



APPD NEWSLETTER

Fall 2000

Association of Pediatric Program Directors

EDITOR'S COLUMN

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

Fall already??? It's hard to believe that the "new interns" have almost 3 months under their belts and in about 30+ days the replacement MIB's/WIB's (Men/Women In Black) will be starting on the interview trail.

In this 30+ day hiatus I hope to meet many of you or get re-acquainted with many of you as we get educated and rejuvenated at the APPD Fall Meeting, October 6 - 7 in Reston, VA. I am personally looking forward to the "Preparation for a Successful RRC Experience" session as we at St. Christopher's are due for our site visit in early 2001. I never get too experienced to learn new strategies to demonstrate our program's strengths to the RRC.

While reflecting on the Fall events and Mike Norman's article on advocacy training, I am reminded of one of the premier opportunities to advocate for children and education that comes about only every fourth year. The Presidential election should provide an opportunity for each of us to examine national platforms for substantive child and child health related issues. While the "child oriented issues" are not always obvious, this opportunity/responsibility to vote should be a given for any physician dedicating her/his life to the well being of children but...I challenge you to challenge your housestaff to vote! With all the energies paid to child advocacy, I think encouraging your residents to vote is a great first step toward shaping advocacy behaviors. I was dismayed at the results of an informal survey which demonstrated that a significant number of pediatric house officers at a very "socially aware" program, near and dear to my heart, have either not registered or have not moved their voter registration (and have neglected to gain absentee ballots for this year's election). Please survey your residents' intention to vote and give them a nudge if needed! I may even allow rounds to be moved back an hour on Election Day? See you in Virginia!

PRESIDENT'S COLUMN

*Carol L. Carraccio, MD, Program Director, University of Maryland
Medical System*



Reality hit hard today. As I completed my back-to-school-drop-off's and pick-up's, I thought about all the homework, sports practices and ah, yes, my favorite school "projects" for the year ahead. Now I know that summer has ended and autumn is here. Another marker for fall is the annual APPD Fall Meeting, the outcome of which will be the topic for my column in the winter newsletter.

We, as APPD members, will have much "homework" this year. The Accreditation Council for Graduate Medical Education (ACGME) has invited the APPD membership to give feedback regarding the proposed changes in the Residency Review Requirements for 2001. Bob Nolan, the immediate past president, has graciously volunteered to solicit feedback from our membership and collate responses for the ACGME. There will be more to come on the mechanisms for accomplishing this. In the meantime, you may want to access www.acgme.org to review the changes and begin to think about how we as an organization should respond. These requirements will introduce the six competencies that have been approved by the ACGME and the American Board of Medical Specialties: patient care, medical knowledge, practice-based learning and improvement, interpersonal skills and communication, professionalism, and systems-based practice. Over the next five years there will be much attention devoted to further defining these competencies and developing evaluation tools to measure the outcomes. Again, a representative from the APPD has been asked to come to the table along with representatives from the American Board of Pediatrics, the Pediatric Residency Review Committee, and a resident representative to participate in shaping the more definitive language and expectations that will be forthcoming in 2006.

Another APPD "project" on the horizon is the development of a consultation service to help program directors and coordinators address programmatic needs. Thanks to all those who responded to a brief survey that was sent in the spring. We hope to address the issues that you defined as important, such as the preparation for a Residency Review Committee site visit and curriculum development and evaluation. Based on staggering figures that showed a turnover rate of a little greater than one third of pediatric program directors last year, as well as the ever increasing complexity of the job, we, as an organization, need to lend a helping hand to increase the

(See *PRESIDENT* on page 2)

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(PRESIDENT continued from front page)

mean half life of a program director. Consistency in leadership is a critical factor in stabilizing resident education in this time of rapid change in the health care delivery environment coupled with the paradigm shift from a content/process based curriculum to a competency-based curriculum.

The APPD also hopes to become invested in the implementation of the recommendations of FOPE II. The report of the task force appeared as a supplement to the January 2000 issue of *Pediatrics* and is a must read for anyone involved in medical education. The final recommendation of FOPE II was to vest the oversight for the implementation of the recommendations in the Federation of Pediatric Organizations (FOPO). The latter organization is comprised of representatives from the American Academy of Pediatrics, the American Board of Pediatrics, the American Pediatric Society, the Ambulatory Pediatric Association, the Association of Medical School Department Chairs, the Association of Pediatric Program Directors, and the Society for Pediatric Research. There was consensus of opinion from all member organizations that FOPO should assume this responsibility and the hope is that the practicalities of how this will be accomplished will be worked out in the near future.

It will be a busy year for the APPD, which attests to the recognition that the organization is receiving on a national level. It's rewarding to know that our thoughts and opinions are valued when it comes to graduate medical education, and I would encourage all members to respond when feedback is solicited so that we speak with a strong voice.

On that note...Happy Recruiting Season!

ASK THE ABP

Walter W. Tunnessen, Jr., MD, Senior Vice President, The American Board of Pediatrics

Question: What is the update/current status of publishing the ABP certification exam scores of individual residency programs for all to see?

Answer: The announcement of the intention to report the pass rates of residency programs on the ABP Web site was included in the ABP's Spring-Summer issue of the *Association of Pediatric Program Directors Newsletter*. As stated in the newsletter, and reproduced in the APB Annual Report for the May 11-12 APPD meeting in Boston, for each accredited residency program the report will list the number of candidates who took the examination for the first time, the number eligible to take the examination, the number who passed, the percent who passed, and the 95% confidence interval. The report will reflect the three-year moving average of the results from the most recent examinations. This information is provided to the Pediatric RRC as that committee reviews the accreditation of programs. Program examination scores will not be reported. The reports will be available on the ABP Web site, www.abp.org, as of September 2000.

As most may be aware, the FREIDA reports on the AMA web site have provided program pass rates for the ABP certifying examination for a number of years. Unfortunately, the information on FREIDA is not as accurate as it should be if medical students are to use this information as a factor in selecting programs for interviews. In a survey of slightly over half of the FREIDA reports, ABP staff found that more than one-third of programs reported 10% or greater pass rates than those listed in our records. The ABP was of the opinion that if pass rates were published, the information should be correct.

Clarification/Modification of ABP Policies

The ABP Credentials Committee meets in June and September each year. Responsibilities of this committee include responding to questions regarding training, reviewing board policy in relation to issues raised, and addressing credentialing problems of individual candidates. Modification and/or clarification of Board policy regarding the following issues were enacted at the June meeting.

Special Alternative Pathway: This modified training pathway is available to outstanding residents who wish to pursue subspecialty training following the completion of the PL-2 year. In the recent past only residents who wished to pursue training in a pediatric subspecialty for which the ABP offers a certificate were allowed to apply. The Credentials Committee has decided that petitions from residents who wish to train in another specialty (e.g., Allergy/Immunology, Medical Genetics) should also be considered. The training period beyond the PL-2 year must be three years in du-

<p align="center">Association of Pediatric Program Directors Leadership</p> <p align="center">President: Carol L. Carraccio, MD President-Elect: Edwin Zalneraitis, MD Secretary-Treasurer: Harvey W. Aiges, MD Past-President: Robert J. Nolan, Jr., MD Newsletter Editor: Robert S. McGregor, MD Councilors: Robert S. McGregor, MD; Michael E. Norman, MD; Theodore C. Sectish, MD; Sara S. Viessman, MD Coordinators' Executive Committee: Connie Johnson; Jan Mingos; Melodie Parker; Patricia Schmidt; Lucy Thompson; Aida Vélez</p>
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ration and must include at least one year of clinical responsibility that would involve the care of children. All training requirements for the PL-2 year and the first year of fellowship/other specialty training must be met as currently written.

Outside Rotations: The ABP will not accept more than three months' credit for training taken outside an accredited pediatrics residency program toward the required 36 months of residency training. Outside experiences must be approved by the program director, must have goals and objectives for training, and must provide an evaluation of the resident's performance.

Tracking and Evaluation: Program directors will be required to indicate annually whether each resident's performance is satisfactory, marginal, or unsatisfactory in two areas—overall clinical competence and moral and ethical integrity. In past years, program directors were required to indicate an overall evaluation of the year completed.

Appeals Process: Language in the Booklet of Information will be more explicit regarding the steps a resident must take to appeal an evaluation or final recommendation. The policy will read, "Applicants who wish to appeal evaluations or final recommendations must proceed through institutional due process mechanisms. The ABP is not in a position to re-examine the facts and circumstances of an individual's performance."

Suggested Training for Individuals Who Receive a Waiver: The ABP is occasionally asked what training experiences must be completed by individuals who receive credit for previous training. The most common example is an individual who receives a waiver of one year of accredited training for general pediatric residency training abroad.

The ABP does not prescribe the curriculum of the two years of accredited training, with the exception that one-year must be at the PL-3 level. However, given the diversity of training offered in non-accredited training programs, the ABP believes that an individual who wishes to be eligible for certification by the ABP should successfully complete a broad tapestry of general pediatric experiences with increasing supervisory responsibility that would prepare her/him for the competent, independent care of children. To this end, the ABP suggests the following minimal experiences:

Inpatient: Five months of general pediatrics, exclusive of intensive care, that would include at least two months of supervisory experience

Acute care/emergency department: Three months, including at least a one month block in a pediatric emergency department that receives EMS transport

Intensive Care:

NICU: Two to three months, depending on prior experiences

PICU: One month

Normal newborn nursery: One month

Developmental/Behavioral Pediatrics: One month

Adolescent Medicine: One month

Pediatric Subspecialties: At least four months of RRC required subspecialty experiences

General Pediatric Continuity Clinic: One-half-day/week for the entire training period

Supervisory Responsibility: Four months, including two months of inpatient experience

Additional Comments:

•Individuals who have completed subspecialty fellowship training should not complete additional experiences in that subspecialty during the general pediatrics residency. For instance, an individual who has completed 12 months of clinical neonatology fellowship should not take additional NICU experience in the truncated period of accredited general pediatrics training.

•No more than three months of subspecialty training may be completed in any one subspecialty.

•No more than two months of elective experiences may be taken outside of the accredited program. Leave in excess of one month/year must be made up.

www.appd.org

What's new on the APPD web site?

If you would like to post positions available or a desire for a position, please send your listing to the APPD office, info@appd.org. Once a position is posted, please be sure to contact the APPD office to inform them you wish to have your listing removed from the site.

The APPD office should also be notified of any address corrections, which includes e-mails. Correct e-mail addresses ensure uninterrupted receipt of the listserv.

APPD National Headquarters:

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George K. Degnon, CAE (Associate Director)
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COORDINATORS' CORNER

Lucy Thompson, Program Coordinator, University of New Mexico

So, has anyone looked at the APPD Web Page lately???? It's a good resource!!! (www.appd.org) Just curious!

Just in case you are wondering what your Coordinators Executive Committee do in their spare time, I will let you know. (See web page for names, affiliated institutions, etc.) The Committee had a conference call August 23rd and plan to do this quarterly. Following are some of the topics discussed during that call:

- The possibility of a "buddy system" for new coordinators – try to pair interested new coordinators with experienced ones from the same size program, same region, etc. The option to receive a buddy could be requested on the registration forms.
- Announcing new coordinators in the newsletter, listserv
- Possibility of having a reception the first night of every spring meeting for everyone to meet each other and schmooze.
- Pat Schmidt and Kathy Miller will work on developing a social event for everyone at the annual meeting in Baltimore– Crab Fest ???!!!! Yumm!!! The committee will be responsible for contacting the coordinator at the host city of upcoming meetings to develop social events in the city.
- THE BIGGIE – The committee agreed that ALL coordinators should go to the spring meeting. Some can not because of financial constraints. A scholarship proposal will be presented to the Executive Board at the Fall meeting.

In general, the committee is available to you. We encourage everyone to utilize the available communication vehicles for information and updates. Articles are always needed for the newsletter!!!! If you have any ideas for the Coordinator's Executive Committee, please feel free to e-mail or call any of the six members!

Coordinators' Handbooks

are available by contacting

info@appd.org

or

703-556-9222

Limit ~ one copy per program, please.

Welcome New Coordinators

Janet Barbour-Pugh

George Washington University

Shaunte' Beatty

Children's Hospital (Oakland)

Beth Hahn

Mayo Graduate School of Medicine (Rochester)

Letecia B. Hutchinson

University of California (San Francisco)/Fresno

Elina Ly

Naval Medical Center (San Diego)

Ashley Lynn

*Palmetto Health Alliance/
University of South Carolina School of Medicine*

Anthony Mauro

The Children's Hospital of Philadelphia

Kendra Mejia

Madigan Army Medical Center

Jan Johnson

University of Utah

Jeff Rabey

*Iowa Methodist Medical Center- Raymond Blank
Children's Hospital*

Margherita Rotondi-Eisenberg

SUNY Health Science Center at Brooklyn

Chris Sapp

Emory University

Avis Wiener

Carolinas Medical Center

Beth Woolf

*New York Medical College
at Westchester Medical Center*

APPD MEETING SCHEDULE

The Hyatt Regency Hotel in Reston, VA will be the site of the **APPD 2000 Fall Meeting** on Friday and Saturday, October 6 and 7. The focus for this year's meeting is *Orientation and Training for New Program Directors and Coordinators* and *Preparation for a Successful RRC Experience*. Contact info@appd.org for a registration form.

The **APPD 2001 Spring Meeting** is scheduled for April 26 - 28 in Baltimore, MD. The call for workshops was mailed in July. Each workshop will have approximately 90 minutes for presentation. **Please note that the deadline for submissions is Friday, October 6, 2000.** Contact the APPD office to request a workshop proposal form.

AAP SECTION ON RESIDENTS

Scott A. Shipman, MD, Past Chair of AAP Section on Residents, Second-Year Fellow, Robert Wood Johnson Clinical Scholars Program, Johns Hopkins School of Medicine, Baltimore, MD

Your Residents and the Elections: A Civic Duty

Residents are harried. Residents are tired. Residents can be crabby. Residents can feel powerless. Yet residents, for the most part, want to serve their patients and their community. Why am I telling you what you already know? To set the stage for what you may NOT have thought of: the upcoming elections.

We promote child advocacy all the time in the Resident Section. Many of your residency programs place an emphasis on child and community advocacy. At times, we also need to advocate for ourselves: funding for graduate medical education hangs in the balance these days. What better way to prove your support of your residents, your community, and the children than to help your residents get informed, get registered, and get voting?

Most residents are displaced from their homes. They have not been in your city long enough to have had a major election take place, so they are unlikely to be registered to vote. So get them registered. . . get information for them on how to register in your area (do I smell a perfect chief resident's assignment?), and encourage them to do it.

Many will be apathetic about the elections, given the many priorities competing for their time and attention. So get them interested. . . provide information about the presidential candidates, about congressional races in your states and districts, and about local elections and issues. Of course there is no need to try to sell them on a candidate, but simply provide balanced information on the players.

And how can you motivate residents to actually vote? How about arranging brief cross coverage, allowing them the time it takes to walk or drive to a voting booth, vote, and get back to cover for someone else. Not possible? Then help them to get absentee ballots if they are on call or otherwise detained. Be creative. Have an informal ballot vote of the department, and announce the results at morning report to see where the loyalties lie. Make it fast, make it fun, make it informed, but do make it happen.

The bottom line is this: we work all hours of the day and night for children, and yet the issues decided at a policy level may have the greatest impact of all on the health and well-being of our children. While much work remains after the elections to inform officials about the issues facing children, the critical first step is getting out and casting our votes for those candidates who most closely share our vision.

Residents are very busy people, but so are practicing pediatricians. The difficulty of making time for the important

issues in life that lack the urgency of an incessant beeper or a waiting room full of patients will be with them for their entire careers. You will be helping to set an important example of how to make time for such issues, if you encourage them to vote, and help to make it happen.

ERAS ADVISORY COMMITTEE

Sara Viessman, MD, APPD Councilor, Program Director, University of Missouri-Columbia School of Medicine

Good news from the AAMC! ERAS (gone web-based!) is rolling and the medical students seem at ease with the system. Beginning August 15, 2000, medical students were able to work on applications for residency programs over the Internet. As of today, 18,786 applicants have registered for the Match and 4,792 (25%) have completed their portions of their application. Of those, 1,966 are graduates of US medical schools. Initial glitches of slow service were quickly addressed by the AAMC. Two servers were added, and many cookies were taken away. (Ah, the lingo of the year 2000!)

You should have received software through the mail for your Program Director's Workstation. This includes only the core features. You will find the filter/sort features are lacking – those you should receive by next week! Additionally, the applicant document tracking system (ADTS) should be available with two weeks.

If you have ever experienced holding an unfilled position in your program on scramble day, you will appreciate the following! This year, those unmatched students (previously registered in the Match) will be able to send their applications to programs that have unfilled positions. Bad news if you are in the fax machine business, but good news for us! Accolades to the administrators of ERAS for realizing that this could mean an onslaught of hundreds of applications (approximately 1,000 US graduates and 7,000 IMG's) for one position. To address this, they are limiting the number of programs a candidate may send their application to 20.

Under new business, we discussed old business. Dean's Letters. Robert Beran, PhD, Vice President, Division of Student Affairs and Education Services, AAMC will hold a task force to discuss Dean's Letters. As your representative, I voiced viewpoints I have heard at past APPD meetings. That is, "Where's the beef?" We already have transcripts, CV, USMLE scores, and letters of recommendation, what we need to know is the following - Are these honest, ethical and well intentioned young physicians? Given the legal climate, candid Dean's Letters seem only a dream. A standard form with standard questions that the Dean's appointed representative answered for each candidate was suggested as a way to allow schools to directly address personal characteristics. This form could be similar to the professionalism evaluations recently developed by ABP. Any feedback? Will we see significant change in the content of Dean's Letter? I am from Missouri. Show me.

RESIDENCY TRAINING IN PEDIATRICS AND CHILD ADVOCACY: AN IDEA WHOSE TIME HAS COME

Michael E. Norman, MD, APPD Councilor, Immediate Past Chairman & Residency Program Director, Carolinas Medical Centers

Despite implementation of the recommendation by the first Future of Pediatric Education Task Force in the late 1970's that pediatric residency be expanded from two to three years, recent advances in our discipline have witnessed the necessity for crowding even more cognitive and procedural information into an already overloaded curriculum, that still lasts for only 33 months! Despite this conundrum, new educational experiences seem to appear every year, that are both worthwhile and legitimate in the context of preparation for careers in pediatrics. One of these new experiences that has enjoyed a great deal of media attention and public concern of late is *child advocacy*. At the present time, the Pediatric RRC mentions training in child advocacy as a desirable aspect of the resident's experience, and with the next interaction of the Special Requirements, due in 2002, child advocacy may well become a mandatory part of every pediatric resident's curriculum. It goes without saying that the Pediatric RRC is faced with the very difficult proposition of deciding which experiences merit the highest priority in training, and residency program directors, with the daunting task of implementing these requirements. Nonetheless, I for one believe that it is time for child advocacy to assume its rightful place in pediatric resident training.

Why do I feel this way? Supervised exposure to and training in child advocacy has much to commend it:

1. One of the premier programs offered by the American Academy of Pediatrics to its members is CATCH or Community Access to Child Health. CATCH has become a very visible and successful experiment in child advocacy, in which grant support enables practicing pediatricians to engage in *learning as well as caring for children in their communities and not merely in their practices* (e.g. author's proposed definition of child advocacy).
2. Several other major pediatric organizations, such as the Children's Defense Fund, Families USA and the National Association of Children's Hospitals and Related Institutions, to name just a few, have made child advocacy a major focus of their community based and legislative activities.
3. My own informal survey of resident graduates from our own program, between the years 1994 and 1999 (e.g. n=40), revealed that virtually 100% had been engaged in some type of child advocacy in college and or medical school, and often starting as early as high school! Sadly, all of this came to a crashing halt with the approaching physical and emotional demands of residency training.
4. Perhaps the most important reason of all could be stated in

the following way, in general, all American families continue to look to their pediatricians for leadership and guidance on how to raise their own children in a safe, happy and healthy manner, and for the most part, are satisfied with the response. However, when it comes to equal expectation from the community, about *all their children*, we as a discipline are simply not providing our graduates with the tools necessary to accomplish this goal. In large part, we have entrusted this important responsibility to our good friends and neighbors, the non-pediatrician members of the health and human services agencies in our respective communities. Nonetheless, as caring, competent and enthusiastic as these individuals may be, they simply do not possess the full range of skills needed to keep children healthy in mind and in spirit, and to spot those who are drifting off that path, and need a little professional help to reverse that trend.

IT'S APPD DUES - 2ND NOTICE!

Thank you to all of the APPD members returning the dues renewal notices mailed in early July. A reminder is being prepared for the second mailing of the notices to the programs that have not responded. We hope you will continue your support of the APPD by returning a completed form with payment soon.

Annual dues are per accredited pediatric program, which includes the program director, associate program director, department chair, coordinator, and chief residents. Also invited to join are individuals from programs such as Pediatric Emergency Medicine, Medicine Pediatrics, Pediatric Child Psychiatry, Pediatric Rehabilitation Medicine, Pediatric Genetics, etc. There is a supplemental charge for each additional individual.

If your program has not received a notice, please contact the APPD office at info@appd.org or 703-556-9222. We appreciate your continued support of APPD.

Welcome New Program Directors

Valya E. Visser, MD
Carolinas Medical Center

Miriam Bar-on, MD
Loyola University

Maureen Quaid, MD
Lutheran General Hospital

Alayne Van Erem, MD
Marshfield Clinic/St. Joseph's Hospital

Denise Coleman, MD
University of New Mexico

4th Annual Fall Meeting ~ Preliminary Schedule of Events

Thursday, October 5, 2000

8:00 a.m. - 5:00 p.m. *APPD Board Meeting*
5:00 p.m. - 7:00 p.m. *Registration*
7:00 p.m. - 10:00 p.m. *Reception ~ Dinner*
McCormick and Schmick's Restaurant

Words of wisdom from a veteran program director.

***Dr. Harvey Aiges, MD, Secretary-Treasurer, Association of Pediatric Program Directors, Program Director, North Shore University Hospital**

Friday, October 6, 2000

7:00 a.m. - 8:00 a.m. *Registration and Continental Breakfast*

8:00 a.m. - 8:15 a.m. *Welcome and Introduction*
***Dr. Carol Carraccio, President, Association of Pediatric Program Directors, Program Director, University of Maryland Medical System**

8:15 a.m. - 9:15 a.m. *The American Board of Pediatrics (ABP)*

A presentation of resident tracking, annual updates, board eligibility requirements, board fees, in-training exams, and other services provided by the ABP.

***Dr. Walter Tunnessen, Jr., Senior Vice President, American Board of Pediatrics**

9:15 a.m. - 10:15 a.m. *The Residency Review Committee (RRC): An Overview*

The accreditation process, the role of the RRC and the make-up of the committee, how program requirements are developed, common reasons for citations, adverse actions and appeals, and the general competencies.

***Dr. Gail McGuinness, Chair, Pediatric RRC, Program Director, University of Iowa Hospitals and Clinics**

10:15 a.m. - 10:45 a.m. *Break*

10:45 a.m. - 11:45 a.m. *Presenting PediaLink™ (AAP)*
PediaLink™: Helping physicians in their pursuit of lifelong learning.
***Dr. Henry Bernstein, Medical Editor, PediaLink™ American Academy of Pediatrics, Associate Chief, General Pediatrics, Children's Hospital, Boston, MA**

11:45 a.m. - 12:15 p.m. *Educational Programs and Grants*
An update of the activities and opportunities sponsored by Pfizer.

***Dr. Randall Kaye, Pfizer Pediatric Team**

12:15 p.m. - 1:30 p.m. *Lunch*
(Sponsored by Pfizer)

Friday, October 6, 2000

1:30 p.m. - 2:00 p.m. *Electronic Residency Application Service (ERAS)*

This presentation will provide an overview of the software and address any questions.

***Moirá Edwards, Director, ERAS, Association of American Medical Colleges**

2:00 p.m. - 4:00 p.m. *The Screening Process*

This workshop will discuss the screening process, along with the interviewing process and selecting of applicants.

***Aida Vélez, Residency Coordinator, Connecticut Children's Medical Center; Dr. Ed Zalneraitis, Program Director, Connecticut Children's Medical Center**

3:30 p.m. - 3:45 p.m. *Break*

4:00 p.m. - 5:30 p.m. *Anticipatory Guidance for Program Directors and Coordinators*

This workshop will provide the materials to guide you through the administration of a training program.

***Patricia Schmidt, Residency Coordinator, University of Maryland; Dr. Robert Englander, Associate Program Director, University of Maryland; Dr. Carol Carraccio, Program Director, University of Maryland**

Saturday, October 7, 2000

7:00 a.m. - 8:00 a.m. *Continental Breakfast*

8:00 a.m. - 11:00 a.m. *Preparation for a Successful RRC Site Visit*

This workshop will cover details of the program requirements, completing the Program Information Form (PIF), and anatomy of a site visit.

***Dr. Gail McGuinness, Chair, Pediatric RRC; Dr. Jimmy Simon, Accreditation Field Representative, ACGME**

10:00 a.m. - 10:15 a.m. *Break*

11:00 a.m. - 1:00 p.m. *Orientation for Housestaff*

This workshop will provide directions to orient interns and residents to their duties.

***Sandy Jerdon, Residency Coordinator, University of Texas Medical School-Pediatrics; Dr. Robert J. Nolan, Jr., Program Director, University of Texas Medical School-Pediatrics**

1:00 p.m. - 2:30 p.m. *Lunch*

2:30 p.m. - 4:30 p.m. *Role Definition and Conflict Resolution*

***Dr. Joe Lopreiato, Program Director, National Capital Military Medical Education Consortium Program; Dr. Ted Sectish, Program Director, Lucille Packard Children's Hospital; Dr. Ed Zalneraitis, Program Director, Connecticut Children's Medical Center**

WHO SHOULD ATTEND?

- New Program Directors and their Coordinators
- Associate Program Directors
- Individuals considering becoming a Program Director
- Individuals interested in a comprehensive update
- Individuals preparing for an RRC site visit
- Individuals assisting Program Directors

Registration forms and additional information are available by contacting

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APPD

2000 Fall Meeting

*Orientation and Training for New Program
Directors & Coordinators*

Preparation for a Successful RRC Experience

Reception & Dinner ~ October 5

Meeting ~ October 6 - October 7

Hyatt Regency Hotel

Reston, VA



APPD 2001 Annual Spring Meeting

April 26 - 28 ~ Baltimore, MD

Workshop proposals are due October 6, 2000.

CALL FOR NOMINATIONS

The Nominating Committee is soliciting nominations for the following positions:

Secretary-Treasurer

To serve a 2-year term
(Replacing Harvey Aiges, MD)

Councilor

One position - to serve a 3-year term
(Replacing Michael Norman, MD)

Coordinators Executive Committee

Two positions - each to serve a 3-year term
(Replacing Connie Love and Patricia Schmidt)

All nominations should be sent to the APPD National Office by November 24th. Please include the individual's name and institution. Once all nominations are received,

the nominees will be asked for their willingness to run for office. Should they agree to run, they will be requested to submit a brief biography and their plans should they win. The ballots will be mailed to the membership in January of 2001.