



# Association of Pediatric Program Directors

*"Innovation, Collaboration, Communication, Scholarship"*

## APPD NEWSLETTER

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- APPD Special Projects Deadline
- Fund the Future Campaign
- IIPE Update
- Update from the MPPDA
- Report from CoPS
- Update from the AAP SOMSRFT

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#### *Past-President*

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(2009-2012)

### President's Message

*Ann Burke, MD*

*Wright State University*

The theme for the Fall Season is change, thus change is appropriate to think about and reflect upon. We all know any number of sayings and platitudes about change; "The only thing that is constant is change", "change is inevitable" etc. I know change is good and possibly a sign of progress, but it seems so difficult and unnerving for many people, including myself. I would like to reflect on change and what we as educators can do to help ourselves and our colleagues through the rapid change that is occurring in GME.



**ACGME Work Hour Requirement Changes:** Over the summer of 2010 we had multiple calls with excellent participation by membership that allowed the APPD leadership to send a consensus letter to the ACGME. We were able to write a strongly worded statement regarding our membership's discontent with the 16 hour shifts, the timeline of implementation, no averaging to every third night, and the lack of evidence that led to these changes due to lack of outcome studies of previous work hour changes. The letter, along with many others from other pediatric organizations, was to minimal avail. The ACGME modified the averaging issue in the final requirements and that will still be allowed. So what to do now? We are stressed out. Okay I will not project my feelings to you all, so let me re-phrase that...I am stressed out about the changes. I move from slight discomfort to near nausea when I think about the massive changes that will occur in about 8 months. How do I manage the perceptions of my faculty? How do I teach interns who are here for such a seemingly short time? How do we keep patients safe? The questions go on and on in my mind. Then I alternate between optimism and complete negativity (which tends to be unusual for me). So while reflecting on why a usually positive person with a general "can do" attitude is having "change issues" prompted me to revisit and look up a few ideas about managing change.

**Managing Change:** The following are a few suggestions for managing change from a business oriented website ([www.allbusiness.com/change](http://www.allbusiness.com/change)).

1. **Don't resist:** *While your gut reaction to change is often refusal, such a response is not useful. Change is inevitable. We may as well learn to accept it.*

Thanks to all of you who participated in the summer calls and provided input for our APPD letter to the ACGME. While we tried to resist, and made some good points in the process; we knew that these work hour changes were going to occur given the pressure on the ACGME from the IOM report and the "public". The calls and discussions with members have made this more of a change process, which seems more palatable to me than an abrupt change...we will all adapt with time.

2. **Find the positive:** *Even the most difficult changes can produce positive results. Don't waste time dwelling on what you don't like. Focus instead on potential benefits and new opportunities the change may bring.*

Ok this one is easy for me. I like to be positive...I think these upcoming changes do present a chance for all of us to look at our programs and use the new requirements to re-think, re-configure and do away with things (rotations, calls, didactic sessions) that are not of optimal efficiency and importance in a resident's (or fellow's) professional formation. Another positive perspective about the changes is that they may force the new RC requirements to be more flexible. We

Javier Gonzalez del Rey, MD, MEd  
(2010-2013)  
Jerry Rushton, MD, MPH  
(2008-2012)

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Elizabeth Sanchez-Rocca, C-TAGME  
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may be allowed the latitude to decide, based on our individual program's culture, size, strengths and weaknesses; how to teach our learners. I am hopeful that many of the RC requirements that were overly prescriptive will fall by the wayside. For example, requiring a certain number of continuity clinics over the three years of training such that programs can have some weeks without continuity and some weeks with two continuity sessions will allow flexibility and be quite positive for residents. The APPD will try to have positive and consistent input to the RC as they revise the requirements over the next few years. There may be some specific questions that need clarification as programs move to compliance with the New Work Hours.

3. **Create a list:** *You'll feel much better about change when you're able to manage the details and results. Make a list of what needs to be done to implement change. The more prepared you are, the less change will overwhelm you.*

This is why I love the calculation about number of FTEs and coverage on the inpatient teams. On the APPD website, Patty Hicks has put up her mathematical solution to figure number of FTEs needed to cover X number of beds. Amazing! Having such a powerful detail is wonderfully helpful to me when planning and talking to our hospital administration. Our calls and the sharing of ideas allowed me to make lists of my own from all of your good ideas! It actually does empower us all, doesn't it?

4. **Consider others:** *Change rarely affects one person. Change experienced by a group can become a supportive, unifying experience or a negative frustrating one. Consider what kind of group you want to be part of, and then seek to make it so through your words and actions.*

This is like preaching to the choir. The APPD as an organization provides immeasurable support via calls, meetings and sharing of ideas. I was amazed at our recent Mid-America Regional meeting when I heard five presentations from five different institutions on ideas, solutions, schedules that worked really well and things that didn't work so well. It is great to be able to network and share with each other. Thanks. I am feeling less overwhelmed already! We plan on continuing conference calls with a multitude of topics to get us all through this. I have personally found them all to be extraordinarily helpful.

Okay, so can you sense that I am perseverating about the work hours? A couple of other changes are coming our way as APPD members. We are planning to have separate annual meetings from the PAS at least until 2014. This was decided by the Board after numerous hours of discussion about this topic, input from surveys of the membership, input from face to face meetings with members and discussions and offers from the PAS organizing committee. Factors and considerations include: 1) Space and time limitations offered by PAS. We are an alliance organization, not a member organization. Space needs have become prohibitive as we have grown. 2) Input from membership that was mixed and showed no clear majority for or against separate meetings. 3) The fact that with our own meeting we can schedule more workshops, have more time to meet, and arrange and bid for more competitive hotel rates. 4) Ability to plan for future years without having to await the OK for space from the PAS. The APPD will still have programming at the PAS in Denver this year, and we may even have an APPD social event....stay tuned.

I wish everyone the best of luck with recruitment, change and life in general during this season. Don't forget that we are celebrating our 25th Anniversary at our Annual Meeting in Miami this Spring, March 31 – April 3, followed by the MPPDA Meeting (April 3-5). I am looking forward to seeing you all there. I will leave you with a quote from Confucius:

*They must often change, who would be constant in happiness or wisdom.*



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## Editor's Column

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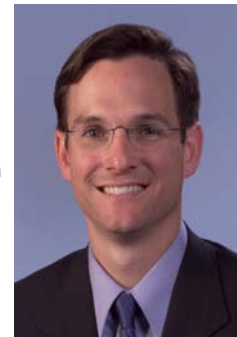
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*Jerry Rushton, MD, MPH*

*Indiana University School of Medicine, Riley Hospital for Children*



Communications are one of the core ACGME competencies and vitally important for physicians in training. In the past 8 years as program director, most residency problems boil down to communications. Communications are also key to leading residency programs as coordinators and program directors. This year, APPD members are navigating advanced competency skills to communicate the ACGME Duty Hour changes. As Ann Burke outlines in her President's Column, it is very important to communicate changes with our residents, faculty, and institutions. Each of the major issues in graduate medical education has a significant component of communication skills.

**ACGME Duty Hours.** "Don't shoot the messenger!" I am sure that many of you have been saying this phrase as we try to implement ACGME recommendations in a timeframe of mere months in a timeline that is totally incongruous with the important patient safety, economic, and educational implementation details. It has been a very tall order to quickly disseminate information at many levels. Hopefully we are effective messengers and have thick Kevlar as we try to explain questions like "How will interns be ready to take PGY2 call?"; "Will our graduates be ready for practice?"; "What about faculty duty hours?"; "You are asking for more funding and positions in the middle of a recession?"; "When is residency going to be four years?"; and "Will this really improve patient care?". Most of us are grappling with these questions ourselves, while we are simultaneously trying to quickly move toward solutions.

At the APPD organizational level, we have responded with communications and input at every step. Our current efforts have turned attention to sharing solutions among our members. Please visit the APPD website and link from the main page to "Strategies and Solutions member calls" to access past archives and join upcoming calls. No one understands the unique issues we face like our members and this is essential as we try to engage our local stakeholders to make major changes by July 2011. The future will certainly be filled with communications about pilot projects, successes/failures, and ongoing work with the Pediatric RRC regarding revisions of requirements. Ongoing communications are crucial.

**APPD Meeting Planning.** As an organization, we strive to communicate with our members, and seek input on important decisions. Over the past few years as we considered options for meetings amidst tremendous growth of APPD membership to over 2,000, communications from the APPD Board, committees, regions, and surveys have been a major part of every decision. Since APPD has grown, space limitations have created challenges to meet APPD needs at the Pediatric Academic Society (PAS) Annual Meetings. We surveyed members and found many felt the PAS Meeting was too long and not well-integrated with the APPD Meeting. This led to the separate APPD Meeting in Chicago this past Spring which was very successful.

For our 25th Anniversary celebration, the 2011 APPD Annual Meeting in Miami programming will reflect many suggestions, feedback, and evaluations from the membership. Communications have been key at every step. Beyond 2011, the APPD Board has been re-examining options, communicating with APPD members, and reaching out to coordinate with other organizations as part of our core principle of collaboration. A major part of this deliberation was a member survey this summer. Over 330 members completed the survey with careful thought and input into the meeting format, separate vs. combined, and scheduling. Like many difficult decisions, there was significant support for each side. In fact, on the question of separate APPD vs. joint meetings with PAS, the vote was split right down the middle (46% vs. 54%). At the urging of many APPD members, we re-engaged in communications with PAS and other organizations, yet we found that we are still facing the same issues of space and

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schedule coordination. For Boston in 2012, we were offered to come on Tuesday after the PAS meetings. Thus, we are going to move ahead with efforts to develop APPD meetings on our own which serve our members. We are also going to continue to create fellowship and educational research offerings at the PAS meetings. APPD will use future meetings to refine and meet the needs of the professional development, networking, and advancement of graduate Medical education of our members.

Communications are key in moving forward and collaborating with others along the way.

**Final thoughts.** Finally, in a very concrete way, our communication skills are tested as every year in the season of resident and fellow recruitment. It is always an interesting challenge to convey all of your program's unique strengths, while trying to learn about how a medical student will fit into our residency program. This year is especially unique to simultaneously plan, implement, and explain duty hour and curricular changes to medical students who are spending most of the year in call-free electives.

Ready or not, we are all being pushed to develop advanced levels as communications experts. I have found the APPD to be invaluable in terms of resources on managing change, learning from colleagues, and simply finding a listening ear that understands these challenges. As you navigate these changes and work to communicate, I hope that you will turn to the APPD as a major resource and share your expertise, ideas, and experiences as we all work to move through storming, forming, norming, and moving on to performing in 2011 and beyond for our patients, trainees, and systems.



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## Call for Nominations

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The Association of Pediatric Program Directors' Nominating Committee is soliciting nominations for the following positions, with each term of office to begin April 2011:

- One **At-Large Board Member** (three year term) – to replace Grace Caputo, MD on the Board of Directors and as Co-Chair of the Fall Meeting Program Committee (with the President) and as Share Warehouse Co-Editor.
- One **Fellowship Director Board Member** (three year term) – to replace Debra Boyer, MD as the Fellowship Director\*\* representative to the Board of Directors
- One **Nominating Committee Member** (two-year term) – to replace Joel Forman, MD
- Two **Coordinators' Executive Committee Members** (three-year term) – including one **Fellowship Coordinator** to replace Deb Parsons, C-TAGME and one **Coordinator** to replace Elizabeth Sanchez-Rocca, C-TAGME

**All nominations should be sent/mailed to the APPD office [info@appd.org](mailto:info@appd.org) no later than December 15, 2010.**

A list of the current leadership is on the APPD website at [http://www.appd.org/about\\_us/leadership.cfm](http://www.appd.org/about_us/leadership.cfm).

The **Board of Directors** provides leadership to the organization, meeting in person during the APPD Annual Spring and Fall Meetings and monthly via conference calls. In addition, there is considerable email discussion involving topics of importance. Board members are assigned as liaisons to the APPD Task Forces and participate in meeting planning, including serving as faculty at the APPD Fall Meeting. In addition, Board members are asked to represent the APPD at meetings of other national organizations and report back to the Board and membership. This usually involves attending 1-2 affiliated organization meetings per year.

\* *Share Warehouse Co-Editor.* In this role, the Board member will assist the Share Warehouse Editor by encouraging submissions and contributions to the Share Warehouse. In addition, this person is responsible for the bi-monthly updating of the Share Warehouse web pages.

\*\* *Fellowship Director Board Member.* This Board member serves as Chair of the Fellowship Program Directors' Executive Committee. Responsibilities include arranging quarterly calls of the FPD Executive Committee, reporting back to the APPD Board of Directors and coordinating all APPD fellowship efforts, duties and responsibilities within the FPD Executive Committee.

**Nominating Committee** members (three total... the APPD Immediate Past President serves as chair, plus two elected members) are responsible for reviewing all leadership nominations and recommending candidates for the ballot. This usually involves 1-2 conference calls per year and various emails. The Nominating Committee should include long-standing, active members of the APPD who are familiar with the leadership structure and purpose.

The **Coordinators' Executive Committee** provides leadership and guidance for the Coordinators' Section and plans all coordinator sessions at APPD Meetings. The Executive Committee meets in-person during the APPD Annual Spring and Fall Meetings, on monthly conference calls and reports to the APPD Board of Directors. For a detailed description of the duties and responsibilities of the Coordinators' Executive Committee, please go to the Coordinators' page on the APPD website: <http://www.appd.org/home/coord.cfm>

After December 15th, the Nominating Committee will convene to review nominations and finalize the ballot. Those individuals who are to be placed on the ballot will be asked to submit a photo and statement of interest by January 4, 2011.

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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.



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## Pediatric Milestones Project

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Please see the links below to an article in the ACGME's Journal of Graduate Medical Education. It outlines the complex process used in writing the Pediatric Milestones. The Milestones are in their first (of many) iterations. The article was written by the Milestones Working Group (a group made up largely of Pediatric Program Directors) with the lead author being Patty Hicks. All of your input into the competencies has been very helpful over time. You will see that an additional area was added based on APPD feedback: *Personal and Professional Development*. Thank you for your input in this important new domain.

Please read and become familiar with the Pediatric Milestones project and how the Working Group developed the first iteration of these Milestones. They have the potential to be powerful tools to assess and help learners (via descriptive anchors that can act as learning roadmaps). There are discussions about studying some of the Milestones via APPD LEARN. More information to follow as study design is delineated.

<http://jgme.org/doi/pdf/10.4300/JGME-D-10-00126.1> (PDF)

<http://jgme.org/doi/full/10.4300/JGME-D-10-00126.1> (Full-text)



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### 2011 Annual Spring Meeting Association of Pediatric Program Directors

*Educational Best Practice and Creative Program Management for the Future*

**March 31 - April 3, 2011**

**Hotel InterContinental**

**Miami, FL**



The MPPDA Meeting will follow immediately after (April 3-5) at the InterContinental Miami.

#### [Preliminary Program](#)

(registration will open in early January)

#### **Hotel reservations now open**

Online Reservations: [Click Here](#)

Group Code: APD

Group Rate for single/double room: \$199  
(valid for booking through March 10, 2011)

Reservation phone numbers:

1-800-327-3005 English

1-866-774-6748 Spanish

<http://www.icmiamihotel.com/>





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## Duty Hours "Strategies and Solutions" Calls

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The ACGME has finalized the new duty hour requirements for July 2011.

#### **ACGME Common Program Requirements**

The APPD is focused on supporting members with resources for implementation and best practices. In addition, we will support innovative projects and research to study the impact of these changes.

"**Strategies and Solutions**" member calls are being scheduled for the APPD membership over the next few months (October - January). Call topics are:

#### SOLUTIONS AND IDEAS FOR HANDOVER TRAINING

Monday, December 20 at 12 pm eastern

#### PROBLEM SOLVING WITH LARGE PROGRAMS

Monday, January 10 at 2 pm eastern

#### NIGHT TEAM CURRICULUM

Monday, January 24 at 12 pm eastern

#### CONVERTING CALL SCHEDULES

Held October 29 at 12 pm eastern

#### BED COVERAGE REDUCTION

Held October 14 at 12 pm eastern

#### PROBLEM SOLVING WITH SMALL PROGRAMS

Held November 30 at 1 pm eastern

#### PROBLEM SOLVING WITH FELLOWSHIPS

Held December 2 at 2 pm eastern

#### **Day/Time TBA for these Topics:**

#### SOLUTIONS AND IDEAS FOR SUPERVISION REQUIREMENTS

#### MANAGING CHANGE AND SETTING REALISTIC EXPECTATIONS OF FACULTY AND RESIDENTS

#### PROBLEM SOLVING WITH LARGE PROGRAMS

#### CLINIC IN THE NEW MODEL?

#### PILOTS AND RESEARCH NETWORK TO SUPPORT DATA GATHERING ACTIVITIES

In addition, to participate in the online "Solutions" forum with other members, please leave comments or documents here:

#### **APPD Wiki Solutions Discussion**

Please watch your email for more information on these calls, dates and times, and other topics that will be covered in the next few months as we collaborate to implement the new requirements.



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Excellent presentations and the Final Program from the recent APPD 2010 Fall Meeting are posted on the new, revamped APPD website.

#### **Final Program 2010 Fall Meeting Presentations**

You may also access these and previous meeting documents in the *Members Only* section of the website by going to [www.appd.org](http://www.appd.org), click on the *Educational Resources* tab at the top, then click on *Meeting Presentations*.

#### **MARK YOUR CALENDARS NOW!**

**APPD 2011 Fall Meeting  
September 7-9, 2011  
Washington, DC area**

*followed by...*

**PEEAC Meeting (Pediatric Educational Excellence Across the Continuum - 2)**  
Co-sponsored by APA, APPD, COMSEP, and CoPS  
Target audience: *Any pediatric educator interested in further developing teaching skills and networking with like-minded clinicians.*

**September 9-10, 2011**

**Washington, DC area** (same hotel as APPD Fall Meeting)

Photos from the 2010 Fall Meeting may be found below. Thanks to everyone for attending and helping make this another very successful APPD conference!



(2008-2012)

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Elizabeth Sanchez-Rocca, C-TAGME  
(2008-2011)

*Interested in starting a discussion about a topic in this issue of the Newsletter? Go to the APPD Home page and click on the "Communications" tab at the top, then "Discussion Board" in the drop-down menu, to get started.*

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# Association of Pediatric Program Directors

*"Innovation, Collaboration, Communication, Scholarship"*

## Regional Happenings

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(2008-2012)

#### Mid-America Region

#### Mid-Atlantic Region

#### Midwest Region

#### New York/New Jersey Region

**APPD Regions by State** (for a listing of programs by region, [click here](#))

**Mid-America:** West PA, OH, WV, KY, IN, MI

**Mid-Atlantic:** Southern NJ, East PA, DE, MD, Washington DC

**Midwest:** IL, WI, MN, IA, MO, KS, NE, OK

**New England:** ME, NH, MA, CT, VT, RI

**New York:** NY, Northern NJ

**Southeast:** VA, NC, SC, GA, FL, AL, MS, LA, AR, TN

**Southwest:** TX, AZ

**Western:** CA, NV, OR, WA, HI, CO, NM, UT



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## Mid-America Region

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*Hilary M. Haftel, MD, MHPE, Chair*

The Mid-America Region had a wonderful Fall Meeting in Columbus, Ohio on Friday October 22nd. There were over 40 people in attendance, including PDs, APDs, coordinators, fellowship directors, and Chief Residents. Special thanks to our host, John Mahan and Nationwide Children's Hospital for again providing the facilities and lunch for our meeting this year!

After introductions and a brief business meeting, we had a lively discussion entitled "New Duty Hour Regulations: Successes and Challenges", including presentations from Drs. Ghori and Patel, Ramundo, Biddell, Pappas, Mahan and Kiessling who gave individual presentations regarding their programs' duty hour challenges and solutions.

This was followed in the afternoon by breakout sessions, one for PDs/APDs and one for coordinators, where the discussions continued. During the coordinators' session, Alicia Halstead and Hillary Tien from Michigan State led a very interactive discussion on "Our Communication Mistakes...What We've Learned." Their presentation was followed by June Dailey of Indiana State University, who facilitated a lively discussion on "Best Practices for Coordinators." The discussion was so lively that the coordinators have decided to have a longer breakout session for coordinators at our next regional meeting.

During the afternoon Program Director Breakout session, Doctors Boland, Brindle, Maul and Rushton engaged in debate with discussion on "Resolved: Continuity Clinic MUST Change." While there was no formal resolution, the discussion of the role of continuity clinic in the new era of duty hour reform was very thought-provoking. Following this, Ann Burke, current President of the APPD, and Hilary Haftel, Director of APPD LEARN, discussed "What's Going on in Assessment and Research?" as it pertains to Pediatric Milestones, Collaborative Research and Mid-America Region Research Grant Process.

At the end of the day, everyone departed with more information, as well as more questions, the signs of a great meeting! The Mid-America region will meet again at the Regional Breakfast at the Annual Meeting. Hope to see you in Florida!

Thanks also to Jean Ashley, our outgoing Coordinator Regional Leader, for all of her excellent work on behalf of the region and for taking the minutes at the meeting. Nominations for the next Coordinator Leader can be directed to Hilary Haftel, MD, Mid-America Regional Chair at [hils@umich.edu](mailto:hils@umich.edu). Elections will occur in advance of the Annual Meeting.



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## Mid-Atlantic Region

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Jerry Rushton, MD, MPH

*Paul Bellino, MD, Chair*

The Mid-Atlantic Region continues to be active. Highlights since our last meeting in Chicago include the following:

1. We have begun the process of collection of regional dues from each of our programs. Each program has agreed to pay an additional \$250 per year to fund activities within our region. This money is expected to be used primarily to fund our research competition.
2. We have successfully completed our first resident research competition. The competition is aimed at increasing resident involvement in research, especially research that impacts pediatric resident education. Overall we had 13 acceptable submissions and have selected the following winners:
  - a. "Have Accreditation Council for Graduate Medical Education Duty Hour Limits Made a Difference? A Re-examination of Resident Mental Health, Education, and Safety Seven Years Later" submitted by Hanna Kim from Children's National Medical Center
  - b. "Does a Hospital and Rotation Specific Pediatric Residency Guidebook Improve Resident Efficiency, Medical Knowledge, and Patient Care?" submitted by Michael Ortiz from Children's National Medical Center
  - c. "Resident evaluation by patients and families - a new tool to enhance accuracy in multi-source evaluations" submitted by Tessa Thomas from Geisinger Medical Center

The winners are each awarded \$1000 to complete their projects and are expected to present their results at a future APPD meeting.

3. Our annual Fall Meeting was held at the Milton S. Hershey Medical Center in Hershey, PA on November 1, 2010. Dr. Kelly Leite and her division graciously hosted the meeting. The excellent meeting included presentations and feedback from our research competition winners, spotlights in innovation from several of our programs, and discussion of the recent ACGME revisions and likely RRC changes.



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*Ambrosya Amlong, Coordinator Chair*

The Midwest region met in St. Louis, Missouri for a delightful dinner on Friday, October 1 and a collaboration of sharing on Saturday, October 2. Dr. Heidi Sallee and Teresa Woods were wonderful hosts at Saint Louis University, Cardinal Glennon Children's Hospital. All who attended left with new ideas and vigor to share with their program.

A discussion regarding regional dues occurred, citing there are 30 participating programs in the Midwest region that would be impacted if we implemented regional dues. The suggestion presented was to initially collect an additional \$50 from each program with the goal to utilize funds to subsidize a resident that is presenting at the APPD meeting. The Program Directors in the region would then review applications to determine approval.

With the resignation of Chris Millen, there is an opening for Associate Program Director Chair in our region. There are 3 members who are willing to serve in this role. They will be solicited to determine how long they have served in the APD role, area of interest and goal for this position.

In an effort to be organized, our group has solicited institutions to host the Fall 2011 Midwest APPD meeting. The goal is to announce the location at the APPD Annual Spring Meeting in Miami.

Finally, our group reviewed a proposal from Kathy Mathews, MD, Child Neurology, for institutional volunteers for a trial of Child Neurology Learning Modules that are supported by multiple pediatric and patient advocacy groups. There will be a beta site available in late spring. Once released many committee members are interested in receiving more information to determine if they will pilot these modules in their institution.



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*Joel Forman, MD and Beth Woolf, MA, Co-Chairs*

### **ACGME Global Climate (Regulation) Change Strategies for Mitigation!**

The NY/NJ Region held its Fall Meeting on October 22, 2010 at the Corporate Learning Center of Jacobi Medical Center, Bronx, New York. About 75 Program and Associate Program Directors, Chief Residents and Program Coordinators attended the meeting, representing 20 programs. This time we started the meeting early in the morning to facilitate easy travel and parking. The overwhelming consensus was that this adjustment was very successful – everyone arrived on time and parking was easy. The facility was provided, once again, at no cost courtesy of the efforts of Auxford Burks. This was particularly helpful this year as our original date at Westchester didn't work out due to a scheduling error on the part of their facilities office and we had to scramble. This year there was an overwhelming interest in discussing the new Common Program Requirements both in terms of interpretation and various strategies for accommodation. We titled our meeting accordingly and solicited volunteers to discuss their programs varied approaches.

After a lively breakfast of informal greetings and networking we began with a brief presentation on some of the most significant changes in the new requirements. The review focused on three critical areas of impact: Duty Hours, Supervision Requirements, and QI/Patient Safety education. This was followed by three very detailed and practical presentations on different approaches to accommodating the new Duty Hour rules by UMDNJ, NYU and Sinai. The discussions during and after these presentations were very energetic!

After a quick voice vote we dropped our plans for break out groups and went on to a whole group discussion of the three major areas of impact of the new changes. We did our best to keep a record in the form of minutes that will be distributed along with the presentations.

Finally, we wrapped up with some business issues. Henry Schaeffer gave a quick AAP perspective on key parts of the Health Care Reform Act. This was followed by an update on our Regional Dues success. We settled on March 25th 2011, just before the national meeting, as the ideal time for our Spring Meeting. We will survey the membership with SurveyMonkey for the confirmation of this date and the location. A nominating Committee was formed to put together a slate of candidates for Regional PD and Coordinator Chairs with a goal of conducting a SurveyMonkey vote by early spring.





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### Curriculum Task Force

### Evaluation Task Force

### Faculty and Professional Development Task Force

The APPD has five main task forces (Curriculum, Evaluation, Faculty and Professional Development, Learning Technology, and Research). APPD members are welcome to join a task force - there is no additional fee, requirement, or specific skill needed. Join in a task force during the annual spring meeting or between meetings by contacting the APPD office ([info@appd.org](mailto:info@appd.org)).



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*Karin Hillenbrand, MD, Chair*

*Becky Blankenburg, MD, Vice Chair*

The Curriculum Task Force had a very productive conference call in August. Members reported on the progress of a variety of projects, and sought input from the group for future directions. A summary, with opportunities for involvement follows.

- **Quality Improvement** (contact: Lynn Garfunkel) – Current practices and barriers were discussed. In particular, a need was identified for more faculty who are dedicated, trained, and knowledgeable to lead residents in QI projects. Proposed goal is to offer a workshop on how to provide Faculty Development about QI at individual programs.
- **International Health** (contact: Rebecca Swan) – discussion points included funding issues, availability of 'vetted' sites, collaboration for site availability among institutions, and malpractice issues. Goals are to explore collaboration with the AAP International Health SIG, which is developing modules for learners doing international rotations, and also to consider collaboration with the Resident Section.
- **Medical Home** (contact: Aditi Narayan) – A survey targeted to program directors has been developed, with goal of achieving a better understanding of how 'medical home' is currently being taught, and what needs might be. Goal is to use survey results to guide curriculum development, with next step being development of written goals and objectives.
- **Night Float** (contact: Becky Blankenburg) – Current practices were discussed. Goal is to create a curriculum with a menu of options, consisting of computerized modules that can be adapted to individual needs. Emphasis should be on skills needed overnight (e.g. identifying sick vs. not sick, communication, etc), rather than traditional topics. The group is collaborating with the AAP Section of Hospital Medicine Education Task Force. A survey is under development. Next steps are to pilot test with APDs, seek IRB and APPD Research Task Force approval for survey distribution, and approach APPD Evaluation Task Force to collaborate.
- **Pediatric Hospital Medicine** (contact: Becky Blankenburg) – the AAP Section of Hospital Medicine Education Task Force is interested in collaborating on developing a curriculum based on the Pediatric Hospital Medicine core competencies, as well as identifying a level of competency desired by the end of residency / entry into fellowship.

An opportunity may also exist for interested task force members to work with a group on curricula for residents **Dealing with Grief and Loss**. Interested individuals may contact Karin Hillenbrand [hillenbrandk@ecu.edu](mailto:hillenbrandk@ecu.edu).



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*Suzette Caudle, MD, Chair*

*Ann Guillot, MD, Vice Chair*

The Evaluation Task Force had a conference call in late summer to consider development of an ongoing Task Force project.

The group decided to propose pursuing a project focusing on the *process* of evaluation, specifically in regards to interpersonal/communication skills, professionalism and perhaps systems-based practice, such as an anonymous survey of the general pediatric training program directors (and possibly fellowship training program directors) seeking definition of what is actually being done in programs in regard to patient/parent surveys – how are they done, who decides who is surveyed, what are the costs and resources associated with doing them, etc? When presented to the task force group at large, several additional task force members also expressed interest in pursuing the project.

If you are interested in becoming a part of the Evaluation Task Force, please contact Suzette Caudle at [suzette.caudle@carolinashhealthcare.org](mailto:suzette.caudle@carolinashhealthcare.org) or Ann Guillot at [ann.guillot@vtmednet.org](mailto:ann.guillot@vtmednet.org).



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*Cliff Yu, MD, Chair*

*Nancy D. Spector, MD, Vice Chair*

Members of the APPD Faculty and Professional Development Task Force participated in the planning of the recent APA-APPD Leadership Conference and Peer Mentoring Forum held in Reston, VA, on September 21-22, 2010. The planning committee included members from both the APA and the APPD: Susan Bostwick, Danielle Laraque, Nancy Spector, Rob McGregor, Ted Sectish, Janet Serwint, Tom DeWitt, Ken Roberts, Laura Degnon, and Connie Mackay. The conference attracted 68 attendees who enjoyed ideal faculty/participant ratios and featured workshops based on the targeted needs assessment survey of APPD members focused on building leadership skills. Topics included:

- Leading Interdisciplinary Teams
- Leading From the Middle
- Strategic Planning
- Leading Change
- Finance 101

The conference also exposed participants to peer group mentoring, a concept new to most of them. After a plenary session describing the difference between traditional dyadic mentoring and facilitated peer group mentoring, a series of facilitated peer mentor sessions were woven throughout the conference. Peers were brought together in groups based on their common leadership challenges. These challenges had been solicited prior to the conference. There was quite a buzz about these sessions throughout the conference, similar to the participants' reactions to the introduction of the peer mentor concept at the APPD Annual Meeting in Chicago this past spring. A unique feature of the peer mentor program was the panel of department chairs that critiqued executive summaries of leadership challenges developed in the peer group mentor sessions.

In the very near future, the Task Force will perform a targeted needs assessment in the area of faculty and professional development with particular emphasis on educator development, leadership skills, and personal professional development. This survey will provide the Task Force with the specific topics to address in future programming at annual meetings based on the needs of the membership.

At this point in its evolution, the future activities of the Faculty Development and Professional Development Task Force will continue to focus on three main areas: traditional faculty (educator) development, personal professional development, and mentorship. As the needs of the membership change, the Task Force will stay in tune with them and adapt programming and innovate, if necessary, to provide the membership with faculty development and professional development activities that are relevant, contemporary, and valuable to the professional lives of program directors, fellowship directors, and associate program directors.



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*Kathy Miller, C-TAGME*

*Johns Hopkins University, Baltimore, MD*

When was the last time you attended a fall meeting of the APPD? For me, it had been many years. However, as a member of the Coordinators' Executive Committee, I had the opportunity not only to attend the meeting in September, but also to assist in planning the program for new coordinators and those preparing for a site visit. What an experience! I noticed many similarities, but also some differences in the attendees and programming from the last time I attended over 10 years ago.

The last time I attended the fall meeting, I presented tips and tricks for coordinators working with ERAS, then still a relatively new software recruitment tool for programs which was not yet being used by all specialties. The Coordinators' Handbook also was a relatively new tool just beginning to be utilized. Since then ERAS has evolved into a sophisticated program used by all specialties in the NRMP Main Residency Match and now is moving toward becoming a completely web-based program, while the Coordinators' Handbook has been updated more than once and is now published online. In addition, many subspecialty fellowships are using ERAS now as a recruitment tool and subspecialty coordinators have requested either a handbook of their own or a section devoted to subspecialties in the current version. Speaking of subspecialty fellowships, there were no fellowship program directors or coordinators attending APPD meetings 10 years ago (unless they also were responsible for the core pediatrics residency program), but in the last three years or so, subspecialty program director and coordinator membership and attendance at both the spring and fall APPD meetings has grown considerably. This growth in membership and meeting attendance has enriched the APPD while also pushing us to expand our vision and programming to meet the needs of our new members.



In attempting to anticipate the needs of those coordinators attending the fall meeting, the executive committee recognized that there was not only the need to educate new coordinators about their role and responsibilities within the context of a GME residency or fellowship program, but also a need to discuss the details of a coordinator's potential role in preparing for a site visit. Some of the most vibrant discussion among coordinators occurred at this preparation session. As everyone in the room introduced themselves, I was struck by

the number of new coordinators who not only were there to learn about program administration, but ALSO were preparing for a site visit at the same time. This must have been overwhelming to say the least. When I was a new coordinator, the documentation requirements were far different from what they are today. These requirements have grown exponentially over the last 10 years and only promise to continue to grow as training requirements change. Many of us had the luxury of learning new responsibilities and electronic documentation methods gradually. These new coordinators have been thrown into the proverbial deep end and asked to swim. Luckily, we have life preservers in the form of seasoned coordinators serving as mentors. If you find that you are being asked to swim and are only treading water, consider contacting Avis Grainger at [Avis.Grainger@carollinashealthcare.org](mailto:Avis.Grainger@carollinashealthcare.org), and sign up to be matched with a coordinator mentor. This is a wonderful program that can help you keep afloat while learning to swim in the deep end.

The fall meeting not only provided an excellent learning and networking opportunity for both program directors and coordinators, we also found time to get to know one another in a more casual atmosphere at



Jerry Rushton, MD, MPH  
(2008-2012)

**Coordinators Executive  
Committee Co-Chairs**

Deb Parsons, C-TAGME  
(2008-2011)

Elizabeth Sanchez-Rocca, C-  
TAGME  
(2008-2011)

*Interested in starting a discussion  
about a topic in this issue of the  
Newsletter? Go to the APPD Home  
page and click on the  
"Communications" tab at the top,  
then "Discussion Board" in the  
drop-down menu, to get started.*

## Contact Us

<http://www.appd.org>  
[info@appd.org](mailto:info@appd.org)

the Coordinators' social held at the American Tap Room. Many of us took advantage of the opportunity to get to know one another on a more personal level and thoroughly enjoyed one another's company.

Taking what we learned from the fall meeting, we've all returned to our programs, I'm sure, excited to begin the recruitment season. Many of us have already begun interviewing the new crop of pediatric residency and fellowship candidates. Many of us draw energy from all of the fresh, enthusiastic faces we welcome to visit our programs, but if you find you have questions or need a sympathetic ear, don't hesitate to turn to your mentor or coordinator colleagues. I, myself, have been buoyed many times over the years by this incredibly supportive group.

Mark your calendars for our next meeting which will be held from March 31 – April 3, 2011 at the Hotel InterContinental in beautiful Miami, Florida where we will be celebrating the APPD's 25th Anniversary. You won't want to miss it! Don't forget that if you are in need of financial assistance to attend this meeting, be sure to check out the Coordinators' Scholarship Program at **Coordinators' Scholarships Available - Application Deadline: January 15**. Also, don't hesitate to contact your colleagues about room-sharing if that would help. Many of us would be more than willing to give up some privacy to make it possible for more coordinators to attend. We hope to see all of you in Miami!!



Coordinators' Executive Committee Members (left to right): Deb Parsons, Kathy Miller, Elizabeth Sanchez-Rocca, Jaime Bruse, Avis Grainer, Pat Jacobi



# Association of Pediatric Program Directors

*"Innovation, Collaboration, Communication, Scholarship"*

## APPD Special Projects Deadline

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- **Editor's Column**
- **Call for Nominations**
- **Pediatric Milestones Project**
- **2011 Annual Spring Meeting in Miami**
- **Duty Hours "Strategies and Solutions" Calls**
- **APPD 2010 Fall Meeting Highlights**
- **Regional Happenings**
- **Task Force Reports**
- **Coordinators' Section**
- **APPD Special Projects Deadline**
- **Fund the Future Campaign**
- **IIPE Update**
- **Update from the MPPDA**
- **Report from CoPS**
- **Update from the AAP SOMSRFT**

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The APPD **Special Projects Program** provides financial support for projects that further the APPD's mission, strategic plan, and our task force charges. The APPD may grant up to \$10,000 per selected project with the APPD Board of Directors determining the funds available for this program annually. The number of awards will be dependent on the funds available and the size of the grant requests of the selected projects.

For 2010, the APPD approved funding for two very important projects. They are: "Addressing the 'Not-So-New Morbidity' within the Pediatric Medical Home: Opportunities for Innovations in Residency Education". Click [here](#) for a complete list of funded projects.

The deadline for 2011 applications is February 11, 2011. Click [here](#) for more information.



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All APPD members have been emailed an important invitation from our Immediate Past President, Susan Guralnick. As part of the APPD 25th Anniversary celebration, you are asked to make an impact on the field of pediatric education by contributing to the APPD. Your **25th Anniversary** gift will make a difference.

**Yes! I Want to Fund APPD:** <https://www.appd.org/contributions/>

All donations will be acknowledged and highlighted during our anniversary year. Funding levels are as follows and **matching funds will be accepted**:

APPD Friend – up to \$249  
 APPD Supporter -- \$250-\$499  
 APPD Sponsor -- \$500-\$999  
 APPD Patron -- \$1000 or more

Depending upon the level of support, contributors will receive special pins/ribbons, be acknowledged on posters and other announcements during the 2011 Annual Spring Meeting in Miami (March 31-April 3), and be featured in the APPD Annual Report.

**Please say "Yes! I Want to Fund APPD!"**

Join your fellow APPD supporters (see list below as of December 14, 2010) by contributing online at <https://www.appd.org/contributions/> or by sending a check to the APPD office.

#### **PATRON (\$1000 or more)**

Anonymous Donor

Laura Degnon, CAE and George Degnon, CAE, APPD Office  
 Rebecca Powers, MD, East Tennessee State University

#### **SPONSOR (\$500-\$999)**

Ann Burke, MD, Wright State University

Lynn Garfunkel, MD, Rochester General Hospital

Joseph Gilhooly, MD and Jennifer Gilhooly, CPNP, Oregon Health Sciences University

Dena Hofkosh, MD, Children's Hospital of Pittsburgh

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

Theodore C. Sectish, MD, Children's Hospital/Boston Medical Center

#### **FRIEND (\$250-\$499)**

Susan Bostwick, MD, New York Presbyterian – Weill Cornell

Debra Boyer, MD, Children's Hospital / Boston Medical Center

Susan Guralnick, MD, Winthrop University Hospital

Gail A. McGuinness, MD, American Board of Pediatrics

Jerry Rushton, MD, MPH, Indiana University School of Medicine

R. Franklin Trimm, MD, University of South Alabama

#### **SUPPORTER (under \$250)**

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Paul Cooper, MD, LSU Health Sciences Center

Cynthia Ferrell, MD, MEd, Oregon Health Sciences University

Wendy Hobson-Rohrer, MD, MSPH, University of Utah, Primary Children's Medical Ctr

Valera L. Hudson, MD, Medical College of Georgia

Adam Pallant, MD, PhD, Brown Medical School

W. Michael Southgate, MD - Medical University of South Carolina

Mark A. Ward, MD, Baylor College of Medicine, Texas Children's Hospital





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### Fall 2010 Update on the Initiative for Innovation Pediatric Education (IIPE)

Carol Carraccio, MD, MA  
Director, IIPE



A third call for letters of intent (LOI) will go out in late fall. In addition to the original three goals of this Initiative, we hope to add a fourth goal that targets the study of Milestones. To help program directors, associate program directors and key faculty prepare a letter of intent (LOI) the research support team of IIPE gave a workshop to the APPD Board and Task Force Chairs at the recent APPD Fall Meeting. In addition, the research support team is engaged in writing a primer that will outline the steps for planning and implementing an innovation project.

Currently, we have created a web-based template for the LOI and full application [www.innovatepedsgme.org](http://www.innovatepedsgme.org). We have also created a template for progress reports for those projects that are being implemented. The ability to "repurpose" data will save the principal investigators much time. For example, select information that has already been entered for the LOI will pre-populate the full application form. In addition, select information from the full application will be used to pre-populate the progress reports. The latter will be maintained as a record of a project's history over time.

Another work in progress is the development of a website for the programs that have gone to full implementation. This resource will facilitate the sharing of a calendar and a reference library and most importantly will provide a home for documents that are being developed or are under revision. This website will be particularly helpful to those innovation projects that are multi-institutional.

This is an exciting time in medical education. Many of the national initiatives are beginning to connect and provide synergy for each other. If we continue on this current trajectory, we will have the opportunity to make transformative change in pediatric medical education and training. We invite you to play a role in this transformative effort!



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### Update from the Med-Peds Program Directors' Association (MPPDA)

*Alex Djuricich, MD – President; Residency Director at Indiana University*

*Scott Holliday, MD – President-Elect; Residency Director at The Ohio State University*

As fall starts to settle in, we are all busying ourselves in preparation for another recruitment year for our residency programs. September data from ERAS shows another increase in the number of LCME student applicants to Med-Peds residency programs. There were 323 applicants as of September 15th, up from 250 on the same date one year ago. We hope that this momentum continues through this season and years to come.

While in San Francisco for the American Academy of Pediatrics meeting in October, residents and faculty from several Med-Peds residency programs across the country visited UCSF and Stanford University, answering student requests to learn more about Med-Peds residency programs. Both schools had a great student turnout. The medical students were eager to learn about Med-Peds residencies and potential career paths. Thanks to the National Med-Peds Residents Association and MPPDA members for their outreach efforts.

The MPPDA recently submitted its recommendations to the ACGME for updates to the Med-Peds residency requirements. This was a huge undertaking by Suzanne Woods, Residency Director at Duke University, to compile input from the Med-Peds Program Directors, the APPD and APDIM. We appreciate everyone's efforts to give thoughtful insight into the Med-Peds training requirements.

As a reminder, all programs need to renew membership within MPPDA yearly through AAIM. The cost is \$225 per year, plus \$75 for each additional person (associate program director, program coordinator, key clinical faculty, etc.). We will be personally contacting those programs who have yet to renew their dues soon. Please recall that MPPDA membership is separate from NMPRA membership.

Congratulations to Allen Friedland, Residency Director at Christiana Care on receiving the first ever National Med-Peds Residents' Association Appreciation Award at their annual meeting in San Francisco.

#### **Upcoming Regional Meetings:**

NMPRA Midwest Regional Meeting – March 26, 2011 in Indianapolis, IN

NMPRA Southern Regional Meeting – April 16, 2011 in Houston, TX

#### **Upcoming National Meeting:**

MPPDA Annual Meeting – April 3-4, 2011 in Miami, FL (immediately following the APPD Annual Spring Meeting)



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### CoPS Launches Pediatric Subspecialties Descriptions on its Website!

In an effort to provide more information to medical students and residents about a career in the pediatric subspecialties, the Council of Pediatric Subspecialties (CoPS) has created detailed descriptions of the individual subspecialties on its website ([www.pedsubs.org/SubDes/index.cfm](http://www.pedsubs.org/SubDes/index.cfm)). Each section was written by a member of the subspecialty and includes information about what that subspecialist does, career opportunities, lifestyle and financial compensation as well as how to identify training programs and how to apply. Helpful links to both general and subspecialty specific websites are provided. There is also information about alternative training pathways and requirements for international medical graduates. CoPS believes that this website will be a valuable resource for residents as they consider a subspecialty career and asks that Program Directors make them aware of this site. Go to the CoPS website ([www.pedsubs.org](http://www.pedsubs.org)) and click on subspecialty descriptions.

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### Update from the AAP Section on Medical Students, Residents, and Fellowship Trainees

*Joshua Smith, MD, MBA*

*Section Immediate Past-Chairperson*

The Section on Medical Students, Residents, and Fellowship Trainees continues to move our initiatives forward to improve child health throughout the nation. Last years advocacy campaign, **ImmuneWise**, was a great success in combating misinformation on vaccines and improving vaccination rates. Many program delegates gave presentations about the campaign and it was great to hear about implementation successes nationwide. At the AAP National Conference and Exhibition (NCE) in October, our Section kicked off our newest advocacy campaign entitled, **Team Healthy**. We are working with the entire AAP to empower physicians to fight obesity. All program delegates received a PowerPoint presentation and a handout about the new campaign. We hope that all program delegates will give a morning report or noon conference about Team Healthy. Please give them an opportunity to present, as it is a relevant and timely topic, one that affects the lives of millions of children.

The YPConnection continues to be a valuable resource for networking and communication for medical students, residents, and young physicians. We hope that your residents are using the site to blog, review and post messages, and meet people from a variety of residency programs. Please direct your residents to <http://ypn.aap.org> for more information about our professional and social networking site. Also, the **Team Healthy** campaign will have periodic updates and implementation strategies posted to this site. Stay tuned!!

The 2010 NCE was a great success and hopefully your program delegates gained valuable information and tools to better child health. Our Section program covered research in residency and beyond, pediatric home care devices, how to present oneself on paper and in person, and how to learn throughout one's career. Our keynote address focused on finding meaning in medicine and remembering why we all chose this great profession. The medical student breakout sessions were a hit as well and we will continue to improve the experience for all attendees.

It has been an honor to serve our Section over the past year. As we transition to a new chairperson, Dr. Renée Matos, we will continue to galvanize our Section to improve child health and advocate for our patients. Under Renée's leadership, we will push forward and do more with the great resources that are available to our Section.

If there is anything that the Section executive committee or I can do to further your efforts in resident education and training, please let us know. We thank you for your diligence in teaching and overseeing the training of our future pediatricians and leaders in pediatrics.