As I sat down to write my first President’s Column for the APPD newsletter I was struck by the incredible honor of attaining this position, and the awesome responsibility. When I first ran for election to the Board several years ago I was drawn by the excitement of working closely with the membership of the APPD, an organization of incredible people who dedicate their time, energy, hearts and souls to advancing resident education. I really didn’t know what the role of a board member was, but I knew it would be a wonderful experience. I must tell you that it has been that and more. I have had the opportunity to watch this organization grow in size and reputation. Through hard work, creativity and teamwork we have become recognized leaders on the forefront of medical education.

Many of us recently returned from a very successful meeting in Honolulu. I would like to thank those who presented wonderful workshops, joined Task Force meetings, and participated in our Grass Roots session. Thank you to the board members and task force chairs for their hard work throughout the year. Even in a tropical paradise, our sessions were well attended.

I have the great fortune to follow in the footsteps of those who have planted the seeds of truly innovative projects which our organization will continue to nurture over the next several years. Almost two years ago a new Strategic Plan was designed for our organization. I took this opportunity to review that plan, and I would like to point out some of our goals that have been achieved and the many processes that have begun toward achieving those goals and objectives.

Our Strategic Plan is based on four primary goals:
1) Lead, Collaborate and Advocate
2) Foster Professional Development
3) Promote Innovation and Best Practices in Educational Programming
4) Ensure the APPD Infrastructure Meets Needs to Achieve Strategic Initiatives

Lead, Collaborate and Advocate:
We had two major goals in relation to COMSEP. We planned to have a
APPD ELECTION RESULTS

At the recent APPD Spring Meeting in Honolulu, the following election results were announced. Past President Ted Sectish pointed out that all of the elections (except that for President, where the candidate was unopposed) were extremely close.

**President** (serves as President-Elect for two years prior to Presidency): Ann Burke, MD, Wright State University

**Board Members** (3 year terms):
- Grace Caputo, MD, MPH, Phoenix Children’s Hospital/ Maricopa Medical Center
- Jerry Rushton, MD, MPH, Indiana University School of Medicine (also serving as APPD Communications Director)

**Fellowship Board Member** (3 year term): Debra Boyer, MD, Children’s Hospital - Boston

**Nominating Committee** (2 year term): Heather McPhillips, MD, University of Washington

**Coordinators Executive Committee** (3 year term):
- Deb Parsons, (Fellowship Coordinator position), Indiana University School of Medicine
- Elizabeth Sanchez-Rocca, C-TAGME, Brookdale University Hospital Medical Center

Those completing their terms of office were Annamaria Church, MD and Adam Pallant, MD, PhD (Board Members), Surendra Varma, MD (Nominating Committee), and Therese D’Agostino and Vanessa Goodwin (Coordinators Executive Committee Co-Chairs). Many thanks for your service to APPD!

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**APPD SPECIAL PROJECT FUNDING**

Each year the APPD approves and provides funding for worthy projects which coincide with the goals of the organization. For information on projects funded in past years, including reports from those projects, please refer to the APPD 2008 Annual Report (found online at [http://www.appd.org/AR2008.pdf](http://www.appd.org/AR2008.pdf)).

The following projects are being funded in 2008:

**Promoting Resident Self-Directed Learning Through mlearning (Mobile Learning)**
- Investigator: Deirdre (Dedee) Caplin, PhD
- Associate Professor of Pediatrics
- University of Utah School of Medicine
- Salt Lake City, UT
- Funding: $5,935

**Validation of an Evidence-Based Medicine (EBM) Critically Appraised Topic Presentation Evaluation Tool (EBM C-PET)**
- Investigator: Hans B. Kersten, MD
- Associate Professor of Pediatrics
- Drexel University College of Medicine
- Dept of Peds, St. Christopher’s Hospital for Children
- Philadelphia, PA
- Funding: $9,000

**Self-Directed Learning and Individualized Learning Plans (ILPs): Predictors for Success and Implications for Program Directors**
- Investigator: Su-Ting T. Li, MD, MPH
- Associate Program Director, UC Davis
- Sacramento, CA
- Funding: $10,000

**Developing Proficiency in Resident Intubation Skills**
- Investigator: David T. Tanaka, MD
- Division of Neonatal/Perinatal Medicine
- Duke University Medical Center
- Durham, NC
- Funding: $3,350

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**SAVE THE DATE**

APPD Fall 2008 Meeting
- September 17 - 19
- The Westin Alexandria
- Alexandria, VA

**CME credits will be offered for the first time!!**
ATTENTION: Fellowship and Military Institution Coordinators
The APPD would like your suggestions and comments for the Fall Meeting in September. What items of discussion would help you? What workshop topics would benefit you? As the new member of the Coordinators’ Executive Committee and also a Fellowship Coordinator, I would like to concentrate on bridging the gap between fellowships and residencies. We would like to be of more assistance to the military institution coordinators as well. Please e-mail me, Deb Parsons, with your thoughts and suggestions daparson@iupui.edu

Report on the Spring Meeting:
The spring meeting in Honolulu, Hawaii was very successful and a lot of fun! Some of the items discussed this year were the introduction of the APPD Share Warehouse, the new collaborative meeting with COMSEP, and an update on TAGME growth and mission. Congratulations go out to Mary Gallagher, winner of the Carol Berkowitz Award (see photo this page), a big thanks to our outgoing president, Rob McGregor, MD, and a warm welcome to our new incoming president, Dr. Susan Guralnick. Special thanks go to our outgoing Coordinators’ Executive Committee members/chairs — Vanessa Goodwin and Therese D’Agostino for their contributions over the past 3 years. Two new members were elected to the Coordinators’ Executive Committee — Elizabeth Sanchez-Rocca from Brookdale University Hospital in Brooklyn, NY and Deb Parsons from Indiana University, Indianapolis, IN.

Summaries of the three Coordinators’ Task Force Meetings are included at the end of this column. The task forces are 1) Professional Development, 2) Management & Supervision, and 3) Tools. If you couldn’t make it to the spring meeting you are still encouraged to become involved with the task forces. Just e-mail or phone any of the leaders below for more information and to participate.

Professional Development:
Therese D’Agostino
Phone: 617-726-2553 tdagostino@partners.org
Vanessa Goodwin
Phone: 802-847-3544 vanessa.goodwin@vtmednet.org

Management/Supervision:
Marlene Keawe
Phone: 808-983-8387 mkeawe@hawaii.edu
Lorrayne Garcia
Phone: 212-241-6934 lorrayne.garcia@mssm.edu

Tools:
Judy Behnke
Phone: 512-324-9999 ext. 86773 jbehnke@seton.org
Valarie Collins
Phone: 727-767-4106 collinsv@allkids.org

The Professional Development Task Force met and discussed goals for the coming year and divided up into the 3 sub-committees as follows:
- Fellowship Sub Committee—Develop workshop ideas for fall meeting/handbook addition; develop a subspecialty list serve; and explore scholarships for travel to APPD Meetings.
- Development Sub Committee—Develop a workshop for TAGME Exam preparation; develop workshops on communication/conflict resolution; and discuss recruitment strategies.
- Educational Needs Assessment Sub Committee—Develop a plan to stress the need for coordinator participation at APPD Meetings; survey coordinators to see what GME meetings or retreats exist at their home institutions; and explore a workshop that focuses on the educational needs of coordinators.

Management/Supervision Task Force developed 3 sub-committees to concentrate our efforts, as follows:
- Teamwork/Training, Performance Evaluations/Admin, Assistant Job Descriptions, Time/stress management
- Each committee is working to find out through a survey what levels of management / supervision exist among the coordinators and how we can support each other.

Tools Task Force set up 3 initial goals and broke out into 3 sub committees: Technology, Handbook, Archiving/Misc.
The initial goals discussed were as follows:
1. Set up a distribution list
2. Produce a document that will list programs and methods used to be distributed for critiquing
3. Explore technology, the main focus for the members who attended

We look forward to seeing everyone in Alexandria for the 2008 Fall Meeting. You won’t want to miss it!
APPD Board Members experienced the sights and sounds and tastes (as in Matsumoto’s shaved ice) of Hawaii before getting down to work.
Attendees experienced intensive learning sessions (above) and the fun of the “Jeopardy” challenge for coordinators (below).
Four generations of the family of the late, legendary performer, Auntie Genoa Keawe, presented special entertainment.

Our time together presented many opportunities for mentoring, learning and friendship.
One of many moments where learning, teamwork and “fun” came together.”

ALOHA from the Coordinators’ Session!
Curriculum Task Force
Susan Bostwick, Chair
Karin Hillenbrand, Vice Chair

At the meeting in Hawaii we had over 50 participants. Lawrence Noble, MD, representing the AAP, provided an update on the BPPOP curriculum (Breastfeeding Promotion in Physicians Office Practices). The finished curriculum includes didactic instruction and skills-building; it uses competency-based language, and has evaluation tools. The curriculum is now ready for distribution via DVD, and it should be available on the AAP website for general download by summer 2008. Charlotte Nunnery from the AAP discussed the e-learning platform for residents. In Fall 2007, the AAP made several of its e-learning courses available to residents free of charge. The AAP plans to offer 5 new e-learning courses to residents each year, and asks the APPD to (1) help select specific courses; (2) market the courses to residents, and (3) encourage or require residents to use the courses and provide feedback. Taskforce members made several suggestions to be carried back to the AAP. Lyuba Konopasek on behalf of Mel Gertner about a toolkit form addressing cultural competence, which has been adapted for resident assessment. There were updates from committee members on current curricular initiatives. Karin Hillenbrand provided an update on the collaboration with the AAP on Oral Health. The Project Advisory Committee of the AAP has proposed focusing on attempts to incorporate oral health into RRC requirements. The TF instead suggests the PAC focus on development of a curriculum on oral health, including competency language and implementation and assessment tools, that could be widely distributed, free of charge. Other ideas would be to develop tools to tie oral health into already established requirements (such as QI). Aditee Narayan provided an update on a curriculum regarding the Medical Home. The group is currently working with stakeholders to identify what pediatricians need to know about medical home when they enter practice. Ann Burke discussed the new format of ShareWarehouse and provided a brief update on R3P. The last part of the meeting focused on our task force’s collaboration with COMSEP. Susan Bostwick and Lyuba Konopasek (COMSEP Curriculum Taskforce Co-chair) summarized collaborative efforts over the past year between COMSEP Curriculum TF and APPD Curriculum TF to develop a curriculum for a medical student 4th year subinternship. AMSPDC has also been involved in planning. COMSEP members further developed the learning objectives within competency areas at their annual meeting last month. TF members were broken into groups; each group reviewed a summary statement of elements that make a 4th year student experience different from a 3rd year student, as well as the objectives tied to a single competency. After small group work, general discussion ensued. TF leaders will use the information discussed and submitted to further refine the objectives. Next steps will include development of teaching strategies and evaluation tools. Volunteers who are willing to help move the project forward over the next year were solicited.

In addition, once again the Curriculum Task Force sponsored a workshop during which five programs presented Professionalism Curriculum innovations.

Evaluation Task Force
Marc Majure, MD, Chair
Suzette Caudle, MD, Vice Chair

The Evaluation Task Force met at the Annual Spring Meeting in Honolulu with 30 program directors, associate program directors and coordinators in attendance. As a group, the task force reexamined our charge from the APPD and discussed participants’ interest in and expectations of the task force. This summer, the Chair and Vice-Chair will be following up with individuals in attendance to form a core working group. Projects for the group will include identification and cataloging of expertise among the membership to help with the design, validation, and implementation of evaluation rubrics. An additional project that will be pursued with participation from the COMSEP Evaluation Task Force will be the creation of a database of questions that may be used to create a 360° Profile. As part of the introduction of this proposed project, Dr. David Melamed presented an educational session on the 360° evaluation process and 360° profiles. Other individuals interested in working with the Evaluation Task Force may send an email expressing that interest to Marc Majure, MD, Task Force Chair, majur001@mc.duke.edu, or to Suzette Caudle, MD, Task Force Vice Chair, suzette.caudle@carolinashealthcare.org.

Faculty Development Task Force
Surendra K Varma, MD, Chair
Clifton E. Yu, MD, Vice Chair

Surendra Varma from Texas Tech convened the meeting of the APPD Task Force on Faculty Development. The following agenda items were discussed:

1. Faculty Development Workshop: This year the Faculty Development Task Force sponsored a workshop on academic portfolios put on by Fred McCurdy and Clifton Yu, along with Rashmi Srivastana from COMSEP. There were over 50 pre-registered participants. Although the workshop occurred the day after the Task Force Meeting, it was indeed well received and attended. The idea of repeating a pre-conference workshop similar to what Fred put on last year was brought up with discussion about possibly doing one in Baltimore, al
though there were some concerns about space limitations. A potential topic that was listed by Surendra was Prospective Management of Program Directors’ Careers which Fred has done before at COMSEP and at the AAMC GEA. Additionally, the idea of creating a series of faculty development workshops at APPD leading to some type of certification similar to the AAMC MERC program was again brought up, with a variety of potential topics discussed.

2. Pediatric Simulation: Greg Blaschke and Joe Lopreiato discussed some of the considerations around setting up a simulation curriculum and a simulation center. Emphasis was placed on understanding that simulation encompasses not just mannequins, but in fact four domains: standardized patients, task trainers, computer based simulation, and mannequins. The first thing to do, they cautioned, is to perform some kind of a needs assessment within your program, and then based on that needs assessment lobby for the resources that are uniquely needed by your program as opposed to just buying the things that look interesting. For any specific concerns about how to go about starting a simulation curriculum and/or a simulation center, Joe offered his contact at jlopreiato@simcen.usuhs.mil.

3. Update on Special Projects Grant Process: Cliff Yu reported that there were 24 special projects submitted for review this year. Out of those 24, 8 were invited to present a full submission. Although this year the total funding amount was slightly down at $40,000 due to decreased registration revenue with the meeting in Hawaii, a total of 4 project proposals were selected for funding. A note of interest for the Faculty Development Task Force is that none of the submissions were focused primarily on faculty development.

4. Mentoring Program: There was general consensus that the mentoring program seemed to be going well, although some felt that it could benefit from more structure. The issue of surveying the mentees about their overall satisfaction with the process also was brought up, as well as initiation of the program for fellowship directors.

5. Report from COMSEP: Julie Byerley from the COMSEP Faculty Development Task Force provided an overview of their activities and in particular the small groups that are currently working on projects within the task force. Commonalities with APPD were discussed as well as areas for sharing of resources and ideas, particularly in regard to our first ever joint meeting in Baltimore next year where our Task Force meetings will be held jointly. Other areas of discussion included faculty development of community faculty, combined workshops between APPD and COMSEP, as well as “shared” faculty development time between the two organizations.

Learning Technology Task Force
Abhay Dandekar, MD, Chair
Joel Forman, MD, Vice Chair

Our group met at the Spring meeting in May with many issues and themes that were discussed. Our taskforce continues to be active in the Learning Technology Resource Center and the ShareWarehouse. In addition to new technology reviews, we strategized about new and innovative ways to use the materials from the ShareWarehouse and to help galvanize the membership at large to use and contribute to these projects. The APPD L.E.A.R.N. Project is an exciting opportunity for all members to participate in collaborative projects, and our group had an active dialogue about this, and was punctuated further by an excellent presentation and discussion later in the day. Since the theme of our spring meeting was centered on mentorship, we had a lively discussion about the use of Learning Technologies in the mentorship process and how our group may serve to aid program directors through networking and consultation.

We continue to collaborate with our partners in COMSEP and this collaboration will strengthen through participation in joint conference calls and at our upcoming 2009 spring meeting. We are also hoping to involve more chief residents and coordinators in our ongoing projects. Our taskforce is working on creating more resources for the website, including a Learning Technology bibliography and additional technology reviews. We are additionally developing a Learning Technology resource guide as well as a workshop that we hope to add for the Fall Meeting to serve as an introduction to Learning Technologies for new program directors and coordinators.

As always, all APPD members are welcome and invited to contribute their experiences and expertise to our ongoing dialogue. We look forward to these discussions and projects for this coming year!

Research Task Force
John Co, MD, Chair
Linda Waggoner-Fountain, MD, Vice Chair

The Research Task Force Spring meeting was well attended and provided a venue for lively discussion in several areas. Drs. John Co (Task Force Chair) and Linda Waggoner-Fountain (Task Force Vice-Chair) led the discussion.

1) Drs. Su Ting Li (Associate Program Director) and Dan West (Program Director) of UC Davis presented their APPD Special Projects Grant funded project about Indi-
individualized Learning Plans. The explained how program directors and trainees will be recruited to participate in this survey-based study to better understand factors leading to success in using ILP’s in pediatric residency training.

2) COMSEP Collaboration: Dr. Co explained the current progress of the COMSEP/APPD project in developing a curriculum for sub-internships in pediatrics. The task force members were excited to hear about this project, with several indicating interest in helping with the project, including findings ways to study and evaluate the curriculum.

3) Survey Policy: Five surveys that were submitted to the APPD office were reviewed during the meeting. None were given APPD approval for distribution. While the topic areas of the surveys seemed important, task force members expressed concern that surveys were not developed, were better distributed to someone other than the residency program director, and/or that the survey findings would not lead to improvements in pediatric graduate medical education. Some discussion ensued regarding how to modify the current survey policy to streamline review and make it clearer for prospective investigators.

4) Support for Research: Several ideas were raised in how the APPD and the task force could support members for doing educational research. This included establishing a network of programs to do research (perhaps in collaboration or as part of L.E.A.R.N.), conduct workshops on how to do educational research, disseminate funding sources for projects, and have a more visible presence at the APPD annual meeting. Many stated next years joint meeting with COMSEP will provide an excellent opportunity to highlight high quality collaborative research.

UPDATE FROM THE AAP RESIDENTS SECTION

Jennifer Linebarger, MD
Chair, AAP Section on Residents

From the Starting Block
Just as your programs are introducing interns to the world of pediatric medicine, we would like to introduce them to a professional home in the American Academy of Pediatrics. Through communication with the residents (especially through program delegates and chief residents) we hope to provide opportunities for leadership, advocacy, and residents’ educational needs.

Each year we ask you to select a program delegate to be the AAP Section on Residents’ key contact. This program delegate will be provided with materials to share with all of your program’s residents – they get a powerpoint explaining the AAP, emails about opportunities within the organization, and encouragement to attend the National Conference and Exhibition (NCE). As this role can be daunting for some, we encourage programs to select an AAP representative from each class – in this way, the more senior residents can mentor others.

Chief residents are important mentors as well. As such, the AAP is developing tools for them to access. Recently we developed a chief resident listserv, created as an informal communication tool. We hope the listserv will be a way for programs to pass along problem-solving tips and best practices to meet residency requirements.

One requirement all pediatric residents have is advocacy training. For the past 5 years, the Section on Residents has engaged in an annual advocacy project. This project is formally distributed to program delegates during the NCE. For the 2008-09 year we will focus on tobacco. We plan to provide advocacy efforts for any level of involvement – patient-based, local efforts, state and federal legislation, and even the international distribution. Stay tuned for more details!

Last, but not least, I want to remind you of the AAP’s educational materials. Most of these resources are available through PediaLink. Many residents currently utilize the PREP and ILP features available there. As mentioned during your May meeting, an updated, more user-friendly version of PediaLink will be launched this fall.

I hope that as you introduce your residents to pediatric training, you will also introduce them to the AAP. I think we have a lot to offer, and hope you feel the same. If you have any questions or suggestions, please feel free to let us know!
combined meeting, and we planned to tighten the link with the COMSEP Task Force Chairs. Both of these objectives have moved forward. A joint meeting is planned for the Spring of 2009, at which we will have a full day of shared workshops and other activities, allowing us to learn from each other. The COMSEP Task Force Chairs have attended the Task Force sessions at our annual meeting for the past two years, and ours have attended the COMSEP Task Force Meetings. The Task Forces from both organizations have been collaborating on projects, some of which will be presented at the 2009 joint meeting.

We looked to enhance relations with the American Board of Pediatrics and serve as a resource in the R3P project. As the R3P project comes to a close, the ABP believes that it is through our organization that the next steps need to take place. Using information learned through the R3P project, we are meeting with the ABP in order to develop a plan for collaborative research among residency programs to advance the state of resident education. The ABP also involved us in the development of their Professionalism Project, the final product of which was presented at the APPD meeting in Hawaii, and was recently mailed to all program directors.

We are currently in early discussions with the APA and COMSEP to develop a new educational conference. This conference will be designed to meet the needs of those educators who don’t have an educational organization home, such as community preceptors and others.

We have maintained dynamic communications with the RRC, and successfully worked with them on the Continuity Case Log issue. We continue to work with the APA Continuity Clinic SIG to improve the logging/documentation/evaluation of competency for Continuity Clinic.

Foster Professional Development / Promote Innovation and Best Practices in Educational Programming

The APPD plans to develop strategies to enhance the role and position of Program Director. Through the incredible work of Dr. Ann Burke, the Share Warehouse is a key piece in meeting this goal. The Share Warehouse will provide a venue for sharing of educational materials/resources among program directors, and to package and disseminate innovations. There will be a peer review process for materials posted on some portions of this site. The Share Warehouse will also help to promote the academic value of the program directors’ work in traditional academic settings.

We have begun to develop LEARN (Longitudinal Educational and Research Network). We have met with Dr. Janet Serwint, of the successful APA research network CORNET, in order to become more informed about this process. Many program directors participated in a special session at the annual meeting about LEARN, where Dr. Patty Hicks introduced this concept, and the opportunity for programs to become involved in a collaborative research project to develop a package of best practices for procedural competency. Modeled after Southwestern’s work, the initial project of LEARN will likely focus on the development of curriculum, evaluation and documentation components for a few of the currently required procedures.

At the annual meeting we began to explore member interest in Leadership Training, and other career development training needs.

Over the past two years we have focused on the educational needs of Fellowship Directors, and have had great success in that effort. Along with AMSPDC we helped to create the Council of Pediatric Subspecialties (CoPS). This has enhanced communication among specialists, and has moved forward some key agenda issues such as uniform fellowship application dates. We have begun to focus on the educational and professional development needs of Associate Program Directors (APDs), including the enhancement of mentoring for APDs, using both senior and peer mentors.

We began to explore the possibility of developing a relationship with the Ambulatory Pediatrics Journal. This has resulted in several exciting outcomes. One of our members will sit on the journal’s editorial board, the APPD will have a dedicated page in each issue of the journal, and our meeting abstracts will be published annually in the journal (the first set were published this May).

Ensure the APPD Infrastructure Meets Needs to Achieve Strategic Initiatives

To achieve our goals it is essential that we begin to seek outside funding support. We are seeking out members of the association who may be skilled at this, and who may be willing to take this on in some leadership role. We have created a Development Committee, led by Dr. Carol Berkowitz, to help us achieve this important goal.

With the involvement and hard work of its membership, the APPD will continue to lead, innovate and educate. I look forward to another exciting year!
APPD-Mid America region held its meeting on May 1st at the APPD meeting in Honolulu, Hawaii. Regional chair, Raheel Khan, MD, opened the meeting with welcome and introductions.

**Share Warehouse for Faculty Development:** John Mahan, MD led a discussion to follow-up on the fall meeting idea to develop a repository of faculty development presentations/programs by regional members that could be presented at other programs in the region. This was thought not only to afford other programs the opportunity to have outside speakers, but would also help regional members for their career development purposes. It was suggested that the list be placed on the APPD website, under space made available for the region.

**ILP Study:** Regional Associate Chair, Hilary Haftel, MD, on behalf of the Research Task Force, shared information about a new study, funded by an APPD Special Projects Grant to Drs. Su-Ting Li, Dan West, and John Co, entitled “Self-Directed Learning and Individualized Learning Plans (ILPs): Predictors for Success and Implications for Program Directors.” The goal is to assess learner attitudes towards self-directed learning and assessment, to determine which learner and residency program traits are associated with resident self-directed learning efficacy. This will be done via a web-based survey. PD involvement would either be to release the email addresses of their residents (IRB done by Dr. Li), or survey their own residents (IRB done locally). A sign up sheet for interested program directors was circulated and then provided to Dr. Li for follow-up with them.

**Workforce “Right-size” Study:** Dr. Haftel followed up on proposal from the Fall Meeting regarding a survey looking at the current size of training programs in the region versus what is the “right size” for programs. A survey will be sent to interested PDs for content validity and then sent to the Regional.

**Mid-Career Faculty Development for Program Directors:** Dr. Khan led the discussion regarding professional development of Program Directors. APPD leadership is exploring the idea of creating a focused training that might lead to a degree or certification for the PDs. It was agreed that further training for the PDs, both at the junior and more senior levels would be beneficial. However, the membership felt that the process should not be too onerous and offered as an opportunity, rather than a mandate. Concerns were raised regarding “voluntary” certification becoming an expectation over time. Different formats were discussed and it was suggested to look at the TAGME certification process as an example. AAP Leadership course and the AAMC Mid-career seminar were mentioned as other examples.

**Regional Competition for Residents:** Dr. Khan discussed the possibility of a Resident “Knowledge Bowl” competition for Pediatric Residents in the region. This has been successfully conducted in other disciplines of medicine as a “friendly competition.” Pragmatics were discussed and there was enthusiasm for the project. Dr. Khan volunteered to develop and circulate the proposal to the Regional members.

**Election of Coordinator Chair:** The Residency Coordinator Chair for the Region, Christine Mayes, from Akron Children’s Hospital, has completed her term and elections for her a new Coordinator Chair were conducted. Jean Ashley from University of Louisville was elected Coordinator Chair for 2008-2010.

**Technology Discussion:** Dr. Mahan facilitated a discussion regarding the use of technologies in different residency programs. A list was compiled to be used by the Technology Task Force. Dr. Mahan to present the list at the Technology Task Force meeting.

**Chief’s Camp:** Jerry Rushton, MD, announced that the Indiana University Pediatric Chief’s Camp would be held on August 12-13th, 2008.

**Site of Fall Meeting:** Dr. Mahan and the Nationwide Children’s Hospital Program graciously agreed to host the fall meeting again this year. Dates for the meeting will be circulated to the regional membership.

**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 in Honolulu and focused on the following agenda items:

1. **New Chair:** After region-wide solicitation for candidates and electronic voting, Dr. Paul Bellino from Geisinger was selected as the new regional chair. Unfortunately Paul was unable to make it to Honolulu but will be taking over the reins starting with our Fall, 2008 meeting. Kathy Miller is also stepping down from the program coordinator’s position and will be soliciting a vote for selection of her replacement prior to our Fall meeting as well. It was also agreed that an associate PD be named as vice-chair, with selection to take place at Paul’s discretion prior to our next meeting.
2. Regional Listserv: Kathleen Donnelly from Inova Fairfax has agreed to continue her role in maintaining our regional e-mail group. If your program was not represented at the breakfast meeting, please forward your institution’s e-mail addresses to Kathleen at Kathleen.Donnelly@inova.org so that she can update the list.

3. Collaborative Research Projects: Janet Serwint from Johns Hopkins introduced a multi-center study examining resident ILP’s and their association with development of self-directed learning skills. This study is being funded by an APPD Special Projects grant and the PI from the UC Davis Program is soliciting program participation in a web-based survey. The logistics for those programs that wanted to participate were reviewed.

4. Professional Development: Rob McGregor brought up the issue of the APPD’s professional development leadership initiative. Potential similarities with the APA and AAMC’s Educational Scholar’s Program were discussed, as well as the availability of regional faculty development centers at specific medical schools. Having one of these centers bring their resources to the APPD spring meeting for professional development was discussed, but Joe Lopreiato felt that most would not likely participate because of lack of feasibility. He brought up the faculty development sessions at PAS that are open to APPD members, but time constraints make it unfeasible for many PDs/APDs to attend both meetings. The concept of having specific professional development workshops on the last day of APPD overlapping into the beginning of PAS was suggested, with the idea of formalizing some type of certification process that would result after a number of these sessions were attended. Rob McGregor will be discussing these ideas further with APPD leadership.

5. Regional Dues: The idea of charging regional dues was again brought up, not so much to fund meetings, but for funding of resident research projects that could be presented at the regional meeting. There seemed to be some consensus that having this additional cost folded in to fixed APPD dues would likely not meet resistance at most home institutions. This issue will be deferred for either electronic voting or for decision at the Fall meeting.

6. Regional Research: An open forum was provided to discuss any regional research ideas that programs wanted to share or collaborate on. The first was a home visit curriculum that would be incorporated into the community peds rotation discussed by Karla AuYeung from the NCC. The second was another home visit curriculum brought up for discussion by Janet Serwint targeting 1 week old babies. Discussion centered around where this home visit would fit into the curriculum, e.g. in continuity clinic or on the outpatient general peds rotation. Additional suggestions were to make this experience longitudinal, e.g. 2-3 visits over a 1 to 3 year period. Rob McGregor brought up the issue that, if each of these home visits were to take the place of one of the mandated 36 continuity clinics, perhaps this would be the kind of exemption the RRC might grant in their stated goal of providing flexibility to meet competencies. It was suggested by Kathleen Donnelly that this would be the kind of issue to bring up with the group electronically a few weeks before the Fall regional meeting so that we could have some kind of consensus at the meeting itself.

7. Fall Regional Meeting: There was general agreement that we would meet at one of our program sites for the Fall, likely in October after the boards and after the APPD Fall Meeting. Further discussion of host site will be initiated by Paul Bellino in the upcoming months.

Midwest Region
Jay Nocton, MD, Medical College of Wisconsin

The APPD Midwest Region met on two occasions in conjunction with the 2008 APPD Annual Meeting in Honolulu, Hawaii. On April 30, 2008, approximately 25 members of the region attended a session which consisted of three presentations followed by discussion. Topics for the presentations were chosen after surveying the regional membership. Keith Mann, MD, Associate Program Director at the University of Missouri-Kansas City and Children’s Mercy Hospital, gave a presentation entitled “Encouraging Resident Self-Directed Learning: Lessons Learned from the ILP.” Many of us have been finding it increasingly challenging to help our residents to be consistently self-directed, and Keith’s insight and thoughts regarding how to approach this issue were extremely helpful and generated a significant amount of discussion. Jay Nocton, MD, Program Director at the Medical College of Wisconsin and Children’s Hospital of Wisconsin, discussed “The Other RRC (Ranking Resident Candidates): A Scoring System for Efficiently Creating a Rank List.” The approach that one program uses to identify the critical elements of the application, the relative weighting of these elements, and the generation of a rank list were discussed. There was interesting discussion following the presentation regarding which elements should be considered and how they should be weighted, with some considerable differences among programs. It was agreed that more formal study of the predictors of success (or failure) during residency might be very helpful for all of us, and might be a topic for a collaborative study among multiple programs. Finally, Tara Shirley, Program Coordinator at the University of Kansas-Wichita, presented “Resident Recruitment: The Good, the Bad, and the Ugly.” Tara discussed some recruitment events sponsored by her program, including what has been helpful, and what has not seemed to be as
helpful. Tara’s presentation generated significant sharing among the attendees regarding recruitment ideas.

At the Midwest Regional Breakfast, attendance was impressive, with approximately 50 members present. Our region decided to add the position of Associate Program Director Co-Chair, and earlier this year an election was held. Keith Mann, MD, Associate Program Director at the University of Missouri-Kansas City, was introduced as our region’s first Associate Program Director Co-Chair. At the instruction of APPD leadership, the potential benefits of focused executive-type training for program directors were discussed. It was agreed that such a course would be beneficial. The optimal format for such a course was felt to be an initial short course followed by longitudinal coursework, likely with web-based modules, to improve sustainability. The membership also discussed goals for our region, including how best to move forward toward developing collaborative innovative and educational research projects. There was a consensus that having an additional meeting within our region in the fall would be helpful, and we are therefore exploring the feasibility of holding a fall regional face-to-face meeting for program directors, coordinators, and possibly chief residents. The agenda for this meeting would likely include sharing current curricular ideas and topics, as we have done with previous teleconferences and meetings, as well as presentation and discussion of potential innovative and research collaboratives. We all look forward to continuing to share ideas and hopefully develop some collaborative initiatives.

New England Region
Edwin Zalneraitis, MD, University of Connecticut

The New England group met in Hawaii at the Regional Breakfast, May 1, 2008.

In response to an APPD inquiry, the members did not feel that there was a particular need for central APPD resources at this time. A discussion of the possibility for an APPD leadership certificate course was discussed.

International rotations and the NPPD database on these opportunities were reviewed and will be addressed further going forward. This resulted in a detailed discussion on serving the underserved.

John Co solicited involvement in an ILP research project from among the members attending.

It was decided to not link NPPD meetings to regional APA meetings unless there is an overlapping theme.

Southeast Region
Mark Bugnitz, MD, University of Tennessee
Karen Ariemma, University of Tennessee

63 representatives from 31 programs met to discuss mutual items of interest in Honolulu at the Southeast regional breakfast.

Members of the Southeast Region agreed that the APPD does an excellent job giving new program directors an overview of responsibilities at the Fall meeting each year. Individual institutions should make a commitment to sending all new directors to the fall meeting. Discussion centered around the need for a longitudinal approach to training that provides directors with training not only in Program Director 101 but in executive leadership in regards to managing finance/funding, communicating effectively with Chairs/DIO, Medical School administration, and medical education. There was recognition that the program director is the leader of the educational team. Training would help keep focus/enthusiasm and recognize that the program director position is a chosen career path.

Several approaches were discussed.

- Two Components – Executive leadership and Education
- Begin with Nuts and Bolts with academic progression to some sort of credentialing - similar to Ambulatory Peds leadership forum where you apply, go to sessions
- Cost Friendly
- Combination Educational component that we need but are not trained in, as well as Administrative

Possible Methods of Implementation:

- Suggested intensive 10 day face-to-face training
- APPD collaborate with an educational institution to explore Master’s degree – use some elements of degree programs in education - bulk discount with guarantee of participation – receive CME as well
- A 12 month curriculum – CME credit
- Online training with occasional face to face meetings
- Add an additional day to annual APPD meetings for director development

An area of continued interest is procedural competence vs. procedure numbers. How do you decide residents are competent? Some hospitals require a list of procedures residents are competent to perform. One program has a procedure month during the intern year that focuses on procedures in which ACGME requires competence. They are compiling information regarding numbers logged and self perception of level of competence. Compiling data to assess numbers of proce-
dure needed by their residents to feel comfortable in performing. One program has residents apply for competence after completing a number of selected procedures. An attending then watches them perform the procedure and signs their application of competence. Simulation labs are another alternative. They have a curriculum list supervised by faculty. This helps identify those who are struggling.

Another area of interest was Chief Resident training. There is not much formal training. There are a few Leadership Training Camps that focus on teaching skills and interactions with various levels of hospital and program level personnel. The need to keep personal professional goals moving forward is important. One program allows Chief Residents to dedicate a defined period of time each week to specific professional interests. Others have Chief Residents choose a project for the year and present grand rounds on the content of the year. Chief Residents were encouraged to participate in the listserve for Chiefs.

Best practices of resident recruitment were discussed including geography, website development, promotional dvds, target groups, and various incentives. It was suggested that recruitment efforts target clerkship directors, COMSEP and Pediatric Interest Groups.

Sub-Groups within the region will continue to meet midyear after the annual meeting. The western portion of the region (LA, MS, Central and West TN, AR, UAB) meets in the fall in Memphis; GA programs along with UT Chattanooga meet in late summer; and Florida programs meet every other year.

Southeast Region members who were available on Wednesday morning prior to the Grassroots forum met to discuss items of interest. Topics discussed included: Faculty development and appraisal, configuration and effectiveness of Curriculum/Education committees, Procedural competence, and caps to admissions and crossover.

Southwest Region
Surendra Varma, MD, Texas Tech University (Lubbock)
Judy Behnke, University of Texas Medical Branch (Austin)

Dr. Varma welcomed the attendees to the Southwest Region Breakfast Meeting on May 1, 2008, particularly those who were there for the first time and asked that each person introduce herself/himself by name and program.

He introduced Dr. Su-Ting Li who spoke briefly about the survey she and her colleagues are planning.

Professional Development for Program Directors – There was lively discussion of this topic. It was generally agreed that the APPD should pursue this idea. As an additional tool for Program Directors, the idea was welcomed, but the overall opinion was that we would not like to see this as a mandate. While advanced certification may not be currently required for promotion, it may be in the future.

Current educational offerings noted:
1. Dr. Patty Hicks spoke of workshops to promote collaboration with other institutions in areas of research.
2. Dr. Hicks is taking courses at University of Illinois-Chicago on education/leadership.
3. University of Southern California has a Master’s program.
4. Dr. Fred McCurdy pointed out that there are also certification programs that can provide a number of tools in a relatively short period of time, i.e., tools to be an effective leader.
5. UTMB has a partnership with another university for an advanced degree.

Formats suggested were:
1. Ideally there would be a choice of locations, as well as choice of areas of study.
2. Recommend a publishable outcome project that would involve collaboration with other institutions.
3. A combination of online learning and classroom/face-to-face.
4. Participation should be available.

Suitable topics could be:
1. Dr. McCurdy advises beginning with forming a personal strategic plan. First develop yourself before you can help others.
2. Other topics would be research and curriculum.

Offerings noted at Southwest Region programs/institutions:
1. Dr. McCurdy teaches faculty development classes in several states.
2. Dr. Mark Ward shared that Baylor has faculty development mini-courses and single events, not specifically for Program Directors, but open to all.
3. Dr. Sharon Crandell announced that UT Houston has faculty development workshops. Houston has many offerings available in various university settings.
4. San Antonio Uniformed Services – the military has courses for program assessment, evaluation, leadership skills.
5. UTMB Galveston, Corpus Christi, and El Paso all have faculty development offerings. UT San Antonio has leadership courses.

There did not seem to be a consensus regarding length of courses, although short 2-3 day courses and longitudinal courses seemed more favored.

Dr. McCurdy has volunteered to be on the Task Force for Professionalism.
Discussion concerning the list serve suggested it could be more useful than it has been. We’ve used it for scrambling after the Match and occasional questions. Possible use would be for regional collaborations.

**Clinical Faculty in Resident Teaching**

1. Baylor relies on primary care offices for half of their CCE and offers informal faculty development.
2. Dr. Varma said that clinical faculty need to be taught about ACGME competencies. Many programs use a fair amount of volunteer faculty and it is our responsibility to help them be more effective.
3. Dr. George Edwards suggested web based teaching modules.
4. Dr. Virginia Niebuhr pointed out that not all community faculty have web based availability and suggested providing them with DVD’s.
5. Dr. Hicks said that interactive teaching is still the best way to go.
6. Dr. Hicks also shared that promotion for clinical faculty can be based on student and resident teaching, as well as CME. They are also recognized at resident graduation.
7. Dr. Varma’s program sends out Goals and Objectives each year, and asks for input.
8. Dr. Hicks suggested the possible video streaming of Grand Rounds for those unable to attend.

**New Technology**

Many programs use New Innovations and most like it, although find it doesn’t do absolutely everything they’d like – yet. UT San Antonio (Heme/Onc Fellowship Program) likes the fact that nurses are able to see what procedures residents have mastered.

Dr. Edwards pointed out that NI offers conferences for learning about updates, which do happen frequently. NI is also fairly responsive to feedback/questions.

Dr. Ward shared that Baylor uses Evalue. They underestimated the amount of backend/admin support required and administrative personnel with a good level of expertise are hard to find.

Many programs have one FTE devoted just to data management. Experts are needed. San Antonio Uniformed Services does make use of Survey Monkey for easy reports. Dr. Hicks uses MyEval. Can set up user groups. It’s easy to build and to tweak. Procedures are easy to log.

**Competency Evals**

360 Evals - who is involved: Nurses, parents, peers, faculty. In some programs residents choose who will complete 360’s on them. Many programs use English/Spanish forms for families at both CCE and inpatient sites. Baylor has a new interactive TV system where parents can easily do evaluations.

When queried about nurses evals: (a) groups of nurses get together once or twice a year (b) unidirectional nurses evaluate residents (c) plant a fake patient.

Dr. Anthony Kimbrough rarely sees negative feedback from patients in ambulatory setting.

**Coordinator issues**

Coordinators will be surveyed regarding job descriptions and salary ranges.

**Western Region**

*Cindy Ferrell, MD, MSEd, Oregon Health Sciences University*

The APPD Western Region had their breakfast at the Annual Meeting in Honolulu this year. It was really tough! We had 88 attendees total representing 23 different pediatric programs in the West. One of our region members, Su-Ting Li, MD, MPH from UC Davis presented her APPD grant to study “Self-Directed Learning and Individualized Learning Plans: Predictors for Success and Implications for Program Directors”. If you are interested in participating in the study or would like more information, please contact Dr. Li at su-ting.li@ucdmc.ucdavis.edu.

The role of region chair was clarified. When we choose a region chair, that chair’s associate program director and coordinator will also serve as regional chairs for those sections. As well, the term will be 3 years and for the first year of the term, the region chair will serve in a “chair-elect” position. Thus, Cindy Ferrell, MD, MSEd and Laurie Ashenbrenner, C-TAGME from OHSU will continue to serve until 2009. Adam Rosenberg, MD from Colorado is the Chair-elect and will take over as region chair in 2009 with his team, Marsha Anderson, MD (Associate Director) and Kathy Morten (Coordinator).

The Western region meeting will be held in Denver, Colorado this year. Dates are being considered but will likely be a Friday in mid-October. Watch the list serv for continued information. We will likely be having a regional meeting as well during the APPD Annual Meeting in Baltimore, May, 2009. Topics for discussion at either meeting can be sent to Dr. Ferrell at ferrelle@ohsu.edu.

Good luck to all as new interns come in and look forward to seeing you again in October!
On behalf of the RC, I want to thank APPD leadership and members for the opportunity to meet with program directors at the annual meeting. For me personally, attending the annual meeting was akin to “coming home.”

Exciting days lie ahead as various pediatric organizations focus on innovation and pediatric training for the years to come. The RC is very interested in keeping lines of communication open with program directors; communication is crucial as we work toward common goals. Yes, both the RC and APPD have the general goal of improving pediatric resident training; toward that end, the RC has the responsibility to ensure that minimum requirements are met. Historically, requirements have been written in process language (e.g., numbers of patients, weeks, faculty) The larger questions become: What should (or must) those minimums be? What outcome measures can be used reliably to replace process measures? Program requirements currently in place are a transition to focus on resident and program outcomes; yet, both RC and program directors struggle. As a program director, one asks for concrete measurements (process) and yet wants to do something different (innovation), but how does one measure, focusing on outcomes, to ensure an elusive minimum? Are we surprised that “hot topics” arise between APPD and the RC? If they don’t, I suggest that we have moved to complacency, an enemy of innovation. “Hot topics” provide the venue for ongoing conversation.

We heard you! I want to address two “hot topics” that arose at the annual meeting, specifically PICU numbers and night float in required one-month blocks. Admittedly, these arise from a process driven world and the RC desires transparency. (1) In determining the “opportunity for residents to deal with the special needs of critically-ill patients and their families,” the committee examines the combination of acuity of those patients (the list of 50 consecutive diagnoses) and the volume of patients cared for per resident. While not a hard and fast cut-off, an average daily census of less than 4 per resident is considered too few patients. The program director is encouraged to describe in the PIF other measures to ensure meeting the requirement for dealing with critical care patients if the program volume is less than an average of 4 patients per resident rotating in the PICU. (2) What is the appropriate balance of night call (float or episodic) in the midst of experiences required as one block month? Current requirements contain only two such instances: adolescent medicine and developmental-behavioral pediatrics. The committee, in ensuring minimum requirements, expects a minimum of four weeks in duration for each of these, not shortened by master scheduled vacations for all residents or a local requirement for a specified duration of night float. The feedback from program directors at the annual meeting is good input toward further RC deliberation on this issue. I would suggest this is an opportunity for innovation and development of evidence-based data to be utilized in the next revision of program requirements – a further move from process to outcome!

Until next time, please look for the upcoming bi-annual issue of the pediatric RC newsletter on the ACGME website.

The American Board of Pediatrics plans to initiate the Residency Review and Redesign in Pediatrics project (R3P). The concept of innovation in residency training was proposed several years ago by the ACGME. In the fall of 2004, the ACGME established the Committee on Innovation in the Learning Environment (CILE). This committee participated in discussions on innovation and improvement in medical education and made the following recommendations for future goals: 1) to collect and incorporate multiple perspectives on the learning environment; 2) to foster innovation and improvement at the institutional and program level; and 3) to contribute to the redesign of the learning environment through sharing innovative practices and through the accreditation process.

The Educational Innovations Project (EIP) was developed and categorical medicine programs applied for consideration of acceptance. A focus of this project is to study the learning environment of medical trainees and evaluate how innovation and improvements in this environment can enhance graduate medical education and clinical care. There are currently 21 medicine programs currently participating, with 17 programs selected in round one and four in round two. These institutions are a mix of university and community based and include sites that have combined Medicine-Pediatrics training programs. Innovations vary by site but include modification to the continuity clinic experience, development of individualized learning plans and an advisor system, and establishment of consultative services. Successes, challenges and needs are identified by individual programs and discussed between organizations, stimulating collaboration between the programs. Data collection is ongoing so that outcomes can be shared.
APPD AWARD RECIPIENTS

The following APPD Awards were presented during the Plenary Session at the recent APPD Annual meeting in Honolulu.

2008 Robert S. Holm Leadership Award
Congratulations to Dr. Stephen Ludwig, Children’s Hospital of Philadelphia. This award is to honor a Program Director or Associate Program Director (past or present) for extraordinary contribution in pediatric program director leadership or in support of other pediatric program directors as a mentor, advisor or role model for the many duties and responsibilities of the position. Dr. Ludwig is scheduled to give the keynote address at the APPD 2008 Fall Meeting.

2008 Walter W. Tunnessen, Jr. MD Award for the Advancement of Pediatric Resident Education
Congratulations to Dr. Robert McGregor, St. Christopher’s Hospital for Children and Immediate Past President of APPD. This award is to honor a Program Director or Associate Program Director (past or present) for extraordinary or innovative contribution(s) in pediatric graduate medical education.

2008 Dr. Carol Berkowitz Award for Lifetime of Advocacy and Leadership in Pediatric Medical Education
Congratulations to Mary Gallagher, C-TAGME, SUNY Health Science Center at Brooklyn. This award is to honor a Program Coordinator for a Lifetime of Advocacy and Leadership in Pediatric Medical Education. A photo of this award being given may be found on page 3.