



APPD NEWSLETTER

Winter 2001

Association of Pediatric Program Directors

EDITOR'S COLUMN

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

[As the editor, I must echo Carol's comments regarding Dr. Tunnessen and also fondly remember Dr. David Lewis, program director Children's Hospital of Wisconsin, who died at the age of 44, while on a medical mission in Ecuador. We certainly feel the loss of our colleagues.]

Superhuman efforts this time of year?

As you face the completion of recruitment season, what would make your life a little more pleasant during this hectic finale? Control over the weather on interview days? [Good luck on that one] A standardized, more meaningful deans letter? [This one may be coming by next season!] A Clark Kent type ability to perceive what the applicant is really thinking as they give you their now polished shtick? [Hmm....]

I am finding that the longer we go through interview season, the more challenging it is to discriminate among applicants on the basis of interviewing. Not being from Smallville, I lack many of young Mr. Kent's super abilities but I am finding that using the concept of "skill-based interviews" my residency is seeing through the shtick a bit better. The concept is borrowed from corporate America – and relies on the concept that past behavior predicts future behavior. Ed Zalneritis gave us a workshop on the process ~ 2 years ago. The only difference for the interviewer is that we need to first, identify in advance the qualities we are attempting to discern – be it integrity, responsibility, ability to multi-task, etc. – then, do homework before the interview developing questions with the specific applicant's CV and personal statement in hand.

For example, you are about to see a woman who has volunteered months at a third world

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PRESIDENT'S COLUMN

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

Much has happened with the APPD since our fall newsletter. My last article was written with a heavy heart because of the September 11th tragedy. Unfortunately I write to you once again with a feeling of overwhelming sadness. On November 11th the community of pediatrics lost a truly great leader with the death of Walter Tunnessen, Jr, M.D. At the spring meetings last year I introduced Walter as "the nicest man in the world." That was said with all sincerity. In all my years of interactions with Walter I have never known him to be anything but kind, gentle, humble, and helpful. His contributions to the health and well being of both children and program directors will never be forgotten. In recognition of his legacy to the pediatric community, Walter was named the recipient of the 2002 Joseph W. St. Geme, M.D. Leadership Award in Pediatrics. Walter, you are loved and will be missed!



The ray of sunshine in all this sadness comes in the form of Dr. Gail McGuinness who will be assuming the role of Senior Vice-President of the American Board of Pediatrics in March 2002. We all know Gail as "one of us." Gail also recently served as a councilor for the APPD and as a member and then Chair of the Pediatric RRC. Gail is one of the recipients of the 2002 ACGME Parker Palmer "Courage to Teach" awards. As program directors we couldn't ask for anyone who understands our issues more clearly, cares so much about the education of pediatricians, and is just such a wonderful human being. Gail, we welcome you and look forward to working with you in your new role!

As for the APPD we have reached a new milestone by undertaking a strategic plan for the organization. We will reserve the content for the spring meeting but I will take a minute to speak to the process. Our Executive Director enlisted the help of a professional to lead the strategic planning meeting which was two intense days of brainstorming and soul searching. It was actually an exhausting process but very rewarding in the end. We are now reviewing the document and will finalize the report for our meeting.

Another exciting event was the formation of our five task forces. Thanks to all of those who volunteered to serve on a task force. A positive outcome of

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INSIDE:

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Coordinators' Corner ~ National Resident Matching Program**

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this endeavor will be more involvement from our membership in moving the organization to its next phase of development. A special thanks also to the five members who agreed to lead the task forces. My phone conversations to enlist the help of these leaders provided an interesting contrast to my usual conversations where I am cajoling (or maybe begging is a more realistic word) people to help with something. Every call to a potential APPD task force leader was warm and welcoming. The following is a list of our members and leaders:

Curriculum Task Force

Ann Burke MD, Leader Harvey Aiges, MD
Scott Barnett, MD Gerald Daigler, MD
Jalayne Lapke, MD Gail Megason, MD
Michael Norman, MD Christopher Stenberg, MD

Evaluation Task Force

Jim Sherman, MD, Leader Suzette Caudle, MD
Annamaria Church, MD Jill Clark-Hamilton, MD
Valera Hudson, MD Lynn Manfred, MD
Irene Sills, MD Ina Stephens, MD
John Walbum, MD

Faculty Development Task Force

Miriam Bar-on, MD, Leader Jennifer Christner, MD
Kathi Earles, MD Jose Gonzalez, MD
Charles Pegelow, MD Surendra Varma, MD
Tribhawan Vats, MD Ed Zalneraitis, MD

Learning Technology Task Force

John Mahan, MD, Leader Mona Jabbour, MD
David Price, MD Ayman Saleh, MD
Ted Sectish, MD Gary Williams, MD

Research Task Force

Daniel West, MD, Leader Mary Ellen Bozynski, MD
Lynn Campbell, MD Ann Guillot, MD
Rob McGregor, MD Linda Waggoner-Fountain, MD
Bud Wiedemann, MD

Each of the task forces was given a charge by the council and each will be giving a brief report regarding goals for the next three to five years at the spring meeting.

In anticipation of the coming holidays I wish you well- by the time you read this the holidays will have come and gone but my hope for you is that fond memories will linger on to carry you through the remainder of winter into spring!

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medical mission. She tells you of the needy children she has touched and you view her how? Altruistic? Humanitarian? Selfless? [This was the extent of my traditional interviewing] Now you push her to describe an event whereby she went above and beyond the call . . . she divulges that for the good of the children, she repeatedly smuggled illegal but helpful supplies. Do you now view her in the same light? This may be an extreme example. A more simple and actual recent case from this season: When asked to relay a specific story when he delegated responsibility and was disappointed, he told of a time when he asked his 3rd year student to do an EKG before rounds. When the student failed to do so, the candidate volunteered that he “took the rap” for the student. [I was thinking, this guy does take responsibility but perhaps should have better known the 3rd year student’s understanding or capabilities.] I then pressed the applicant to relate what actually took place on rounds and he confidently told me when the senior resident asked him why the EKG was missing, he told her the EKG machine was broken.

If past behavior predicts future behavior, this may be a big red flag with respect for his integrity. Now can we apply an EBM model to this? The process has been validated in the corporate world but we’ll have to see.

While it is unrealistic to orient your faculty to the concept this late in the process, you may want to pilot the concept as a tool to keep you sharp as the season wears on.

I am reminded by June’s coordinator’s column just how much responsibility and efforts our coordinators contribute, especially this time of year. Do something nice for her/him today!!

Wishing you X-ray vision and [sincerely] a happy, healing and hopefully peaceful New Year friends and colleagues!

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ASK THE RRC

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

1. My program is scheduled for a site visit in the next few months. Can you update me on what I need to do to use the web-based accreditation data system?

As mentioned in the last newsletter, 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. A revised version of the Pediatrics PIF has now been developed to use in conjunction with Web ADS. The new PIF is comprised of two sections. Section 1 will be printed from Web ADS and contains the general information that all programs are required to enter into the system. Your program will need to update the required information on line prior to printing the form. Section 2 is a Word/Word Perfect Document available in the PIF section of the ACGME website for downloading and will contain specialty-specific information. Programs scheduled for a site visit after January 1, 2002 are expected to use the new version. Further instructions are available on the ACGME website (www.acgme.org).

2. What is happening with the revision of the program requirements?

The RRC began the process by which it will make the next revision of the requirements about a year ago by asking for input from the American Academy of Pediatrics, the American Board of Pediatrics, the Association of Medical School Department Chairs, the Ambulatory Pediatric Association, and the Association of Pediatric Program Directors. The comments submitted by these groups were given a preliminary review at the most recent RRC meeting in October of 2001. The committee has planned a special discussion session of this input at its next meeting in April. There were no surprises, and as expected, two major issues for consideration include the inpatient experience and the continuity clinic experience. These topics will receive special focus at the next RRC meeting in April. It is anticipated that the RRC will distribute either a draft revision or a proposed revision of some major components for discussion by the APPD toward the end of 2002 or in early 2003. The draft revision will be distributed widely for review and additional input.

3. What should be submitted to the RRC if two programs plan to merge?

Please refer to the ACGME website and click on "Residency Review Committees" and then on "Pediatrics". There are many important factors that are taken into consideration in determining how these proposals will be addressed, includ-

ing the accreditation status of each of the two programs, and the time of the last review. It is important to phone the RRC office as soon as possible to discuss your plans and to learn exactly what will be required and the time frame for submission. The RRC will make every attempt within the established procedures to make the process as simple as possible and to provide approval in the time frame needed.

AAP SECTION ON RESIDENTS

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

The resident section once again chose three outstanding advocacy projects at this past AAP annual conference and exhibition. There were, of course, many other deserving projects but the three chosen stood out for their originality and power to achieve good in the community. The winners of the Annie Dyson Child Advocacy Award were provided all travel expenses and a \$300 stipend to put towards their project. In the interest of sharing the wealth I will briefly tell you about each of the three winning projects so that interested residents in other parts of the country can imitate our leaders.

The first award went to Tanya Froehlich, MD, a resident at CHOP, whose project is titled the "CHOP Homeless Health Initiative." Established in 1988, the HHI provides acute medical care at shelters on a biweekly basis. This year the program was expanded to include the development of a medical home for shelter residents, a stronger health education component, developmental screenings, assistance with medical insurance registration, and the development of a parenting program. In order to better serve the residents of the shelters the HHI works with the CHOP "covering kids" program (a RWJ funded initiative), which helps to enroll patients in the SCHIP or medical assistance programs. The program also has a dedicated social worker who helps to get emergency coverage for medications for the uninsured. In addition the HHI works with the West Philadelphia Early Intervention regional coordinator to facilitate referrals. In order to maintain continuity, senior residents and faculty are constantly training the incoming residents to be project leaders. Congratulations to Tanya and everyone involved in the CHOP Homeless Health Initiative!!

Randy Goldstein, DO, a resident at the University of Kansas Medical Center, was awarded for his project, which is titled PRIDE. PRIDE, which stands for Pediatricians Recognizing Individuals Demonstrating Excellence, was founded by Randy in 1999. The PRIDE program was designed to redirect the media, who Randy thought were concentrating on the negatives, rather than the positives in the local school system. In recognizing exceptional members of the community, the program hopes to promote community service, education, and high goals among the peers of the winners. Each month a

COORDINATORS' CORNER

June Dailey, Pediatric Residency Coordinator, Indiana University School of Medicine

winner is chosen based on nominations sent in by school principals and teachers. The winner is presented the award at a school assembly, which consists of an official letter and tickets to an event. The following morning the winner is interviewed on the FOX 4 Morning News Show, and local businesses donate awards and financial support (such as a VIP Limo taking each winner home from school in a 15 seat Navigator SUV!!).

Over two thousand children in Kansas have participated in the PRIDE program, and the program continues to expand. For more information please visit their website at www2.kumc.edu/kids/pride!

The final project awarded (in no particular order) was the UCSF Children's Health Hut. Curtis Chan, MD, the project leader/founder describes the project as a travelling festival of children's activities promoting health education and facilitating access to health care. The health hut regularly visits underserved communities in San Francisco to promote access to health care, health education, and outreach. During the health festivals, UCSF students, residents and faculty identify children without health insurance and those with health conditions requiring further care. A Healthy Families representative provides comprehensible information about low-cost health insurance options and helps families with the application process. Children in need of close follow up are immediately offered appointments at local clinics. In addition the Health Hut provides a wide variety of hands-on activities, demonstrations, and entertainment that encourage healthy behaviors. Health Hut representatives work closely with community leaders to plan family events within each neighborhood at community centers, churches, playgrounds or schools. All events are easily accessible, attractive, enjoyable and free of charge. To date, the Health Hut has opened more than thirty health festivals within underserved communities, and over 10,000 children have benefited from the project. For further info visit the website at www.ucsf.edu/hut!!

I hope that having read about these fantastic projects some of you will go out and start projects of your own! I can only imagine the satisfaction these residents experience having started programs, which positively effect so many children in their community. If you have a project, which you would like to promote, please apply for next year's Annie Dyson Child Advocacy Award, which will be presented in Boston, 2002!!

HELP, MY NUMBERS ARE DOWN

This seems to be a cry across the nation in most residency programs. What can we as coordinators do?

Keep calm and don't panic.

You do not want to give the applicants you do have coming a sense of worry and you don't want to add to the concerns of your program director. On the other hand some action may be needed on your part. Get your numbers from this year and compare them to previous years. Is there a significant change in your numbers? Don't wait until the end of the interview season to try and boost your numbers, it is too late. Share this information, if necessary, with your program director.

Do some follow up on those you have already invited.

Give a list to the program director to see if they feel a personal note, phone call, e-mail, etc. may be in order. A gentle reminder letting them know why your program is interested in them might spur some interest. Mail gets laid aside to be dealt with later and later never comes. Try sending a follow up e-mail letting them know you have their file and dates still available.

Look through your ERAS applications again.

There may be some applicants that you overlooked. Do you send your invitation by US mail? You may want to follow up with an e-mail. Are you are using e-mail through ERAS? Maybe you overlooked someone by mistake. You can double check the e-mails you sent and make sure they have all been contacted. Re-send your e-mail as a friendly reminder.

Make sure you confirm the reservations you do have with applicants.

They need to feel you are expecting them and are looking forward to their visit. Help their day at your program run smoothly by doing all you can in advance of their visit. They are guests at your program and you have one chance to make an impression. Make it a good one.

Show appreciation to your residents who help.

Let the residents know how much the program appreciates all they do during interview season. Let your program director know about residents who go above and beyond the call of duty during this time, so that they can personally let the residents know they are aware of what they did.

Keep an open and friendly attitude to applicants during the entire interview season.

Applicants will hear good (or bad) things about your pro-

gram as they interview at other places. They may call at the last minute and want you to fit them in. It can be challenging at times, but how you respond to that phone caller can impact many applicants. Are you flexible? Can you work someone in at the last minute? Do you keep a good attitude about it? Residents share good and bad information about programs and how they were treated during their interview in subsequent years. Think about what kind of impressions people get of your program.

Interview season is certainly a challenging time for everyone. Plan ahead, to make things run as smoothly as possible and keep the stress level down. You personally help set the tone for each day, so keep a good attitude. Let the applicants know how important they are to you and that it is your goal to make their interview a success, for them and for your program.

NATIONAL RESIDENT MATCHING PROGRAM (NRMP)

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

The NRMP held its annual Fall Meeting in Washington, D.C. this year on November 3, 2001. The morning program was a meeting for program director input. The afternoon meeting was the Board of Directors meeting, for which there was continued liaison representation for APPD as agreed upon previously. Several issues of possible relevance were addressed at the meeting.

The new NRMP format is in use this match year. It is more "user friendly" and has been well received so far. The NRMP is seeking feedback as we try the new system out. The demonstration was impressive, and the student representatives felt that it was easy to use as well.

There was a long discussion about the rules for having consequences for match violations. The proposed rules are summarized as follows: Alleged violations will be reported to the NRMP in writing. Due process will be observed and an investigation will ensue according to the defined process. A decision will be rendered which can be appealed. Arbitration will be invoked as needed, through the American Arbitration Association. If violations are substantiated, the following consequences will result: For an applicant, reports will be sent to their medical school, the program to which they matched and the program to which they switched. The applicant is barred from all NRMP matches for three years. For a program, the final report will be sent to the institution official, the ACGME and appropriate RRC, the ABMS and the program director. The program is flagged as having had a violation in subsequent NRMP matches for three years.

The consequences for match violations will require final approval, and will result in the need for some education of programs and applicants around the binding agreement in entering the match. There was a complaint discussed that presented with the view that the binding agreement of NRMP required applicants to accept a contract agreement with the matched institution that the applicant had not seen before. The easiest solution for this problem is for programs to make the contract available to applicants before the match lists are due. It was emphasized that it is better to provide the contract and information about the program, than to require applicants to ask to see the contract and other desired information.

There was a discussion about the starting date for new rules to "level the playing field for all applicants." These rules will require that all programs that enter the match include all of their positions in the match. In addition, applicants entering the match would agree to not accept positions outside the match until after the match occurred. It was decided that this should begin with the 2004 match i.e. with recruitment starting in 2003. The NRMP plans to proceed with the necessary adjustments and preparation on that timeline.

Finally, there was a discussion of a collaboration between the NRMP and the AAMC around the Find-a-Resident service. The NRMP Board felt that this could be beneficial during match week for the scramble, and will be exploring this possibility further with the AAMC.

Association of Pediatric Program Directors Leadership

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2002 ANNUAL SPRING MEETING

*Renaissance Harborplace Hotel
Baltimore, MD ~ May 2 - 4*

MEETING SCHEDULE

Thursday, May 2

11:30am-5:00pm
Forum for Coordinators
1:00pm-4:00pm
Forum for Chairs
Forum for Chief Residents
Forum for Small Programs
4:00pm-5:30pm
Task Force Meetings
5:30pm-7:30pm
Wine & Cheese Reception
with Guest Speaker

Friday, May 3

7:00am-8:00am
Regional Breakfast Meetings
8:00am-12:20pm
Plenary Sessions
12:30pm-1:30pm
Lunch
1:30pm-5:00pm
Workshops
5:00pm-6:00pm
Poster Session

Saturday, May 4

8:30am-12:30pm
Forum for Coordinators
9:00pm-12:00pm
APPD SIG

Scholarships Available for Coordinators to Attend the Spring Meeting!

The APPD Scholarships are to help defray costs for Coordinators who wish to attend the Annual Meeting but have financial constraints. Applicants must be members of APPD. Each award provides monetary assistance of \$500 for conference fees, travel, and hotel accommodations. Applications may be obtained directly from the APPD at (703) 556-9222. In order to be considered for this award, please send a completed application by January 25, 2002 to the APPD Executive Office.