



# APPD NEWSLETTER

Association of Pediatric Program Directors

Spring 2003

## EDITOR'S COLUMN

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

As I approach retirement as APPD newsletter editor, I wish to thank those of you who have indulged me with my personal sharing about my old dog, teenaged daughters, favorite books and personal and professional challenges. (You guys are cheaper than a shrink!) Not to end with any different style, this time I leave you with two challenges.

Reflecting on the APPD over the past three years, I think this has been a very exciting growth phase, in part due to our leadership and management but also in a large part due to the grass roots input from you! Your thoughtful (and often high-spirited) feedback has led to major reorganization of our national meetings as well as many of the educational and research strategies.

The residency director's SIG (formerly part of the APA, now under the auspices of the APPD) will occur early in the course of the meeting as per the SIG's recommendations last year. This move is to continue to encourage active involvement from a broad representation of program directors, but to proactively have input to the plenary session later that same day. In order to make the SIG more efficient, rather than spend the first 60 minutes debating the SIG agenda, last year's SIG agreed that we should perform the nominal group process of prioritizing discussion topics prior to the meeting. This way SIG attendees can know in advance, which topics will be discussed and the discussions may have more of an informed/researched basis than years past.

And now the first challenge:

1. Watch your APPD list serve and promptly respond to the request to list any/all topics you personally would like to discuss at the SIG. From the first mailing a larger list will

(See *EDITOR* on page 2)

## PRESIDENT'S COLUMN

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

With recruitment and the match behind us, we can turn our attention and energies to meeting the educational demands of our programs. There are two very important things that I hope you will all do to facilitate our ability to make progress. The first, if you have not already done it, please complete the first annual survey. As indicated in our last issue of the Newsletter, this survey will be a very important annual activity that will allow us to generate data to advocate for our roles in medical education and develop the methods and skills we will need going forward.

The other thing to do, again if you have not already done so, is to make plans now to attend the APPD Spring Meeting in Seattle. We have heard your voices, and we have changed the format of the meeting to meet your needs. The meeting will be well worth your time and effort. As in the past, there will be relevant sessions for Program Directors, Associate Directors, Coordinators and this year a full day workshop for Chief Residents. So we encourage you to have all members of your team possible there. In addition, there will be a very practical workshop for the subspecialty program directors. This is a critical group for us to reach, and we feel that we have a lot to offer in helping them meet the challenges of graduate medical education.

It should be very easy to explain to your colleagues the reasons for attending the meeting and collaborating in the APPD. The immediate future will be one of continuing challenges, and we have a track record for being able to help meet these challenges. I am sure that in other times, it may have seemed equally daunting. I can imagine at the time of the Flexner Report, it must have been incomprehensible, for those offering apprenticeships, that new doctors could possibly be trained only by hospital experience. After all, these graduates would go out into the world of medicine without any practical experience. They would be improperly trained, and professionalism as we have developed it in the Aegean traditions would be lost forever. The same cries, I'm sure, were heard when doctors in training no longer lived in the hospital and devoted their whole lives for years to becoming the consummate physicians, or when we went from every other to every third night, or God help us every fourth day call. There is no doubt that the residents and fellows of today are differently prepared and function differently as a result, but so far we have met the needs we have been asked

(See *PRESIDENT* on page 2)

### **INSIDE:**

**AAP Section on Residents ~ Coordinators' Corner ~  
Ask the ABP ~ MPPDA Update ~ Annual Meeting Program Highlights**



**(EDITOR continued from front page)**

then be posted for you to then assign rank order preference to effectively vote for agenda items.

We have as individuals, all struggled with the demands of being program director, clinician and academician. The lack of mentoring and faculty development at many of our home academic centers is a common complaint among program directors. The APPD provides a great opportunity for us to find and be mentors and to develop ourselves as faculty. Networking nationally should help us develop a national reputation necessary by most promotion committees. In previous newsletters we have been challenged to study what we do in order to be academically productive. You have all received the APPD annual survey. In order for the APPD to help us focus and design multi-centered studies/interventions it is imperative for us to understand who we are and what questions need to be asked.

As listed in Dr. Zalneritis' column, the second challenge:

2. Complete and submit your annual survey! The results will only be useful if we can get a 70% response rate. The data obtained can be used by all of us to garner resources be it more administrative support or more salary support? Research projects should be jump started on the basis of this information as well.

I hope to see you all in Seattle; it should be a most productive and fun meeting.

**(PRESIDENT continued from front page)**

to meet. While today there may be threats to the practice of medicine, there is little or no evidence that the system is threatened due to inadequate educational efforts. To the contrary, we are being recognized for past success, and being asked to do more to ensure the future of medical education and medicine. What specifically are we being asked to do now?

There are at least three major paradigm shifts in medical education that are going on in concert. Though few of us had formal training as educators, we are being asked to step up and create an educationally sound and accountable system for preparing and evaluating pediatricians of the future. We are being asked to do this more humanely and without losing the key elements of competence and humanism in the care of patients. These three tasks are inextricably linked. We will need to share all of the talent and skills we possess, and even develop some new abilities, to be sure that we carry them out properly. The Outcomes Project is alive and well. Though we have been somewhat refocused for this year on the new

Work Duty Hour Standards, we will need to continue to address the establishment of measurable benchmarks and thresholds for identifying satisfactory attainment in the areas of general competence. This will allow us to determine whether or not we have taken a successful approach to better working conditions or if we will need a different approach or even additional time for educating residents and fellows. However, if we succeed in creating a system for identifying competence in a better work environment, but we fail to maintain the ownership, dedication and humanism expected for the care of our patients and their families, we will have failed. In a world where our contributions will be made without being consumed totally by what we do professionally, we will need to develop and teach ways to provide the same high quality care in groups rather than individually. I hope that there will be just as many or more APPD members ready to be part of the "Action Team(s)" addressing this third area of demand as we had for the work duty hour changes.

So what will you do about all of this with all the other things you need to do to just get by? Stay engaged through the APPD and be part of the solutions. Get those surveys in, and we'll see you in Seattle.

**AAP SECTION ON RESIDENTS**

*Antoinette L. Laskey, MD, FAAP, Chair; Resident Section, 2<sup>nd</sup> Year Robert Wood Johnson Clinical Scholar, University of North Carolina at Chapel-Hill*

The AAP Resident Section just had their long range planning meeting in Chapel Hill, North Carolina. Several important issues were on the agenda for this meeting. Perhaps the issue with the biggest impact on residents nationwide was the proposed changes in work-hour regulation set forth by the ACGME. Since our meeting, the ACGME has finalized the work-hour regulation language and the changes are expected to be enforceable as of July 2003. This of course means a time of change and uncertainty for many residency programs. Chief residents and program directors have known that change was coming and have been brainstorming on the best way to handle the new 80 hour work week and "24 hour plus 6 hour" shift maximum. While many programs have already instituted changes in the way their schedules are made, many more are struggling to figure out how to staff all the necessary places, meet ACGME requirements and still educate residents in all the areas they need to learn in their three years. In an attempt to help programs of all sizes not reinvent the wheel, the AAP Resident Section is actively working on an addition to our website dedicated to "Solutions that Work." Through this venue, we would like to solicit not only residents but also program directors to send in changes they have made at their program to help meet these new requirements. Information that would be most helpful to those looking to this site for

ideas would be the number of residents your program has per year, what changes you have made in scheduling, your use of physician extenders if that is part of the solution and the impact you have noticed if you have already implemented these changes. By sharing this information, programs that may not have already begun to make changes could benefit from seeing what really works, or doesn't work, so that we can all achieve the goal of a safer patient care environment, a safer work environment and the opportunity for residents to learn from their time on call, rather than just struggle to get through one more day. We hope to have this part of the website up and running very soon. In the meantime, please visit <http://www.aap.org/sections/resident/workhours.htm> for more information as it becomes available.

Another issue that we spent some time on was the topic of pediatrics and evidence-based medicine. For many of you who have med-peds programs at your institution, you may have noticed the differences in emphasis placed on this skill. Evidence-based medicine (EBM) is a topic more and more internal medicine programs spend considerable amounts of didactic time on with their residents. Unfortunately, surveys of pediatric residents are showing that the same is not true in our discipline. It is obvious that *all* pediatricians, generalists and subspecialists alike need to understand the literature and the research behind what they read. Without this basic understanding, important changes in practice aren't likely. Very few pediatric programs actively participate in EBM curriculums with their residents. Many programs rely exclusively on journal clubs as their way of teaching residents about the literature out there. Unfortunately, journal clubs are much more than just assigning an article and having a noon conference to discuss it. Research clearly shows that there must be structure and guidance to a journal club in order for novice readers to gain any benefit from the exercise. A certain background must be laid early in an academic year to help residents understand what it is that they are being asked to read and to see the quality (or lack thereof) in these articles. To this end, the resident section is beginning work on a project to help teach pediatric residents what makes a good journal club, how to start one if they don't have one and how to maintain an interest in them. We are looking to several sources for guidance on this matter—the literature, our colleagues in medicine, and you, program directors that have successful journal clubs. I invite you to contact me with any suggestions you have on how to run a journal club within a pediatric residency so we can compile "Solutions that Work" and make them available to those programs who would like some guidance. EBM is not something that will go away and we must make sure the pediatricians we train today will have the skills to stay on top of the field tomorrow.

On a final note, we'd like to encourage you to get your residents excited about our upcoming meeting in New

Orleans. November 1, 2003. This will be the AAP National Conference and Exhibition Resident Section Program. We have a great, and full day lined up. Starting with our keynote speaker, former Surgeon General of the United States, Antonia Novello, who will speak on her ideas on the pediatrician and public health, followed by break-out sessions on Evidence-Based Medicine for the Pediatrician hosted by Dr. John Frohna and Dr. Brett Robbins, or Safe and Supportive Domestic Violence Screening and Reporting with Dr. John Stirling and Mr. Brian Holmgren, Assistant District Attorney for Tennessee. We will have voting for our national offices, voting on resolutions and lunch for discussion of issues relevant to residents at the local level. If residents can come early, the evening of October 31 will include a reception with our research grant recipients as well as our new invited case presentations. Remember that the AAP makes one travel grant available to each program in the United States and we strongly urge your program's delegate to attend the meeting so they can share what they have learned with their colleagues during a noon conference when they come back.

If you have any questions, comments or suggestions, I would love to hear them. Feel free to contact me at [laskey@med.unc.edu](mailto:laskey@med.unc.edu).

### *Calling all Program Directors*

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The Resident SIG invites you to join us again during the APPD Spring Meeting for a lively round of resident discussion, philosophy, and dialogue. Like last year, residents attending the PAS Meeting will gather to discuss the issues of residency training most pressing to us and then ask for your perspective. The Resident SIG will be meeting on Saturday, May 3 from 12 to 3 PM in the APA Focus Lounge, Room 208, at the Convention Center. Mark your calendars!

## COORDINATORS' CORNER

*Coordinators Executive Committee: June Dailey, Indiana School of Medicine; Melodie Parker, Baylor College of Medicine; Aida Velez, Connecticut Children's Medical Center; Jeri Whitten, West Virginia University, Charleston; Rosemary Munson, Maine Medical Center; Venice VanHuse, Maimonides Medical Center*

### Just click!

Psssssst... All Coordinators have you Heard? Did you know, about the APPD Web Site? It is a great source of information right at your fingertips! No more waiting for the mail to come, no more paper, no more phone calls to make, just type [www.appd.org](http://www.appd.org) and click! There it is right before your very eyes! Everything is just a click away!

Do you want to know what is up and coming? Just click on the spring meeting. You want to know who talked about a certain issue at the past spring meeting? Just click and you are there. Are you curious about the Fall Meeting? Just click! Need to register for the upcoming spring meeting? Just click and print out the registration form. Sorry, no on-line registration is available. Need a place to stay during the spring meeting? Type in [www.pas-meeting.org](http://www.pas-meeting.org) and click again! On-line housing reservations are available and remember the APPD meeting headquarters hotel is the Westin Seattle.

Do you have a question and need an answer or direction now? Click on educational opportunities on the APPD web site, click on Coordinators Handbook and presto instant resources and education! Technology has never been so wonderful! Need to speak to a coordinator from a certain program but cannot remember their name but you remember their program? Again, just a click away with Programs and Coordinators on [www.appd.org](http://www.appd.org). Read something in a newsletter but cannot find your copy? Click on Newsletters and there you are!

The APPD web site has become a remarkable tool for information and education. We hope you will begin clicking right away so you will not miss any of the exciting events that are happening within our organization. We look forward to seeing all of you in Seattle for the Spring Meeting May 1-3, 2003. If we can answer any questions for you, just click on our e-mails on the APPD web site and we will get back to you in a flash! Happy clicking!

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## ASK THE AMERICAN BOARD OF PEDIATRICS (ABP)

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

**I have recently accepted an individual into my training program who has completed 3 years of general pediatrics training abroad and received a waiver of 1 year of training from the American Board of Pediatrics. This resident has also completed 3 years of an endocrinology fellowship training program in the US. What training experiences must be completed by the resident in my general pediatrics training program over the next two years?**

The ABP does not prescribe a specific curriculum for the 2 years of accredited training with the exception that 1 year must be at the PL-3 level. However, given the variability of training offered in non-accredited programs, the ABP believes that an individual who wishes to be eligible for certification should successfully complete a broad tapestry of general pediatric experiences. It is expected that the 2 years will include increasing supervisory responsibility that would prepare the trainee for the competent independent care of children. The residency program director has some latitude in deciding which clinical experiences are most appropriate for the individual in question.

The ABP has suggested the following minimal experiences, which are based on the core RRC requirements:

- Inpatient (5 months of general pediatrics, exclusive of intensive care)
- Acute Care Emergency Department (3 months including 1 block month in an emergency department)
- Intensive Care: NICU (2 to 3 months depending on prior experiences)
- PICU (1 month)
- Normal Newborn Nursery (1 month)
- Developmental-Behavioral Pediatrics (1 month)
- Adolescent Medicine (1 month)
- Pediatric Subspecialties (at least 4 months of RRC required subspecialty experiences)
- Supervisory Responsibility (4 months, including 2 months inpatient)

Individuals who have completed subspecialty fellowship training should not complete additional experiences in that subspecialty during the general pediatrics residency. Thus, the resident in question should not complete rotations in endocrinology. At a minimum, continuity of care clinic should occur one-half day per week for the entire training period. Program directors have some leeway to determine how much additional experience may be needed. Leave in excess of one month per year must be made up.

## **MED-PEDS PROGRAM DIRECTORS ASSOCIATION (MPPDA) UPDATE**

*John Frohna, MD, Med/Peds Program Director, University of Michigan*

Medical student interest in primary care has declined from its peak in 1997, and this trend has impacted Med-Peds as well. Does this mean that the med-peds concept is not a viable one? Certainly not! Med-Peds programs continue to attract some of the best medical students in the country. These are students who are interested in a broad and in-depth education that will prepare them for a variety of careers from academics to private practice to international health. The Med-Peds Program Directors Association (MPPDA) recently completed a survey of program directors in order to find out what our graduates are doing. The results have been very interesting.

Primary care has been, and will likely continue to be, the preferred career choice for graduates. However, some new niches are developing for med-peds graduates. We have seen a number of residents who are taking hospitalist positions. In addition, caring for patients with complex or chronic illnesses is becoming an important niche for med-peds graduates. Consider the patient with diabetes, cystic fibrosis, congenital heart disease, developmental disabilities, inflammatory bowel disease, or juvenile rheumatoid arthritis. These patients face important transitions as they get older, and med-peds physicians (in primary or subspecialty care) can make these easier.

Our survey documented a significant increase in the numbers of med-peds graduates who pursue subspecialty training. Over the past five years, the number of graduates entering fellowships increased from 19% to 29%. A number of graduates have done fellowships in allergy, sports medicine, or adolescent medicine. Residents have also pursued general academic training through the Robert Wood Johnson program, or through an increasing number of General Med-Peds Fellowships.

While graduates have the option of fellowships in either internal medicine or pediatrics, an increasing number are choosing combined fellowships. Some of the most popular choices have been infectious disease, rheumatology, and endocrinology. Over the past few years, more residents have been interested in combined cardiology, pulmonary, or gastroenterology fellowships.

MPPDA sees med-peds graduates as an important part of the workforce providing subspecialty care, especially for pediatric patients. Over the next decade, we expect to see more med-peds subspecialists in academic medical centers. We also expect med-peds subspecialists to provide care for adults and

children in areas that may not otherwise be populated enough to support a pediatric subspecialist. We hope to foster these career choices in a number of ways.

We have worked with the National MedPeds Residents' Associations (NMPRA) to develop their Med-Peds Fellowship Guide ([http://www.medpeds.org/fellowship\\_guide.htm](http://www.medpeds.org/fellowship_guide.htm)). We have been discussing combined fellowship training with the American Board of Pediatrics and American Board of Internal Medicine. Ideally, we'd like to see the Boards decrease the duration of such training to three years - we believe this would allow for adequate training in the clinical setting, and foster the scholarly activity desired by the Boards, while encouraging more residents to pursue subspecialty training in both pediatrics and internal medicine.

We would encourage departments to develop integrated fellowship training for med-peds graduates. There are a number of fellowships that have residents complete two years in pediatrics followed by two years in internal medicine. While this may be logistically easier, we feel that rotating between the disciplines every three to six months makes more sense educationally. Having fellows rotate more frequently will enhance continuity of care, research, and education for the residents; programs will also benefit from the richness of the interchange fostered by these more frequent switches.

With the variety of career options open to them, Med-Peds will continue to be the specialty of choice for many students and residents who want to care for adults and children, particularly if they desire subspecialty training.

### **Remember to Check the APPD website for:**

- Program Director and Coordinator Handbooks
- Summary of Action Team Work Duty Hours
- Job Postings

And more!

[www.APPD.org](http://www.APPD.org)





## PROGRAM COORDINATORS'

### *Special Interest Groups*

Last year the APPD Program Coordinators’ Executive Committee offered opportunities where APPD program coordinators could work together to build collaborative skills, attend meetings of interest, and participate in projects through project committees. This year, the executive committee would like to once again resume these project committees, now called ‘Special Interest Groups’ at the APPD Spring Meeting in Seattle, Washington. The Special Interest Groups will meet on Thursday, May 1st, from 4:00 pm to 6:00 pm and you are invited to attend. The four Special Interest Groups are as follows:

| SPECIAL INTEREST GROUPS                     | DESCRIPTIONS                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Professional Development Series:</i>     | The purpose of this group is to provide educational opportunities to APPD program coordinators to enhance knowledge about pediatric residency programs, to develop professional skills, and to develop a mechanism to receive program coordination certification.                                                 |
| <i>Collaboration &amp; Communication:</i>   | Contact other subspecialty residency programs on a national level to determine if other programs have program coordinators' sections. If yes, gather details about their section. What can we learn from them? How can they help us?                                                                              |
| <i>Program Coordinators as Supervisors:</i> | Create a forum where program coordinators as supervisors can meet yearly to discuss and share their experiences. Also, open to program coordinators who are not supervisors, but are interested in learning about supervision.                                                                                    |
| <i>Technology:</i>                          | Gather information on technology programs used in other pediatric residency programs in order to create a list of available technology programs; indicate what the technology is used for; distribute to pediatric residency program coordinators; and provide the APPD with suggestions on technology workshops. |

PLEASE NOTE: These Special Interest Groups meet at the same time. We recommend you choose one group to devote your time and energy. We look forward to your participation and having your ideas and voices heard. Through these groups you will have the opportunity to become more involved and also strengthen your networking within the APPD organization.

Please join us on May 1<sup>st</sup> from 4:00 pm to 6:00 pm! We look forward to seeing you at the spring meeting.



# 2003 ANNUAL SPRING MEETING

The Westin Hotel

Seattle, WA ~ May 1 - 3

## Program Highlights



### Wednesday, April 30, 2003

10:00am-7:00pm Council Meeting

### Thursday, May 1, 2003

7:00am Registration Begins  
8:00am-12:00pm Coordinators Executive Committee  
8:00am-4:00pm MPPDA Business Meeting  
8:00am-4:00pm Forum for Chief Residents  
12:00pm-4:00pm Forum for Small Programs/Affiliate Chairs  
12:00pm-6:00pm Forum for Coordinators  
    12:00-12:30 Welcome and Announcements  
    12:30-2:30 Getting to Know You  
    2:30-3:30 Recruitment  
    3:30-4:00 Break  
    4:00-6:00 Special Interest Groups  
4:00pm-6:00pm Task Force Meetings  
6:00pm-6:30pm Guest Speaker: Judith Hall, MD  
6:30pm-7:30pm Wine and Cheese Reception  
6:30pm MPPDA Dinner at Vivanda in Seattle

### Friday, May 2, 2003

7:00-9:00am Regional Breakfast Meetings  
9:00am-9:30am Break  
9:30am-12:30pm APPD SIG  
9:30am-12:30pm Coordinators Session  
    9:30-10:00 American Board of Pediatrics Update  
    10:00-10:30 The Electronic Residency Application Service  
    10:30-11:00 Educational Commission for Foreign Medical Graduates  
    11:00-11:15 Break  
    11:15-11:45 Accreditation Council for Graduate Medical Education  
    11:45-12:30 Questions for the Experts (Open Discussion)  
12:30pm-1:30pm Lunch (*Sponsored by APPD*)  
1:30pm-5:30pm Plenary Session  
    1:30-1:35 Update from APPD  
    1:35-2:00 Update from APPD Task Forces  
    2:00-2:10 APA Educational Guidelines  
    2:10-2:15 Web-Based Evaluation Portfolio  
    2:15-2:20 American Academy of Pediatrics  
    2:20-2:25 Residency Review Committee, Peds  
    2:25-2:30 American Board of Pediatrics

### Friday, May 2, 2003 (Continued)

2:30-2:35 Pediatric Education Steering Committee  
2:35-3:00 Break  
3:00-5:00 Question and Answer Panel

*Index cards will be available during the Plenary Session for participants to write down questions and submit them for the Q&A Panel. This session is intended to be interactive.*

6:00pm-7:00pm Poster Session

### Saturday, May 3, 2003

8:30am-10:30am Workshop Session I  
10:30am-11:00am Break  
11:00am-1:00pm Workshop Session II  
1:00pm-2:00pm Demonstrations of Web-Based Portfolio to Evaluate the ACGME Competencies Program Requirements for the Subspecialties of Pediatrics: Preparing for a Successful RRC Site Visit and RRC Review  
1:30pm-4:30pm

#### **Association of Pediatric Program Directors Leadership**

**President:** Edwin Zalneraitis, MD  
**President-Elect:** Theodore Sectish, MD  
**Secretary-Treasurer:** Bernard L. Wiedermann, MD  
**Past-President:** Carol Carraccio, MD  
**Newsletter Editor:** Robert S. McGregor, MD  
**Councilors:** Lynn R. Campbell, MD;  
Robert S. McGregor, MD; Robert Englander, MD;  
John Mahan, MD  
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June Dailey; Melodie Parker; Aida Vélez;  
Jeri Whitten; Rosemary Munson, Venice VanHuse



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## **Association of Pediatric Program Directors**

*7th Annual Fall Meeting*

**October 8 - 10, 2003**

Hyatt Regency Hotel  
Reston, VA

**ORIENTATION AND TRAINING FOR NEW  
PROGRAM DIRECTORS**

**PREPARATION FOR A SUCCESSFUL SITE VISIT**

**Reception & Dinner: October 8**  
**Meeting: October 9 - October 10**

### **Who Should Attend?**

- ◆ *New Program Directors and New Coordinators*
- ◆ *Associate Program Directors*
- ◆ *Individuals Considering Becoming A Program Director*
- ◆ *Individuals Interested In A Comprehensive Update*
- ◆ *Individuals Preparing For A RRC Site Visit*
- ◆ *Individuals Assisting Program Directors*

*Welcome New Program Coordinators !*

### **Sylvia Agostini**

*Orlando Regional  
Healthcare System*

### **Angela Bowden**

*University of North  
Carolina Hospitals*

### **Dawn Brilmyer**

*Mount Sinai Hospital Center  
of Chicago*

### **Dee Burkins**

*Albany Medical Center*

### **Angela Collier**

*St. Johns Hospital and  
Medical Center*

### **Gladys Deyns**

*Nassau County Medical Center*

### **Shirlene Edwards**

*University of Texas at  
Houston*

### **Cathie MacDonald**

*Henry Ford Hospital*

### **Wanda Martin**

*Sinai Hospital of Baltimore*

### **Mary McGuire**

*Albert Einstein College of  
Medicine*

### **Patty Mitchell**

*University of Tennessee  
College of Medicine at  
Chattanooga*

### **Kathy Rowe**

*University of Florida College  
of Medicine (Pensacola)*