



# APPD NEWSLETTER

Fall 2006

*Association of Pediatric Program Directors*

## EDITOR'S COLUMN

*Annamaria Church, MD  
Palm West Hospital, Florida*

As you read this, you are undoubtedly in the midst of interviewing, recruiting and selecting your class for July, 2007. You are likely also feeling drained and looking forward to the end of the recruitment season. Staying energized is difficult while making life-altering decisions for your applicants, dealing with RSV season staffing issues and, for those in the north-country, experiencing the "joys of winter."

I recently returned from the fall APPD meeting and was struck by the incredible energy of APPD members. Not only was there a record-setting attendance at the meeting but, the attendees continued to fill the conference rooms right to the end of the meeting, remaining attentive throughout the last workshop. I was frankly amazed! Many of those attending were new to their positions. Many others were facing imminent site visits. Yet, they had the energy to attend and engage throughout. Several in attendance had assisted the board for two intense pre-meeting days of strategic planning. Rather than having the energy sucked out during this intense process, these attendees seemed to thrive on it.

Involvement with the APPD is an energizing experience. For those of you feeling the drain of recruitment season, consider increasing your involvement with our association. Interacting with others that do what you do will bring you refreshing new ideas and give you something more to think about than the next applicant interview. There are regional activities, task forces, discussion groups and special projects. You will find that becoming more involved in the Association is an invigorating and energizing activity. Consider it.

## PRESIDENT'S COLUMN

*Robert McGregor, MD  
St. Christopher's Hospital for Children, Philadelphia*

As I stop to reflect on the first 5+ months in my role as APPD president, I have to catch my breath. We have had the opportunity to make two trips to Chicago for face-to-face meetings with the ACGME, at least temporarily delay the mandatory start date for the CGME continuity clinic log, co-author a commentary with Drs. David Leach and Carol Carraccio (to be published in January 2007), participate in the formation and co-sponsor the initiation of the Council of Pediatric Subspecialties (CoPS), sit at the table with FOPO, plan and help facilitate our second ever strategic plan, refine the document and begin operationalization, and plan and produce a successful Fall meeting (with a record 170 attendees.) We have also been invited to collaborate with the American Board of Pediatrics to develop a resource document related to teaching and assessing professionalism. Whew! With a trajectory like this, I am glad my athletic history includes endurance events. I hope I can sustain this pace for the long haul!

As always, I recognize your foremost concerns (even during a busy recruitment season!) involve those "meetings in Chicago." As most of you know, we had our first meeting of the ACGME, Pediatric RRC and the APPD in June 2006. This successful meeting, led by Dr. David Leach, had Drs. Patty Hicks, Jerry Rushton, Ann Burke, Ted Sectish, and me representing the APPD. The outcome of this meeting was a subcommittee to further address log issues. A temporary moratorium was imposed on the July 1<sup>st</sup> mandate to start using the ACGME continuity clinic log as communicated to us via e-mail from Jerry Vasiliadis of the Pediatric RRC. Round #1.

Round #2 led us back to Chicago on October 2<sup>nd</sup>. The Subcommittee on Pediatric Case Logs included: Dr. William Balestreri (Chair), Dr. Carol Carraccio, Caroline Fischer and Jerry Vasiliadis of the pediatric RRC, Rebecca Miller and Tom Richter of the IT department of the ACGME and Drs. Patty Hicks, Jerry Rushton and me representing the APPD. A common theme was to begin with the "desired end in mind." We have been requesting clarification as to the goals of the continuity case log system in order for us to best contribute to appropriate solutions and the pediatric RRC has agreed to address this directly at their October meeting. The meeting contained thoughtful discussion about moving from process thinking regarding competence (counting numbers) to outcome measures. The APPD contingency



*PRESIDENT, continued on page 2*

### ***INSIDE:***

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also raised concerns about the procedural part of the case log system regarding the lack of verification and assessment elements and presented alternative types of tracking continuity clinic more consistent with outcome measures. An alternative tracking system was presented by the ACGME for consideration. (SECURE used by urology programs).

The RRC will clarify the use of data collected using the case log system, decide whether to have the case log system for continuity clinic remain voluntary, and determine what modifications need to be made to the current procedure case log system. The subcommittee will meet again in the late fall after the RRC reports their meeting's conclusions.

It does seem to pay to be in the right place at the right time (and surrounded by the right people). What a tremendous time for the APPD! Our growth to over 1500 individuals combined with the numerous opportunities to meaningfully collaborate with such important groups as the ABP and the ACGME really suggested to me that it is time to thoughtfully plot our path for the next several years and proactively manage our growth. Hence, a strategic planning process was initiated in July.

Our first step was to agree as a board that it was indeed time for a new strategic plan, then after some pre-planning homework a facilitator was selected (Bob Harris, CAE, [bob@rchcae.com](mailto:bob@rchcae.com)). In preparation all of you had an opportunity to help us identify key issues via our membership survey, and then we developed a 22 member planning group including the current board, some past leaders, a few task force and regional leaders and representatives of our most rapidly growing contingencies, the associate program directors and the subspecialty fellowship directors. We met September 26<sup>th</sup> and 27<sup>th</sup> to energetically refine our mission, vision and values and craft a plan. Currently we are preparing an executive summary as well as a living document with action plans and accountability for distribution to the membership before our May 2007 meeting. I think you all will be pleased and excited.

Thanks to all of you who participated in the survey and planning process and thanks to all members for your ongoing interest, support and impetus to keep us moving forward! Let's keep this momentum!

**APPD National Headquarters:**  
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info@APPD.org \* www.APPD.org

## APPD CALL FOR NOMINATIONS

The Association of Pediatric Program Directors' Nominating Committee is soliciting nominations for the following positions, with each term of office to begin May 2007:

- ❖ Secretary-Treasurer (3-year term)
- ❖ One Board Member (3-year term)
- ❖ One Nominating Committee Member (2-year term)
- ❖ Two Coordinators Executive Committee Members (3-year term)

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.

## ~ SAVE THE DATE ~



### 2007 ANNUAL SPRING CONFERENCE

May 2-5, 2007

Sheraton Centre Toronto

123 Queen Street West ~ Toronto, Ontario M5H 2M9

(416) 361-1000

### **APPD Leadership**

#### **President (2006-2008)**

Robert McGregor, M.D.

#### **President-Elect (2006-2008)**

Susan Guralnick, M.D.

#### **Secretary-Treasurer (2004-2007)**

Ann Burke, M.D.

#### **Past-President (2006-2008)**

Theodore Sectish, M.D.

#### **Executive Director**

Laura Degnon, CAE

#### **Board of Directors**

Annamaria Church, M.D. (2005-2008)

Joseph Gilhooly, M.D. (2004-2007)

Adam Pallant, M.D., Ph.D. (2005-2008)

Monica Sifuentes, M.D. (2006-2009)

#### **Coordinators Executive Committee**

Judy Behnke (2006-2009)

Valarie Collins, C-TAGME (2006-2009)

Therese D'Agostino (2005-2008)

Mary Gallagher, C-TAGME (2004-2007)

Sally Koons, C-TAGME (2005-2007)

Vanessa Goodwin (2005-2008)

## REGIONAL HAPPENINGS

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### Mid-Atlantic Region

*Maureen Petersen, MD, National Capital Consortium*

The APPD Mid-Atlantic Region met for a one-day conference on Tuesday, October 17 at Geisinger Medical Center in beautiful Danville, Pennsylvania, hosted by Paul Bellino and Mary Anne Wesner. The meeting was held in the absence of Clifton Yu, our regional chair, who is currently deployed to Afghanistan. We had an excellent showing of over 50 participants representing 16 programs from Delaware, Pennsylvania, Virginia, Maryland, New Jersey, and the District of Columbia.

The morning was spent conducting a program “show-and-tell” about innovative approaches to residency topics such as a web-based NICU curriculum, resident supervisory seminar, resident research, continuity group PI projects, and a continuity “passport” to assist with systems-based practice.

Dr. Steven Durning from the Uniformed Services University presented an informative plenary session on the ACGME toolbox and ways to evaluate your program’s success.

We rounded the afternoon with breakout sessions involving program directors and associate program directors, program coordinators, and chief residents. After re-convening for summaries from our groups, we all adjourned with the promise to participate in regional research regarding residency education.

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### Midwest Region

*Tom George, MD, Children’s Hospital of Iowa University of Iowa*

Following a successful inaugural Midwest Region meeting on April 26<sup>th</sup> 2006, the Midwest Region members will be surveyed soon for topics to be discussed at the regional teleconference to be held in November 2006. Included in the teleconference will be plans for the second regional meeting to be held tentatively on May 2<sup>nd</sup> 2007 in Toronto prior to the Spring 2007 APPD meeting. Additionally, the teleconference will help initiate efforts to identify members who are interested in serving as regional coordinator and regional program director (chair) who will serve as regional representatives for the period 2007-2010.

We look forward to the teleconference and Spring meetings and wish all best wishes for a successful recruitment season!

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### Southeast Region

*J. Marc Majure, MD, Duke University*

On November 2, the Southeast Region held its Fall Conference Call with participation from 14 of the 37 institutions comprising the Region. As expected, recruitment topped the

list of issues for discussion. Frustrations were voiced as to some of the “less than helpful” information that comes in applications. The structured recommendation letters that Emergency Medicine and Internal Medicine have begun to use to communicate information was discussed as an alternative to the Chair’s letter. We will follow-up with our colleagues in these areas as to how helpful these have been. Behaviorally-based interviewing was discussed and experiences with this format were shared. Issues surrounding duty hours seemed to focus on the “30 hour rule.” Night floats both on the ward and in the ICU settings continue to be a viable solution. Hospitalist services are gaining popularity, including hospitalist services without resident involvement. One program does limit per resident patient load at 10 patients with overflow being cared for by faculty or hospitalists. Bed availability in pediatric inpatient services seems to be a widespread problem. Many programs have removed residents from the “bed control” process, moving this to nursing administration or an attending physician. Another conference call will be scheduled prior to the Spring Meeting in Toronto.

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### Southwest Region

*Surendra Varma, MD, Texas Tech University, Health Science Center (Lubbock)*

Due to unavoidable circumstances and scheduling conflicts, the region could not have a meeting in Dallas at the time of Texas Pediatric Society’s Annual Scientific Meeting. We continue to search for a mutually convenient time and place to meet in between the annual meetings.

An idea which has been floated around is whether we can meet for an extended period of time (half a day) at the annual APPD meeting instead of just during the Regional Breakfasts. We can develop a full agenda of items for discussion if we are allowed to hold such a meeting. Another idea which is being considered is to discuss the Teaching Academy’s role in GME at all institutions. We are also considering a forum to discuss how we are incorporating ACGME competencies in our residency programs.

Our region will continue to interact electronically at the time of the match. Should a program not match completely then the other programs may provide names of applicants for consideration for scramble match.

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### Western Region

*Joseph Gilhooly, MD, Oregon Health Sciences University*

The 3<sup>rd</sup> annual meeting of the Western Region of APPD was held in Portland, Oregon on September 15, 2006. Twelve programs were represented at the meeting. The focus for the

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*REGIONAL HAPPENINGS, continued on page 6*

## **MED-PEDS ACCREDITATION: NEW PROCESS AND NEW CHALLENGES**

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*LuAnn Moraski, DO, Medical College of Wisconsin*

After several years of collaboration and consensus building, accreditation for combined programs has finally arrived. As the largest combined program recognized by ACGME, internal medicine-pediatrics (med-peds) programs across the nation are reviewing the new Program Information Form, working with local leaders, and starting the path toward full accreditation. What are the ramifications to the categorical programs that are home to med-peds? What does this mean for graduates of combined programs? These are just a few of the challenges coming to light as the process unfolds.

Internal Medicine-Pediatrics (med-peds) has grown from 5 programs in the 1960's to over 85 programs nationwide with approximately 5000 practicing physicians across the nation. While parent programs must be accredited by the ACGME, the med-peds programs themselves were not officially accredited. Because of the increasing necessity of ACGME accreditation for medical examining boards, credentialing agencies, and licensing bodies, ACGME accreditation will now be required of med-peds programs as well.

Collaboratively, RC-IM, RC-Peds, ABIM, and ABP reexamined the existing guidelines. This became the *Addendum to the Program Requirements for Training in Internal Medicine and Pediatrics*. "I was impressed with their willingness to work with us (MPPDA) on the development of the requirements so that they were consistent with the way both categorical and combined programs were already operating," states Tom Melgar, MD, MP Program Director at Michigan State University, Kalamazoo and 2003 President of MPPDA. The addendum was approved and released in July 2006.

What does this mean for existing programs? "Med-Peds accreditation will ignite more collaboration, communication and cooperation amongst medicine, pediatric and med-peds educators since we are now bound in a similar review process not just board certification," writes Allen Friedland, MD, the Past President for MPPDA and the MP program director at Christiana Care in Delaware. The new requirements mandate structural changes for some programs, and those unable to morph will not be allowed to continue. MPPDA estimates that about 7 programs have already closed, merged or will need to close because of these changes. And what about the categorical partners? It is not yet clear how accreditation or potential citations will be translated to categorical programs. After final review, Med-Peds programs will be incorporated directly into a scheduled program site visit by one RRC (paper review by the other).

For future graduates of combined programs, this means full accreditation status of the program in addition to board eligi-

bility. This will create a standard benchmark for these doctors for licensure and credentialing. For those current residents in programs not pursuing accreditation, the standards for board eligibility will be posted on the respective ABP/ABIM websites. Further clarification about what would happen should a program not achieve accreditation will be reviewed program by program.

Med-Peds programs are known for finding innovative solutions to support diverse training programs. The process of ACGME certification represents the next step and an opportunity for categorical and combined programs to forge closer working relationships to support successful training platforms. MPPDA has been working with both Boards, RRCs, APDIM and APPD advocating for programs in jeopardy and working for a smooth transition.

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## **TASK FORCE REPORTS**

### **Faculty Development Task Force**

*Surendra K. Varma, MD, Texas Tech University (Lubbock)*

Dr. Miriam Bar-on has done an outstanding job as chair of the Faculty Development Task Force. Due to her re-location and new assignment she is stepping down as chair. I feel honored to take over as chair of this task force.

One suggestion is to tap the resources of Dr. Clifford Yu from the Uniform Services and the group of talented program directors who put together a program for faculty development for use by other institutions. Some members of our task force thought we could look at their program as a model or a resource to bring in to our own programs. (Currently Dr. Yu is in Afghanistan on an assignment. We sincerely wish him all the best. We anticipate he will be back before our annual meeting.) I will continue to be in touch with him electronically to develop this program should it be acceptable to all of you.

It is not easy to step in where Dr. Miriam Bar-on has left off, following her outstanding development of this task force. I request your input on what things we should be discussing now and what kind of programs we should be proposing for our annual meeting. Please feel free to e-mail your input to surendra.varma@ttuhsc.edu.

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### **Research Task Force**

*John Co, MD, Massachusetts General Hospital*

Members of the Research Task Force met recently by conference call to discuss several initiatives. This included a possible collaboration with COMSEP to help identify ways in which information on medical students could be gathered and

shared with the program where they will do their residency. This information would help the residency programs determine early in the process relative strengths and weaknesses of the trainee, perhaps as a starting point for his/her individualized learning plan. Drs. John Co and Marc Majure will be contacting COMSEP to see what data they now collect and how the APPD and COMSEP can work together on this project.

The Task Force also discussed whether a Research Tool Shed should be developed for the APPD website (similar to the Curriculum and Evaluation Tool Sheds). Suggestions for inclusion were 1) information on how to do research (both qualitative and quantitative), 2) feedback from APPD approved surveys (number of responses, findings, etc.), and 3) results of APPD special projects. For example, the recent “breastfeeding” survey had a response rate from program directors of over 67%. The Task Force would like to thank all program directors who responded.

The final agenda item pertained to “tweaking” an important survey on the status of Pediatric Resident Training that originally was fielded by Dr. Adam Pallant in 2004. This updated survey is intended to be distributed on an Annual/Biennial basis, and would gather basic information on program director satisfaction and support, provide a “needs assessment” to the APPD, and over time would allow for identification of trends or changes. This re-engineered survey will be discussed further by the Task Force in the coming months.

## **REVIEWERS WANTED FOR AMBULATORY PEDIATRICS**

*Ambulatory Pediatrics*, the official journal of the Ambulatory Pediatric Association, is looking for pediatric program directors willing to serve as reviewers for papers dealing with topics in pediatric graduate medical education. Interested individuals who have experience in writing and in GME education should send their names, phone numbers and e-mail to [ambpeds@partners.org](mailto:ambpeds@partners.org).

### **R<sup>3</sup>P INFORMATION ON THE ABP WEBSITE**

In an effort to provide information to stakeholder organizations and the public about the R<sup>3</sup>P project, the ABP Web site ([www.abp.org](http://www.abp.org)) now contains an introductory paragraph (under the News section) explaining the R<sup>3</sup>P project as well as a link to more detailed information regarding the project, participants, e-resources, and the first colloquium. This information will be updated as the project progresses.

## **ASK THE ABP**

*Gail A. McGuinness, MD, Executive Vice-President  
American Board of Pediatrics*

### **Residency Review and Redesign in Pediatrics (R<sup>3</sup>P) Project**

The Residency Review and Redesign in Pediatrics (R<sup>3</sup>P Project) is now underway. As Program Directors are aware, this is a major initiative of the pediatric community under the leadership of the ABP. Its intent is to facilitate a comprehensive assessment of general pediatric residency training including both its content and duration. The first priority is to create a shared body of knowledge through dialogue within the pediatric community. The first of a series of colloquia was convened by the R<sup>3</sup>P Project on August 2-4, 2006, in Durham, North Carolina. The first colloquium considered the likely evolution of pediatric practice and the character of the pediatric workforce over the next twenty years.

All pediatric program directors are encouraged to visit the R<sup>3</sup>P Project Web site. It can be directly accessed through a link from the ABP web site ([www.abp.org](http://www.abp.org)). On the web site you will find a full description of the project, names of the participants, an annotated bibliography, and a real-time record of the recent colloquium. Themes that arose from discussions at the first colloquium will soon be available for dissemination and feedback. The annotated bibliography currently includes articles on the epidemiology of pediatric healthcare, the future of pediatric practice, pediatric workforce, and GME reform. Of particular interest for program directors are several papers describing a similar process of residency redesign underway in the discipline of internal medicine. Soon to be added to the Web site is an e-mail link by means of which any program director can provide feedback to the ABP as the project proceeds.

I recently met with members of the Board of Directors of the APPD to explore means by which program directors can provide coordinated feedback and comment to the ABP. The first step is for program directors to spend some time exploring the Web site and begin a conversation about its content. The Board of the APPD suggested that such discussions might begin at regional meetings of program directors. Plans are underway to address the R<sup>3</sup>P project in a more substantive way at the APPD meeting scheduled for the Spring 2007.

## COORDINATOR'S CORNER

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*Vanessa Goodwin, University of Vermont*  
*Therese D'Agostino, Massachusetts General Hospital*

The Fall meeting was a great success! We were able to meet many new coordinators, as well as participate in the many sessions which proved helpful regardless of whether one is a new or seasoned coordinator.

We thought it would be helpful to highlight some of the information gathered for those of you who were not able to attend.

### **Residency Review Committee**

There was a 4-hour session which included a panel discussion with many helpful tips regarding preparing for and surviving a site visit. These presentations are available on the APPD website and we encourage you to look at them.

Please remember that you can always ask your colleagues for help. The listserv is a great way to reach out and ask a fellow coordinator who may have just been through a site visit and can share their experiences.

### **Program Coordinator Mentoring**

Many new coordinators signed up for mentoring. If you are interested and willing to be a mentor or would like to sign up to be a mentee, please email [info@appd.org](mailto:info@appd.org) and it will be forwarded along to Therese D'Agostino who is coordinating this effort. Attention Fellowship Coordinators: we are looking for sub-specialty mentors so please let us know if you are interested.

### **Spring Meeting Updates**

We hope you will be able to attend the Spring 2007 Meeting in Toronto, Canada (May 2-5, 2007). Remember you will need a passport. We also want to remind you that there is a *program coordinator scholarship fund* which can provide \$500.00 in assistance to help you get to the meeting. The deadline to apply is Feb 15, 2007 and the application can be found on the APPD website at <http://www.appd.org/PDFs/APPDCoordinatorsScholarshipApplication.pdf>.

Many of you may have recently received an email from one of the six members of the Coordinators Executive Committee asking you to present at the Spring Meeting. This is a great opportunity for your professional development and we hope that many of you have submitted an abstract or will consider doing so for a future meeting. Please remember that we are all available as a resource to you if you have any questions about presenting.

### **Executive Committee Update**

We are here to serve as your voice. Please send us an email with any issues or concerns we can bring to the group. Our contact information is listed on the APPD website. Nomina-

tions for two new members of the Coordinators Executive Committee (to serve from 2007-2010) are being accepted through December 15<sup>th</sup>. If you have someone you would like to nominate, please let us know.

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### REGIONAL HAPPENINGS, continued from page 3

day was on portfolios. We reviewed the Accreditation Council for Graduate Medical Education (ACGME) plans for a web-based portfolio and the policy issues that will be raised over ownership of the contents and access to the data by the ACGME and partner organizations such as the American Board of Pediatrics (ABP). The framework of the new portfolio in development on the ABP website was also reviewed. The group supported the concept of a "tiered" portfolio with specific contents remaining private for the learner/program and other contents, or perhaps summative information, being shared. Action items from the meeting were: 1) Increase collaboration between the APPD and the ACGME to jointly develop policies regarding portfolios and their use by programs and accrediting organizations. 2) Encourage collaboration between the ABP and ACGME so that a single web-based portfolio be developed that will take learners from residency through their careers as pediatricians. 3) As a region, move forward on a project to develop and pilot a summative competency evaluation tool that could serve as a model for data sharing with accrediting organizations. 4) Encourage the ACGME to use a less complex training program such as Transitional Year to trial a web-based portfolio before tackling a 3 year pediatric residency. 5) The growth of the Western Region's activities are challenged by travel distances and we need to identify additional support to bring coordinators and chief residents to the regional meeting. The meeting ended with a tour of Doernbecher Children's Hospital and a reception with senior medical students applying to pediatric residencies.



# 2007 Annual Spring Conference

Sheraton Centre Toronto ■ Toronto, ON Canada ■ May 2 - 5



## Preliminary Meeting Schedule

*Professional Development Across All Levels of Residency Program Leadership*

### Schedule-at-a-Glance

#### Wednesday, May 2

8:00 am - 5:00 pm

1:00 - 5:00 pm

2:00 - 7:00pm

APPD Board Meeting

Pre-Conference Workshops

Coordinators TAGME Exam

#### Thursday, May 3

7:00 - 7:30 am

7:30 - 10:00 am

7:30 - 10:00 am

10:00 - 10:15 am

10:15 am - 12:15 pm

12:15 - 1:30 pm

1:30 - 4:30 pm

4:30 - 6:30 pm

Continental Breakfast in Exhibit Hall

APPD SIG

Coordinators' Session

Break in Exhibit Hall

Plenary Session

Lunch (on your own)

Invited Workshop / Keynote Address

Task Force Meetings / Coordinators Executive Committee Meeting

#### Friday, May 4

8:00 - 9:30 am

10:00 am - 12:00 pm

12:00 - 1:00 pm

12:00 - 1:00 pm

1:00 - 3:00 pm

3:00 - 3:30 pm

3:30 - 5:30 pm

5:30 - 6:30 pm

7:00 - 8:00 pm

Regional Breakfasts

Workshops I

Lunch (on your own)

Regional Chairs Luncheon / Council of Task Force Chairs Luncheon

Workshops II

Break in Exhibit Hall

Workshops III

Posters with Exhibits and Wine/Cheese Reception

MPPDA Reception

#### Saturday, May 5

8:00 am - 1:00 pm

8:00 am - 5:00 pm

Coordinators Session

Forum for Associate Directors / Forum for Small Programs/Chairs

Forum for Fellowship Directors / Forum for Chief Residents

MPPDA Business Meeting

## APPD SPRING MEETING HOUSING AND TRAVEL

The headquarters hotel for the APPD 2007 Spring Meeting is the Sheraton Centre Toronto. *Reservations must be made through the Toronto Tourism housing bureau.* Housing is expected to be open for reservations on December 1, 2006. The room rates are \$252 single/double for main hotel and \$312 single/double for club level. Additional persons staying in the same room would be \$30 extra per night. Further information will be provided to everyone by email later in the fall.

### **\*\*ATTENTION\*\***

#### **Passports for U.S./Canadian Travel Required in 2007**



Don't wait to get your passport or to renew one that has expired! All air and sea travelers are required to have a passport to re-enter the United States after traveling to Canada as of December 1, 2006. For more information, please go to <http://www.travel.state.gov/>. You should allow up to 6 weeks for processing of passport applications.



**APPD**

6728 Old McLean Village Dr.  
McLean, VA 22101-3906

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## **APPD ANNUAL AWARDS**

The following awards are open to current and former Program Directors and Associate Directors who are or have been APPD members. Our deadline for nominations is **February 1** of each year.

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

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

### **Robert S. Holm, MD Leadership Award**

2006 Recipient: Edwin L. Zalneraitis, MD

2005 Recipient: Kenneth B. Roberts, MD

2004 Recipient: Carol D. Berkowitz MD

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

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

2006 Recipient: Theodore C. Sectish, MD

2005 Recipient: Gail A. McGuinness, MD

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.