr. St. Geme to recognize an individual who is a leader in the field of pediatrics, a role model, and one who has con-

tributed broadly to the field. Most importantly the award recognizes those individuals who have “created a future.”

Dr. Roberts has been an active member of APPD since 1987. He was the first APPD president to serve a two-year term, from May 1994 through May 1996, and was primarily responsible for initiating the accelerated growth of the APPD from its humble beginnings to the vital organization it has become. Dr. Roberts currently serves at the UNC Moses Cone Health System. He is the consummate generalist and an individual who has created a future in pediatrics. His contributions in education, leadership, community pediatrics, advocacy, and mentorship are noteworthy and as such, he is an ideal recipient of the Joseph W. St. Geme, Jr. Leadership Award. For further information, please go to <http://www.appd.org/PDFs/KennethRobertsStGeme2009.pdf>

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“Followership: the Lost Art of Playing Second Fiddle” which we hope many members will attend.

As you know the APPD has been actively working toward a response to the IOM resident duty hours recommendations, as requested by the ACGME. We had excellent participation from a diversity of programs on our four Action Calls in January and February, and many APPD members have volunteered to participate in work groups formed to address the main focus areas delineated on those calls. As we develop our response for the ACGME, the APPD Board will continue to seek input from our membership, as this is clearly a grassroots issue, and your voices need to (and will be) heard.

We are looking forward to our Spring meeting in Baltimore to share ideas amongst Coordinators. As each year brings about an increased need to document, track, survey, and comment, we are hoping our presentations will help you to fine tune your program as you lend support to your Program Director(s).

Valuable updates with our national organizations (AAP, ABP, ACGME, NRMP, etc.) will help to keep us on the right track, as we know this is a constantly moving track. This is the time to bring your questions and get answers right from the source. We have also added some workshops to help you in your individual program management. These presenters share their experiences in hopes that you may take away a few points to implement into your own program. As many of you have expressed a desire to learn some administrative management skills, we have also added a supervisory workshop as part of many more to come.

On that note, we also encourage you to take part in the sharing. We have seen many emails from coordinators asking for bits and pieces of information from other programs as they encounter different situations in their own programs. Some of the discussions take place at these meetings and the entire group benefits from the interaction. In addition, you build your own resume by taking part in presentations. Why not make it a goal to participate in 1 or 2 presentations every few years of your residency experience? The Coordinator’s Executive Committee (and many of its past members) is more than willing to partner up with others for presentations. Topics range from Resident Retreat Coordination to International Medical Graduates. The list of topics is endless.

We are excited to continue our tradition of having an evening social for the Program Coordinators at each meeting. Currently, we are researching options in Baltimore and will keep you informed. Previous socials included seafood dinners, a ballgame, a luau, and a museum dinner. It has always been a great time to relax and “talk story” with another coordinator. What an opportune time to “feed off of each other” for more information and tips in residency management! It is also a great time for mentors and mentees to hook up, since the days are usually filled with workshops. Email us if you need to update your status as a mentee or mentor and please do consider becoming part of one of the Coordinator’s Task Forces which will be meeting in Baltimore on Wednesday, April 29, from 2:30 - 4:30pm.

UPDATE FROM THE AAP SECTION ON MEDICAL STUDENTS, RESIDENTS AND FELLOWSHIP TRAINEES

Amy Jost Starmer, MD, Chair, AAP Section on Medical Students, Residents, and Fellowship Trainees (SOMSRFT)

With over 10,000 pediatricians in training on our side, our Section recognizes that we can help make change happen. Our recent Section name change is the perfect example of how we as a Section continue to grow and expand to meet the needs of our members. Another example of this evolution is our ever-expanding focus on advocacy.

For those of you with RRC site visits looming in the near future, I'm sure it comes as no surprise that the ACGME requires that "residents must be provided structured educational experiences, with planned didactic and experiential opportunities for learning and methods of evaluation, which prepare them for the role of advocate for the health of children within the community." I am hopeful that this column will offer you some suggestions for relatively easy ways in which your residents can participate in ongoing advocacy initiatives within our Section and in the greater AAP.

Since 2005, our Section has made a priority of creating a national advocacy campaign around a topic of interest. The roots of this campaign were small, starting with a simple letter writing campaign requesting that the American Beverage Association enforce standards to remove soda machines from public schools. In the following years, the Section's advocacy subcommittee has tackled broad ranging projects. We have addressed effective legislative advocacy for physicians in training, pediatric mental health, and compiled online resources for residents interested in developing their own initiatives. It has been truly exciting over the past four years to watch the increasing scale of our annual project.

Our current project for the 2008-2009 year is bigger and better than ever. We have worked with representatives of the AAP Julius B. Richmond Center of Excellence to develop an advocacy campaign for residents that focuses on tobacco and smoking cessation. For this project, the SOMSRFT advocacy subcommittee compiled background information and suggested advocacy projects to target tobacco use at individual, local, state, national, and international levels. These projects include techniques for discussing smoking cessation with patients, incorporating standardized smoking assessments into routine clinic visits, joining national letter-writing campaigns, and more. All of this information was incorporated into two Power Point presentations that provide enough material for a resident to lead a discussion in either a morning report or a noon conference/grand rounds setting. The material is also available online at www.aap.org/ypr/t/advocacy. A CD-Rom including both

presentations and materials from the Richmond Center Tool-Kit "Protecting Children from Secondhand Smoke & Tobacco: A Pediatric Curriculum Guide" was also distributed to each resident AAP program delegate in attendance at our annual meeting this past October.

It is the expectation that each delegate will give a presentation to the residency program. We have incorporated slides into the end of the presentations to stimulate discussion among your trainees to determine the focus your program might want to take on this important issue. Hopefully your program's delegate has already had the opportunity to give this presentation but, if not, please encourage him/her to share this information!

As our campaign expands each year, we are also initiating an evaluative component in an attempt to measure the impact of our campaign. Hopefully by now you have already had a chance to respond to our electronic survey which will attempt to measure the success of our campaign.

We are hopeful that some residents may even consider using some of the materials from the campaign to take local projects to the next level with the assistance of other advocacy related programs within SOMSRFT. For example, the Community Access to Child Health (CATCH) Resident Funds program offers grants of up to \$3,000 twice each year for pediatric residents to address the needs of children in their communities. What better way to help the community than by using resources in our tool-kit to reduce exposure to second hand smoke? Another new advocacy opportunity to be aware of is the new Leonard P. Rome CATCH Visiting Professorship Program. The program provides 4 residency programs up to \$4,500 each to fund a 2- or 3- day educational program focusing on the field of community pediatrics and advocacy promotion. For more information about these and other opportunities, see <http://www.aap.org/catch/>.

As you can see, advocacy is a key component of the SOMSRFT and it is so exciting to see our Section build each year on our previous successes. At our SOMSRFT executive committee meeting this past February, we were already gearing up for the 2009-2010 campaign. Stay tuned for updates about this exciting new project which is shaping up to be better than ever!

DROP ANCHOR IN BALTIMORE
APPD/COMSEP 2009
COMBINED MEETING,
APRIL 28 - MAY 2.
SEE PAGE 7 FOR DETAILS!



REGIONAL HAPPENINGS

Mid-Atlantic Region

Paul Bellino, MD, Geisinger Medical Center

Fall Meeting Highlights

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

Several key issues were resolved at the meeting:

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

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

- 1) Dr. Ana Krishnan of Inova Fairfax Hospital for Children presented their work looking at faculty work hours. They presented very interesting data contrasting resident perceived and actual work hours and their present activities looking at faculty work hours as they pertain to ACGME duty hours guidelines.
- 2) Dr. Lanre Omojokun of Children's National Medical Center presented examples of their utilization of an electronic residency portfolio. They discussed their use of tools offered through E-Value to collect and record information that their residents can use to prove their experience in residency as well as for future maintenance of certification.
- 3) Dr. Tiffany Ohta, representing The National Capital Consortium, discussed their tools for measuring resident performance in the outpatient clinic arena. The talk focused on their use of structured clinical observation and chart stimulated recall.
- 4) Dr. Allen Friedland from The A.I. DuPont Hospital for Children presented an interesting discussion on his program geared at helping residents understand pediatric consumer

goods. The educational opportunity is provided with the help of Babies "R" Us and permits residents to learn about a number of consumer goods available to parents with a critical eye as to AAP safety and nutritional policies.

- 5) Dr. Michael Blair of Saint Christopher's Hospital for Children presented their strategy to ensure that residents have adequate exposure to required procedures.

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

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

Overall, the meeting was very productive. We are looking forward to our regional breakfast meeting at the APPD Spring Meeting in Baltimore.

Midwest Region

Jay Nocton, MD, Medical College of Wisconsin

Tara Shirley, University of Kansas-Wichita

Keith Mann, MD, University of Missouri-Kansas City

The APPD Midwest Region will be planning another regional meeting in conjunction with the Annual Spring APPD meeting in Baltimore. The date and time for this meeting is Tuesday, April 28, 4:00 - 6:00pm at the Hilton Hotel. As we have done in the past, we will soon be soliciting the regional membership for potential topics and speakers for this meeting, and we anticipate discussing 2-3 topics of interest during an approximately 2-hour session. During our inaugural Regional Fall Meeting last October, those attending initiated discussions regarding potential collaborative educational and research projects. We would like to continue to develop these projects as well as solicit additional ideas for collaborative efforts from the rest of the membership.

During the regional breakfast meeting, we plan to discuss a second face-to-face regional fall meeting to be potentially held in September or October 2009. Our initial meeting this past fall in Milwaukee was both successful and enjoyable, and we hope to continue to generate interest among the membership in annual fall meetings. We hope to identify a program that is willing to host the meeting and also begin to develop a specific agenda that will serve the interests of our members.

We look forward to seeing everyone in Baltimore!

New England Region

Edwin Zalneraitis, MD, University of Connecticut

Since the last Newsletter the NPPD had our Annual Fall Meeting on October 3, 2008 in Burlington, Vermont. The meeting was hosted by Program Director Dr. Ann Guillot and Pediatric Coordinator Vanessa Goodwin of the University of Vermont Pediatric Residency Program.

The Fall Meeting opened with a combined session for Program Directors, Coordinators, Clerkship Directors, and Chief Residents. It was titled "Teaching and Learning of Professionalism and Mentoring." This was led by Dr. Robert Macauley, MD, DDivinity. Dr. Macauley is a Pediatrician and the Vermont Children's Hospital Ethicist. He teaches the Medical Student Ethics curriculum and provides an elective plus didactic instruction of medical ethics for the pediatric residents. The goal of the interactive session was to determine how to teach and learn professionalism and mentoring in the context of an ethics curriculum for residents and medical students. The thought-provoking presentation was complemented by a very active discussion.

The groups then had individual breakout sessions as usual. The Coordinators opened their session with a presentation by Charlette Nunnery, AAP Manager E-Learning Content on the new Pedialink. This was an informative session about the tools and options available on Pedialink. Other topics on the Coordinator agenda included: The role of Chief Resident in the Third Year (Gretchen Jones and Tiffany Nemetz), How to Plan for an Unfilled Chief Resident Position (Kelly Pike), Roster and Dues Issues (Rosemary Munson), and the Role of Program Assistant (Aida Velez).

The Chief Residents breakout session was lead by Drs. Patty Rissacher and Jeremy Archer of the University of Vermont. The session included discussions of brief scenarios illustrating the challenges of the Chief Residents, with a focus on the area of professionalism and mentoring. The Program Directors and Clerkship Directors had a follow-up on the morning combined session lead by Drs. Ann Guillot and Bill Raszka (Clerkship Director) of the University of Vermont. The group shared ways to address professionalism and mentoring in their individual training programs. They went on to discuss a number of related issues and shared ideas from the various approaches used in the individual programs for those issues. The breakout sessions were followed by lunch and a tour of Vermont Children's Hospital.

The afternoon session was highlighted by a combined group exercise lead by the always wise and entertaining Dr. Lewis First, the Chair of Pediatrics at the University of Vermont, along with our host program director Dr. Ann Guillot. It was entitled: "The Great Mentoring Debate of 2008." The com-

bined group broke out into small combined working groups of program directors, clerkship directors, coordinators, and chief residents to represent and present a variety of approaches to the requirement of mentoring in pediatric residency programs.

The next meeting is planned for Friday, March 27, 2009 in Worcester, Massachusetts. It will be hosted by Program Director Dr. Jerry Durbin and Pediatric Coordinator Gretchen Jones of the University of Massachusetts Pediatric Residency Program. It will include the usual spring gathering of both finishing and rising Chief Residents, to promote a smooth transition to the new academic year. Then, it's on to the APPD meeting in Baltimore!

Southeast Region

*Mark Bugnitz, MD and Karen Ariemma
University of Tennessee*

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

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

ond program seemed more focused on procedure logs and duty hours.

- 7) Cultural sensitivity training – discussed curriculum located on pulmonary website http://support.mchtraining.net/national_ccce/index.html

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

We hope to see everyone in Baltimore.

Southwest Region

Surendra K. Varma, MD, Texas Tech University (Lubbock)
Judy Behnke, UTMB Austin

In planning for the upcoming Southwest Regional Breakfast on May 1st in Baltimore, we ask that you forward specific agenda items for discussion to Surendra.varma@ttuhsc.edu. We will provide information regarding post-match scramble if necessary. Thank you. We look forward to seeing you in Baltimore.

Western Region

Cynthia Ferrell MD, Oregon Health Sciences University

The Spring meeting soon approaches and there will be a couple of meetings specific to the Western Region Program Directors. Our regional breakfast will be on Friday, May 1st, from 7:30 – 9:00am. In addition, we have set aside a room that same day from 12:15 – 2:00pm when we can get together to work on our regional direct observation project that was started at our Western Region Program Directors Meeting in Denver this last October. Email [Cindy Ferrell at ferrellc@ohsu.edu](mailto:Cindy.Ferrell@ohsu.edu) if you need elucidation on the project. See you in Baltimore!

TASK FORCE REPORTS

Curriculum Task Force

Susan Bostwick, MD, New York Presbyterian Hospital (Cornell)

Karin Hillenbrand, MD, East Carolina University School of Medicine

The Curriculum Task Force is busy planning for the Spring APPD meeting in Baltimore. We will have a joint session with the COMSEP Curriculum Task Force, during which we will move forward the curriculum for the medical student fourth year subinternship experience. The competency based goals and objectives have been completed and we plan to work on next steps, in particular learning activities. In addition we will have a second session at the meeting in Baltimore to discuss ongoing curriculum initiatives by members of the task force as well as affiliated organizations. We look forward to seeing you in Baltimore.

Faculty Development Task Force

Surendra K. Varma, MD, Texas Tech University (Lubbock)
Cliff Yu, MD, National Capital Consortium

The Faculty Development Task Force is sponsoring a pre-conference workshop on Tuesday, April 28th at the upcoming APPD Annual Meeting in Baltimore. The workshop, led by Fred McCurdy, MD, from Texas Tech University, will address the following topic:

Followership: The Lost Art of Playing Second Fiddle *While many of us are or aspire to be leaders and managers, we all - at one time or another - have been followers. And we all will be so many more times in the future! It takes the proper skills and attitudes to be an effective follower. Poor followership can make good leadership virtually impossible. This workshop is devoted to the art of following. Learn here how to make the second fiddle sound as sweet as the first violin!*

We hope that you will consider attending this workshop.

Please also plan to attend our task force meeting on Wednesday, April 29th in Baltimore. If you have agenda items for discussion at the meeting, please send them to Surendra.varma@ttuhsc.edu

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APPD/COMSEP 2009 Combined Meeting

April 28 - May 2 ~ Baltimore, MD

Education Across the Continuum



Meeting Schedule

Tuesday, April 28	Thursday, April 30	Friday, May 1	Saturday, May 2
<p>8:00 am – 5:00 pm APPD Board Meeting</p> <p>3:00 pm – 5:00 pm APPD Faculty Development Pre-Conference Workshop (<i>separate registration</i>)</p> <p>2:00 pm – 7:00 pm Coordinators TAGME Exam</p> <p>4:00 pm – 6:00 pm Midwest Regional Meeting</p>	<p>APPD/COMSEP COMBINED MEETING at <i>Baltimore Convention Center</i></p> <p>7:00 am – 7:50 am Flexible Training and Work- Life Balance: What is Really Important to Our Learners?</p> <p>7:30 am – 8:00 am Continental Breakfast</p> <p>8:00 am – 10:00 am Combined Session: Miller/ Sarkin Lectureship</p>	<p>7:30 am – 9:00 am Regional Breakfasts</p> <p>9:00 am – 10:00 am The Milestones Project: Competencies - Applying Lessons Learned</p> <p>10:15 am – 12:15 pm Workshops</p> <p>12:15 pm – 2:00 pm Lunch (on your own)</p>	<p>8:00 am - 1:00 pm Coordinators' Session Forum for Small Programs/ Affiliate Chairs</p> <p>8:00 am - 5:00 pm Forum for Fellowship Directors Forum for Chief Residents MPPDA Business Meeting (<i>separate registration</i>)</p>
<p>Wednesday, April 29</p>	<p>10:30 am – 12:00 pm Combined Workshops</p>	<p>12:15 pm – 2:00 pm Council of Task Force Chairs Luncheon</p>	<p>Headquarters Hotel</p>
<p>8:00 am – 8:30 am Continental Breakfast</p> <p>8:30 am – 11:00 am Grassroots Forums for Program Directors and Associate Program Directors (formerly PD and APD SIGs)</p> <p>8:30 am – 11:00 am Coordinators' Assembly</p> <p>11:00 am – 11:15 am Break</p> <p>11:15 am – 1:15 pm Plenary Session</p> <p>1:15 pm – 2:30 pm Lunch (on your own) Regional Chairs Luncheon</p> <p>2:30 pm – 4:30 pm Task Force Meetings</p>	<p>12:15 pm – 2:00 pm Combined Research Presentations w/ boxed lunch (provided)</p> <p>2:15 pm – 4:15 pm Combined Task Force Meetings</p> <p>2:15 pm – 4:30 pm APPD Coordinators' Session (at Hilton Hotel)</p> <p>5:00 pm – 7:00 pm Combined Poster Session and Reception</p>	<p>2:00 pm – 4:00 pm Workshops</p> <p>4:00 pm – 5:00 pm Plenary/Regroup from Grassroots Forums</p> <p>MPPDA Subcommittee Meetings</p> <p>7:00 pm – 8:00 pm MPPDA Reception (<i>separate registration</i>)</p>	<p>Hilton Baltimore Convention Center Hotel</p> <p>Please register online at http://www.appd.org/ hotel.cfm (under "Find Lodging," select "Attendee- APPD" from the "Who Are You?" drop-down menu) or contact Housing: 410-837-4636/800-282- 6632 or Fax: 410-659-8398.</p>
<p style="text-align: center;">Full Preliminary Program and Registration materials available at http://www.appd.org/PDFs/PrelimProgram09.pdf.</p> <p style="text-align: center;">Special Offer for APPD members: The (4th) person registering from the same program is free if received by April 1. (<i>All 4 must be APPD members and the first 3 must pay the FULL registration fee.</i>)</p>			

This program has been approved for AMA Category 1 Credit.

MPPDA PRESIDENT'S MESSAGE

*Bradley J. Benson, MD, FAAP, FACP
President, MPPDA*

Happy Spring to all! While the economic forecast is gloomy, the long-term outlook for our profession and our patients is bright. When I look at the short-term Med-Peds forecast, I see continued ACGME accreditation preparation and the Match dominating the lives of our program directors. This is the current cycle, given that every single program is up for a site visit in the current year (if they haven't recently completed it). We suspect the Match numbers will be similar to last year; a stabilization of the pendulum swing away from Primary Care. Each February, I dust off a poem that seems particularly relevant to these cycles in internship, residency, parent and program director life:

Trough

There is a trough in waves,
a low spot
where horizon disappears
and only sky
and water
are our company.

And there we lose our way
Unless
we rest, knowing the wave will bring us
to its crest again.

There we may drown
if we let fear
hold us within its grip and shake us
side to side,
and leave us flailing, torn, disoriented.

But if we rest there
in the trough,
in silence,
being with
the low part of the wave,
keeping
our energy and
noticing the shape of things,
the flow,
then time alone
will bring us to another
place
where we can see
horizon, see the land again,
regain our sense,
of where
we are,
and where we need to swim.

-Judy Brown

For Med-Peds program directors, contemplation of "life after the site visit" is good! As a group we're swimming towards the places we're most needed- primary care, global health, transition of children with chronic disease to adult care, hospitalism, and academics.

It seems our nation is also shaking off some "disorientation" and moving ever more steadily towards comprehensive healthcare reform. The various proposals for change provoke uncertainty and some fear amongst all of the stakeholders ...but this is a "conversation that matters"; and like all such conversations, discomfort is inevitable and appropriate. We are talking about finally making healthcare for all children a national promise! That's a conversation we all want to engage in. It is with great hope that I look forward to our annual meeting in Baltimore this Spring! I look forward to seeing you there.

A MEMORIAL TO LUCY MARIE THOMPSON

November 30, 1951 - December 11, 2008

Lucy was loved and respected by her friends and colleagues in the pediatric residency training community across the US. She was a founding member of the Coordinators Section of the Association of Pediatric Program Directors and served on the Coordinators Executive Committee from 1999-2002. She was instrumental in establishing the scholarship program for coordinators through the APPD, as well as the various annual awards for coordinators. Lucy was always ready to help a colleague and is fondly remembered, even after she left pediatrics to join her soul-mate Dan in Georgia and take on her new life and new challenges.

Lucy loved adventure and each new city the APPD visited gave rise to wonderful times and lots of laughter with her fellow coordinators. She was always happy, full of joy and had a heart of gold. Being around Lucy just made you smile. Lucy was always a source of comfort and strength to her friends and colleagues during many trying times. Distance and a change of careers didn't separate her from her friends.

She is especially remembered for her love of animals, especially cats. She volunteered for many animal related causes throughout her life, including the New Mexico Zoological Society, Saturday Night Wild, the annual ZooBoo event, and Pete's Playground. She loved hot air balloons and looked forward every year to the annual event in New Mexico. She loved being part of the chase team and always had incredible pictures to share.

Lucy, we will miss your ever-ready smile, bubbly personality and keen sense of adventure.

*Jeri Whitten, C-TAGME
West Virginia University (Charleston)*

REPORT FROM THE COUNCIL OF PEDIATRIC SUBSPECIALTIES (CoPS)

Victoria Norwood, MD
Chair, CoPS

Thank you to APPD for the opportunity to share the activities of CoPS. Two years ago, when the Council of Pediatric Subspecialties was founded, we envisioned an organization dedicated to ensuring excellence in pediatric subspecialty medicine by providing an integrated forum for members and other organizations to address common issues of education, research and patient care. We have an ambitious agenda, with identified issues across the breadth of our missions, but in a short period of time we have made significant strides in defining communication lines, establishing ourselves as a “go to group” for other organizations desiring input, opinions and assistance from pediatric subspecialties, and initiating action into complex concerns.

The Fellowship Application Task Force was first out of the gate with recommendations, released a year ago, to streamline the confusing, random processes of fellowship for fellowship applications and acceptance processes. Dramatic changes have already taken place with more certain to come. This movement, driven to address concerns of our future subspecialty colleagues, is an ideal example of how pediatric subspecialists working together can effect change in a way not previously achievable.

Other task forces are actively addressing means to simplify the development of internal and external communication, core training curriculae, concerns about subspecialty workforce assessments and planning, interactions with regulatory agencies, and of critical importance, advocacy roles for the pediatric subspecialties in federal, state and local affairs regarding delivery of care to children.

Through CoPS, pediatric subspecialties now have a voice in the Organization of Program Director Associations (OPDA), a group through which issues of importance to training of all physicians pass. Via OPDA, pediatric subspecialties, represented by CoPS Vice Chair, Jim Bale, links to the Council of Medical Specialty Societies, an umbrella organization at the center of all activities of American medicine. The importance of pediatric subspecialty representation in these venues cannot be understated.

I cannot complete these thoughts without mentioning our liaison organizations, ABP, AAP, APA, APPD, AMSPDC, FOPO, and APS/SPR. They have been continuously supportive of our missions and provide many of our connections to the breadth of pediatric medicine. Our partnership with APPD has been particularly helpful as we strive to develop an effective organization to address many needs. Thank you!

REPORT OF THE FEDERATION OF PEDIATRIC ORGANIZATIONS (FOPO)

Theodore Sectish, MD
Executive Director, FOPO

The Federation of Pediatric Organizations (FOPO) Board of Directors recently met in Washington, D.C. on February 2, 2009. APPD was well represented by Rob McGregor and Susan Guralnick. Susan has served as Chair of the Board of Directors for the past year, a position which rotates among the member organizations.

At the Board Meeting, it was resolved that FOPO will serve as the administrative home for the Initiative for Innovation in Pediatric Education (IPE), the entity that will implement the Residency Review and Redesign (R³P) Project in Pediatrics. The IPE will be constituted by an Executive Committee and led by a Chair. The Executive Committee is made up from members representing four different pediatric organizations: George Lister (ABP), Steve Ludwig (ABP), Aaron Friedman (AMSPDC), Bruder Stapleton (AMSPDC), Ann Burke (APPD), Rob McGregor (APPD), and Amy Jost (Resident Section of the AAP). Steve Ludwig will also serve as a liaison to the RC. There will be a search process to find a Chair of the IPE Executive Committee. It is anticipated that the Chair’s effort in leading this initiative will be 0.3 FTE and part of the IPE budget.

The launch of this initiative comes at a very exciting and challenging time – a new presidency, an economic downturn, the anticipation of new accreditation and duty hour requirements, to name just a few. Yet, innovation and improvement must take place to meet the future health care needs of children. FOPO looks to APPD members to take on these challenges and aspire to create a future for training that prepares residents for diverse careers, acknowledges the continuum of learning that begins in medical school, and commits to closing the gap between current and optimal health care outcomes for all children. For more information, please contact Doug Jones, Interim Chair of the IPE Executive Committee, at Jones.Doug@tchden.org.

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See you in Baltimore!



**APPD / COMSEP
Combined Meeting**

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**[http://www.appd.org/PDFs/
PrelimProgram09.pdf](http://www.appd.org/PDFs/PrelimProgram09.pdf)**