



APPD NEWSLETTER

Association of Pediatric Program Directors

Summer 2003

EDITOR'S COLUMN

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

I would be remiss if my first Editor's Column for the APPD newsletter did not begin with a heartfelt note of gratitude to Rob McGregor, M.D. for his three years of service in this role. The APPD as an organization has witnessed remarkable growth over the past decade, and that growth has been reflected in the pages of its newsletter, thanks in great part to the efforts of Rob.

As I read through the pages of this newsletter, I was impressed with the myriad of opportunities available to the APPD membership. I wanted to highlight these opportunities in this column. In his President's Column, Ed Zalneraitis, M.D. speaks both to the opportunities within the APPD, through its Task Forces and meetings, and the potential for our impact as an organization on the future of pediatrics, through such affiliations as PESC, the Pediatric Education Steering Committee charged with carrying out the FOPE II recommendations.

Toni Laskey, M.D., in her AAP Section on Residents Column, describes a web site designed to allow ongoing dialogue among programs and their constituents regarding implementation of the work duty hours regulations. Toni also cites the plethora of opportunities for our residents to get involved in the Academy.

Venice VanHuse, in the "Coordinator's Corner", urges the involvement of this critical portion of our membership in the Special Interest Groups (SIGs). In addition, she cites the importance of meeting attendance, and the availability of travel scholarships for coordinators in need.

Tom Melgar, M.D., President of the MPPDA, presents two emerging opportunities for members of that group: work on a potential set of requirements for ACGME accreditation of med-peds programs, and a new task force

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PRESIDENT'S COLUMN

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

A mother coming to my office yesterday reported to me that she was having trouble getting her child seen by a psychiatrist for a difficult behavior problem. While I realize how pervasive this kind of situation is, I was intrigued by the specifics of the response. The mother was asked: "Are you sure the child will be able to sit still and be cooperative with the evaluation?" The mother reported that her response was: "If we could be sure of that, I wouldn't need to come to see you." The concept that a child has too troublesome behavior to be seen for troublesome behavior reminds me of the program directors and coordinators who are too overburdened to obtain help with being overburdened. This is yet another pervasive situation for which I will propose a solution.



With new duty hour standards, competency-based curriculum introduction and ever increasing requirements for administrative oversight and documentation, there is never a quiet part of the residency life cycle. However, if there is one time of year that provides the best chance for taking on new avenues for improvement, this is it: summer into early fall. The question is what should you shoehorn in here? What is the best bang for your time invested? First, allow me to suggest that you join an APPD task force that is most relevant to your interest or areas of difficulties, and share your issues. Second, plan to attend the Fall APPD Meeting October 9 and 10, 2003 in Reston, Virginia. How will these things help?

The task force groups provide members and the membership with shared thoughts and solutions. They create workshop proposals and identify mechanisms to address the problems that are challenging us all. They offer the opportunity for educational research, as they are means by which you can have access to the annual APPD database, and by which you will have the ability to collaborate with others who share your interests in pursuing relevant activities and investigations. With more and more of the membership involved and working together, the task force groups will be a more effective means to make progress without overextending yourself during the busier times of the year. You can certainly wait on the sideline and hope that the groups will address your needs, or you can become involved and help steer the direction of these important resources. You can increase the pace of progress, and make sure that you are not too overburdened to address being overburdened.

The fall meeting is a proven resource that will address the needs of new program directors and coordinators, those directing and coordinating programs about to

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~ MPPDA Update ~ Educational Guidelines Update ~ Volunteers Needed**

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within the MPPDA to work on issues related to the care of patients as they transition into adulthood.

Another opportunity is presented in the Ambulatory Pediatric Association Educational Guidelines revision project column. Diane Kittredge, M.D. invites us to get involved in the beta-testing stages for this valuable resource to program directors and learners.

I am sure you will all agree that through both our membership in the APPD and its many affiliations, opportunities abound to get involved on the front lines of pediatric resident education. I hope after reading this newsletter, you will each identify at least one of those opportunities that “lights your fire”. At the very least, start thinking about attending the Fall Meeting in Reston, Virginia from October 8-10, 2003.

Finally, two notes on the future of the newsletter: 1) in addition to the many columns we’ve grown to know and love, we will be adding “Task Force” columns to keep the membership apprised of the current and future projects of each task force, and to entice you to offer your talents as an active member. 2) This is your newsletter-any thoughts, comments or critiques that you have regarding its content would be welcome! Just drop me an e-mail at: renglan@ccmckids.org.

(PRESIDENT continued from front page)

be reviewed and those with problems that others experience frequently. By setting aside time to participate in Virginia later this year, you will be able to directly access the people who are in charge, and those who are responsible for the activities that affect your program director and coordinator's life the most. Wouldn't you like to be able to be more active in seeking funding? Be more informed in responding to the American Board of Pediatrics or the Pediatric Residency Review Committee? Be better at utilizing the NRMP and ERAS as resources? Be better able to understand the revised APA Guidelines for Pediatric Residency training and how you will be able to use them? Take greater advantage of all APPD has to offer? Be better at taking charge of your professional development? Know how to continue the conversion of your curriculum to one that is competency-based? Understand the life cycle of your program and more effective ways to coordinate activities? Would you like all of this with an opportunity for personal and hands on access? Well then, you best be there! Your chance to sign up is coming soon so don't miss it.

While we have the chance to plan a bit, there is one other important thing that I suggest we build into our activity in the coming months. The students, who might enroll in our programs in the next few years, are making their assessments of what we have to offer and whether or not they will join our programs and our ranks. Last year, interest of U.S. seniors in pediatric

residency training was down once again to 10.5%, a level that challenges us to fill our program quotas, even with increased interest in pediatrics among international graduates. In a time when we have not yet met all of the demand for practicing pediatricians and academic generalists, and when there is extraordinary demand for more pediatric subspecialists, the results of the 2003 NRMP match were not reassuring. So what should we do about it?

U.S. medical students are continuing to demonstrate preference for areas such as radiology, ophthalmology, anesthesiology and dermatology, and there is continued reluctance to select residencies in primary care specialties in general. Accordingly, the need to stimulate interest in pediatrics, and particularly pediatric subspecialties, has been an ongoing interest of all of our pediatric organizations. It is being addressed by the Pediatric Education Steering Committee (PESC) of the Federation of Pediatric Organizations under the leadership of Dr. Richard Behrman. Many of the objectives of the PESC, including re-examining subspecialty training, improving the work-life balance for trainees and graduates, and advocating for greater support for pediatrics, will make careers in pediatrics more attractive to students. Though these efforts will ultimately serve as a stimulus that results in greater numbers of talented individuals choosing careers in pediatrics, their implementation will depend on input from the broad base of those of us in pediatrics over time. While it will be important to sustain the necessary commitment to attainment of those objectives, there are things that we need to start doing now.

We need to be superb and enthusiastic role models for young people, as a way of getting them interested in pediatrics. It is remarkable how many medical students applying for pediatric training report in their personal statement or interview that they are entering pediatrics because of the influence, as they were growing up, of their own pediatrician. We need to become advocates for the selection of high quality students with interest in pediatrics, in any roles we may have on medical school admissions committees. We need to be more visible as role models for students as early as possible in medical school. This includes being stimulating and admired participants in basic science teaching and in continuity experiences in pediatric offices. This approach needs to continue into the clinical years, as we project a very positive image of what it means to be a pediatrician and of the excitement derived from what we do.

Pediatrics and pediatric subspecialties are wonderful career choices, and we should be able to recruit the best and the brightest to join our ranks. This will happen by fulfilling the expectations of FOPE II as a group through the coordinated effort of Dr. Behrman and the PESC, and by our individual actions each day. If we do these things together and as individuals, there will be a new burst of interest in pediatrics. So, make time to meet with students and faculty in the next few months and be sure that we are doing all we can to promote our programs and our specialty.

AAP SECTION ON RESIDENTS

Antoinette L. Laskey, MD, MPH, FAAP, Chair, Resident Section, Assistant Professor of Pediatrics, Riley Hospital for Children, Indianapolis

The AAP Section on Residents is pleased to announce that our website's discussion board, "Solutions that Work," is up and running. On it, program directors, chief residents and residents can learn more about how programs from across the nation are dealing with the new ACGME work hour issue. We take this opportunity to invite you to add your program's solutions so others may benefit from both the good and bad experiences others may have already had in attempts to come into compliance. 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. Please visit <http://www.aap.org/sections/resident/workhours.htm> for more information.

After months of hard work, the Resident Section is pleased to announce the newest edition of "Pediatrics 101." Many of you may have seen this booklet made available free of charge to anyone interested in learning more about our exciting field. Medical students, high school students and residents find helpful hints and resources on choosing a training program, loan information, career paths in pediatrics and much more. This valuable aid is available both online and as a print version. To access the online version, go to <http://www.aap.org/profed/career.htm>. For print copies to distribute, please contact Jackie Burke, our section's staff person extraordinaire at jburke@aap.org.

The time is fast approaching for this year's NCE in New Orleans, LA. Our section will host a reception October 31 where the Resident Research Grant posters will be on display as well as our newest feature this year of Resident Case Presentations. Chosen from among dozens of entries, the top ten will be on display. Additionally, in an effort to better acquaint our members with all the AAP and pediatrics has to offer, we have extended invitations to all the sections within the Academy to attend our reception so that residents can have the opportunity to network. Please share this information with any of your residents who will be attending this valuable learning event. 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.

Along with the mailing announcing the NCE to residents, we have included the leadership positions available. Every year the ten district coordinators and assistant district coordinators are elected to the executive committee. Elections will be held at lunch on November 1. Additionally the Vice-Chair and Secretary positions will be voted on during our assembly. Information on how to run is included in the leadership and NCE mailing that should be arriving soon. Leadership positions that are not voted on but that provide valuable opportunities for residents are our liaison positions. This year, liaison positions open for new appointments include:

- Liaison to the American Medical Association Resident Fellow Section (AMA-RFS) (2 year term)
- Liaison to Community Access to Child Health (CATCH) Program (2 year term)
- Liaison to the Resident Research Grant Subcommittee (RRG) (2 year term)
- Liaison to the Section on Adolescent Health (2 year term)
- Liaison to the Section on Home Health (2 year term)
- Liaison to the Section on International Child Health (2 year term)
- Liaison to the Section on School Health (2 year term)
- Liaison to the Steering Committee on Clinical Information Technology (2 year term)
- Liaison to the Committee on Residency Scholarships (2 year term)
- Liaison to the Accreditation Council for Graduate Medical Education (ACGME) Pediatric Residency Review Committee (RRC)

Residents at all levels of training are encouraged to apply. The executive committee meets and chooses liaisons in December.

If you have any questions, comments or suggestions, I would love to hear them. Feel free to contact me at alasky@iupui.edu.

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COORDINATORS' CORNER

Venice VanHuse, Program Coordinator, Maimonides Medical Center

If you missed this year's spring meeting in Seattle, you missed a good one! For those of you who could not come due to lack of or no funding from your program, the APPD offers several scholarships to coordinators in need. Get in the habit of reading the listserv announcements. In January, you will see the posting of the scholarship application requirements and deadline.

Seattle proved to be an interesting city. Most of us were able to visit the exquisite shops on Fifth Avenue and the famous Pike Place Market. As a group, we toured the symbol of Seattle - The Space Needle - where we were able to see fabulous views of this beautiful city.

The overall meeting was very informative and interesting. The Coordinators' Section was well organized and the speakers did a wonderful job. Our voices were heard during the Plenary Session as the panel addressed most of our questions. We have re-established our Four Special Interest Groups: Professional Development, Communication & Collaboration, Technology, and Coordinators as Supervisors. Through these SIGs, we plan to accomplish many of our goals. We encourage your participation and involvement in these groups. If you are interested, please contact one of the Executive Committee Members.

We continue to move toward the achievement of some of our special goals, i.e., a generic job description and salary scale for program coordinators, and a certification process for pediatric program coordinators.

We hope to see you all next spring in San Francisco. We should have much information to share with each other. Good luck during the 2003-2004 academic year, as we focus on our strategies and move towards implementing the ACGME duty hour regulations.

IT'S APPD DUES TIME

The APPD membership dues year is from July 1 - June 30. Dues renewal notices were mailed in early June to all program directors whose programs are current members. Annual dues are per accredited pediatric program, which includes the program director, associate program director, department chair, coordinator and chief residents. We also invite individuals from other related programs to be included as part of the program membership. These individuals include directors of combined programs that have a pediatric component: Medicine/Pediatrics, Pediatrics/Dermatology, Pediatrics/Physical Medicine and Rehabilitation, Pediatrics/Emergency Medicine, Pediatrics/Psychiatry/Child and Adolescent Psychiatry, Pediatrics/Medical Genetics and Fellowship Program Directors for Pediatric Subspecialty Training (Adolescent Medicine, Cardiology, Critical Care, Developmental-Behavioral, Emergency Medicine, Endocrinology, Gastroenterology, Hematology/Oncology, Infectious Disease,

Neonatal/Perinatal, Nephrology, Pulmonology, Rheumatology, and Sports Medicine). There is a supplemental charge for each additional individual. The renewal payments should be received in the APPD office by the end of August to ensure continued membership in the association. If your program has not received a notice, please contact the APPD office at info@appd.org, or (703) 556-9222.

ASK THE AMERICAN BOARD OF PEDIATRICS (ABP)

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

The Credentials Committee of the American Board of Pediatrics (ABP) meets in June and September each year. Responsibilities of this committee include responding to questions regarding training and reviewing board policy in relation to issues raised in addressing credentialing problems of individual candidates. Changes to and modifications of ABP policy which were determined at the June meeting are summarized for your interest.

1. Alternating General Pediatrics Training and Fellowship Training

On occasion, individuals who have met the requirements of the non-accredited training policy (often international medical graduates) have sought permission to alternate assignments in the general pediatrics training program with those in a subspecialty fellowship training program. Although part-time training is allowed, the ABP strongly discourages fragmentation of the general pediatrics training. It is important that residents participate in a coherent educational program with continuity of patient care. Residents and program directors should communicate with the ABP regarding any proposed deviation from two uninterrupted years of training in general pediatrics prior to the start of training in order to insure that the eligibility requirements for certification will be met.

2. Special Alternative Pathway

Several petitioners for the Special Alternative Pathway have recently requested waivers of the in-hospital night and weekend call requirement to be taken as a PL-3 during the clinical fellowship year. The reason for the request relates to the new requirements limiting duty hours that state that continuous on-site duty, including in-house call, may not exceed 24 hours. Thus, after a night of in-hospital call, a subspecialty resident could not participate in subspecialty clinical activities the next day with the potential negative impact on subspecialty training. The Credentials Committee reaffirmed the original policy, i.e., if in-hospital night and weekend call is not required in the subspecialty, then such call must be taken as a regular PL-3 during the clinical fellowship year.

3. Individuals with Non-accredited Training

The Credentials Committee was asked whether residents could be allowed to complete two consecutive PL-3 years of training to fulfill the requirements of the non-accredited policy. This

policy allows individuals who have completed three years of training in a non-accredited program to receive a waiver of one year of training. Such individuals must complete two years of accredited training with at least 12 months at the PL-3 level. Although the Credentials Committee had some concern that completing two years of training at the PL-3 level might not fulfill the spirit of the policy, which requires progressive responsibility and allows a resident's competence to be assessed before senior level responsibilities are assigned, the committee did not prohibit two PL-3 years. The committee recognized that responsibilities and rotations at the PL-2 and PL-3 levels vary from program to program as do the past experiences and skills of the individuals entering the non-accredited pathway. Thus, the ABP allows the program director some latitude regarding the content of the two years of training; however, at least one year must be completed at the PL-3 level. A document entitled "Suggested Training for Individuals Who Waive Accredited Training" is available from the ABP upon request and is provided to those individuals who meet the requirements for the waiver.

MED-PEDS PROGRAM DIRECTORS ASSOCIATION (MPPDA) UPDATE

Tom Melgar MD, MPPDA President, Michigan State University/Kalamazoo Center for Medical Studies

These are both exciting and challenging times for the MPPDA. The number of students entering med-peds programs this year was the lowest it has been in the past eight years yet our membership remains enthusiastic and energetic. Our spring meeting held in Seattle in conjunction with the APPD was a wonderful success. The meeting was one of our best attended meetings despite being located the furthest from the majority of the programs which are on the East Coast, the Midwest, and the South.

One of the hot topics discussed at the meeting was ACGME accreditation. Until now there has not been ACGME accreditation of med-peds programs or any other combined residency program. Instead the med-peds programs were approved by the ABIM and the ABP in a process that has become more formalized over the past eight years. Now the ACGME is investigating accreditation of med-peds and other combined programs. These programs would not have a separate RRC but would be specifically reviewed by the categorical RRC's during the scheduled categorical site review. The MPPDA is working to identify the unique aspects of the combined programs and to provide input in the review process over the next few months.

The MPPDA membership has taken an interest in transition care. A task force was established to work on all issues related to the care of patients as they transition into adulthood, from pediatric practices to internal medicine and family practices, with a particular emphasis on those patients with chronic health problems. Areas will include searching for project grants, research including current status and needs assessment, development of a statement on the role of med-peds physicians in transition care and

development of a curriculum on for residents transitioning.

Combined fellowships were also discussed at the meeting with great enthusiasm. There are obvious advantages to having physicians dually trained in adult and pediatric subspecialties. These physicians can potentially extend pediatric subspecialty care further into rural communities that might not have enough pediatric patients to support a pediatric subspecialist. They may also be well suited to fill specific niches in such areas as cystic fibrosis, bone marrow transplant units, and adults with congenital heart diseases. While 25-30% of med-peds graduates have entered fellowship, very few enter combined fellowships. Part of the reason for this may be the length of training required. The current policy is that the combined fellowship = the length of the pediatric fellowship + the length of the medicine fellowship - 1 year. For many subspecialties this amounts to 4-5 years after a four year residency. Recognizing that some adult and pediatric subspecialties have a considerable amount of overlap, the MPPDA has been communicating with the ABIM and ABP to find ways to decrease the length of training where appropriate. Some have recommended that in lieu of dual subspecialty certification residents may enter adult or pediatric fellowships. Those entering an internal medicine fellowship might spend a significant portion of their elective time in the pediatric subspecialty with the intention of providing subspecialty care for both age groups but certification only in the adult subspecialty. While this is less than ideal there are several subspecialties such as rheumatology in which a third of the nation's pediatric patients are currently being seen by adult subspecialist with little or no pediatric training.

Finally, The MPPDA has made efforts to increase the body of knowledge about med-peds and the outcomes of med-peds training programs over the past year. A research committee has been developed to coordinate these efforts, connect new researchers with mentors, and identify areas which need further exploration. Several research projects are currently underway and should begin appearing in the literature over the next year. These projects address a number of different areas including medical student career choices, med-peds graduation rates, board pass rates, attrition, fellowship training, physician shortage areas and practice outcomes.

We look forward to an exciting year. Please feel free to contact me with your comments or questions at melgar@kcms.msu.edu.

Association of Pediatric Program Directors Leadership

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Cindy Colpitts; June Dailey; Louise Kadane; Rosemary Munson;

Venice VanHuse; Jeri Whitten

AMBULATORY PEDIATRIC ASSOCIATION EDUCATIONAL GUIDELINES REVISION PROJECT

Kenneth Roberts, MD, Moses Cone Memorial Hospital; Carol Carraccio, MD, University of Maryland; Diane Kittredge, MD, Dartmouth Hitchcock Medical Center; Constance Baldwin, PhD, University of Texas Medical Branch; Miriam Bar-on, MD, Loyola University; Patricia Beach, MD, University of Texas Medical Branch; Franklin Trimm, MD, USA Children's and Women's Hospital

The revised, online version of the Ambulatory Pediatric Association's *Educational Guidelines for Residency Training in General Pediatrics* is coming soon, with portions now available for review and critique. The *Educational Guidelines* provide a comprehensive curricular resource for pediatric residency training, including the new ACGME competencies and curriculum requirements. On the *Guidelines* website, users will be able to search and sort the goals and objectives and download information formatted for different users (e.g., program directors, instructors, and residents). The final *Guidelines* website will also include navigation aids, tutorials, and educational instruction and resources. This revision project has been funded by the Josiah Macy, Jr., Foundation.

At the PAS meeting in Seattle, the Educational Guidelines (EG) project team conducted an alpha test of the revised, soon-to-be-online edition of the *Guidelines*. Live demonstrations were provided in multiple venues, including an EG Computer Lab at the Convention Center. Many members of the Association of Pediatric Program Directors and the APA took hands-on tours of a simulated EG website and provided the team with extremely valuable feedback on the convenience and utility of the planned curricular resource. Many thanks to all of you!

In Seattle, 88 people signed up to participate in the EG beta test, which will begin later this summer. Each month, we plan to roll out new functions of the website for further testing, review, and feedback. Individuals who wish to participate in beta testing can e-mail Amy Pulupa at the APA Program Office, with name, e-mail address, and phone number [amy@ambpeds.org]. An e-mail list will be formed to notify you whenever new functions are ready for review.

After the beta test is complete, the website will be finalized, and the *Educational Guidelines* will be formally unveiled in May 2004 at the APPD and PAS meeting in San Francisco. Evaluation by users will continue through the end of the funded project in December 2004.

APPD VOLUNTEERS NEEDED

The APPD Task Forces are looking for volunteers interested in helping to interpret data from the 2003 Professional Survey results. If interested, please contact one of the Task Force leaders listed below:

Curriculum Task Force

Anne Burke, MD
ann.burke@wright.edu

Evaluation Task Force

James Sherman, MD
shermj@peds.ufl.edu

Faculty Development Task Force

Miriam Bar-on, MD
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Learning Technology

John Mahan, MD
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Research Task Force

Daniel West, MD
dcwest@ucdavis.edu

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*Competency Assessment: Forethought Not
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September 10-12, 2003
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Boston MA

Aimed at residency directors, designated institutional officials, GME faculty, and administrators, the conference goal is to provide access to current practices and innovations in competency assessment in four of the six ACGME competency areas: Systems-based Practice and Practice-based Learning and Improvement, Interpersonal Skills and Communication, and Professionalism. The full conference program, registration, and hotel information is online at http://www.thci.org/prog_serv_prod/AC2003/9_03Conf.html. You can also call 617-636-1000, or e-mail THCI at thci@thci.org.

7th Annual Fall Meeting

Hyatt Regency Hotel ■ Reston, Virginia ■ October 8 - 10, 2003



2003 Fall Meeting Highlights

Wednesday, October 8

7:00 pm - 10:00 pm Dinner at a nearby McCormick & Schmidt Restaurant
"Professional Development and Mentoring"
Dr. Bruder Stapleton, Department Chair, University of Washington

Thursday, October 9

8:00 am - 8:30 am Registration and Continental Breakfast

8:30 am - 8:45 am Welcome and Introduction

8:45 am - 10:45 am PLENARY SESSION

Association of Pediatric Program Directors (APPD)
American Academy of Pediatrics (AAP)
American Board of Pediatrics (ABP)
National Resident Matching Program (NRMP)
Electronic Residency Application Service (ERAS)
Ambulatory Pediatric Association (APA) Educational Guidelines
Opportunities for Funding

10:45 am - 11:00 am Break

11:00 am - 12:00 pm Hands-On: APPD, AAP, ABP, NRMP, ERAS,
APA Educational Guidelines, Funding

12:00 pm - 1:30 pm Lunch (*provided by APPD*)

1:30 pm - 4:30 pm RRC Workshop

Friday, October 10

8:00 am - 8:30 am Continental Breakfast

8:30 am - 9:30 am Year in the Program

Track for Directors

9:45 am - 11:15 am Competencies

11:15 am - 11:30 am Break

11:30 am - 1:00 pm Professional Development

1:00 pm - 2:00 pm Lunch & Hands on Consultations (*provided by APPD*)

Track for Coordinators

9:45 am - 10:30 am Recruitment

10:30 am - 11:15 am ERAS and Making it Work for You

11:15 am - 11:30 am Break

11:30 am - 12:15 pm Alphabet Soup - What Do All These Initials Mean?

12:15 pm - 1:30 pm Lunch & open discussion

**Registration Forms are now
available on our website
www.appd.org**



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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*

