



## EDITOR'S COLUMN

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

Orientations have ended, the In-Training Exam books are closed, and the residents are settling in to their new positions. Most of you, I hope, are planning some time off to enjoy all the summer has to offer: perhaps a trip to the beach, a week on the golf course, or more exotic journeys to distant locations! But the summer months also offer a rare but palpable (albeit short-lived) lull in the life of a program director. No pressure of recruitment, graduation planning, scheduling or orientation planning.

I am writing this column, therefore, to urge you to engage in one of the activities critical to success in the era of competency-based education: reflection. Set aside some time to reflect on where your career has taken you to date, and then heed the advice from this issue's President's column and write your personal mission statement. Reflect on what you are currently doing in your professional life, and decide how it "fits" with your mission.

I hope as you send in your dues this month, you'll reflect on how the APPD can best serve you in your personal mission, and take the opportunity that the dog days of summer pose to role model for the residents that most important ingredient of the successful physician: reflective practice.

N.B.: A couple of opportunities/deadlines noted in these pages that you do not want to miss:

- Pediatric resident planning funds online applications for the Community Access to Child Health Program (CATCH) are due July 30<sup>th</sup>.
- Resident leadership positions in the AAP will be filled in the fall. Now is the time to alert your interested residents.
- APPD dues are due in by July 30<sup>th</sup>.

## PRESIDENT'S COLUMN

*Theodore Sectish, MD, Program Director, Stanford University*

I am delighted to serve as President of APPD. I look forward to the challenges ahead and am eager to help the organization achieve its mission and accomplish the goals and objectives of the Strategic Plan. The inspiration for this newsletter article came from conducting semi-annual reviews of residents and, recently, exit interviews for departing senior residents. The content of these sessions varies considerably: usually we focus on "big picture" stuff – starting a career, developing as a professional, and balancing personal and professional obligations. In recent years, inspired by what I have learned myself at APPD meetings about the importance of developing a personal mission statement, I have incorporated this concept into my discussions with residents. In this article I will remind you of the mission statement of our organization, encourage you to reflect upon your own personal mission, and call on you to examine the ways in which the two mission statements align.



The APPD Mission Statement reflects our organization's purpose and provides its leadership with direction.

### APPD Mission Statement

*In order to ensure the optimal health and well being of children, the Association of Pediatric Program Directors strives for excellence in pediatric graduate training programs by:*

- 1) Providing a voice and venue for defining, promoting, and improving pediatric graduate medical education*
- 2) Enhancing the career development, professional satisfaction, and scholarship of individuals in the pediatric graduate medical education community*
- 3) Promoting leadership and collaboration with related organizations.*

Why develop a personal mission statement? Let me offer you my perspective. We are busy people whose lives are often impacted by external forces – accreditation requirements, clinical responsibilities, and the requirements of being a good citizen of departments, hospitals and medical schools. What we do every day is extremely important to the individuals whom we train, but also to the health of our nation's children. Yet, the myriad of educational

(See *PRESIDENT* on page 2)

### INSIDE:

**AAP Section on Residents ~ Ask the ABP  
Coordinators Corner ~ Med-Peds Update ~ Fall Meeting Schedule at a Glance  
Regional Happenings ~ Task Force Happenings ~ Ask the RRC ~ APPD Dues  
Spring Meeting ~ New Program Directors ~ Coordinator Scholarship Information**

administrative responsibilities seems endless and ever challenging. Given our personal histories of success and accomplishment, there is no doubt that we will accomplish the tasks that are sent our way because we are extremely responsible and service-oriented. We were chosen because we can do the job. I believe the sense of professional satisfaction that we derive from our work is most enhanced when our work is aligned with our individual missions.

To understand your personal mission, you should take a minute or two to reflect on your own professional life and focus on the tasks and accomplishments of the past month. The purpose of this reflective exercise is to answer the question, "Why do you do what you do?" The answer to this question is your personal mission. Developing, articulating, and understanding your personal mission is not an easy task. The process took several months for me to complete. Reflecting on my own educational responsibilities in the medical school, in the residency program, and in activities related to continuous professional development, it finally dawned on me that I was motivated by the desire to help physicians develop as self-directed learners and reflective practitioners. Many of my roles and responsibilities and the activities that I do every day align with this mission. When new opportunities arise, I now ask the question, "Are these opportunities consistent with my personal mission?" Serving as President of the APPD is consistent with my personal mission and the mission of the APPD. It is my hope that you will find the concept of a personal mission statement helpful in your professional development and, if your own mission aligns with the mission of APPD, that it will provide a stimulus for you to take on a more active role within the organization. For those of you who want to hear more about this topic, you may want to attend the 8<sup>th</sup> Annual Fall APPD Meeting in Reston, Virginia. Carol Carraccio will speak on October 6<sup>th</sup> on "Reflection on Personal Mission" and Ed Zalneraitis will lead a workshop on October 8<sup>th</sup> entitled, "Professional Development."

In future articles, I will offer my perspective on topics related to our work in graduate medical education. We are engaged in this educational enterprise at a time of enormous change and transition. Working together towards our mutual goals, we can help to achieve the APPD mission and offer each other support to achieve our individual goals as physicians, educators, mentors, advocates and scholars.

I am looking forward to the next two years.

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## **AAP SECTION ON RESIDENTS**

*Benjamin F. Springgate, MD, MPH, Chair, AAP Resident Section, Tulane School of Medicine*

The AAP's Section on Residents invites APPD members to learn more about leadership positions, upcoming grants, and child advocacy opportunities available to your program's AAP resident members. Our new Section homepage, [www.aap.org/resident](http://www.aap.org/resident), is frequently updated with links to a variety of resident specific resources and opportunities.

Through July 30, 2004 the Community Access to Child Health (CATCH) program will accept online applications for pediatric resident planning funds. Resident CATCH Planning Funds allow pediatric residents to develop innovative, community-based initiatives that increase children's access to medical homes or to specific health services not otherwise available. These Resident Section member grants award up to a maximum of \$3,000. For more information, please visit [www.aap.org/catch/planninggrants.htm](http://www.aap.org/catch/planninggrants.htm). For additional information on other upcoming grants and awards, including Resident Section Program Delegate Travel Grants, the Anne E. Dyson Child Advocacy Award, and the Resident Section International Rotation Travel Grant, please visit us online at [www.aap.org/resident/summary-ga.htm](http://www.aap.org/resident/summary-ga.htm).

Among the many Resident Section leadership opportunities available in the fall of 2004 will be program delegate, district coordinator, secretary, vice chair, and various liaison positions. Positions available this year include liaisons to the Section on Administration and Practice, the Section on Epidemiology, the American Medical Student Association, the CATCH program, the Section on Community Pediatrics, and the Pediatric Review and Education Program Advisory Committee. More information on how to apply for the available positions can be found at [www.aap.org/resident/leadinterestform.pdf](http://www.aap.org/resident/leadinterestform.pdf).

I hope you will encourage your residents to attend the AAP National Conference and Exhibition (NCE) in San Francisco, CA from October 8<sup>th</sup> through 13<sup>th</sup>, 2004. In 2003, hundreds of Resident Section members attended a variety of excellent educational lectures and seminars. The Resident Section Program this year will address the theme of Pediatric Leadership and Legislative Advocacy. Online information on the NCE can be found at [www.s12.a2zinc.net/clients/aap/aap2004/](http://www.s12.a2zinc.net/clients/aap/aap2004/), or by visiting the AAP homepage at [www.aap.org](http://www.aap.org), and clicking the National Conference link on the right. This year we are happy to continue to offer one \$500 Program Delegate Travel Grant per residency program to the Resident Section program delegate or program director designee *who attends the entire Resident Section Annual Assembly on October 9*. Attendance at all components of the Assembly will be required for receipt of the grant.

Please contact me via e-mail at bspring@tulane.edu if you have any questions about Resident Section activities or would like to learn how to involve your program's trainees more actively in the AAP Resident Section. I look forward to hearing from you.

## **ASK THE AMERICAN BOARD OF PEDIATRICS (ABP)**

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

*Graduating residents in my program have asked whether it is acceptable to use the term "board eligible" on their CVs or in their communications with hospital credentialing bodies since they will soon complete three years of general pediatrics training. How should I advise them?*

The American Board of Pediatrics (ABP) follows the long-standing recommendation of the American Board of Medical Specialties (ABMS) to all of its member boards not to use the term "board eligible" because of continuing confusion about the term. The statement by an individual that he or she has completed the required training and therefore is "board eligible" is not acceptable. Similarly, use of the terms "board qualified" or "board admissible" are not condoned by the ABP.

The ABP receives frequent inquiries from the public and others such as hospital credentialing bodies and managed care organizations regarding the board status of an individual. The ABP's response will be only whether the individual is or is not certified. Upon receipt of a signed release form provided by the ABP, information will be provided regarding whether an individual's application to take a general or subspecialty certifying examination was accepted and when. Once individuals have applied and been accepted for the examination, this is the mechanism by which they can answer queries from hospitals and managed care organizations where they are seeking privileges.

## **COORDINATORS' CORNER**

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*Jeri Whitten, Program Specialist, West Virginia University (Charleston Division); June Dailey, Program Coordinator, Indiana University, School of Medicine*

### **Thanks for the Memories and the Opportunities**

Sadly, May brought to a close our three-year terms on the Coordinators Executive Committee. It proved to be a wonderful and challenging opportunity.

Being elected as your representatives brought with it the responsibility of addressing issues of importance to our coordinator colleagues. During our first year on the Executive Committee, we planned the Coordinator Section program for the annual meeting. Working with Laura Degnon to develop

the program was great fun and we learned a lot about motivating others to participate. In our second year, we chaired the scholarship awards. It was enlightening to hear from you how much attending the annual meeting means, and to learn that budget problems are pretty much affecting us all. Finally, last year we had the opportunity to work closely with the physician members of the APPD Board, participating in the monthly conference calls and attending the bi-annual Board meetings. We got a taste of being in the forefront of decisions made that affect us all in our daily routines as program coordinators.

Our opinions were welcome and sought out at every opportunity. Dr. Zalneraitis runs a good ship and the APPD won't miss a step as Dr. Sectish takes over. We were gratified by the value the APPD Board places on the Coordinator Section and will miss the opportunity to work further on the important changes that are upcoming for pediatric education. (We also learned never to leave the room during a Board meeting, or you end up becoming Chair of a committee or task force.)

The greatest benefit from our service was the opportunity to meet so many of our colleagues, either at the annual spring meeting, the fall meeting for new coordinators, or through phone calls and e-mails. Hopefully, we addressed your concerns and helped in some small way to make your work life a little bit easier. New awards have been created to recognize the hard work of our coordinator colleagues on a national level. Creating a generic job description and the salary survey were completed and are now posted on the APPD web site. One other project remains to be completed, certification. It is our hope that by the next annual meeting, the process will be in place.

It is our hope that many of the coordinators reading this article will consider running for the Executive Committee in the coming years. If you asked us if we would do it again, we would both say an emphatic "Yes." We have learned some things that have made us better at what we do on a daily basis and gleaned wisdom from the opportunity to serve on the board. Even though our term on the Executive Committee has ended we are still committed to the goals that have been established for and by coordinators and will continue to work towards those goals. If you have entertained the idea of being on the committee, we guarantee you won't regret it and hope that you make it a serious consideration.

Thank you for the opportunity to serve as your representatives. We hope you feel we represented you well – and that each of you will look for ways to be involved in our section. Serving on a committee, task force or on the Executive Committee can be fun, exciting, rewarding, and hard work – but it's worth it.



## ACCREDITATION OF MED-PEDS PROGRAMS

*Tom Melgar, MD, Past President, Med-Peds Program Directors Association*

The big news in the med-peds world this year has been centered on accreditation. For the first time since the creation of med-peds programs in 1967 the ACGME is looking toward accrediting them. Prior to this, med-peds programs have been approved prospectively and reviewed periodically by both the American Board of Pediatrics and the American Board of Internal Medicine, but not accredited by the ACGME. The ACGME has decided to pursue accreditation of combined programs at this time for a variety of reasons. Graduates have reported having difficulty obtaining licenses in some states, difficulty of graduates being recognized outside of the US, resident complaints about duty hours, lack of coordination between departments and concerns about excessive service requirements are some of the cited reasons for this decision. Currently during RRC site visits of the core programs (internal medicine and Pediatrics), med-peds residents are included in the survey and interview and there has been variable involvement of the Med-Peds program directors with the site surveyors. The current program information forms only have a curriculum outline of combined programs and there has been no confirmation during site reviews of its accuracy.

Despite these issues there is little within the current system that is either broken or needs fixing. With this in mind, accreditation needs to be as unobtrusive as possible and in the context of the accreditation of the two core programs. The ACGME and MPPDA agree a separate RRC for combined programs is neither desirable nor necessary. We have been invited to make several recommendations to the ACGME regarding our wishes for the process and have worked with the APPD, the Association of Program Directors in Internal Medicine (APDIM), the American Board of Pediatrics and the American Board of Internal Medicine in developing these recommendations.

We should maintain our balance between the two categorical departments with continued recognition that we are part of both. The process of accreditation should support existing program directors and relationships within their institutions that work well (integration and coordination must be apparent). We have sought to minimize the administrative workload on the med-peds programs related to the accreditation process and use existing board documentation as the basis of the PIF. There are several areas where the RRC requirements for each of the categorical programs are in conflict with one another and we hope that specific and clear med-peds requirements will resolve these conflicts. We feel that new requirements, where possible, should be competency based.

In January 2004, the proposed RRC requirements for Pediatrics were released for comment. These requirements included a limitation on the size of med-peds programs in relation to

categorical pediatric programs. The requirements limited the total number of residents in combined programs to 50% of the number of residents in the sponsoring categorical program. This single requirement would have had a profound impact on med-peds programs. About a third of the programs would have had to cut a total of more than 300 positions (20%). This decision would have also directly impacted the internal medicine programs in these institutions. The intention of this limitation was not to imply or address a negative impact of the combined program on categorical programs. Instead the intention was to prevent the creation of categorical pediatrics programs in which all of the residents were in combined programs. Working together with APPD, our discussions with the RRC and the American Board of Pediatrics related to this issue have been very positive and have led to a change in the wording of this to “the number of residents should be appropriately proportional to the categorical residents.”

Med-Peds and other combined programs are unique in their relationship to the categorical programs and do not fit neatly into any existing model or procedure currently in use by the ACGME. This will present challenges in creating requirements for accreditation. The new requirements for combined programs need to empower the director of the combined program to advocate for the residents in the program. Combined programs can be enhanced by the process if reviews are not limited to the parts relevant to each of the categorical departments. Reviews should also address the coordination, communication and synergy that results from combined training.

We will continue our discussions with the ACGME and the Boards. We appreciate APPD’s comments and support and will be working with APDIM and APPD on these issues.

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

- Fall Meeting Program
- Task Force Spring Meeting Minutes
- Institutional web addresses
- Regional Happenings

And more!

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





# 2004 Annual Fall Meeting

Hyatt Regency ■ Reston, VA ■ October 6-8

## Schedule at a Glance

### WEDNESDAY, OCTOBER 6

7:00pm-10:00pm      Dinner at restaurant in Reston Town Center  
"Reflections of Personal Mission"  
*Dr. Carol Carraccio, Associate Chair for Education, University of Maryland Medical System*

### THURSDAY, OCTOBER 7

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

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

8:45am - 10:45am      Plenary Session: *Updates from the following:*  
Association of Pediatric Program Directors  
American Academy of Pediatrics  
American Board of Pediatrics  
National Resident Matching Program  
Electronic Residency Application Service  
APA Educational Guidelines  
Opportunities for Funding

10:45am - 11:00am      Break

11:00am - 12:00pm      Hands-On

This is an opportunity to meet with leaders of each organization presenting during the plenary on a one-on-one basis to have your questions answered and to see demos.

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

1:30pm - 4:30pm      RRC Workshop

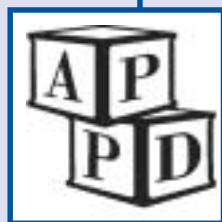
The workshop will walk program directors through the process of an RRC site visit, from preparation of the Program Information Form to logistics of the on-site visit. Mary Alice Parsons will provide insight and advice based on her vast experience on the Pediatric RRC. In addition, recently "site visited" program directors will share first-hand experiences and insights. Workshop will include practical steps, realistic timelines and pitfalls to avoid.

### FRIDAY, OCTOBER 8

8:00am - 8:30am      Continental Breakfast

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

Participants will be presented with an overview of the activities of a typical Program Director and Program Coordinator through a month by month review. Examples of forms and memos will be provided for various activities. This session will be interactive. Questions will be encouraged throughout the presentation.



# 2004 Annual Fall Meeting

Hyatt Regency ■ Reston, VA ■ October 6-8

Registration Forms are  
now available on  
our website [www.appd.org](http://www.appd.org)

## FRIDAY, OCTOBER 8 (Continued)

### *Track for Coordinators*

9:45am - 10:30am Surviving a Successful Recruitment Season

How to prepare before recruitment, tips on what to do during the season (we will walk through an entire interview day from beginning to end); and what to do at the end of the season, from how to prepare the match list to preparing data that can't be used by program directors as an overview of the entire season.

10:30am - 11:15am ERAS

This session is designed to give an overview on how ERAS works by exploring its various components. The session will also provide instructions, tips and suggestions to manage the system more easily including how you can adapt the system to meet the needs of your institution.

11:15am - 11:30am Break

11:30am - 12:15pm Using the Coordinators Handbook to Help Facilitate Your Role

We plan to demonstrate how the APPD Coordinators handbook is a valuable tool and can help not only new coordinators, but seasoned ones as well keep track of the many varied tasks we are all responsible for. We would like to discuss our ways of using the handbook (via the web) throughout the year, and how it helps us in our roles as residency coordinators.

12:15pm - 12:45pm Scramble

12:45pm - 1:30pm Lunch (*provided by APPD*) & Open Discussion

### *Track for Directors*

9:45am - 11:15am Competencies

This workshop will use the draft of the new RRC guidelines as a backdrop to provide participants with a practical approach to identifying competencies within their programs that require curriculum development. Participants will explore approaches/methods/barriers to implementation of new curricula. Potential evaluation tools will be discussed. System-Based Practice and Practice-Based Learning and Improvement will be the primary areas of focus. Participants should leave with concrete plans for implementation at home.

11:15am - 11:30am Break

11:30am - 1:00pm Professional Development

This workshop will address the program director as an academic career, where do we go from here (or is there life after being a program director)? Included in the workshop will be strategies to make work count twice, keeping focused on promotion, using the national meeting as a forum and focus to push yourself to complete necessary projects for your own residency in an appropriate time line, creating an educator's portfolio, consciously not allowing the roles as PD to derail academic progress and how to establish mentors from within and outside your own institution.

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

## **REGIONAL HAPPENINGS - MIDWEST**

*Julie Hauer, MD, Program Director, University of Minnesota*

### **Summary - Midwest Breakfast Meeting April 30, 2004**

The program directors and coordinators from the Midwest region met for breakfast on April 30<sup>th</sup>, 2004. The following topics were discussed:

#### **Regional Communication**

Interest in the following regional activities/communication were discussed:

- Face-to-face interactions, including meeting as a group at a time independent of the Spring and Fall APPD Meetings
  - Invite medical students to attend thereby creating a multi-purpose event: recruiting and program administration
  - Request APPD funding for the meeting
  - Hold the meeting at a central location within region
- The APPD list-serv was seen as an important but underutilized resource that would benefit from being more active.
- Consider establishment of regional list-servs

#### **Survey of Regional Members**

Julie Hauer, University of Minnesota offered to conduct an online survey of regional members to assist with collecting resource data that programs can use to:

- Provide resources to support program director
- Advocate for support staff (establish staff responsibilities/job descriptions, # of FTE support staff, salaries)

#### **Resident Evaluations**

Difficulties in getting faculty compliance with completing evaluations were discussed. Strategies for increasing compliance included:

- Work to ensure faculty feel they are “being heard” by providing forums where faculty give feedback on the evaluation process
- Provide faculty development on the competencies and how to evaluate using the competency system
- Meet with division chairs to talk about the value of evaluations
- Urge divisions to complete group evaluations at their division meetings
- Eliminate anonymity of faculty evaluations. Therefore if the students are unhappy with the quality of the evaluation (e.g. isn't comprehensive enough, no specifics provided), the resident can address it with the faculty member, thereby encouraging faculty to complete quality evaluations
- Provide RVU credit for educational time
- Have the hospital/medical school education specialist train faculty on completing evaluations.
- General comments:
  - Culture change takes time

- Approximately 1/4 of participants have  $\geq 80\%$  return of evaluations; this is mostly accomplished through nagging and constant follow up by med ed staff.
- Approximately 1/3 of participants use online evaluations

#### **Qualifications/criteria for interns to supervise**

What criteria/qualifications do programs use to evaluate an intern's readiness to supervise?

- Evaluation of resident's ability to supervise is mostly subjective
- Need to create evaluations - what does a supervisor look like?
- How well does the intern supervise medical students?
- 360 degree evaluation
- Question on evaluation: Is this intern ready to supervise?
- Role for advisors in determining intern readiness to supervise?

#### **Continuity Clinic**

The issue of tracking panel size was raised. Strategies suggested include:

- Residents track patients in back of log book/by patient list dates seen
- Residents copy patient list and give to coordinator for entry/tracking
- Resident is identified as the patient's primary care physician
- Detailed Excel spreadsheet of patients with their ICD-9 codes
- ACGME resident case/patient log
- HIPAA issues surrounding this topic: Security log-in for PDAs to cover HIPAA regulations

#### **Duty-Work Hour Requirements**

What issues are people encountering in complying with duty-work hour requirements? How are programs reporting?

- Self-report
- Based on parking card data (electronic)
- Telephone reporting – randomly selecting residents to report for a specific period of time; med-ed staff follow up if resident didn't log-in
- Faculty buy-in: ability to show hard data to divisions/rotations indicating a pattern of violating the requirement
- Educating faculty to the time effort of resident activities
- Spirit versus letter of the law

## **TASK FORCE HAPPENINGS - CURRICULUM**

*Ann Burke, MD, Program Director, Wright State University*

The Curriculum Task Force had a large group at its gathering at the Annual Spring meeting in San Francisco! There were many old friends and new faces. The charge for the task force was reviewed, a number of curricula discussed (Bright Futures, APA guidelines and others) and some future plans were agreed upon.

One of the goals of the task force is to compile a resource for program directors that is a web-based listing of curricula which other program directors have utilized. There would be honest, helpful critiques of a number of characteristics of each listed curricular material. For example, questions like ease of use/implementation and perceived quality of the resource would be addressed on the site. We foresee the site as a tool for new and old program directors alike! Many members of the task force have already submitted lists of their two favorite curricular materials...keep them coming in. The plan is to compile and categorize them after the task force chair has her site visit in August...so there is still time to submit your favorite (or least favorite) items.

Task force members were recently asked to review a draft from the AAP Pediatric Education Committee regarding continuous professional development. Continuous professional development represents a FOPE II recommendation. Our task force has expressed the opinion that life-long learning is the cornerstone to an effective, quality pediatrician. There were some pretty interesting responses about the draft document. The majority was positive. Some were enthused, some wondering how to fit one more thing into their residency program. More to follow on this topic!

We are always happy to meet new people who have an interest in participating on our task force. It doesn't involve a lot of time, and your voice gets heard by the APPD leadership via the task forces. So, please e-mail [ann.burke@wright.edu](mailto:ann.burke@wright.edu) if you are interested!

## **ASK THE RRC**

*Carol Carraccio, MD, Program Director, University of Maryland; M. Douglas Jones, Department Chair, University of Colorado*

### Question 1

The newly proposed iteration of the Requirements for Residency Training in Pediatrics differs dramatically from the previous version. What was the RRC trying to achieve?

### Answer 1

The ACGME Outcomes Project is requiring full implementation of the competencies in 2006, at the time that the next iteration of the Requirements for Residency Training in Pediatrics is due. The RRC felt that it would be more helpful to program directors if the requirements themselves addressed the specific elements of each of the six domains of competence as well as capturing the spirit of competency-based education. Most of the current requirements fall under the medical knowledge domain in the new iteration. Much of that language has been left in place to help ease the transition to thinking in terms of competence and outcomes rather than structure and process. To capture the spirit of competency-based education, the RRC attempted to increase the flexibility of programs in meeting requirements by asking for specific evidence that requirements have been met but giving the program director the opportunity to pick and choose how to demonstrate the evidence.

### Question 2

When will the general subspecialty requirements for fellowship training be revised?

### Answer 2

The RRC will begin the process of revising the general requirements for subspecialty training when it meets in October. At that time the RRC will incorporate more formal language about the competencies into this document. The hope is that core program directors and subspecialty program directors will see this as an opportunity to engage in an ongoing dialog of how the competencies can be addressed as part of an educational continuum.

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

**President:** Theodore Sectish, MD

**President-Elect:** Robert McGregor, MD

**Secretary-Treasurer:** Ann Burke, MD

**Past-President:** Edwin Zalneraitis, MD

**Newsletter Editor:** Robert Englander, MD

**Executive Director:** Laura E. Degnon

**Councilors:** Joseph Gilhooly, MD; Robert Englander, MD;

Susan Guralnick, MD; John Mahan, MD

**Coordinators' Executive Committee**

Dee Burkins; Mary Gallagher; Rosemary Munson;

Venice VanHuse; Cindy Colpitts; Louise Kadane



## 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, and Sports Medicine). There is a \$75 charge for *each additional individual*. The renewal payments should be received in the APPD office by the end of July to ensure continued membership in the association. If your program has not received a notice, please contact the APPD office at [info@appd.org](mailto:info@appd.org), or (703) 556-9222.

## APPD 2005 SPRING MEETING

The 2005 APPD Spring Meeting will be held May 12 - 14 at the Renaissance Hotel in Washington, DC. The Call for Workshops/Poster proposals will be mailed out to all members during the last 2 weeks of August. Please visit the APPD website at [www.appd.org](http://www.appd.org) shortly for updated meeting information.

### SPRING MEETING

*Tentative Schedule*

#### **Thursday, May 12, 2005**

Exhibits  
Keynote Speaker  
SIG  
Coordinators Session  
Plenary Session  
Task Force Meetings

#### **Friday, May 13, 2005**

Exhibits  
Regional Breakfasts  
Workshop Sessions I & II  
Poster Session  
Reception

#### **Saturday, May 14, 2005**

Exhibits  
Forum for Chief Residents  
Forum for Small Programs  
MPPDA Business Meeting  
Coordinators Session



## New Program Directors and Program Coordinators!

### **Pearl Cenon**

*(Program Coordinator)*  
New York Medical College  
(Richmond)

### **Henry Farrar, MD**

*(Program Director)*  
University of Arkansas for  
Medical Sciences

### **Patricia Link**

*(Program Coordinator)*  
Eastern Virginia  
Medical School

### **George Lister, MD**

*(Program Director)*  
University of Texas Southwestern  
Medical School

### **Zahra Marina**

*(Program Coordinator)*  
New York Medical College  
(Richmond)

### **Lisa Morris**

*(Program Coordinator)*  
University of Virginia

### **Anne Mortensen, MD**

*(Program Director)*  
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### **Brian Youth, MD**

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## **Association of Pediatric Program Directors**

### **COORDINATOR SCHOLARSHIPS AVAILABLE**

*for the*  
**APPD Fall Meeting**  
*October 6-8, 2004*  
Reston, VA

The APPD Scholarships are available to help defray costs for Coordinators who wish to attend the Fall Meeting but have financial constraints. Applicants must be members of APPD. Each award provides monetary assistance of \$500 for conference fees, travel, and hotel accommodations. Applications may be obtained directly from the APPD National Office at (703) 556-9222. In order to be considered for this award, please send a completed application by August 20, 2004 to the APPD National Office.