



IN MEMORIAM

*Theodore Sectish, MD, Program Director,
Stanford University*

*Dear APPD friends,
The world of pediatric medical education
suffered a tremendous loss with the tragic
deaths of our colleagues in COMSEP, Richard
T. Sarkin, MD and Steve Z. Miller, MD. I want
to share with all of you this tribute by a
colleague and friend, Larrie Greenberg, written
for and published in the Fall/Winter 2004 issue
of the Ambulatory Pediatric Association
Newsletter.*

In Memoriam:

To My Two Wonderful Friends and Colleagues

Richard T. Sarkin, M.D.

b. July 3, 1950 d. October 19, 2004

Steve Z. Miller, M.D.

b. March 17, 1958 d. October 19, 2004

Everything is determined by forces over
which we have no choice. It is determined
for the insect as well as the star. Human
beings, vegetables or cosmic dust—we all
dance to a mysterious tune, intoned in the
distance by an invisible piper.

--Albert Einstein, 1929

Death is difficult for us to understand during
'normal' circumstances, however we define
those. But when it comes unexpectedly and
prematurely to two dear friends and colleagues
who have touched so many in their personal
and professional lives, it is even harder to
fathom. I am humbled to be able to share my
thoughts about Steve and Rich, although I know
that I am speaking on behalf of so many who
knew them well. The stories about these two
exemplary people flooding the Internet and
phone lines probably say it all. I hope I can
capture their essence in the limited space
allotted to me. With events happening so
quickly, I decided to reflect about them through
my own lenses, my own heart.

First, my personal feelings. They were like two
younger brothers to me, brothers I never had. I
was the oldest brother but we respected and

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PRESIDENT'S COLUMN

Theodore Sectish, MD, Program Director, Stanford University

Transformation to Competency-Based Education Requires Communication, Collaboration, Creativity, and Action

We are in a period of transformation of graduate medical
education. APPD is dedicated to facilitating this
transformation. After the new Program Requirements
for Resident Education in Pediatrics are finalized, all
of us will be responsible for implementing new elements
in our programs and measuring outcomes that document how our trainees
attain competence. We should not do this work as individuals within our
institutions, but seek ways to collaborate with willing faculty, other programs
directors and coordinators from non-pediatric programs, and with leaders
of graduate medical education across the country – in other words, we
must form teams. The challenge for us as educational administrators is that
many clinical teachers are less available to assist in the educational mission
because they are responding to the competing professional demands of
clinical practice, research, and administrative responsibilities. Our success
will depend on communication, collaboration, creativity, and action.



As an organization, we face similar challenges. At the APPD Board Meeting
this fall, we discussed the importance of enhancing communication.
Although our Annual Meeting provides a great venue for communication,
during the rest of the year we rely on a variety of communication methods
including the Newsletter, mailings and emails, conference calls of task
forces, regional activities, the Listserv and our website. Recently, in order
to promote communication and group discussion about two "hot topics,"
we created two Action Teams. One Action Team reviewed and commented
on the proposed Program Requirements for Resident Education in Pediatrics
and sent a summary of comments for members of the Pediatric RRC. The
second Action Team examined the existing ACGME Case Log system and
provided feedback, suggestions, and improvements for the ACGME Case
Log system. These teams combined email correspondence, live conference
calls, and web-based discussion to facilitate broad input from our
membership. Web-based threaded discussion took place on a new secure,
password-protected location on the APPD website, accessible from the home
page. In addition, when there was divergent opinion, the Action Teams

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conducted brief web-based surveys to provide the RRC with additional data. APPD Action Teams are an illustration of how we communicate and collaborate within our organization when it is necessary to address issues in real time.

The Spring 2005 Meeting in Washington D.C. will have as its theme, "Beyond understanding the competencies: sharing new curricula, best practices, and practical tools." We hope that this meeting will provide you with practical, innovative, and effective curricula and evaluation methods to bring competency-based education to a new level within your program. The quality of workshops and posters that have been featured at our Annual Meeting is evidence of the enormous creativity and educational leadership that exists within APPD. With new program requirements likely to be in place on July 1, 2005, we want you to leave the meeting brimming with new ideas and inspiration.

Finally I want you to think about your own participation in APPD and turn your creative ideas into actions. Besides Action Teams that I spoke about earlier, there are other ways that you can become involved. Task Forces are gaining momentum. Regional activities – meetings and Listservs – are taking off. We will soon pilot a biweekly Listserv which will include a link to an Open Discussion Board on the APPD website, thus providing an alternative means to promote discussion and interaction.

We face a period of transformation in residency training and, at the same time, we are growing as an organization and expanding the scope of our activities. The challenge can be met by being dedicated to communication, collaboration, creativity and action.

I wish you great success in the recruitment season that lies ahead.

APPD General Discussion Board

The APPD General Discussion Board is now available on the APPD website!

- ~ Go to www.appd.org
- ~ Click on "discussion group"
- ~ Click on "general discussion board"

You can see what others have posted and respond as you see fit - or if you want to post a message you can do that too! It's just another way for APPD members to communicate with each other!

THE WALTER W. TUNNESSEN, JR., M.D. CONSULTATION GRANTS PROGRAM

The Walter W. Tunnessen, Jr., M.D. Consultation Grants Program was developed to assist Pediatric Program Directors in assessing and developing their residency programs. Each award provides an honorarium fee for a 3-day expert consultation. Selected programs may suggest a consultant who is qualified to review curriculum development, implementation of Resident Review Committee (RRC) requirements, preparation for an RRC accreditation visit, and the overall residency program.

The award is available to any pediatric residency program; however, priority will be given to programs with a clearly defined need for consultation. Each program may submit only one application. Submissions must originate from the Pediatric Program Director.

Application deadline: **December 15, 2004**. For more information and an application visit www.appd.org and click on "award information."

Remember to Check the APPD website for:

- Spring Meeting Schedule
- Coordinators' Photos
- Institutional web addresses
- Regional Happenings
- Task Force Updates
- Positions Available
- Discussion Group

And more!

www.APPD.org



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ASK THE AMERICAN BOARD OF PEDIATRICS (ABP)

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

Can the American Board of Pediatrics (ABP) clarify its position on maternity/paternity leaves of absence?

The ABP requires the successful completion of 36 months of training. Absences in excess of three months must be made up. These absences include vacation, sick leave, parental leave, etc. However, if a program director believes that absences totaling more than three months during the 36 months of training are justified and that the individual has met all of the core RRC training requirements, the program director may petition the ABP for an exception to the policy. The ABP will allow a waiver of the 33-month rule if the program director certifies that an individual with 31 or 32 months of training is sufficiently prepared to be competent as a general pediatrician. It is important to note that this waiver of training policy applies not only to maternity leave but to other circumstances that are judged by the ABP on a case-by-case basis. Trainees are not allowed to petition for a waiver. The petition must come from the program director and will not be considered until near the completion of training to ensure that competence has been determined. There is no obligation for a program director to seek such a waiver.

It is important to note that the policy on absences from training of Med-Peds residents is different. Med-Peds residents must complete 24 months of pediatric training. Absences from training totaling more than two months must be made up and there is no exception to this policy since general pediatrics training has already been truncated by 12 months.

COORDINATORS' CORNER

Dee Burkins, Pediatric Residency Coordinator, Albany Medical Center

And Why Shouldn't I Go to a National Conference?

At the Coordinators Executive Committee meeting at the San Francisco Spring Conference, one of the topics of discussion was "why aren't there more coordinators who come to the national meetings for the APPD?" Although we do have a nice turnout, there is still a large population of programs that are not represented by their coordinators. The executive committee members talked in depth about this and tried to delve into what some of the reasons might be. Of course, there is always the budget issue for some institutions, but there are coordinator scholarships available through the APPD which help defray costs. Upon returning home from the conference, it suddenly dawned on me, that perhaps it was as simple as "how many coordinators just don't bother to ask if they can go?"

If you have never considered approaching your program director, chairman, or administrator about the possibility of attending, I strongly urge you to do so. You're probably wondering, "well, what is the benefit for me and my program by my attending one of these conferences?" Let's talk about the advantages because if you are going to present the case to your higher-ups, you need to relay to them what these advantages are. I spoke individually to a varied group of representative attendees from various parts of the country. I wanted to see what their take was on what they were able to come away from the conference with as first time attendees. Here is a sampling of the consensus amongst several of the attendees....

What would you consider to be the most valuable benefit of attending the Spring meeting?

The number one answer, hands-down, was networking with other coordinators and finding out you're not alone out there! It was nice to know you had made a new circle of friends/peers that you would be able to call upon at any time once you return back home. The other advantages were improvement of skills through professional development, problem solving opportunities, and also the opportunity to speak with representatives of the ACGME, RRC, ERAS, ECFMG and the ABP, among others. When coordinators were able to get together during the time allowed for social settings, of course the talk was always shop. For most of the coordinators, this was the best time of the conference. It was then that coordinators were able to learn great ideas from one another about evaluation gathering, discussing the coordinators handbook that is available on the APPD website, recruitment season, tips for a successful site visit and other day to day problems needing to be tackled such as record keeping and office organization styles. The past year has buzzed with the hot topic of how problems are being solved regarding the duty hours requirement and it was especially helpful to people to see how other programs their same size were handling the new requirements, along with the procedure case log system.

If this wasn't your first time attending, do you feel you have come away from each subsequent meeting with additional knowledge from the previous meetings?

"Absolutely" was the unanimous answer to this one. Each of the attendees agreed that in our business, one thing is a definite...and that is there is constant change, whether by internal or external forces. It could be new RRC regulations, the new procedure case log system or any new news from the ECFMG, you'll hear it all at the APPD conference.

Would you encourage other coordinators who have never attended either the spring or fall meeting to attend...and if so, why?

Michelle Parsons, the residency coordinator from the University of Colorado Children's Hospital in Denver commented. "If you consider yourself to be a professional and your position to be more than a "job," the APPD meeting is essential. The

ATTRACTING STUDENTS TO OF MED-PEDS RESIDENCIES

Allen Friedland, MD, FACP, FAAP, President, Medicine-Pediatrics Program Directors Association

Exposure of Medical Students to Med-Peds

Our last med-peds article for the APPD newsletter was on the topic of combined program accreditation. While we wait for the final requirements to be given to us by the ACGME and the Boards, we decided to cover a much lighter topic.

The Med-Peds Program Directors Association (MPPDA) has a number of initiatives with the American Academy of Pediatrics (AAP), American College of Physicians (ACP) and National Med-Peds Residency Association (NMPRA) to highlight med-peds as a career choice to medical students.

In 2003, the Association of American Medical Colleges (AAMC) with MPPDA surveyed U.S. medical students who applied to at least one med-peds program. From this survey, it was clear that the majority of students apply to med-peds residencies when there is an advisor at their institution that is knowledgeable about the field; most often this is a med-peds physician. Most students applying to med-peds also state that their medical school had an affiliated med-peds program.

Currently there are approximately 4000 graduates of med-peds programs. There is no accurate database of med-peds residency graduates listing where they practice and if they work with medical students. Fifty percent of medical schools do not have a med-peds program, and half of all med-peds programs are located only in 5 states (NY, MI, OH, IL, and NJ). When one overlays the map of medical schools with the map of med-peds programs, there is a lot of distance between the two groups. This makes recruiting a tough proposition especially when cost is an issue.

In order to increase the size of the applicant pool, we have worked on a number of projects. By using the web and by building a network of practitioners and directors from all over

Association of Pediatric Program Directors Leadership

President: Theodore Sectish, MD

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Coordinators' Executive Committee

Dee Burkins; Mary Gallagher; Rosemary Munson;

Venice VanHuse; Cindy Colpitts; Louise Kadane

opportunity for networking and the lead time on information is extremely valuable. At the fall '02 meeting, the ACGME first announced to us that it was likely they were going to require residents to use their procedure log. Knowing this was in the works that far in advance saved us the time and effort of moving residents from our system to the New Innovations system and then moving them again to the ACGME system. The coordinator is the backbone of the program, and as such...knowledge is power. I would recommend attending the APPD conference to improve your performance and gain critical knowledge in your field. You will return to your program with renewed excitement and enthusiasm." Diane Ramirez, The residency coordinator at the Phoenix Children's Hospital at the Maricopa Medical Center in Phoenix commented "Absolutely, as I said, the networking with other coordinators is a valuable benefit. I look forward to working with other coordinators in the little subgroup that was established for career development."

Personally, at the end of each day during the conference, I felt just a titch brain-dead from absorbing so much information. However, after a brief rest back in my room, it was absolutely the cat's meow getting together in the evenings with the other coordinators. We'd go out to various restaurants in large groups, and then hang out in the hotel lobby afterwards laughing and giggling and having just plain fun. Friendships were formed and the exchange of camaraderie was priceless. Going to subsequent meetings after your first, turns out to be a glorious reunion. Seeing old friends and catching up on each other's lives is one of the personal highlights for me.

The conference evaluations indicated it was undoubtedly a great success and the coordinators were extremely positive in their remarks as to the content and value of coming to the San Francisco spring meeting. If you have never attended, I encourage each of you to speak up and ask if you can go. The content of the fall meetings are especially geared for new coordinators, however there is definite advantages to attend either the spring or fall meeting no matter how long you have been in your current position. If I can be of assistance to you, or you have any questions regarding conference attendance, please e-mail me at burkind@mail.amc.edu.

Why not consider doing a formal letter to your superior requesting to attend, along with an estimated travel budget? Pertinent conference information is always available on the APPD website at www.appd.org. In the letter I would list the advantages for yourself and the program, and if you should be turned down due to budget constraints, counter-offer with the idea of applying for a scholarship to defray part of the travel expenses. Just remember, it doesn't hurt to be assertive and ask, and you may be surprised at how supportive your superiors will be. Remember....good things come to those who ask! So...go for it! Hopefully, we'll be seeing you at future meetings.

the country we are better able to advise students about residency choices and offer mentors in our field. We welcome categorical program directors to e-mail us with potential med-peds mentors at their institution.

The National Med-Peds Residency Association at www.med-peds.org has a very popular web site for medical students and residents alike. We have been working with NMPRA, and they have designed web content very useful to applicants:

- Ask a Med-Peds Program Director: allows us to tailor responses to specific medical students questions
- Med-Peds Student Guide: 17 page PDF comprehensive document that is updated every other year by MPPDA.
- Invite a Med-Peds Speaker: interested people can invite med-peds speakers on a variety of topics
- Med-Peds Pamphlet: updated each year with fast facts
- Coming soon: Video and audio clips of directors and practitioners answering questions about Med-Peds

The American Academy of Pediatrics at www.aap.org has sections for students, residents, and med-peds trainees and practitioners. Items on their web site that are of interest for medical students are:

- Med-Peds 101: www.aap.org/sections/med-peds/101.htm. This document discusses how it is possible to learn both disciplines and derive professional satisfaction while doing both.
- Pediatrics 101 has facts about Med-Peds and the web-site is www.aap.org/profed/career.htm.

Other recruiting items:

- Speakers Kit: This kit now contains a 50-slide Power Point presentation with a full set of speaker's notes and referenced tables. This kit contains information about internal medicine and pediatrics, the board guidelines, curriculum details, job search and fellowship training. This can be modified to the need of the participants and presenter(s). Since the schools are generally far away from programs and program directors, we will utilize practitioners nearby to the school. These speakers can act as local mentors to the students. This will work well with the NMPRA's "request a speaker" site.
- Med-Peds Elective: Currently there are 19 programs in 11 states offering ambulatory and inpatient electives with med-peds practitioners in multiple settings.
- A new article on med-peds: [Internal Medicine-Pediatrics Residency Training: Current Program Trends and Outcomes](#) by John G. Frohna, Thomas Melgar, Caroline Mueller, and Samuel Borden in *Academic Medicine* in June 2004

Over the past 18 months, we have visited 5 Medical Schools that do not have med-peds programs. As described above, these schools have traditionally had few applicants for med-peds residencies. The response from the students with whom we met has been very positive. Approximately 125 students participated in our presentations and we have seen a lot of them apply to our programs over the past year. In addition, we make use of our academic meetings and visit local medical schools at the time of AAP, NMPRA, APPD and APDIM meetings. In spring 2004, we were in New Orleans and had 45 students from Tulane and LSU come to a dinner meeting. This fall we plan to meet with San Francisco area medical students in conjunction with the AAP meeting.

Between 2003 and 2004, med-peds had an increase of 39 US graduates (about 10%) match in med-peds with an overall US graduate fill rate of 73%. We anticipate continuing to have about 400 intern spots be offered each year through the match.

Our organization and membership truly appreciates the support we get from our parent organizations and parent programs locally, regionally and nationally. Our viability and longevity are based on a sound relationship with both internal medicine and pediatrics colleagues. We hope to continue to contribute excellent housestaff in the future.

Our next article will be on transition care by President-Elect, Niraj Sharma.

APPD CALL FOR NOMINATIONS

The Association of Pediatric Program Directors' Nominating Committee is soliciting nominations for the following positions:

- ❖ Two Board Members (Begin May '05)
- ❖ (For one of these two Board Seats, we are looking for someone to also serve as the Newsletter / Listserv Director)
- ❖ One Nominating Committee Member (Begin May '05)
- ❖ Two Coordinators Executive Committee (Begin May '05)

All nominations should be sent to the APPD office no later than **December 15**. You may self-nominate. This is a great opportunity for you or a colleague to get more involved in the growth and development of APPD.

RESEARCH TASK FORCE UPDATE

*John Co, MD, MPH, Associate Program Director,
Massachusetts General Hospital*

Over the summer and early fall, the Research Task Force has convened twice via conference call. One discussion led by Jerry Rushton (Indiana) and Linda Waggoner-Fountain (Virginia) focused on developing strategies to improve survey research conducted on program directors and their residents. We discussed strategies to: 1) decrease the number of surveys received by members, while increasing their quality and relevance to the membership; and 2) develop a taxonomy of pediatric residency programs as a strategy to both enable surveys to be targeted to fewer but more appropriate programs, and identify programs as potential collaborators to do educational studies. Another meeting led by Carol Carraccio (Maryland) and Bud Wiedermann (Children's National) discussed strategies to support APPD membership in their research endeavors. One idea was to work with organizers of the Pediatric Academic Societies meeting to ensure some workshops that are relevant to medical education are done at a time that overlaps with the APPD meeting, increasing the chance that our members could attend. Another was to provide "office hours" via telephone for consultations regarding research projects that would be valuable for program directors. Finally, we are discussing ways to collaborate with the ACGME on several levels regarding projects related to competency assessment.

We welcome ideas on these or other issues, so please contact me (jco@partners.org) with any questions or if you'd like to get more involved!

(MEMORIAM continued from front page)

treated each other equally. I am not certain how many years Rich and I go back (late 80s) but recall meeting Rich on a bus going from a hotel to some convention center at PAS. Predictably, he started it with like 'Aren't you involved in medical student education? We need to talk.' Steve came along shortly thereafter and it was explosive chemistry from the start. We immediately converged on the commonality between us...our passion for medical education. At meetings, we sought each other out, spent free time together, drank and ate together (Steve was the wine aficionado, Rich the food connoisseur), confided in one another, actively listened, and offered advice and counseling upon request!!! We were among the founding members and Presidents of COMSEP, a vibrant organization with educational underpinnings established by Steve and Rich. Historically, COMSEP was preceded by the APA SIG on Medical Student Education, and both chaired that group, creating interactive and exciting programs that changed the way we all educate.

So, what's the legacy they leave their families and us?

- Be a humanistic professional Both taught and role-modeled humanism, habits that were unconscious automatisms in their everyday lives. Rich taught me to find out more about my learners re: their personal lives and passions outside of medicine. I use and teach that idea.
- Think out-of-the-box Rich introduced Hollywood movies as a way to illustrate content-neutral information he was presenting. Steve took up the challenge of humanism, how to define, teach and measure it, and was a shining star for the Gold Foundation. Rich, of course, joined him for the famous road show.
- Strive for excellence They were innovators, leaders, sought feedback to be better, had dreams they pursued, and above all, were passionate about what they did. They were consummate educators.
- The importance of family Rich was the envy of us all on this one. He talked the talk and walked the walk. When the AAMC meeting fell on Halloween, he went home to be with his wonderful wife Marcia and his great kids, Jessica and Alex. He knew how to say 'no' if there was a conflict with family. Just ask his former and current chairs. Steve, who adored his three children (Jesse, Maya, and Nicholas) and pediatrician wife, Dodi (Meyer), was more like me and had trouble saying 'no'. Rich's children already know the impact of their Dad. Steve's kids, who are much younger, will hear through the years all the wonderful stories about the kind of person he was.
- Humor You had to be there!!!! They played off one another, entertained and taught. They were crazy and lovable guys who spread their upbeat nature.
- Welcoming others They reached out to junior faculty and made every effort to incorporate them into the group, and mentored many.

On behalf of everyone in the organization, I offer my love and thanks to Marcia and Dodi for enabling all of us to share two wonderful human beings for the too brief a time we knew them. Please accept our deepest sympathies on your loss.

To Rich and Steve: Through my endless tears, I pray that by your touching as many of us that you did, that someday we will see two more like you. In the meantime, whatever medical education stuff you're doing up there, I hope you'll remember our good times together and when I approach the pearly gates, you won't give St. Peter some BS story about me so that I can't join you. I'm looking forward to our reunion over a wine sampler (Steve) and a gourmet meal (Rich). My three-year old grandson told me this week that God cooks so I know you're in good hands. I love you...my life won't be the same without you.

Larrie Greenberg, M.D.
Internal Consultant, Faculty Development
George Washington University School of Medicine
Washington, D.C.

IT'S APPD DUES TIME

The APPD membership dues year is from July 1 - June 30. Dues renewal notices were mailed in early June to all program directors whose programs are current members. Annual dues are per accredited pediatric program, which includes the program director, associate program director, department chair, coordinator and chief residents. We also invite individuals from other related programs to be included as part of the program membership. These individuals include directors of combined programs that have a pediatric component: Medicine-Pediatrics, Pediatrics/Dermatology, Pediatrics/Physical Medicine and Rehabilitation, Pediatrics/Emergency Medicine, Pediatrics/Psychiatry/Child and Adolescent Psychiatry, Pediatrics/Medical Genetics and Fellowship Program Directors for Pediatric Subspecialty Training (Adolescent Medicine, Cardiology, Critical Care, Developmental-Behavioral, Emergency Medicine, Endocrinology, Gastroenterology, Hematology/Oncology, Infectious Disease, Neonatal/Perinatal, Nephrology, Pulmonology, and Sports Medicine). There is a \$75 charge for *each additional individual*. The renewal payments should be received in the APPD office by the end of July to ensure continued membership in the association. If your program has not received a notice, please contact the APPD office at info@appd.org, or (703) 556-9222.

APPD 2005 SPRING MEETING

The tentative schedule for the 2005 APPD Spring Meeting, May 12 - 14 at the Renaissance Hotel in Washington, DC, is here! Please visit the APPD website at www.appd.org for updated meeting information.

Thursday, May 12, 2005

7:30 - 10:00 APPD SIG
7:30 - 10:00 Coordinators Session
10:15 - 12:15 Plenary Session
12:15 - 1:15 Lunch (on your own)
1:30 - 4:30 Keynote Speaker (Dr Kegan)
4:30 - 6:30 Task Force Meetings
Coordinators Executive Committee Meeting

Friday, May 13, 2005

8:00-9:30 Regional breakfasts
10:00-12:00 Workshops I
12:00-1:00 Lunch (on your own)
12:00 - 1:00 Regional Chairs Luncheon
Council of Task Force Chairs Luncheon
1:00-3:00 Workshops II
3:00-3:30 Break
3:30-5:30 Workshops III
5:30-6:30 Posters/Exhibits and Wine/Cheese Reception
7:00-8:00 Reception for new Med-Peds Directors

Saturday, May 14, 2005

8:00-5:00 Coordinators Session
MPPDA Business Meeting
Forum for Chief Residents
Forum for Small Programs
1:00-3:00 Leaders of Subspecialty Societies Meeting
6:30 MPPDA Dinner

ACTION TEAM UPDATES

The APPD Action Team on the Program Requirements for Residency Education in Pediatrics sent its summary letter to the Pediatric Residency Review Committee (RRC) which included the results of a web-based survey regarding PICU time and overall intensive care time. This summary letter is available for viewing on the APPD website located within the discussion group feature. From the home page, click on Discussion Group, enter the password, [appdvoice](#), and go to the Revised Program Requirements for Residency Education in Pediatrics to view the letter.

Preliminary feedback from the RRC is that our input was valuable to informing the RRC about final changes in the program requirements. Thanks to all who participated in live discussion or via our new information channel, APPD Discussion Groups.

The September 2004 APPD Procedure Log Discussion Group: A Collaborative Effort of the APPD Members

In September, a series of conference calls and web-based discussion groups were utilized to provide a forum for program directors and coordinators to discuss the current state of the ACGME Case Log system and facilitate useful feedback to the Pediatric RRC and the ACGME. The calls facilitated by John D Mahan, MD, Cindy Osman, MD and Jerry L Rushton, MD, MPH, occurred on September 14, 21 and 28, 2004 and included a total of 43 callers, representing 28 pediatric residency programs. A valuable exchange of experiences and information with the Case Log system took place during these hour-long conference calls. The participants all had experience with the Case Log system and their residents and many had developed some expertise with the new system. Some of the participants had already communicated with ACGME regarding problems.

The Action Team defined aspects of the Case Log System that were considered very positive and effective and other issues that deserved further attention. Based on the discussion of the program directors and coordinators, the Action Team was able to make recommendations on six key issues in order to improve the ACGME Pediatric Resident Case Log system. See APPD web site at www.appd.org for a complete listing of the discussion points and details on the recommendations).

We have an opportunity to move forward with the ACGME to develop an improved and effective system for procedure documentation by our residents. In addition to making the process as "user friendly" as possible, there is great interest in developing a process for true competency assessment and the ability to generate reports of interest for pediatric PD's and institutions.

We will be organizing an ACGME-APPD Pediatric Resident Case Log Work Team with members of the Learning Technology Task Force and any other interested APPD members in December to begin working with ACGME staff on these issues. If you are interested in working on this issue, contact John D. Mahan, Chair of the Learning Technology Task Force MahanJ@pediatrics.ohio-state.edu.



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APPD ANNUAL AWARDS

Robert S. Holm, MD Leadership Award
2004 Recipient: Carol D. Berkowitz MD

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

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*Walter W. Tunnessen, Jr. MD Award for the Advancement of Pediatric Resident Education*  
*2004 Recipient: Carol Carraccio, MD*

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

Nomination Process:

In 250 words or less, answer the question: Why should this person win the award?

This is open to current and former Program Directors and Associate Directors who are or have been APPD members. Our deadline for nominations will be February 1 of each year.

**Send nominations to:** APPD, 6728 Old McLean Village Drive, McLean VA 22101, E-mail: [info@appd.org](mailto:info@appd.org)