



APPD NEWSLETTER

Fall 2001

Association of Pediatric Program Directors

EDITOR'S COLUMN

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

Are your residents "varsity eligible"?

As George Johnson (PD University of South Carolina), my running buddy at the APPD, can attest, one of my passions is running. So it may seem logical that in addition to being on the inpatient service with my novice floor teams, I spent most of my summer at the track with my oldest daughter and a few of her fellow Freshman field hockey wannabes. To be "varsity eligible" they had to run a timed mile under 8:15. Most of them started out hating to run, with their mile times closer to 10 minutes. After helping them overcome their fear of public failure, we spent considerable time breaking the track into short, do-able, and sometimes fun tasks. Varying the workout pace, distance and whether I ran ahead and teased them or stayed right behind them until I had to sprint ahead to call their 1/4 mile splits, we soon actually looked forward to our track work-outs. All improved remarkably and all but one got their timed mile under varsity eligible. (No George, my daughter got a 7:44) The girls shared with me that a big part of what helped was the fact that I actually ran with them. They said instead of resenting me timing them from the sidelines, they felt challenged by the fact that I was setting the standard, and demonstrating my expectations. Hmm... just when I was thinking of backing off from inpatient call...

Meanwhile, back at the hospital, I am still finishing my end of year bi-annual meetings with my newly anointed PL-2s. Most of them approach their career with the same reluctance of my Freshman hockey friends above. Human nature makes us fear and even reject what makes us uncomfortable. If left to their own, some actively deny that decision making needs to occur so that choices are limited by missed deadlines! The PL-1 year doesn't allow much left over energy or time for critical introspection, yet the ridiculously accelerated

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PRESIDENT'S COLUMN

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

By the time you read this newsletter, I hope that some healing of body, mind and spirit will have had a chance to occur across our nation. My thoughts and prayers are with all but specifically with those who suffered personal losses in this tragic attack on our nation. We made the decision to cancel both the strategic planning meeting and the fall meeting in light of this national tragedy. We will, however, move forward with the strategic planning meeting, the first of its kind for APPD, after the recruitment season.

Thanks to the vision of our management, Laura and George Degnon, we hired an expert consultant to facilitate this process for the council. We actually began our work prior to the scheduled meeting and I can honestly say that this preliminary work holds great promise for what is to come. Regardless of outcome, however, the process itself speaks to the fact that we as an organization have reached a major developmental milestone. We are no longer struggling to define who we are and be recognized within the academic community. We have achieved these goals and are now setting goals for our future. More to come on this in early spring...

I would like to thank you for the wonderful response that we have received regarding the task forces. Many people expressed an interest in joining forces with colleagues to begin working as teams on the challenges that lie ahead in medical education. We will be sorting responses and putting interested members into teams in the near future. A leader will be chosen for each team based on interest expressed by individuals. Once this is accomplished, the council will charge each team with a mission and the individual teams will define their own strategic plan. Although ambitious, perhaps we could have a brief summary of each team's plan for presentation at the spring meeting.

Although it seems like just yesterday that we submitted those rank lists, it's already that time of year again. Some of the leadership of APPD joined forces with the leadership of the Council on Medical Student Education in Pediatrics (COMSEP) to determine how we can better assist medical students who are interested in pediatrics with the whole recruitment process. A

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time line for many subspecialties mandates an early (? premature) decision. Many of my residents came in focused on their specific career path and maintain that focus, but most do not. Often, a well-meaning, charismatic faculty member imposes her or his discipline onto the unsuspecting, but often vulnerable resident. If the fit is good, great, but often times the resident realizes, after other deadlines have passed, that the path is not of their own choosing. Their alternatives are to continue and try to make the mentor's plan work (bad option), defer for an additional year (sometimes I get my best chief resident candidates from this path), or forego their own more ideal plan and default to an alternative.

Like pre-season conditioning at the track, I find that the secret to success in my role to coach these residents lies in beginning early. At their first 6-month meeting I force them to acknowledge that there are time lines. I also encourage them to try on multiple hats – to envision themselves in each subspecialist or generalist role and to recognize which parts of medicine give them the most enjoyment. I also point out that if they are considering critical care, emergency medicine, cardiology or heme-onc (the disciplines with computerized matches which tend to push the time line earlier), they must move faster. They will need to meet with faculty of that discipline and consider a first block elective in the PL-2 year. We regularly remind the residents at our weekly housestaff meetings of the timelines. When armed with the facts, many residents actively choose to plan to defer a year, but do so with a specific productive purpose: serve as a chief resident, perform research, pay-off some debt, or coordinate with a significant other. Breaking down the process into do-able and sometimes even fun tasks, makes this career planning process more productive. An outstanding reference, Career Planning for Pediatric Residents, by Dr.s Abelson, Blewett and Tunnessen listing current resources including web sites can be found in PEDIATRICS Vol. 107 No.5 May 2001.

I still think part of the solution is for us to take-charge and lobby to move the “matches”, if not later, at least to the same time. After all, our goal should be for all of our residency grads to be “varsity eligible”. Enjoy the Fall!

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major thank you to all who had their incoming interns complete the surveys that we sent out in June. We are still in the process of data entry so I don't have any information on the outcome as of yet. But stay tuned...

For the spring meeting we will be having a call for workshops and abstracts/posters. The latter have been incorporated into the meetings over the last year in an effort to get a greater number of our members to share their insights and accomplishments with the rest of us. We hope to hear from a greater number of our members by offering a variety of venues in which you can present. I've learned so much from these presentations- please submit your work so that we can all benefit from your skill and expertise!

ASK THE RRC

Gail A. McGuinness, MD, Chair, RRC for Pediatrics, University of Iowa Hospitals and Clinics

In place of the usual question and answer format, this column will update the membership on recent activities of the RRC and other items of interest to program directors.

Web-Based Accreditation Data System

The Web Accreditation Data System (Web ADS) is a new internet based data collection system which will contain the current data on file with the ACGME for all sponsoring institutions and programs. Programs will eventually be required to verify and update general information annually by means of the web. The Program Information Form (PIF) will be divided into two parts, the first part of which will contain common elements for all programs across all disciplines. Part 2 will contain specialty-specific information. Pediatrics is coming on board with a converted PIF this summer and those programs that will be undergoing review will be asked to use the ADS system to generate Part 1 of the PIF. Program directors will receive a notice from the RRC with directions on how to use the system. The intent is that eventually the ACGME will collect and analyze data about our training programs on an ongoing basis to provide concise reports to the Residency Review Committee, rather than relying totally on a site visit and a paper PIF as is done now.

Resident Duty Hours

Resident duty hours, working conditions, and supervision are receiving considerable scrutiny on all fronts, including by the lay press. Concerns of the public and residents relate to patient safety, the optimal environment for resident learning and the well-being of the residents themselves. The ACGME web page (www.acgme.org) highlights the ACGME standards on resident duty hours and might be of interest to program directors. In pediatrics, residents are required to have one

full day in seven away from program duties and in-house call should be no more frequent than every third to fourth night. In 1999, 21% of pediatrics programs were cited for work hour violations. That number decreased to 16% in 2000. The RRC for Pediatrics now requires an immediate progress report from the program if there is a work hour citation. The program is then required to detail the steps that will be taken in order to come into compliance with the requirements and to outline the timeframe for implementation of changes in the program.

Outcome Project/General Competencies

Much information regarding this topic is available on the ACGME web site and is updated on a regular basis. Answers to frequently asked questions (FAQ) regarding the outcome project and competencies, as well as the timeline for implementation are available for review. During the 2001-2002 academic year, it is expected that programs will begin planning or piloting the integration of the competencies into their educational program and will begin to implement new and/or improved assessment tools. The RRC has inserted a new question into the PIF related to this project. Program directors will be asked to provide a brief summary of the steps the program has taken to implement and evaluate each of the six general competencies.

Revision Of The Requirements

The RRC has now received input from the APPD, the AAP, the APA, and AMSPDC regarding the requirements for training in general pediatrics. The committee will have its first look at this material at our upcoming meeting in October and will begin our initial discussions of the revision of the requirements. This next revision will be greatly influenced by the need to incorporate the general and specialty-specific competencies into the requirements, as well as by the recommendations of the Future of Pediatric Education Task Force (FOPE II).

THE COUNCIL ON PEDIATRIC EDUCATION (COPE) HIGHLIGHTS OF THE 2001 ANNUAL MEETING

Micheal E. Norman, MD, FAAP, APPD Representative to COPE

- Dr. Tom DeWitt of Cincinnati Children's Hospital Medical Center assumed the Chair
- This year's representatives to COPE prioritized the top 5 issues presented in this year's reports from the 20 + organizations that constitute COPE –
 - the scope and duration of pediatric sub-specialty training for the future; one path versus many
 - the additional costs to be incurred when the curriculum is broadened to include such issues as cultural sensitivity and culturally competent care

- assessment and evaluation of the “new curriculum” for pediatrics, that emphasizes the achievement of 6 core competencies
- building the foundations for life-long learning [e.g. CME] during residency training, utilizing AAP sponsored programs such as PREP - The Course, and PediaLink™
- reaching out to other medical professionals who care for children, but are not certified by the American Board of Pediatrics [e.g. surgery, dermatology, radiology, anesthesiology, etc.]
- In contrast to prior meetings, the AAP staff assigned to COPE will create and distribute an Executive Summary to its representatives, that focuses on those items that require ongoing discussion and action by the member organizations during the year
- A listserv will also be created to apprise representatives of fast breaking events that occur between annual meetings
- The following important updates were given-
 - Selection for a new Executive Director of FOPE II [e.g. Chair of the Pediatric Education Committee of FOPO, the parent organization] has been narrowed down to several candidates, who will be interviewed at the annual Fall meeting of FOPO. It is anticipated that an offer will be made in the near future. To date, a majority of the funds have been pledged that are needed to run the office of the Executive Director
 - The ACGME has begun to implement the requirement that six core competencies become an essential part of all accredited residency programs, and is now asking program directors to describe how they plan to evaluate whether or not their programs have been successful in this regard. The Chair of the Pediatric RRC then provided a brief review of progress to date, as well as the timetable for full implementation of this important new direction for GME
 - The results of a recent survey of residency program directors was presented, and added to the debate about how to optimize sub-specialty fellowship training in the future, given current concerns about the workforce. There was general consensus that “one size does not fit all” when considering fellowship training programs, and that variations in both the content and the duration of such programs will be needed in the successful preparation for three career tracks: a) clinical [private] practice; b) clinical practice and teaching at both university based and university affiliated academic teaching centers; c) faculty based education and biomedical research at academic, university based medical centers
 - An interesting and informative presentation was given by Dr. Glenn Flores of the Dept. of Pediatrics at Boston University School of Medicine, regarding his pioneering work on the teaching and practice of cultural sensitivity and culturally competent pediatric care, and its singular importance in training medical students and all residents in the future

AAP SECTION ON RESIDENTS

Adam Vella, MD, Chair, AAP Resident Section, Children's Hospital of Los Angeles

Last fall, the Resident Section leadership drafted a formal strategic plan. I had heard of strategic planning before, but the hands-on experience was remarkably educational. In this column, I would like to introduce the plan and encourage every program director to take advantage of it.

The strategic plan is our blueprint for an initiative that will embrace and exploit the terrific reservoir of talent, energy, and promise within the Resident Section. It is designed to facilitate access to opportunities for professional development through the Academy and enhance resident involvement in our service mission on behalf of children.

Today, 90% of eligible residents are members of the section. This is an impressive number, but we can do better. Each program director should make every effort to enroll all residents. Once achieved, section membership should translate to personal commitment. If pediatricians are in the business of making the most resilient, strong, flexible, useful, and adaptable safety nets for children, then each of us should be teaching and learning new knots from one another.

In developing the strategic plan, the Section leadership formulated language to define our purpose, identified four guiding principles that will frame day-to-day business decisions, and selected an initial mission as our first organizational objective.

Our **purpose** as a section is to advocate for residents, **develop leadership** within the section, and **educate** residents on how to advocate for infants, children, adolescents, and young adults.

We have agreed to adhere to **four guiding principles** in our day-to-day decision-making:

1. To represent all residents and training fellows and respect their diversity.
2. To educate and promote residents to be leaders within the AAP and the field of pediatrics.
3. To encourage participation at all levels.
4. To nurture new ideas and individual growth.

Our **mission** as a section will be **to increase resident and fellow participation at all levels** in the upcoming years. We hope to double the number of delegates and other residents who are actively working toward the purposes of the section by 2002.

The Resident Section is in a good position to achieve these

goals. We represent over 9,000 pediatric residents and our members know that we are committed to promoting their interests. Our colleagues know that Resident Section members are dedicated to advancing the health of children.

How do we intend to accomplish our mission? The answer: marketing. We must get the word out that we are here to stay and ready to help. One key tool is the new Resident Section Web site (www.aap.org/sections/resident/), which provides residents and fellows with the resources they need to accomplish their goals. We are also looking into opportunities to become more vocal in other forms of print media, so that the voice of the section will be heard more frequently. We plan to provide our members with video and slide presentation materials so that they can go on to teach others about the benefits of membership. Finally, we will promote Resident Section involvement at the local level through residency programs, at academic medical centers, and within AAP chapters.

We need your help to bring our strategic plan to life. The complete text of the strategic plan is on our home page within the Academy web site (go to www.aap.org/sections/resident/ then click on strategic plan.) Please write and let me know what you think about our principles and our plans. Any and all ideas are most welcome!

Adam Vella, MD, is a second-year pediatric emergency medicine fellow at Children's Hospital Los Angeles. Dr. Vella completed his pediatric residency at the New York Presbyterian Hospital- Babies & Children's, in June 2000. Write to him at vellaadam@hotmail.com.

Association of Pediatric Program Directors Leadership

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Coordinators' Executive Committee
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Lucy Thompson; Aida Véléz; Jeri Whitten

COORDINATORS' CORNER

Vanessa Pichette, University of Vermont Pediatric Residency Coordinator

What it was like to be a new coordinator?

Last July I assumed the position of pediatric residency coordinator with the University of Vermont/Fletcher Allen Health Care. The task was somewhat daunting, as I replaced a phenomenal coordinator who had held the position for 20 years. In addition, the language used by coordinators (the alphabet soup of ERAS, AAMC, ACGME, NRMP, PALS etc..) did not help diminish my anxieties. What did help were some words of wisdom I received from a veteran coordinator at the Fall Meeting. She explained that the position entails such variety, that my focus would be on different things at different times through the year. So, in order to truly become familiar with and love the position I had to give it a full-year.

Here is some information, which has proven valuable during the past year.

- 1) It takes the understanding and support of the Program Director, Chairman, Chief Resident and residents to help create an environment where a new coordinator can feel comfortable.
- 2) The "buddy-system" created by the APPD was very helpful. It was really nice to know that another pediatric residency coordinator was out there willing and available to answer a new coordinator's questions. (I really do/did feel that all the coordinators were really welcoming, particularly after I met them at the Fall APPD and Spring Northeast Pediatric Program Directors (NEPPD) Regional meetings)
- 3) Attendance at the Fall and Spring meetings is essential. It allowed me to gain valuable information about the position, meet other coordinators who had more experience than I did, and learn more about the skills and tools necessary to succeed and increase my comfort level in the position. The fact that the sessions at the Fall meeting (ERAS, Preparing for an RRC site visit, ACGME) were geared towards new coordinators and directors was really beneficial. The Spring meeting allowed me to become further acquainted with other programs, discuss the "year-in review" with other coordinators, attend informative and helpful sessions, as well as provide me with the energy to return to UVM ready for a new year.
- 4) The coordinators handbook is an extremely useful tool. It serves as a guide, which breaks the coordinators role into a comprehensive month-by-month guide of the general roles, and responsibilities, which you can then tailor to your exact needs.

Over this first recruitment year I have discovered that ERAS is an essential tool, providing a central location and easy access to the information (and the tip that wins it which came from a fellow coordinator at the Spring NPPD meeting, if you leave it

running overnight, you will be all downloaded when you come in first thing in the morning!). Much of what needs to be done can be pre-planned, committing to interview dates, arranging faculty interviewers, resident interviewers, reserving rooms, (which does not make the recruitment time less stressful but did help to make it feel a little less chaotic for me). There are many venues through which to seek extra help (such as your organization's volunteer office, or the University's work-study program). Maintaining a friendly demeanor promotes a positive and comfortable environment for everyone and helps you feel good at the end of the day.

During the past year I have learned that as a coordinator you need to be skilled in many areas, particularly; relationship building, friendship, administrative assistance, counseling, recruiting and a variety of other areas which will change depending on the time of the year. I feel like I have gained valuable experience and confidence during this first year. Perhaps the most important lesson I learned is that you really do need to experience a full-year in this unique, multifaceted, challenging (and yes sometimes very stressful) position before deciding, as I did that it really is the right position for you.

COORDINATORS' BEST BETS COMPETITION

Do you have an outstanding manual, orientation package, cost-saving, or time-saving idea you would like to share with your fellow coordinators? The Program Coordinators Section is sponsoring a "Best Bets" contest for the 2002 Spring Meeting in Baltimore. Submit your idea in a one-page typewritten format, or on the APPD Submission form. Twenty ideas will be chosen to display at the meeting. Those selected for display will share their ideas with fellow coordinators one-on-one, prior to the start of the educational sessions. Coordinators attending the conference will vote for their choice of the "Best Bet". The winner will be recognized for their contribution to the enhancement of our section, and receive a prize from the APPD Coordinators Section. This is just another way to get connected and get involved in YOUR SECTION. Submissions are due October 30, 2001 to the APPD office.

IT'S APPD DUES TIME!

The APPD membership dues year is from July 1- June 30. Dues renewal notices were mailed in early July to all program directors whose programs are current members. Annual dues are per accredited pediatric program, which includes the program director, associate program director, department chair, and coordinator. APPD would like to include chief residents on the mailing list to receive complimentary copies of newsletters. We also invite 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. The renewal payments should be received in the APPD office by the end of September to ensure continued membership in the association. If your program has not received a notice, please contact the APPD office at info@appd.org, or 703-556-9222. We appreciated your continued support of the APPD.

APPD-PFIZER CONSULTATION PROGRAM

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

As announced in our earlier *Newsletter*, the APPD began a partnership this year with Pfizer Pediatric Health of Pfizer, Inc. to offer expert consultation to pediatric residency programs seeking to develop, evaluate or improve their program. The consultation program is now well into the first year of implementation, and Pfizer Pediatric Health has already agreed to provide support for a second year of consultations.

The selection Committee for the first two years is Dr. Harvey Aiges, Vice-Chair at North Shore University Hospital; Dr. Carol Berkowitz, Executive Vice-Chair at Harbor UCLA Medical Center; Dr. Carol Carraccio, Associate Chair for Education at the University of Maryland and our current President of the APPD; Dr. Randall Kaye, Director of Pfizer Pediatric Health; and me, Ed Zalneraitis from the University of Connecticut. The selection committee, for the first awards, received a diverse set of applications from all across the country. As hoped, the applicants presented a wide variety of problems for the consultants to address. The selection process focused on identifying proposals that presented true program consultation issues, rather than those that seemed to be more like visiting professor proposals. We considered the seriousness and urgency of each proposal, the clarity of the objectives, and the likelihood that the proposal could meet its objectives.

The first consultations got underway in March of this year with Dr. Carol Berkowitz addressing the proposal for the Albert Einstein College of Medicine at Jacobi Hospital program and I visited the Howard University program in Washington, D.C. Dr. Harvey Aiges has completed a consultation for the Children's Hospital of Orange County. Pending consultations are: Dr. Julia McMillan for the University of Oklahoma at Tulsa, Dr. Steve Ludwig for the University of Ottawa, Dr. Lewis First for the University of Miami at Jackson Memorial Medical Center, Dr. Jim Sherman for the University of Florida at Sacred Heart and Texas Tech University Health Sciences Center, and Dr. Paul Dworkin for the Medical College of Virginia.

Planning and solicitation of proposals for the next round of consultations is already underway. We have learned pretty quickly that these efforts often require a fair amount of lead-time. If we want a continuous effort, we need to identify the second group while we are completing the first set of consultations. Through the generosity of Pfizer Pediatric Health, we will once again be looking to address the needs of another 10 programs. We owe particular thanks to Dr. Randall Kaye

and Ms. Tracy Valorie who have been instrumental in helping us secure ongoing support for this program.

We are looking forward to receiving your proposals this year, so **please consider applying for this opportunity for your program**. Be imaginative and practical in your submissions. We are deliberately trying to address programs over a wide geographical distribution and for a broad range of issues. We are equally interested in large and small programs, and programs with varied focus and needs. Programs can suggest consultants or we can help find suitable individuals. We hope that the increased lead-time will allow us to utilize more of the broad range of talented consultants available to us. The application process is not difficult, and we are willing to help you with it, if you have questions. This is a valuable chance to secure resources and expertise to make a difference in your program. Go for it.

CALL FOR NOMINATIONS

The Nominating Committee is soliciting nominations for the following positions:

President -Elect

One position - to serve a 2-year term as President-Elect, 2 years as President, 2 years as Immediate Past President
(Robert J. Nolan Jr., MD, will be finishing his term as Immediate Past President)

Councilor

One position - to serve a 3-year term
(Replacing Theodore Sectish, MD)

Coordinators Executive Committee

Two positions - each to serve a 3-year term
(Replacing Jan Minges and Lucy Thompson)

Nominating Committee Member

One position
(Replacing Glenda Lindsey, MD)

All nominations should be sent to the APPD National Office by November 20th. 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 2002.

NOTES FROM THE MED-PEDS PROGRAM DIRECTOR'S ASSOCIATION

Dean S. Miner, MD, MPPDA President, University of Alabama at Birmingham, Birmingham, AL

This year's joint spring meeting with APPD in Baltimore was a great success. With representatives from 100 plus Med-Ped programs, attendance for the MPPDA Business meeting on April 26th, 2001 was superb! During the course of the meeting, match data was again reviewed, confirming 100 plus Med-Ped programs and 430 plus Med-Ped R1 positions nationally. As has been noted for the last 5 years, Med-Peds continues to attract roughly 2.6% of all graduating senior U.S. medical students. For 2001, M-P programs had an overall fill rate of 88%, and had a highly competitive 76% fill rate with U.S. medical school graduates, tying only with Pediatrics (which also had a 76% fill rate with U.S. medical school grads) to be among the two most competitive primary care disciplines for 2001.* (*= Primary care disciplines included for comparison were Medicine (58% fill with U.S. grads), Psychiatry (51% fill with U.S. grads), OB/GYN (75% fill with U.S. grads), and Family Practice (57% fill with U.S. grads).

The average M-P intern class size for 2001 was 4.3, with a range in intern class size nationwide from a low of 1 to a high of 14. The largest M-P programs for the 2001 match were located at the University of Indiana (14), the University of Texas at Houston (12), the University of Minnesota (12), the University of Tennessee at Memphis (10), and Ohio State. Demographically, the top 7 states with the greatest number of M-P residency training programs included: New York (15), Michigan (10), Ohio (10), Illinois (6), Texas (6), New Jersey (5), and Pennsylvania (5). As in years past, M-P programs remain affiliated with roughly 50% of all pediatric residency-training programs and with roughly 30% of all internal medicine residency-training programs.

As in past years, the MPPDA remains an active participant in several national primary care organizations including: 1. The Primary Care Organization Consortium (PCOC) 2. The Genetics in Primary Care Project sponsored by HRSA and the Human Genome Project, 3. The National Med-Peds Residents Association (NMPRA), 4. The nascent Med-Peds Physician's Association, and 5. The AAP's Committee on Pediatric Education (COPE).

Over the 2000-2001 academic year, the MPPDA has taken strides toward improved communication among its members, and has taken new steps to better disseminate accurate data regarding students interested in Med-Peds, as well as Med-Ped program residents and graduates. Indeed, revised and up to date information regarding the practice of Combined Internal Medicine and Pediatrics has recently been distributed

to all U.S. medical school deans in the form of "The Medical Student's Guide to the Evaluation of Combined Med-Peds Programs." This guide is designed to address most of the FAQs of interested students, and addresses questions ranging from the history of Med-Peds, to how Med-Peds physicians perform on the boards. The "Medical Student's Guide" to Med-Peds is undergoing an active process of revision by an MPPDA appointed committee, but is available now on the web at: <http://apdim.med.edu/medpeds/index.htm>. Any questions about the guide or its contents can be addressed to myself at: dminer@chairdom.dom.uab.edu, or to any other member of the MPPDA Executive Committee.

Topics discussed during our April 26th, 2001 business meeting included: 1. M-P physician networking through use of the M-P Program director's list-serve (medpeds@yahoo.com) as well as through the use of a specific Excel based listing of all currently available M-P program director e-mail addresses, which was distributed to all meeting attendees and which will be available soon at our secured Med-Peds members only section on the APDIM website (<http://apdim.med.edu/medpeds/index.htm>), 2. Development of a national Med-Peds research consortium, 3. New ideas for Combined Med-Peds electives – what does and does not work, 4. "Using Web-based tools for M-P Program Management and Recruitment," and 5. Our annual discussion session with the boards. Nearly all of our conference related educational material is now available on the web, at the APDIM site noted above.

2001-2002 MPPDA goals include: 1. Further development of the concept of a National Med-Peds Research Consortium, 2. Generation of academic and private practice normative databases on Med-Ped physician practice demographics and salaries using the Medical Group Management Association (MGMA) as a third party data source, and 3. Further development of our relationship with APPD. We look forward to your comments and questions!

APPD
2002 ANNUAL SPRING
MEETING
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CALL FOR WORKSHOPS/POSTERS

APPD ANNUAL SPRING MEETING
Thursday May 2 - Saturday May 4, 2002
Baltimore, MD

Particular interest in workshops and posters that address innovative approaches to the development and evaluation of the 6 ACGME core competencies.

Workshops tentatively scheduled for Friday, May 3, 2002

90 minute presentations

Posters tentatively scheduled for Friday, May 3, 2002

60 minute presentations

Submission Deadline: Tuesday, October 30, 2001

download forms @ www.appd.org