APPD NEWSLETTER

Spring 2005

Association of Pediatric Program Directors

EDITOR'S COLUMN

Robert Englander, MD, MPH, Director of Inpatient Services, Connecticut Children's Medical Center

Communicating with the APPD

In my final column as editor I wanted to highlight the evolution in communication within the APPD over the past couple of years. Perhaps spurred by such "hot" issues as the work duty hours and the ACGME online procedure logs, the APPD Board examined the communication throughout the organization, and focused on a "four-pronged attack" to try to optimize that communication: 1) ad hoc working groups operating via conference calls, 2) web-based discussion groups, 3) the APPD listserve, and 4) the Newsletter.

First, the concept of an ad hoc work group "meeting" through a series of conference calls was born out of the work duty hours requirements, allowing us as an organization to quickly and efficiently share strategies for coping with change. Second, the process was refined over the ensuing year to allow not only rapid response to "hot topics" through conference calls, but online follow-up via our website. The provision of conference call summaries and discussion threads on the website allows all to weigh in regardless of availability for the calls.

The success of the combination approach using a task force brought together by conference calls supplemented by a threaded web-based discussion was evident in our unified voice in responding to the new RRC requirements for residency training in pediatrics last September. The strategy was so successful that we have since employed it for reviewing the ACGME procedure log, and added an ongoing discussion board to the website to allow you all to raise important issues as they arise.

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PRESIDENT'S COLUMN

Theodore Sectish, MD, Program Director, Stanford University

The Match List is in. It is now time to take a deep breath and get back on track with all of your other program-related activities. It is also the time to take stock of where we are as an organization. Recently, I sent a report on the current activities and projects of APPD to the Executive Committee of the Association of Medical School Pediatric Department Chairs and highlighted the new initiatives for 2005. Let me elaborate about two important projects.

Outreach to Pediatric Fellowship Directors at APPD Annual Meeting
There are over 800 pediatric fellowship directors in the United States. There are also individual subspecialty societies, special sections of the American Academy of Pediatrics (AAP), and sub-boards of the American Board of Pediatrics (ABP). These groups have common interests such as the new subspecialty requirements from the ACGME and the ABP and the FOPO policy about moving the time of fellowship application to the senior year of pediatric residency. At the present time, however, there is no venue to facilitate interaction and discussion among fellowship directors from the various disciplines.

I have invited the leaders of subspecialty societies and fellowship director groups within these organizations to attend a meeting during our Annual Spring APPD Meeting on Saturday, May 14, 2005 from 1 pm – 3 pm. My goal is to facilitate communication among fellowship director groups and subspecialty societies, discuss common areas of interest, and consider the optimal organizational model to provide ongoing interaction. The idea of collaborating and interacting with fellowship directors at our Annual Meetings, just as we all will be asked to collaborate within our departments, seems to me to be a natural direction for the future. There is much we can do together to define, promote and improve pediatric graduate medical education with our subspecialty colleagues.

APPD Special Projects Program
The APPD Council of Task Force Chairs (Chairs of each of the Task Forces, plus the immediate Past President) created the APPD Special Projects Program. This program will provide financial support for projects in the areas

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of learning technology, residency curriculum, educational research, residency evaluation and faculty development. APPD may grant up to $10,000 per project. The Board of Directors will determine the amount of funding and the number of awards on an annual basis.

This year we received twenty-one high quality proposals and have asked nine to submit a more elaborate proposal. We plan to fund at least three proposals this year and are developing a plan for fundraising to make this new initiative sustainable. It is a major priority for APPD to promote high quality and rigorous educational research. This project even in its infancy is clearly destined to enhance the career development, professional satisfaction, and scholarly activities of our membership.

I am energized and excited by the great work that comes through the efforts of our membership. Please provide me with your ideas about these and other exciting projects by sending me a note at tsectish@stanford.edu .

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The third arm of communication, the APPD listserve, was expanded this year to trial a twice-monthly format to improve turnaround time for issues best dispersed in that format. So far the feedback from the membership has been positive. We would welcome additional suggestions you may have regarding both frequency and content of the listserve.

Finally, the fourth arm of communication, the Newsletter, remains a way of summarizing organization activities, inviting input from other organizations with a significant impact on the APPD, sharing ideas that perhaps have less of a time pressure, and announcing events that are important to the membership. We have expanded the "regular" features to include "Task Force Happenings", keeping the membership up-to-date on the activities and opportunities provided by these groups. This edition of the newsletter also introduces a new feature, the "Regional Update". This column is designed to keep the membership appraised of regional activities while hopefully producing some cross-fertilization of ideas and enthusiasm!

The APPD Board hopes that this "four-pronged attack" is serving the communication needs of the members well. We would welcome any feedback you have on how we can better meet your communication needs. It has been a pleasure to serve as your newsletter editor these past two years, and I look forward to participating in the continuing evolution of communication within our organization.

MID-AMERICA REGIONAL HAPPENINGS

John Mahan, MD, Children's Hospital/Ohio State University

The Mid America Regional Group of the APPD was first organized by Brad Bradford in 1995 as a mechanism to provide sharing and communications between the program directors in the self-styled "Mid-America" region (including Western Pennsylvania, Ohio, West Virginia, Kentucky, Michigan, and Indiana). What started out as Brad's Fax list allowed us to meet in the fall of 1995 in Columbus. The initial meeting drew 12 program directors from the region who shared horror stories and attempts at curriculum development.

The group has met every fall since then, and now meets at the APPD spring meeting as well. In addition to the face-to-face meetings, the Mid America Regional Group maintains open communication via an email list. In 1997, John Mahan assumed the Co-chair responsibilities with Brad. Sadly for the group, Brad recently stepped down from his co-chair role, as he moved on to sunnier pastures in Florida!

Over the years, chief residents and program coordinators have been added to the group. On October 22, 2004 we hosted a group of 35 program directors, program coordinators, and chief residents. We devoted our sessions to methods for teaching procedures to our residents and discussion of the upcoming RRC required competency assessments and methods that programs had already put into place to address these requirements. The group discussion and list of developed competency assessments were shared with all of the region members via circulated minutes after the meeting.

Another outcome of these meetings has been a commitment to address common problems and consider multi-program studies. For example, Ann Burke and Abdullah Gori developed a survey of procedure requirements and competency attainment in the programs in our region that resulted in some interesting results and abstracts for this year's APPD and PAS meetings.

The Mid-America Regional Group looks forward to continuing to share and help each other with our program challenges in the future. We remain indebted to Brad Bradford for launching this worthwhile group and wish him well in his new career in Florida!

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ASK THE AMERICAN BOARD OF PEDIATRICS (ABP)

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

Accreditation of Combined Training in Med-Peds

In 1996, the American Board of Pediatrics (ABP) and the American Board of Internal Medicine (ABIM) first developed formal written guidelines for 48 months of integrated coherent combined training that fulfills the requirements for certification by each board. Recent developments have led to an agreement between the Boards and the ACGME to proceed with a process by which the ACGME would review the institutional oversight, the administrative arrangements, and the training that is provided in combined programs in order to declare the training accredited. The new requirements for combined training were mutually agreed upon by the three organizations and, in June 2004, the ACGME approved the proposal to accredit this training.

It is important to remember that combined training is under the purview of the Boards since it is a nonstandard pathway allowing certification after a shortened period of training. It will still be necessary for a new combined program to seek and receive the approval of the specialty boards before the training will be designated as accredited by the ACGME. In addition, the Boards will determine the content of the training and how it may differ from that of the categorical programs, while the ACGME will verify that the components of training have been derived from that accredited as part of the categorical programs.

The designation of accredited training will necessarily require a tightening of the institutional oversight provided. Thus, there must be a single institutional sponsor for each program and one categorical program may not participate in more than one med-peds program. It has always been expected that there would be shared accountability between the two categorical program directors and the director(s) of the combined program to ensure the integration of the combined residents into the categorical residencies. Now there will be an opportunity for programs to clearly demonstrate that the requisite collaboration and coordination of curriculum and rotations exist as described on paper.

There will be a single program director designated for purposes of documentation and communication with ACGME and the Boards. This individual will be a doubly trained and, hopefully, boarded combined program director, if such exists. If not, then an administrative co-director from either internal medicine or pediatrics will be designated. The ABP tracking system for med-peds residents will be revised for this academic year. It will be necessary that an RT-8 form be completed for each med-peds resident which designates the number of months of credit provided in both pediatrics and internal medicine and provides an evaluation of performance in each specialty. Signatures of the categorical program directors in internal medicine and pediatrics as well as that of the combined program director or administrative co-director will be required. In the future, the Verification of Clinical Competence form will be revised to require these three signatures as well.

The requirements for combined training in med-peds are now posted on the ACGME Web site. It is anticipated that ACGME will accredit all programs which have been approved by the Boards and which meet the new requirements. This will occur by a process of grandfathering in mid 2005. Subsequent to accreditation, programs will be scheduled for formal review in conjunction with the next review of each of the two related categorical programs.

I would like to personally thank the leadership and members of the MPPDA for their thoughtful comments and suggestions during the process leading to accreditation of combined training.

COORDINATORS' CORNER

Jeri L. Whitten, Pediatrics Residency Program Coordinator, WVU-Charleston Division and C-TAGME, Vice President/ President Elect, National Certification Board for Training Administrators in Graduate Medical Education

"Certification is not a dream, it's a reality."

For many, the dream of a process whereby residency coordinators (or training administrators) could be recognized for their expertise, level of knowledge and leadership has been a long time coming. To meet that need, a National Certification Board for Training Administrators of Graduate Medical Education was formed. Since October of 1993, representatives from General Surgery, Pediatrics, Internal Medicine, OBGYN, Emergency Medicine, Orthopedic Surgery, Psychiatry, Family Medicine and Diagnostic Radiology have worked to create national standards, and establish appropriate assessment tools for certification. Our mission is to assure a comprehensive level of service, training, knowledge and leadership through certification of administrators of graduate medical education programs for physicians-in-training. This Board, through certification, will help to establish national standards, acknowledge the expertise needed to successfully manage graduate medical education programs and recognize training administrators who have achieved competence in all fields related to their profession.

In October of 2004, two specialties, General Surgery and Pediatrics, were chosen to pilot certification. Teams from the two specialties have worked over the winter to create the specialty specific assessment tools, to be added to the already established global assessment required for all specialties. At the TAGME Board meeting held March 1 and 2, the assessment tools created for Pediatrics were approved.

Applications for TAGME certification will be available at the spring meeting in Washington, DC and will also be available after April 15 on the APPD website. The assessment will be in two parts: Part I, which includes the global assessment and specialty specific questions, will be a monitored session. Part II consists of a work effort product which you can complete at your own pace in your office setting. In order to reduce the costs associated with the process and not require travel to a testing site, Pediatrics will be offering the option of completing your monitored assessment during the first day of the in-training exam on July 12 held for your residents. The monitored portion has a time limit of 4 hours, which coincides with the time established for resident in-training exams. There will be a proctor form to be signed by your program director or IT exam monitor. Part I is an "open book" test. You will be required to download from the ACGME website the Institutional Requirements, Common Program Requirements and Program Requirements for Pediatrics to bring with you to your testing site. ECFMG/visa and Medicare audit information will also be available to download, so that all materials you need for successful completion of Part I will be at your fingertips as you complete the assessment. The goal is not to assess your memory, but your knowledge of where to access information.

The work effort section will be distributed with the application forms and must be returned by Friday, August 12. Both parts will be "graded" by the three Pediatrics members of the TAGME Board, and one non-pediatric member. For those coordinators who successfully complete the assessment, certification will be awarded at the fall TAGME Board meeting. Certificates and lapel pins will then be distributed.

I would like to thank the members of our Pediatric Certification Task Force; June Dailey, Tony Mauro, Jefri Palermo, Rosemary Munson and Dr. Joseph Gilhooly for their work on the project. Special thanks to June and Rose, who actually had to be the first to test the whole thing.

Congratulations to June Dailey and Rosemary Munson, who were elected by the TAGME Board as at-large members representing Pediatrics. They, along with me, received their certification at the March meeting.

There will be a short presentation at the APPD annual meeting in Washington, and I am available for questions any time. Please don't hesitate to email me at jwhitten@hsc.wvu.edu. I'm looking forward to presenting all of you for certification this fall.

ROBERT S. HOLM, MD, LEADERSHIP AWARD AND WALTER W. TUNNESSEN, JR., MD, AWARD FOR THE ADVANCEMENT OF PEDIATRIC RESIDENT EDUCATION

Congratulations to **Dr. Kenneth Roberts** who is the recipient of this year's APPD Robert S. Holm Leadership Award. This award is to honor a Program Director or Associate Program Director (past or present) for extraordinary contribution in pediatric program director leadership or in support of other pediatric program directors as a mentor, advisor or role model for the many duties and responsibilities of the position. The award will be presented during the upcoming APPD/ MPPDA meeting in May.

Congratulations to **Dr. Gail McGuinness** who is the recipient of this year's APPD Walter W. Tunnessen, Jr. MD Award for the Advancement of Pediatric Resident Education. 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. The award will be presented during the upcoming APPD/MPPDA meeting in May.

ASK THE RRC

Carol Carraccio, MD, Vice-Chair, Pediatrics RRC

Question 1: What has happened to the proposed draft of the new requirements for residency training?

Answer: They were presented to the Program Requirements Committee of the ACGME in mid-February. The committee asked for two changes: 1) to change the word "must" to "should" in the section which addressed program support and 2) to delete the explanatory language that was used in the Program Requirements to document the transition from structure-process to competency-based education and evaluation.

Once the document has undergone the suggested edits it will be represented to the Program Requirements Committee in June. We hope to obtain final approval at that meeting and will request an effective date of January 2006.

Question 2: Will there be a new PIF that will align with the new requirements?

Answer: The RRC is currently reviewing a draft of a new PIF. The intent is to streamline the process of completing the documentation by asking for less description and explanation. The focus will be more on providing sample documentation for the site visitor with the potential of attaching critical samples to the PIF. So, for example, one of the new requirements to address practice-based learning and improvement is to have residents create individualized learning plans. Rather than describing the plan in detail, you may just be asked to have samples of resident learning plans available to the site visitor.

Question 3: Can you update us on the revision of the Common Subspecialty Requirements?

Answer: The document that pertains to all pediatric subspecialties is under revision and will be posted on the ACGME Website for official review and comment in May. It will then be submitted to ACGME for approval in September. After that, the RRC will begin revising some of the subspecialty content requirements but has not yet decided which will be in the first group.

Reminder: all subspecialty program directors were sent notice last fall that the RRC will expect them to show evidence of implementing the ACGME Competency-Outcomes Project as of July 1, 2005.

WHAT'S NEW FROM THE AAP RESIDENT SECTION

Fall 2004 has been an exciting and challenging time for the AAP Resident Section.

The AAP National Conference and Exhibition was held in San Francisco this past October and was a tremendous success! The theme of this year's resident session was "Leadership and Advocacy for the 21st Century." Following the keynote address by Dr. Julianne Thomas, residents had the opportunity to join breakout sessions that focused on child health advocacy or development of leadership skills. Both sessions were outstanding educational opportunities.

The conference highlights also included multiple resident awards, including the Resident Section Clinical Case Award presented to Allison Brachlow, MD from Fairfax Hospital for Children in Falls Church, Virginia. Her case will appear in an issue of *Pediatrics in Review* next year.

Don't miss next year's NCE on October 8-11th, 2005 in Washington DC, where a special celebration will take place to celebrate the 75th anniversary of the American Academy of Pediatrics!

Another hot topic for the resident section has been simplification of the fellowship application process. The section has been working closely with members of FOPO and fellowship directors in an effort to implement a standard application and timeline for pediatric fellowships. We hope to make fellowship applications easier to navigate by developing a uniform application date that occurs 12 months prior to the start of fellowship instead of during second year of residency. Stay tuned as this topic continues to unfold.

Finally, the Resident Section national advocacy project is underway! Brought together by concern for the growing epidemic of pediatric obesity, members of the Subcommittee on Child Advocacy, in conjunction with the AAP, drafted a letter calling for healthier choices in schools, specifically limiting access to soft drinks. Letters were sent to all AAP chapters this fall and residents are encouraged to work with their local chapters to sign and distribute the letters to local school superintendents and other officials as is appropriate in their area. Our goal is to have each pediatric resident sign and send a letter to a local body calling for healthier choices in school this year.

MED-PEDS PROGRAMS TO BE ACCREDITED

Tom Melgar MD Co-Chair MPPDA Accreditation Committee and John Frohna MD, MPH Co-Chair MPPDA Accreditation Committee

In June of 2004, the ACGME approved a process for the RRC for Pediatrics and the RRC for Internal Medicine to review and accredit combined med-peds programs. The new ACGME requirements are based on the American Board of Pediatrics (ABP) and American Board of Internal Medicine (ABIM) guidelines from 1989 and last revised in 1996 under which med-peds programs have been operating. Periodic reviews of combined programs were previously conducted by the ABP and ABIM to ensure that graduates were meeting criteria to take boards. The Med-Peds Program Directors Association (MPPDA) has worked closely with the Boards and the ACGME to achieve a consensus around a number of critical issues.

The new requirements will use the existing RRC structure for accreditation. That is, a separate RRC for med-peds will not be instituted. Combined programs are expected to meet the requirements of each of the categorical programs. The exceptions are noted in the med-peds requirements. The following is a summary of some of the key points.

- Programs currently approved by the American Board of Pediatrics and the American Board of Internal Medicine will be "grandfathered" in and considered accredited. After July 1, 2005, the programs will be scheduled for formal review in conjunction with each RRC review of the two core categorical programs.

- "One categorical program may not participate in more than one medicine-pediatrics program." This requirement will unfortunately force the phasing out or merger of several well-established and successful programs around the country. These programs have already been notified in a letter from the ACGME in the summer and fall of 2004. Residents in these programs, including those recruited this year, will be allowed to complete their training.

- "A resident may enter combined training from a categorical program up to the completion of the first year of training if that training was completed at the same academic health system as the combined training." This is consistent with the previous guidelines from the ABIM and ABP. It has been included in the requirements to maintain continuity within the program and avoid a disjointed experience. Entry from a categorical program beyond the second year would approximate a sequential residency which is not desirable.

- "There should be one person appointed as the director of the medicine-pediatrics program who is responsible for ensuring the program's compliance with all pertinent requirements and who is responsible for all communications with the specialty boards, the ACGME and the respective RRC's." Although there is a desire by the ACGME to have a single, dually-certified program director, the current requirements continue to support the model of having two co-directors representing the two categorical programs. In this case, one of them must be appointed as the administrative director.

- "As an attestation to the requisite collaboration, all official communication should include the signature of the director or of the co-directors, where appropriate, and the signatures of the respective categorical program directors."

- A requirement for quarterly meetings that involves consultation with faculty and residents from both departments has been instituted.

- "At a minimum, a once-weekly continuity clinic experience must begin at the onset of residency and be maintained throughout the four years of combined training. Each resident must participate in a continuity clinic at least one half day per week during at least 36 weeks per year." This requirement allows for alternating weekly IM and peds clinics or weekly combined clinics. It also allows for interruptions of clinic for a variety of reasons including intensive care, ER, vacation, and away electives.

- "…the total required critical care experience shall not exceed 8 months and must include at least four months in pediatrics and two months in internal medicine." The pediatric experience is a required 3 months of neonatal ICU and 1 month of pediatric ICU. It should be noted that the new categorical pediatric requirements will include a second month of PICU, but this will not apply to med-peds. These maximums are for required rotations. Residents may elect more intensive care rotations if they plan to practice in a rural setting, but it should not be excessive.

- Residents may have "a maximum of two months of internal medicine night float and no more than one month in any year." Night float requirements are not similarly enumerated for pediatrics.

At our spring meeting, we will be meeting with Board members and ACGME staff to clarify some of the requirements in more detail. The complete requirements for combined med-peds training programs can be found on the ACGME website, under both of the categorical program RRC's. (http://www.acgme.org/acWebsite/RRC_sharedDocs/sh_medPedReq.pdf)

2005 Annual Spring Meeting

The Renaissance ■ Washington, DC ■ May 12 - 14

Schedule-at-a-Glance

Thursday, May 12, 2005

7:30 am - 10:00 am	Coordinators Session
7:30 am - 10:00 am	Program Directors SIG
10:15 am - 12:15 pm	Plenary Session Association of Pediatric Program Directors Residency Review Committee American Board of Pediatrics Pediatric Education Steering Committee American Academy of Pediatrics Resident Section, American Academy of Pediatrics APPD Financial Update APPD Awards Recognize Outgoing Leaders APPD Election Results Interactive Panel Discussion (Q&A)
12:15 pm - 1:30 pm	Lunch (on your own)
1:30 pm - 4:30 pm	Keynote Speaker *Personal Learning for Professional Development: An Experiential and Interactive Workshop* **Robert Kegan, PhD, The William and Miriam Meehan Professor of Adult Learning and Professional Development, Harvard University Graduate School of Education**
4:30 pm - 6:30 pm	Task Force Meetings Evaluation - Chair: Annamaria Church, MD Curriculum - Chair: Ann Burke, MD Learning Technology - Chair: John Mahan, MD Research - Chair: John Co, MD Faculty Development - Chair: Miriam Bar-on, MD
4:30 pm - 6:30 pm	Coordinators Executive Committee Meeting

Registration information is now available on our website www.appd.org

Friday, May 13, 2005

8:00 am - 9:30 am	Regional breakfasts
10:00 am - 12:00 pm	Workshops I
12:00 pm - 1:00 pm	Lunch (on your own)
12:00 pm - 1:00 pm	Regional Chairs Luncheon / Council of Task Force Chairs Luncheon
1:00 pm - 3:00 pm	Workshops II
3:00 pm - 3:30 pm	Break
3:30 pm - 5:30 pm	Workshops III
5:30 pm - 6:30 pm	Posters with exhibits and Wine/Cheese Reception
7:00 pm - 8:00 pm	MPPDA New Program Director's Cocktail Reception

Saturday, May 14, 2005

8:00 am - 5:00 pm	Coordinators Session
8:00 am - 5:00 pm	MPPDA Business Meeting
8:00 am - 5:00 pm	Forum for Chief Residents (incoming and outgoing) Forum for Directors of Small Programs/Affiliate Chairs
1:00 pm - 3:00 pm	Leaders of Subspecialty Societies Meeting (By Invitation)
5:30 pm	MPPDA Dinner

APPD
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Association of Pediatric Program Directors

9th Annual Fall Meeting

September 28 - 30, 2005
Hyatt Regency Hotel
Reston, VA

Opening Keynote & Dinner: ***September 28***
Meeting: ***September 29 - 30***

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