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 1st mandate to start using the ACGME continuity case log system communicated to us via e-mail from Jerry Vasilias of the Pediatric RRC. Round #1.

Round #2 led us back to Chicago on October 2nd. The Subcommittee on Pediatric Case Logs included: Dr. William Balestreri (Chair), Dr. Carol Carraccio, Caroline Fischer and Jerry Vasilias 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

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PRESIDENT, continued on page 2

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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). 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 26th and 27th 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 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.

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)
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)
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.

Midwest Region
Tom George, MD, Children’s Hospital of Iowa University of Iowa

Following a successful inaugural Midwest Region meeting on April 26th 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 2nd 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!

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.

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.

Western Region
Joseph Gilhooly, MD, Oregon Health Sciences University

The 3rd 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
MED-PEDS ACCREDITATION: NEW PROCESS AND NEW CHALLENGES

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 eligibility. 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.

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.

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.

R3P INFORMATION ON THE ABP WEBSITE

In an effort to provide information to stakeholder organizations and the public about the R3P project, the ABP Web site (www.abp.org) now contains an introductory paragraph (under the News section) explaining the R3P 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.
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 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.

Argentina

REGIONAL HAPPENINGS, continued from page 3
Preliminary Meeting Schedule
Professional Development Across All Levels of Residency Program Leadership

Wednesday, May 2
8:00 am - 5:00 pm    APPD Board Meeting
1:00 - 5:00 pm       Pre-Conference Workshops
2:00 - 7:00 pm       Coordinators TAGME Exam

Thursday, May 3
7:00 - 7:30 am        Continental Breakfast in Exhibit Hall
7:30 - 10:00 am       APPD SIG
7:30 - 10:00 am       Coordinators’ Session
10:00 - 10:15 am      Break in Exhibit Hall
10:15 am - 12:15 pm   Plenary Session
12:15 - 1:30 pm       Lunch (on your own)
1:30 - 4:30 pm        Invited Workshop / Keynote Address
4:30 - 6:30 pm        Task Force Meetings / Coordinators Executive Committee Meeting

Friday, May 4
8:00 - 9:30 am        Regional Breakasts
10:00 am - 12:00 pm   Workshops I
12:00 - 1:00 pm       Lunch (on your own)
12:00 - 1:00 pm       Regional Chairs Luncheon / Council of Task Force Chairs Luncheon
1:00 - 3:00 pm        Workshops II
3:00 - 3:30 pm        Break in Exhibit Hall
3:30 - 5:30 pm        Workshops III
5:30 - 6:30 pm        Posters with Exhibits and Wine/Cheese Reception
7:00 - 8:00 pm        MPPDA Reception

Saturday, May 5
8:00 am - 1:00 pm     Coordinators Session
8:00 am - 5:00 pm     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 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

**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.