



APPD NEWSLETTER

Fall 2003

Association of Pediatric Program Directors

EDITOR'S COLUMN

Robert Englander, MD, Director of Inpatient Services, Connecticut Children's Medical Center

This edition of the APPD newsletter features a new column "Task Force Happenings," designed to provide an additional forum for members to read about opportunities to get involved. Each newsletter will highlight two or three of the program directors' or coordinators' task forces. In this edition, we focus on the Curriculum, Evaluation, and Learning Technology Task Forces for program directors.

In addition to the Task Force happenings, Dr. Zalneraitis' president's column focuses on the potential impact we can have as an organization on the implementation of the FOPE II recommendations. We have a unique voice as the leaders of pediatric graduate education to help fulfill the promise of FOPE II.

I urge each member to find a way to become involved that both strikes at one's passion or area of expertise and provides the opportunity to further one's academic career. Perhaps, for example, you are currently piloting a 360 degree evaluation in your program. Why not join forces with the Evaluation Task Force in assessing utility, reliability, and validity of the tool on a more broad and possibly publishable scale? Or consider joining up with the Curriculum Task Force to develop or implement or evaluate a curriculum in systems based practice or practice based learning and improvement. Maybe your program is developing novel approaches to integrating information technology into resident training? The Learning Technology Task Force would be a great place to showcase that program and receive input from other program directors.

Whatever your area of interest or expertise, please think about sharing your ideas and talents

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PRESIDENT'S COLUMN

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

The new work duty hour standards have now been in place for several months, and we are continuing to adjust to the changes that were required of us all on relatively short notice. The required transition to a competency-based curriculum continues to evolve, and programs are now providing yearly progress reports on their status in this transition. Going forward, programs will be expected to demonstrate their progress in establishing the expected curricular and evaluation changes for continued accreditation. Ultimately, we will be required to not only demonstrate competence in our graduates, but also to track the outcomes of our efforts as the basis for redirecting them. Tracking will eventually be accomplished by a required shift from episodic accreditation reviews, to regularly monitored reports that we file at least yearly. While this represents a lot of mandates, changes and requirements that have only just begun, the rewards in terms of improved training of pediatricians and care for children and families will become the predominant driving force. To make the process work for us in such a positive way though, we will need to work together with diligence and determination.



We should make no mistake about our part in determining whether the outcomes of all these changes achieve the desired effect or not. We share the ability to provide considerable influence upon whether the changes in our programs will truly make us better at what we do, or simply represent obstacles that we circumvent by administrative gimmickry, if that's possible. To help each other get beyond the anxiety and resistance surrounding the many changes, the APPD has been active in helping to address the major issues in program redesign for duty hours and curriculum redesign for recognition of competence. Going forward, the APPD is determined to play a central role in helping APPD members respond appropriately to new challenges. We plan to do this as an organization, as we have been doing in the past, but also by partnering with the other pediatric organizations in the Federation of Pediatric Organizations (FOPO).

FOPO has created a working group, the Pediatric Education Steering Committee (PESC), under the capable direction of Dr. Richard Behrman, to implement the recommendations of the Future of Pediatric Education II (FOPE II). Implementing many of these recommendations will require the active participation of pediatric graduate medical education leadership, and

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with the other members of the APPD. The organization's full potential can only be reached when all of its members are actively involved.

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often must be accomplished by the dedicated efforts of program directors and coordinators. Efforts now underway are designed to help shift pediatric residency education to insure that our graduates' practices are consistent with "the Model of the 21st Century Pediatrician." Examples of changes we will need to implement are outlined below, and represent the challenges programs face for educating future pediatricians.

Residents will need to be involved in evidenced-based quality improvement projects that they share with a team of providers. They will need to learn how to ensure that the care that they provide is patient centered, culturally effective and evidenced-based. They will need a residency experience that teaches effective partnership with community organizations. We will also need to promote the development of life-long habits to maintain competence in all of the six general areas of competence. Programs will need to create an educational environment that allows residents to develop greater degrees of incremental autonomy as they progress toward their career practices. We will need to teach them to learn to guide their practices based on patient outcomes. Finally, residents will need to participate in programs that help them develop healthy life styles that properly balance their personal and professional lives. The APPD plans to be an active partner in the efforts of the PESC and FOPO in carrying out a redesign in residency education that will help us make these necessary shifts in emphasis occur.

How shall we proceed in doing our part? The efforts start by becoming involved in the planning process. The APPD national meetings will selectively focus our workshops and poster sessions on the difficult areas of change, and PESC/FOPO consortia, currently being planned, will specifically address the needs and means for the needed educational transitions. The effort will continue by active participation in implementation of the changes that we must make. For example, I believe it will be extraordinarily important for us to take advantage of and provide input on the revised, web-based APA Guidelines for Pediatric Residency Education during the revision of the curriculum and activities of our programs. Program directors and coordinators will need to take the message, ideas and resources back to their programs and begin to build acceptance and infrastructure by which to proceed. I urge us all to be active in the planning process, and active in studying, publishing and sharing the results of our efforts. In this way, we will all be able to select approaches that will maximize our chances for success in accomplishing these very important transitions.

COORDINATORS' CORNER

Sheryll Maddox, Administrative Coordinator, Pediatric Residency Program Office, Medical College of Georgia

Remember the "good old days" when there were stacks of mail to be opened, read, sorted, and filed; the drain on your budget buying reams of paper, letterhead stationery, envelopes, copying costs and postage; relying on "snail mail" in contacting applicants and often missing them if they were on the "interview trail." Every coordinator can contribute to this endless list for that most important time of the year: **recruitment**. Now fast forward to the present: ERAS!

Everyone agrees that ERAS has streamlined and unified the process of information gathering and transferring. In addition, ERAS has built-in features that can simplify the daily tasks during this busy season. They include the ability to export data fields, filter/sort, print reports, use local data fields and perform mail merge. Programs are able to utilize these tools to fit their specific needs.

For example, in our program, I rely on the **local data field** tool to set up a field for faculty, campus address and time of interview. As interviews are granted to the applicant, the faculty name, campus address and interview time are keyed into the fields. The fields, along with pertinent information about the applicant, can then be exported and merged into the appropriate merge document. A **filter** is also set with the interviewing faculty's name and a **filter** for each interview date. The benefit of using **filters** is the ability to pull up accurate information either by date or by faculty name. This information would include the list of applicants, interviewers, dates, and times. The program director and coordinator have access to this information at all times.

Coordinators will agree that ERAS has made a major impact on time management and budget. The accuracy and uniformity of information, communication with the applicant, and ease of use are just a few of the features found in ERAS. Go ahead! See what ERAS can do for you!

ASK THE AMERICAN BOARD OF PEDIATRICS (ABP)

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

Continuing Honors for Walter W. Tunnessen, Jr., MD

The late Walter W. Tunnessen, Jr., has received several posthumous tributes to his significant contributions to pediatrics. In May 2002, he was awarded the Joseph W. St. Geme, Jr. Leadership Award presented by the Federation of Pediatric Organizations (FOPO)*. In July 2002, he received the Alvin H. Jacobs Award from the American Academy of Pediatrics

(AAP) Section on Dermatology and the Society for Pediatric Dermatology (SPD) in recognition of his outstanding contributions to pediatric dermatology.

In addition, the following are several new awards and honors that have been inaugurated in his memory.

- The Walter W. Tunnessen, Jr., MD Award will be presented by the Medicine-Pediatrics Program Directors Association (MPPDA) to a graduating medicine/pediatrics resident who demonstrates some of the qualities and accomplishments so admired in Dr. Tunnessen. These include excellence in teaching, compassion, altruism, and advocacy to the larger community on behalf of pediatric patients.
- The American Board of Pediatrics recently made a donation to the Department of Pediatrics at the University of North Carolina School of Medicine for the Walter W. Tunnessen, Jr., MD Award for Resident Scholarship. This award will emphasize clinical pediatrics research undertaken by a resident in pediatrics.
- The Section on Dermatology of the AAP will offer the Walter W. Tunnessen, Jr., MD Visiting Professorship in order to bring expertise in pediatric dermatology to pediatric residency programs to enhance education about dermatologic disease.
- The Association of Pediatric Program Directors has named its ongoing consultation program in Dr. Tunnessen's name. The Walter Tunnessen Consultation Awards Program will provide residency programs with expert assessment and advice on improving specific aspects of their programs.

** Member organizations of FOPO are The American Academy of Pediatrics (AAP), the American Board of Pediatrics (ABP), the Association of Medical School Pediatric Department Chairs (AMSPDC), the Ambulatory Pediatric Association (APA), the American Pediatric Society (APS), the Association of Pediatric Program Directors (APPD), and the Society for Pediatric Research (SPR).*

TASK FORCE HAPPENINGS

Curriculum Task Force

The Curriculum Task Force aims to provide a voice to program directors interested in guiding and shaping the training of future pediatricians. The task force will focus on a few specific areas identified by the APPD survey of program directors as important to the membership. In particular, we will solicit curriculum development in areas such as practice-based learning and improvement, systems based practice, and life-long learning. These areas will receive high priority for presentation in workshop format at the national meetings of the APPD. Our ultimate goal is to create a web-based curricular "tool shed" where program directors could find already developed curricula

on a myriad of topics as well as feedback from those who have implemented the curriculum.

In addition to fostering the creation, implementation, and dissemination of curricula, the task force members are representing the APPD membership on various groups and committees responsible for pediatric residency program curriculum to voice our collective views and perspectives. Examples include the APA Guidelines revision team, AAP subcommittees that involve resident education, and the Bright Futures project advisory committee, to name a few.

If you have a novel curriculum that you would like to share with the group, or if you are involved in a group that is shaping residency training curriculum, then please join the Curriculum Task Force by contacting Ann Burke (Task Force Chair) at ann.burke@wright.edu.

Learning Technology Task Force

The Learning Technology Task Force aims to identify and create best practice models for integration of learning technology into pediatric residency training programs. To that end, the task force currently seeks to use the results of the APPD survey, as well as ongoing member participation to begin to explore answers to the following questions:

- 1) What education management systems (e.g. Angel, Blackboard, etc.) are useful for programs? What are the experiences of program directors with them?
- 2) What are the experiences of programs with system-wide (intra or interdepartmental) evaluation packages?
- 3) What other specific learning technology is being utilized by programs?
- 4) What programs have a high penetration of learning technology tools? Are there "best practice" models for their use out there?
- 5) What other information regarding learning technology can best serve our membership?

If you have an interest and/or expertise in learning technology, or simply an interest in taking part in answering the above questions for the APPD membership, please join the Learning Technology Task Force by contacting John Mahan (Task Force Chair) at jmahan@chi.osu.edu.

Evaluation Task Force

The Evaluation Task Force aims to evaluate assessment tools for the ACGME six areas of competence for their utility, validity, and reliability, and to make recommendations as to "best practices" for assessment of competence. The task force has currently divided into subgroups to evaluate the following tools:

- 1) The OSCE or Simulated Patients (SPs)
- 2) Checklists (e.g. for history and/or physical examination)
- 3) 360 degree evaluations
- 4) Record review
- 5) Commercial evaluation software systems

Subgroup chairs are being selected. The task force hopes to present a workshop at the spring meeting on the outcomes of the subgroup evaluations. If you would like to participate in the Evaluation Task Force, please contact Jim Sherman (Task Force Chair) at shermjm@peds.ufl.edu.

THREE PEDIATRICIANS RECEIVE PRESTIGIOUS ACGME PARKER J. PALMER COURAGE TO TEACH AWARD

The Accreditation Council for Graduate Medical Education has named 10 residency program directors from across the country as the 2004 Parker J. Palmer award recipients. The annual award honors program directors for their commitment to teaching and development of innovative approaches for educating physicians in training. The award is named after Parker J. Palmer, PhD, a noted educator, sociologist and author of *The Courage to Teach*.

This year, three of the ten recipients were pediatricians. The APPD is proud to recognize the following Parker J. Palmer Courage to teach award winners for 2004:

- Carol Carraccio, MD, University of Maryland Medical System, Baltimore, MD.
- J. Peter Harris, MD, Golisano Children's Hospital at Strong Memorial Hospital, University of Rochester Medical Center, Rochester, NY.
- Gordon E. Schutze, MD, University of Arkansas for Medical Sciences, Arkansas Children's Hospital, Little Rock, AK.

AAP SECTION ON RESIDENTS

Benjamin F. Springgate, MD, MPH, Chair, AAP Resident Section, Tulane School of Medicine

The AAP Section on Residents held its annual meeting at the National Conference and Exhibition (NCE) from October 31 until November 2, 2003 in New Orleans. Highlights of the Section's Halloween reception included the AAP's first annual Resident Clinical Case Presentation Program as well as the longstanding Resident Research Grant program, which recognized outstanding residents from around the country for their skills in clinical case reporting and pediatric research, respectively. From over forty submissions nationwide, ten Resident Clinical Case Presentation Program awardees were selected to attend the NCE for descriptions of pediatric cases with both relatively unique diagnostic/therapeutic characteristics and significant education value. We are happy to announce that the top ranked presentation of this year's program will be published in an upcoming issue of *Pediatrics in Review* as a case for the popular Index of Suspicion series. Meanwhile, fifteen resident research grant recipients, who were selected on a similarly competitive basis to receive \$2000 awards towards the completion of a research project of their own design, also presented their results at the reception. These ongoing programs of the AAP Section on Residents are designed serve to foster

residents' interests in clinical and bench research, and are benefits of AAP Section on Resident membership. Information regarding applications for the 2004 Resident Research Grant and the Resident Clinical Case Presentation Programs may be found online at <http://aap.org/sections/resident/summary-ga.htm>.

On November 1, residents from more than ¾ of US and Canada's pediatric residency programs attended the AAP Resident Section Program to participate in educational forums on Pediatrics and Public Health, Evidence Based Medicine, and Domestic Abuse. In addition to these forums, resident delegates found welcome opportunities to network with colleagues from programs in their regions at their respective District lunches. Delegates' topics of discussion at these lunches ranged from the potential for a future pediatric fellowship Match program; to the evolving educational, patient care and safety environments in light of Duty Hour reform; to the strength of neonatal resuscitation opportunities in residency; as well as medical school loan repayment options. The Section's Resolution Session which followed the District lunches allowed many residents a first glimpse into the policy development process of the AAP. Each year, several of the resolutions developed by delegates of the Resident Section are adopted at the AAP Chapter Forum and Council on Sections, and are delivered to the AAP Board of Directors for implementation. Also as part of the Resident Section Program, we were fortunate to welcome over a dozen newly elected District and Assistant District Coordinators to the Resident Section Executive Committee. An updated list of the Resident District Coordinators for Resident Section programs over the coming year may be found online at <http://www.aap.org/sections/resident/getexecCommRES.cfm?cmte=146&groupid=45808>.

Congratulations are due to all Program Delegates, District and Assistant District Coordinators for their selection to attend the NCE and for their commitment to their fellow residents and the Academy in the coming year. In an effort to recognize the contributions of these dedicated residents, the Section on Residents asks Program Directors to note that as of the 2004 NCE in San Francisco, all Pfizer travel grants to the AAP Resident Section Program will by necessity apply *exclusively and without exception* to the expenses of the Resident Section Program Delegate for each residency program.

The Section on Residents invites you to share with your residents a number of other funding opportunities which are available in the coming months. The AAP Resident Scholarship awards up to \$5000 to residents based on the financial need of the applicant: the due date is February 6, 2004. More information is available at <http://aap.org/sections/resident/scholarshipform2.cfm>.

Additionally, the AAP's Community Access to Child Health (CATCH) grant program offers a number of grants specifically to residents who are interested in planning or implementing community projects to increase children's access to medical homes or to specific health services not otherwise available. For more information about the CATCH Planning Funds

application process, or to be notified (by e-mail) of the next CATCH Planning Funds application cycle, please send your name, organization, mailing address, telephone number, fax number, and e-mail address to: catch@aap.org. Further information regarding annual grants and scholarships available to AAP Resident Section members is also available at <http://aap.org/sections/resident/summary-ga.htm>.

As Chair of the AAP Section on Residents, I look forward to the continued opportunity to work with the APPD to improve resident education, to enhance resident involvement in child advocacy projects, and to better the care of our patients. Current and upcoming projects of the Section on Residents include a terrific expansion of our online education and advocacy resources, and the development of exciting opportunities for resident involvement in legislative advocacy on behalf of children. If you have any questions, comments, or feedback, I would love to hear from you. Please e-mail me at bspring@tulane.edu.

APPD FALL MEETING UPDATE

Theodore C. Sectish, MD, President-Elect, APPD, Stanford, California

Eighty-five program directors, associate program directors, fellowship directors and program coordinators attended APPD's 7th Fall Meeting held again this year at the Hyatt Regency in Reston, Virginia on October 8 – 10, 2003. The major goals of the meeting were to orient new program directors and coordinators to their roles and to prepare seasoned program directors for an upcoming Residency Review Committee (RRC) site visit. This meeting also provided attendees with the opportunity to network with other APPD members and colleagues from related organizations such as the American Academy of Pediatrics (AAP), National Resident Matching Program (NRMP), Electronic Residency Application Service (ERAS), Ambulatory Pediatrics Association (APA), and the Pediatric RRC.

The opening reception, dinner and inspirational talk have become a tradition at the Fall Meeting. This year we were fortunate indeed to have Bruder Stapleton, Department Chair from the University of Washington, provide an informative and pertinent talk entitled, "Professional Development and Mentoring." The following day was split into three sessions: 1) a Plenary Session with brief presentations from APPD leadership and related organizations; 2) a Hands-On session with representatives of organizations providing information and answering specific questions from program directors and coordinators; and 3) an RRC Workshop led by John Mahan (APPD Council), Wolfgang Rennert (Program Director, Georgetown), Caroline Fisher (Accreditation Administrator, Pediatric RRC), and Mary Alice Parsons (Executive Director of the Pediatric RRC). As in past meetings the updates and questions about the RRC site visits always provide lively discussion. On the final day Susan Guralnick (APPD Council), Susan Johnson (Program Coordinator, Stony Brook), and Pat Schmidt Program

Coordinator, University of Maryland) opened with a very well organized and helpful overview of the nuts and bolts of annual planning and seasonal activities entitled, "A Year in the Program." Afterwards program directors and program coordinators attended parallel tracks. In the Program Directors Track there were two sessions, "Competencies," and "Professional Development" presented by members of the APPD Council followed by opportunities for individual consultations or advice. In the Program Coordinators Track, there were sessions on "Recruitment," "ERAS and Making it Work for You," and the "Alphabet Soup – What Do All These Initials Mean?" followed by lunch and open discussion.

From my perspective as a member of the APPD for the past ten years, this meeting was one of the best. The reasons for its success are several: first, we have a format that works; second, we tweak the format based on feedback from those who attend the meeting; and third, we have a great management team with Laura Degnon, our Executive Director, Amy Pulupa, our Association Manager, and George Degnon, our Executive Consultant, who ensure that each meeting is carefully thought-out and comes off without a hitch.

If you have an RRC site visit or Internal Review in the next year or so or if there are new members of the program leadership team, you should consider attending the Fall Meeting next year. And if you have any suggestions that will enhance the format, please send an e-mail with your ideas to the APPD: info@appd.org.

RRC UPDATE

Mary Alice Parsons, Executive Director, RRC for Pediatrics

The RRC is completing its draft of the revised requirements and has decided to circulate it first to the pediatrics organizations for comment prior to distributing it officially to the ACGME, other RRC's, etc. The document will be sent within the next month with instructions for providing collated input from each organization. When the RRC meets in March, it will consider the input it receives and will prepare the final version for official distribution to the outside organizations.

Program directors are reminded to review the RRC Update that can be found on the pediatrics page of the ACGME Website approximately one month after each RRC meeting.

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COORDINATOR SCHOLARSHIPS AVAILABLE

for the
APPD Spring Meeting
April 29 - May 1, 2004
San Francisco, CA



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 23, 2004 to the APPD National Office.

Welcome New Program Directors and Coordinators!

Zaida Batista
(Program Coordinator)
St. Barnabas Hospital

John Boyd, MD
(Program Director)
St. Joseph's Hospital and Medical
Center (AZ)

Dawn Brilmyer
(Program Coordinator)
Mount Sinai Hospital Center of
Chicago

Lisa Fontes
(Program Coordinator)
New England Medical Center
Hospitals

Barry Gelman, MD
(Program Director)
University of Miami-Jackson
Memorial Medical Center

Benjamin Hoffman, MD
(Program Director)
University of New Mexico

Janara Huff, MD
(Program Director)
University of Tennessee College of Medicine

Kristi Lundblad, MD
(Program Director)
Lutheran General Hospital

M. Douglas Rosenberg, MD
(Program Director)
University of Colorado

Jerry Rushton, MD, MPH
(Program Director)
Indiana University School of Medicine

Camille Thompson
(Program Coordinator)
Greenville Hospital System

Cathy Skae, MD
(Program Director)
Albert Einstein College of Medicine

English Willis, MD
(Program Director)
Crozer-Chester Medical Center