



EDITOR'S COLUMN

*Annamaria Church, MD
Palm West Hospital, Florida*

The graduation ceremony and celebration is over. You've said your good-byes to your graduates. Your new master schedule is all worked out—at least, until someone else gets pregnant! Your new residents have been oriented and are up and running. All the little kinks that were noticed on July 1 have been worked out. You've updated your manuals, policies and web page. If program directors have any downtime, this is it! The next big project is gearing up for the recruitment season. So, the time after the ITE's and before recruitment is a wonderful time to focus some energy on yourself.

When did you last review your personal mission statement? Or, if you never got around to developing one, now would be a good time to do that. What have you accomplished in the last year? Many of us are great at developing goals and objectives and helping our residents develop their individual learning plans. But, we spend all of our time focusing on our residents, our faculty, our PIFs and schedules that when we look at what's really been accomplished in reaching our own goals, we realize we've wasted another year. What is your ILP? Do you have specific objectives you want to accomplish professionally in the coming year? How will you manage your time to actually move your plan forward? Focus some time on your own professional development. And, as always, remember the APPD is here to assist you in your endeavors.

PRESIDENT'S COLUMN

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

Reflection... Good for the Directors too!

Thanks to all the presenters, facilitators and task force leaders and members for an awesome meeting in Toronto! I am eagerly awaiting the summaries from the task forces and special interest groups. [Many included in this newsletter] Those of you who ventured out for the 7 AM meetings regarding R³P (130+ of us) deserve a special thanks! I submitted our summary response to Drs. Jones and McGuinness by June 1st and they were most appreciative of our thoughtful input. My response letter will be posted on our website for all of you to review. Keep in mind, this is **our** summary of **our** responses and does not necessarily reflect the American Board of Pediatrics' (ABP's) position. I anticipate ongoing involvement and will keep you posted as to how we can next play a role in the R³P project.



Hopefully, you are all rejuvenated after the APPD fix and working hard to get your next iterations ready for Hawaii. I find that, as hectic as the meetings are — business meetings and dinners, and often a late night social meeting — I feel the best about what I do while in your company. I reflect on my own personal mission and the mission of our group, which is a privilege I rarely get to experience here at the home front. And I actually get to catch-up and read less scientific, but no less important, educational commentaries like Ludmerer and John's 2005 special commentary (I got that far behind!) in JAMA entitled "Reforming Graduate Medical Education" — excellent food for thought. The article chronicles the historical development of graduate medical education and questions whether residency is *service* or *education*? *student* or *employee*? the 80 hour work week and the RRC's discouragement of resident service. Ludmerer offers four needed steps to reform medical education: 1) control the number of patients residents need to see, 2) relieve the residents of chores which offer little educational value, 3) maintain and improve the quality of educational opportunities, and 4) reduce stress so that GME experiences are more responsive to the educational and emotional needs of the residents — items such as "part-time" training or shared residencies. I say all nice ideas AND the challenge is to fund this "reduced services" residency.

As we continue to move forward with our APPD vision of "exemplary education" and our strategic plan, I think we really may be at a tipping point to

PRESIDENT, continued on page 2



**11th Annual Fall Meeting
Oct 3-5, 2007 ~ Arlington, VA**

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steal a phrase from Malcolm Gladwell. The RRC has given us many unfunded mandates which have helped many of us garner additional resources for our respective programs. The next step may be to lobby to re-direct the limited but real federal dollars to the programs themselves and not their institution or medical school. Radical thinking, but hey...I grew up in the 70's. Perhaps through involvement with the R³P project, we can effectively voice some of these types of ideas.

We have all just recovered from graduating our senior residents and welcoming our newest house staff members. Congratulations. Reflecting, now upon my residents' graduation, I want to leave you with an inspirational section from a speech I discovered when suffering from writer's block the night before graduation - Senator Barack Obama's graduation address to the 2006 Southern Illinois Medical School graduating class. As I addressed my leaving seniors, I paraphrased liberally from Senator Obama as I bade them farewell. *"You can leave here and focus on your own medical career and your own success, not giving another thought to the plight of the growing millions who can't afford the care you will provide. After all, there is no community service requirement in the real world; and no one's forcing you to care. But I hope that you do. Not because you have a debt to all those who helped you get to where you are, although you do have that debt. Not because you have an obligation to those less fortunate, although you should have that obligation. You need to take on challenges that your country is facing because you have an obligation to yourself. Because our individual salvation depends on collective salvation. Because it's only when you hitch your wagon to something larger than yourself that you will realize your true potential."*

I realized in many respects that the APPD hitches to exemplary education and this has helped us realize a great potential, but perhaps it is now time for us to take on part of what is broken in our medical system - the reform of graduate medical education and the funding of graduate medical education. Reflect on our "collective salvation," however you view that and let me know your thoughts.

Happy summer! Start planning for Honolulu...ALOHA!

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2007 ANNUAL MEETING HANDOUTS AND PRESENTATIONS NOW AVAILABLE ON THE APPD WEBSITE!!

Handouts and presentations from the recent Annual Meeting in Toronto have been posted on the APPD website (more to come as we are still hoping to receive materials from *all* sessions). If you were a presenter and your handouts/presentations are not posted, please send them electronically to info@appd.org.

The direct link to the documents is
<http://www.appd.org/2007SpringMeetingPres.htm>.

Or, from the website, the presentations may also temporarily be found by clicking on **Annual Meetings**, and then on the *2007 Annual Meeting Presentations* link found near the top of the page. They have also been linked through the **Previous Annual Meetings/APPD Meeting Presentations** link further down on the page, and will soon be added to the *APPD Share Warehouse*.

To those not able to attend — you missed an *awesome* meeting, with record-breaking attendance at around 640! We hope that you will benefit from the review of these presentations and be encouraged to attend the **2008 Annual Meeting, next April 30 - May 3 in Honolulu**.

COORDINATOR'S CORNER

*Marlene Keawe, MBA, Program Administrator
University of Hawaii*

Here in Hawaii, the University Laboratory School is managed by both the University of Hawaii's College of Education and the State Department of Education. It hosts students from grades K-12. They welcome 40 new students at the 6th grade level for which over 200 students apply. My son was fortunate enough to be given the opportunity to attend this school. I shared with him my excitement and explained how he would be part of a curriculum research effort. In trying to understand where his education stood, he asked, "So does that mean I will be attending middle school, high school and college all at UH?"

Very diplomatically, I answered, "Well, you could go to BYU where I am able to get a favorable tuition, but yes, UH is quite satisfactory as well."

He responds very firmly, "I'll go to UH medical school so I can be a chef."

Of course, I'm quite the proud mom at this point for the "medical school" decision, yet very confused about its relationship to the "chef" decision. So I inquire further, "Why would you go to medical school to become a chef?"

He replies, "So I can learn about the body and know what good foods I should be cooking!"

While it invoked a short chuckle, the experience really taught me to appreciate our role in supporting Pediatric Educators and Mentors. We get so involved at times in the flurry of broken pagers, schedules, lost receipts, reminder emails (tons), etc. that we sometimes don't fully recognize the fruits of our labor. When I see little experiences like my son thinking about a career in medicine (however that might come about) and his need to become healthier and more responsible, I must thank our Pediatric residents who exemplify themselves as role models in my own community and who take the time to teach the children they care for.

So I press forward with an even greater desire to assist these Pediatric Residents in every capacity I can to gain the best training possible in my program, as they will become the future mentors for my posterity. My role as a Pediatric Program Administrator/Coordinator allows me the opportunity to help them attain the highest and best residency education they can achieve. It is a goal I'm sure all coordinators across the nation share with me.

Spring 2007 Update

If you missed the past Spring meeting or just need a refresher,

check out the APPD website under "Educational Resources." You'll find the entire program, complete with speakers, topics, and handouts. This past meeting dedicated many topics to prioritizing and managing your tasks at hand. You'll find some useful handouts on the website to help you maintain a balanced life. A great time was shared by all, and I know we all walked away with a lot more knowledge to share at our home institutions. The "meet & greet" dinner at Toronto's Pickle Barrel Restaurant had over 50 coordinators attending, networking and sharing with each other. Many thanks go out to **Mary Gallagher** (*Long Island College Hospital*) for spearheading this effort!

Fall 2007 Meeting

For those Coordinators who have been in the position for a year or less OR have an upcoming RRC site visit, we strongly encourage you to attend the Fall Meeting in October, where we dedicate most of the Coordinator's session towards orientating you with Residency and Accreditation Management. We encourage you to email us at info@appd.org with any questions, concerns or suggestions that we can address at the meeting. Remember: it's through ongoing collaboration that we gain our best insight and knowledge.

Please stay tuned to your email—we will be sending you a "needs assessment survey" very soon. Your input is very important to us! Aloha!!

Association of Pediatric Program Directors



11th Annual Fall Meeting
October 3-5, 2007



Reserve Your Room Now!

Westin Arlington Gateway
801 North Glebe Road
Arlington, Virginia 22203
(703) 717-6200

<http://www.starwoodmeeting.com/Book/appd07>

UPDATE FROM THE AAP RESIDENT SECTION

Christopher G. Strother, MD, Chair, AAP Section on Residents

Hello again from the AAP Section on Residents. Since my last update in this newsletter we have had several exciting meetings and are moving forward on our annual projects. Let me say first, it was a real pleasure to attend the APPD meeting in Toronto. It was an opportunity to experience the other side of residency training that one never sees while a resident. I was proud to represent our section and appreciative of your interest in communicating with us and involving us in your activities.

Since my last entry in the newsletter we had our spring long range planning meeting, met with the AAP resident planning team, and attended the AAP Annual Leadership Forum (ALF). The ALF was a great success. This year, sections (including ourselves) had a full vote for the first time. This meant full participation in the Academy's resolution process and a chance to really stand up for resident concerns. We were very successful, passing all the resolutions we submitted. Some of the issues addressed in those resolutions included asking the AAP to investigate efficient sign out and transfer of care techniques, look at the best ways to assess the core competencies for residents, and discuss educational debt as a barrier to pediatrics as a career choice.

At the ALF, I had the opportunity to give a small talk on developing young leaders and involving residents in the AAP. During that discussion, many questions came up about what we do as a section and how to get residents more involved. The first answer, I think, is communication. We have to let the residents know about all of the great things that pediatricians are doing outside of the hospital and encourage them to participate. We have to give them roles and responsibilities to fulfill outside their regular training routine. One such role in our section is the Program Delegate. This is a role we have created to try to improve communication and involvement of residents in the AAP at a program level.

The Program Delegate should be a link between the AAP and the other residents in their program. Our vision of this role is someone who not only attends the annual meeting at the NCE, but someone who brings their knowledge of the AAP back to their program and helps other residents get involved. They should give talks during the year about their experience at the NCE, and during intern orientation about what the AAP is and what it can do for you. To facilitate this, we have a lot of resources on our website. Take a look at http://www.aap.org/sections/ypn/r/resident/delegate_info.html for a lot of specific information about the Program Delegate position, a calendar of things they can be doing month to month, and resources to help your residents get the most out of the AAP. If you do not have a Program Delegate or have questions about how to get

them involved, please do not hesitate to contact me.

Our broader resident website at www.aap.org/ypn has been updated over the past year and contains a lot of great information. I would encourage you to take a look and then remind your residents that it is there as a resource for grants, scholarship, advocacy and much more. Thank you again for your time and continuing efforts to communicate with and involve our section.

CURRICULUM TASK FORCE

Susan Bostwick, MD

New York Presbyterian Hospital (Cornell Campus)

We had 47 participants at our meeting in Toronto. Susan Bostwick was introduced as the new leader for the Task Force. Ann Burke discussed R³P. Ann also presented the new Sharewarehouse which is currently being populated and will be available shortly. Karen Hillinbrand reported on the Oral Health Project, which is looking at the role of Pediatricians in oral health. Cyndi Ferrel reported on the AAP Epidemiology Project. Dena Hofkesh mentioned that Pittsburgh is developing an online continuity clinic curriculum. There were requests for curriculum to deal with remediation of residents, in particular application of knowledge. The recent Judith L. Bowen, MD article in NEJM and the COMSEP CLIPP cases were mentioned sources. Also requested was curriculum for procedures; suggested sources included NRP and PALS videos. The last part of the meeting was devoted to a discussion of our joint project with COMSEP. Lyuba Konopasek was an invited guest at the meeting representing the Curriculum Committee of COMSEP. The areas that were identified included presentation skills, clinical decision making and communication with families and staff. The COMSEP/APPD Curriculum Committees project regarding the 4th year subinternship will be ongoing and members of the committee will be solicited to participate and to comment.

APPD 2007-2008 DUES INVOICES

The APPD dues year runs from July 1-June 30. Information on accessing each program's electronic dues invoice has just been emailed to the Program Director and Coordinator. If you did not receive the email, please contact Kathy Haynes Johnson at the APPD office info@appd.org or 703-556-9225 x 112 for your log-in information.

Please review all of the data carefully, make edits to the online form as necessary (including additions and deletions to your program), *print out* the form, and mail it to the APPD office with your dues payment. (Reminder: APPD does not accept credit cards.) Your prompt attention to completing this process is most appreciated.

TAGME CERTIFICATION: A BRIEF HISTORY AND UPDATE

*Jeri L. Whitten, C-TAGME, West Virginia University (Charleston)
Immediate Past President, TAGME Board of Directors,*

Incorporated in November of 2004, the National Board of Certification for Training Administrators of Graduate Medical Education (TAGME) was established to provide an avenue for establishing standards and assessing the knowledge, skills and abilities of individuals involved in the day to day operation and management of graduate medical education programs. Representatives from nine clinical specialties came together to form the first Board of Directors; including Diagnostic Radiology, Emergency Medicine, Family Medicine, General Surgery, Internal Medicine, Obstetrics and Gynecology, Orthopedic Surgery, Pediatrics, and Psychiatry.

PEDTAC

(Pediatric Training Administrators Certification Council)
During development of the APPD Strategic Plan in 2003, certification was recognized as an important part of professional development for coordinators. A lengthy discussion was held at the spring 2004 APPD Board of Directors meeting on whether to develop a specialty specific assessment tool or join with the national initiative. The APPD Board elected to join the initiative of what was to become the National Board of Certification for Training Administrators of Graduate Medical Education. Jeri Whitten, a member of the Coordinators Executive Committee, had already been attending meetings of the TAGME initiative and, in the fall of November 2004, became an incorporating member of TAGME.

The TAGME Board of Directors established a template for development of assessment tools across specialties. Pediatrics and General Surgery were the first two specialties to develop tools and pilot the process. The two specialties established Task Forces, PedTAC for Pediatrics and STAC for Surgery, to develop and pilot the tools before offering certification to pediatric and surgery coordinators. Once the pilot was completed and revisions made to the tools, Pediatrics and General Surgery presented their tools to the full Board of Directors for approval and became the first permanent members of TAGME. Jeri Whitten, as PedTAC Chair, became the first voting member for Pediatrics. June Dailey and Rosemary Munson, the two members of PedTAC, became the two at-large members from Pediatrics to TAGME.

Now that PedTAC is confident that our process is working well, we have begun work with fellowship coordinators. A task force is being put into place for Neonatology Fellowship Coordinators to develop tools. We hope to be able to offer certification in 2009.

With the push to include fellowship coordinators and to men-

tor and develop future leaders from Pediatrics to TAGME, it was felt that PedTAC should expand its membership. In May of 2007, four new members were added, including Sally Hollowell Koons (Penn State), Kathy Miller (Johns Hopkins), Jefri Palermo (University of Iowa) and Melodie Parker (Baylor).

PedTAC representation now consists of four former members of the APPD Coordinators Executive Committee and two Berkowitz Award winners. At the TAGME Board of Directors meeting held June 2-4, 2007, June Dailey was elected Secretary of the Board and Rosemary Munson was elected Treasurer. Jeri Whitten completed her term as President, giving Pediatrics three seats on the Executive Committee for 2007-2009.

From March 2005 through June 2007, 26 coordinators have been certified by TAGME with special qualifications in Pediatrics.

APPD continues to be a strong proponent of certification for coordinators, and PedTAC will continue to be leaders at the national level, and to remain in constant communication with APPD.

APPD COORDINATOR SCHOLARSHIPS AVAILABLE FOR FALL MEETING

Scholarships in the amount of \$500 are available to assist Pediatric Residency Program Coordinators who wish to attend the upcoming Fall Meeting in Arlington, VA.

Additional information and application forms may be found at <http://www.appd.org/PDFs/APPDCoordinatorsScholarshipApplication.pdf> or by visiting the APPD website, "Annual Meetings" page. **Completed applications must be received by August 1st.**

FUTURE APPD MEETINGS

Fall 2007 Meeting
October 3 - 5, Arlington, VA

Spring 2008 Meeting
April 30 - May 3, Honolulu, Hawaii

Spring 2009 Meeting
April 30 - May 2, Baltimore, MD

REGIONAL HAPPENINGS

** Editor's Note: Regional Reports in this issue include notes and minutes submitted from regional breakfast meetings held during the recent APPD Annual Meeting in Toronto. Discussion items and proposals listed are included for your information and have not yet been addressed by the APPD Board of Directors.**

Mid-America Region

Dena Hofkosh, MD, University of Pittsburgh Medical Center Medical Education Program/Children's Hospital of Pittsburgh

The Mid-America Region met on May 4, 2007 in Toronto, Canada. The meeting was well attended and the following topics were discussed:

Newly appointed Regional Chair: Dena Hofkosh, MD, Pediatric Residency Program Director, Children's Hospital of Pittsburgh noted that her two-year term as the Regional Program Director Chair for the Mid-America region is completed and introduced the newly elected Chair, Raheel Khan, MD, Pediatric Residency Program Director, West Virginia University-Charleston Division.

Election Process: The regional members decided that the Regional Chair and Associate Regional Chair position continue to be a two-year term. The Regional Coordinator Chair will be every two years as well. However, Pediatric Residency Coordinator, Christine Mayes, BA from Akron Children's Hospital has agreed to be the Coordinator Chair for another year so that we may have overlap and then the position will change every two years as well. Hilary Haftel, MD, MHPE, Associate Director of Pediatric Education, University of Michigan Medical School was nominated as the Associate Program Director Chair for the region and kindly accepted the two-year term position. The associate Regional Coordinator will remain Delana Vanover, Med/Peds Program Coordinator from Ohio State University.

National Provider Identification Numbers: Dena referred regional members to a handout regarding information on NPI numbers. Christine Mayes spoke briefly about the NPI numbers and that it would be mandated by the federal government for all health care providers as of May 2008. She suggested that each resident "Google" NPI in order to complete the FREE application. Once the application is completed each resident receives a tracking number, but then must allow up to fifteen days to receive the actual NPI number. She recommended that each resident forward the e-mail confirming the NPI number to the Program Coordinator for tracking purposes. Interns must have a training certificate prior to completing an application on line.

Special Interest Group format, timing & size: Discussion took place regarding the current format of the (SIG) and the members decided that it would be in the best interest of the Program Directors to have the SIG take place after the plenary so that any topics brought up at the plenary could be discussed at the SIG. In addition, it was mentioned and well received by the region to also have the Regional Meetings prior to the SIG/Plenary so that each council for Regional Chairs can present any hot topics or topics that need group led discussion. Furthermore, it was suggested that the seating arrangement be round tables to allow for greater diversity of opinion.

R³P Residency Review and Redesign in Pediatrics: The R³P was initiated by the American Board of Pediatrics and is a great opportunity for the community of Pediatrics to engage ideas including major as well as minor adjustments. Dr. Mahan, Pediatric Residency Program Director from Columbus Children's Hospital had suggested that the resident career goals should be considered allowing for a flexible third year of residency. This would allow the Program Director and resident to work closely in establishing the career choice to be solidified into the last year electives/rotations. Public and former graduate participation is encouraged and COMSEP will have representation for the medical students as well. Regional updates will be provided by Dr. Ann Burke, Pediatric Residency Program Director, Wright State University.

Collaborative Projects: Hilary Haftel, MD, MHPE, Associate Director of Pediatric Education, University of Michigan Medical School has a resident portal which she would be willing to share and gather input from the region. She has web-based cases which consist of 3-4 minute videos in which residents are asked to respond to questions. Standardized feedback is provided.

Another proposal was to start a procedural competency committee. The goal of this committee would be to arrive at a logical solution as to how many procedures a resident must complete to be considered competent, as well as feel confident to complete a procedure on their own. If anyone is interested in this committee, please let Raheel Khan, MD (Raheel.khan@camc.org) know of your interest so that a survey may be developed to survey alumni from your program, in addition to capturing the residents that are scheduled to graduate this coming June.

Faculty Development: Regional members would like to have Faculty Development within our region to offer workshops as a resource list. It was also suggested that we have our own regional portion on the APPD web-site.

Finances: Dena Hofkosh, MD encouraged feedback from the region regarding regional dues in addition to the APPD dues. The dues would be separate and could be utilized for travel,

etc. Discussion took place and it was decided that regional dues would be acceptable as long as they stayed within each specific region from where they were collected. It was strongly suggested that the fee not go above \$100 per person.

Announcements: The region agreed to hold the regional fall meeting around the end of September and Dr. John Mahan from Columbus Children's Hospital has graciously agreed to host the meeting there.

Mid-Atlantic Region

Clifton E. Yu, MD, FAAP

National Capital Consortium Pediatric Residency

The APPD Mid-Atlantic Region met for its annual breakfast at the APPD Spring Meeting and focused on three key items for discussion:

1. Regional Implications of R³P: One of the questions posed by the R³P Committee in its March 2007 memorandum to the APPD leadership concerns flexibility of training curricula as well as location to meet the broad career choices of pediatric residents (eg. ambulatory versus hospitalist, large city urban versus rural). With this question in mind, the group discussed the idea of pooling our collective educational resources and clinical experiences as separate programs to meet the needs of individual trainees with specific career goals who might not otherwise have some of these experiences available at their home institution. These experiences would go beyond the one or two away rotations that some programs routinely offer their trainees during their residency schedule, and instead capitalize on more prolonged experiences that could be performed at other institutions within a close geographical area such as our Mid-Atlantic region. The consensus of the group was that at most of our programs, there was already adequate flexibility to meet the overwhelming majority of our trainees' needs, and that a great deal of our energy as educational managers was already focused towards insuring that their individual training goals were met through their clinical experiences. In addition, longer term administrative issues such as resident reimbursement, malpractice requirements that differ from state to state, and reciprocity of trainees for work schedules, etc. might prove to be prohibitive.

2. Faculty Development Regional Network: This item was discussed briefly at last year's meeting as well as at the Fall Meeting. With the very explicit language of both the ACGME common program requirements and the R³P project concerning the importance of faculty development, it was agreed that we should embark on developing our own regional network of faculty development expertise that our programs could utilize with hopefully minimal cost and inconvenience. Recognizing that faculty and residents are often more receptive to

"outside experts" as opposed to resources within one's own program (particularly when it comes to seemingly esoteric issues like the ACGME competencies), the consensus of the group was that such a database would be useful for a variety of things like grand rounds, faculty development workshops or seminars, resident/faculty retreats, etc. Dr. Yu agreed to initiate creation of this database after canvassing the Mid-Atlantic regional membership for input to include individual talks, presentations, workshops, and/or tools that people have developed and used in the past.

3. Educational Research Collaborative: There have already been examples within our region of collaborative educational research endeavors; however, it was agreed that pooling our resources in a more organized way would allow for increased validity vis a vis multi-center collaborative studies or projects. Although recognizing the broader efforts of the APPD through such innovations as the Shared Warehouse, it was felt that there would be additional value of developing educational tools within our region for shared use, and perhaps later presentation at such venues like the Spring Meeting for wider dissemination once piloted at our local sites. There were several ideas for projects, including developing our own ILP's separate from PediaLink, post-graduate survey forms that could be additionally tailored for each institution, direct observation forms for use in multiple educational settings (e.g. clinics, wards, ICU's), studying the validity of simulation tools, competency self-assessment tools, and developing transition to practice seminars. There was broad interest amongst the group for instituting a steering committee to disseminate project proposals and to oversee participation, with several volunteers to help jumpstart our efforts.

In addition to these three topics of discussion, planning for our annual fall meeting was also initiated. It was agreed that the forum we have utilized for the past two conferences at Geisinger Medical Center, ie. "show and tell" from individual programs about innovative activities, followed by a plenary presentation and then break-up into program director/associate program director, program coordinator, and chief resident focus groups in the afternoon, has been well-received. However, two specific suggestions for this upcoming meeting received audience support. The first involved developing a forum for resident research and/or PI projects. Finalists for the competition as determined by our regional research steering committee would present their posters at lunch during the Fall Meeting, with the winner announced at the meeting. The second suggestion was that this year's meeting be held in the National Capital Area, specifically at the Simulation Center of the Uniformed Services University of the Health Sciences (USUHS) run by Dr. Joe Lopreiato from our region. Both these items will be further developed, with the tentative plan

to hold the meeting in September so as not to conflict with the pediatric board exam or the Fall APPD meeting.

Midwest Region

Jay Nocton, MD, Medical College of Wisconsin

The Midwest Region enjoyed a second successful regional meeting on May 2, 2007 in conjunction with the APPD Annual Meeting in Toronto. Approximately 25 Midwest Region members attended the session, which consisted of three presentations followed by discussion. Topics for presentation were chosen by surveying the membership several months prior to the meeting. This format had worked very well for the region's initial meeting in the spring of 2006, and for a regional teleconference that was held in December 2006. Neenah Shah, MD, Associate Program Director at the University of Wisconsin, gave a presentation on "360 Degree Evaluations." Tom George, MD, Program Director at the University of Iowa, discussed the "Residents as Teachers Curriculum." Finally, Karen Judy, MD, Program Director at Loyola University, presented "Maintaining Resident Morale." Each presentation was excellent and generated a significant amount of discussion and sharing of ideas.

At the Midwest Region Breakfast on May 4, 2007, attendance was again impressive with approximately 50 members present. The membership discussed the classification of chief residents and who pays their salary and benefits. It was apparent that there are differences in how programs handle this. Some programs assign PL-3s the role of chief resident and therefore their funding continues to come from Graduate Medical Education sources; some programs continue to fund PL-4 chief residents from GME sources, and others designate their chief residents as faculty at the Instructor level in their Department of Pediatrics and then fund them from medical school and department funds. Also at the breakfast, nominations were received and elections were held for new regional chairs. Jay Nocton, MD, Medical College of Wisconsin, was elected Program Director Chair and Tara Shirley, University of Kansas-Wichita, was elected Coordinator Chair. The entire Midwest Region membership is grateful to Tom George, MD who represented the region as chair for the last two years. Tom has been the driving force in getting our region organized and initiating regular meetings and the inaugural teleconference. Thanks, Tom!

The region continues to explore the practicality of a meeting in the late fall or early winter, with travel and funding being the barriers. If this cannot be accomplished, a teleconference will be planned for that time. One way or another, we all look forward to continuing to share ideas and develop new friendships and collaborative efforts.

Southeast Region

J. Marc Majure, MD, Duke University

Pediatric Program Directors, Coordinators and Chief Residents affiliated with the Categorical, Subspecialty, and Combined Training Programs met as a group during the APPD Spring Meeting in Toronto. Thirty-one of the 37 programs in the Southeast Region were in attendance at the APPD meeting.

After introductions of all participants, various clusters reported on their area meetings. Florida, Georgia Plus, North Carolina and Tennessee Plus had met as groups during the interim since the Spring Meeting in San Francisco. These meeting were felt to be of help to the programs who were able to attend and it was the consensus of these clusters to continue to meet, if possible, during the year between Spring Meetings. It was also decided that the Conference Calls for the entire region which are also conducted between Spring Meetings were helpful and should be continued.

After the cluster reports were concluded, the group engaged in a lively discussion of Hot Topics that had been identified from a survey of the Region prior to the APPD meeting.

1. Direct Observations

Programs who have initiated observed exams do so during specific rotations trying to key on critical areas. Hospitalists are often involved as the faculty members who directly observe the residents. Most programs are trying to directly observe residents on the ward rotations, the full term nursery rotation, and during an outpatient clinic experience. Many programs have focused on the Gyn exam in the outpatient setting.

It was also the feeling of the group that faculty should receive some training in directly observing residents. Training should be designed to ensure a standardized approach to the evaluation. Also, it was felt that faculty should be comfortable providing feedback to the residents after the exercise is completed.

In terms of being sure that this gets done, some programs use a calendar, either in the resident office or in the clinic. Some programs have the coordinator track which residents have had direct observations completed and the areas in which these have been done.

Areas which the group suggested as amenable to direct observation included newborn exam, communication skills (doctor-patient interactions, providing anticipatory guidance), acute inpatient illness, consent process, and interactions with the adolescent patient.

2. Procedural Competency

All programs felt that there was adequate exposure to many of the required procedures was becoming more challenging. Many individuals felt that given the changing face of pediatric practice today, we should better define what procedures a general pediatrician should truly be competent in performing. Intubation was a particular concern as the opportunities to intubate were declining so that it was becoming harder to reach competency. Maintenance of competence was also a concern for program directors as residents may not get opportunities to practice many of the skills spread throughout their years of training. A number of programs have instituted the use of simulation to give initial training and to reinforce skills across all of the training years.

Prior to adjourning the meeting, elections were held for a Program Director Chair and a Coordinator Chair to lead the Region for the next three years. After counting all of the ballots, the group enthusiastically endorsed Mark Bugnitz, Program Director at the University of Tennessee (Le Bonheur) and Karen Ariemma, Program Coordinator at the University of Tennessee (Le Bonheur) as the Chairs of the Southeast Region, 2007 – 2010.

Southwest Region

Judy Behnke, Austin Medical Education Programs of Seton Healthcare Network

The APPD Southwest Region held a Regional Breakfast Meeting on May 4, 2007 in Toronto. The meeting began with a welcome by Dr. Surendra Varma who announced that the Southwestern Region now consists of Texas and Arizona, and that New Mexico would no longer be part of our region. He also relayed a message from the APPD pertaining to the position of chairman and coordinator for each region, including that regional leaders may serve no more than two 3-year terms. Both Dr. Varma as Chairman and Judy Behnke as Coordinator Chair were reappointed by the members present to a second 3-year term.

Dr. Varma congratulated all of the programs on their success in the Match. There were no post-match scrambles despite 2007 being a very competitive year in Pediatrics. Dr. Gonzalez suggested that the names of the Clerkship Directors be added to the list serve to facilitate a post-match scramble, if needed.

Topics covered were:

Faculty Development: A suggestion was made that faculty development should be part of the Task Force. Dr. McCurdy reported that 66 physicians came to Toronto early to attend

the May 2nd Faculty Development Program. 48 physicians completed the program. Dr. McCurdy has two 90-minute workshops that he presents to residency programs. Other presentations/workshops/ideas for both resident and faculty development are:

- Six 90 minute “Residents as Teachers” programs given in the evenings;
- Administrative Career Development Teaching Courses
- Certificate Courses in Educational Leadership
- Medical school-wide courses offering certificates in the basic skills of Residents as Teachers.
- Pediatrics was the first group to work on faculty development but ACGME has mandated this for all programs.
- Dr. Varma raised the question of how to teach community physicians and whether there are different definitions of faculty development.
- A one month rotation for residents around the subject of resident teaching.
- Bring community physicians to campus as teaching attendings, possibly with a stipend. Physician could also work on a topic regarding resident teaching to present as a faculty development skill
- Teaching DVDs.
- The APA has a faculty development program. There are at least 3 graduates of this program in our region.
- In Dallas, Parkland has community physicians attend one month per year. They also work on a topic to hear or develop as a faculty development skill to teach residents.
- The ShareWarehouse – Registration is done online and the physician receives credit for uploading a topic as well as for downloads of his/her presentation. Dr. Varma asked that the people from Dallas who are knowledgeable about this give instructions on the list serve about this process.
- Faculty counsel of 5 program directors who meet every other month.
- Two day workshops using both out of town and local resources.
- “Feedback Fridays”.
- Some programs find it difficult to get people together and would appreciate hearing about more techno ways to involve faculty.
- Discussion regarding passive vs participating development and how to document. How to measure “hands on” development. A pre- and post-activity assessment was suggested.
- Coaching in the classroom – program directors go on rounds one half day each month to assess and give feedback.
- How to entice faculty development beyond the minimum requirements.
- A portfolio system that has 4 levels and an awards system. For promotion on the clinical education track peer review is needed.

REGIONAL HAPPENINGS, continued from page 9

- Several programs have collaborative efforts already in place.
- Program directors go to the practices to teach.
- Grand Rounds presentations on “Feedback sandwiches.”
- Web content can be helpful, but is less effective than personal teaching.
- Resident teaching skills – get in their space. Do it in tiny bits and pieces.
- Ask people whose opinion you value for feedback.

R³P Innovations project: Dr. Patty Hicks reported that the group is seeking input from programs in the following areas:

- Post residency program feedback.
- Post residency positions for graduates – fellowships, private practice, in or out of Texas, etc.
- What programs would like to collaborate on either regionally or nationally.

Regional members were asked to send input to Dr. Varma who will forward on to Dr. Hicks. Dr. Hicks will also scan a letter regarding the R³P project for dissemination to program directors in the region.

Individual Alternative Training Program: The question was posed as to the amount of flexibility and possible waivers the ACGME would consider for an individual alternative training program, such as continuity clinic requirement of 36 weeks, numbers of patients, maternity leave, etc. These would be individual arrangements and programs would need a very good way to record/document.

The question of whether there can be a track established to prepare a resident for a specific career path, i.e., a resident planning to go into rural practice, was also put forward and, if so, whether this could be done in collaboration with another program(s). It was suggested that a problem with a flexible track such as a rural community physician would need is that in most cases there would be no salary paid by the sponsoring hospital. Service needs and duty hours are another barrier.

There are social pediatrics tracks (4 years in length), but funding is a big issue. Some program directors are unaware of where to find the requirements for alternative and/or flexible training tracks. Dr. Hicks was asked to provide website links and/or brochure information to the membership.

Western Region

Cindy Ferrell, MD, MEd, Oregon Health Sciences University, Department of Pediatrics

The APPD Western Region breakfast was held on May 4, 2007 from 7:00 – 8:30am in Toronto. The meeting was led by Region Chair, Roni Vasan, MD, MEd. A total of 55 members signed in for the meeting. The meeting agenda included discussion of the following topics:

“About the APPD Regions” Discussion: The “About the APPD Regions” document which was updated March 2007 was reviewed. The Western region includes California, Nevada, Oregon, Washington, Hawaii, Colorado, New Mexico and Utah.

The Board requested feedback on the Hot Topic SIG format and timing: Consensus was that the Hot Topic SIG was held too early in the meeting. Recommendations included:

- Considering setting up small groups for discussion before the entire forum
- Start with regional breakfasts, then have regional chairs luncheon, then SIG at beginning of the second day
- Have summaries of the topics at various points in the SIG

Ideas for help with R³P project: The region feels that resident input is vital to the R³P project as well as representation on the R³P board that represents the geographic and training variations amongst areas throughout the country. The Western Region includes many “hybrid” programs that are training residents who will serve/practice in both urban/suburban and more rural areas. The Western region will create a proposal to submit to APPD Board for grant funding to support a project that will allow for resident input into the R³P project.

New leadership for Region Chairs: Rani Vasan, MD, MEd completed her tenure as region chair at this breakfast and the Region Program Director Chair position was assumed by Cindy Ferrell, MD, MEd. It was decided that the program coordinator from the Region Program Director Chair’s home institution would serve as the Region Program Coordinator Chair, thus continuing Laurie Ashenbrenner’s service in this role. A chair-elect will be solicited at the Western Region Fall Meeting and will take office at the Annual APPD spring meeting in Hawaii in May 2008.

New business: The next Western Regional Program Directors meeting will be hosted by Richard Shugerman, MD and the University of Washington. The meeting will likely be held in the latter half of September 2007. Exact date and meeting information to follow.

If you have comments or questions about any of the above topics and weren’t in Toronto, email Cindy Ferrell, ferrellc@ohsu.edu.

Association of Pediatric Program Directors



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