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# APPD NEWSLETTER

Fall 1998

*Association of Pediatric Program Directors*

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## EDITOR'S COLUMN

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

In our last two issues, I have asked for your feedback on the format for the newsletter, and its use in promoting interaction between program directors. While I must admit that there was not an overwhelming response to these inquiries, the responses were fairly consistent. Most program directors wish to continue to receive the newsletter in its current format. Most feel it would be beneficial to continue to have it in the written form, but favored also placing it on a web page, as soon as that is established. There was a willingness to participate in a solicited question and answer format in an effort to increase interaction, but it was generally felt that questions and answers should continue to be directed at the leaders from such organizations as the ABP and RRC. For now, we will continue to ask that you submit questions voluntarily for specific organization leaders. Finally, there was a sentiment for having smaller, more frequent issues of the newsletter, and this issue will start an attempt to meet that request.

In this issue of the newsletter, Dr. Bob Nolan reviews our Fall meeting in Virginia. Ms. Cindy Liberi, the Program Coordinator for the program at Mercy Hospital in Pittsburgh, presents a summary of her part of the presentation: Getting Organized for Program Directors and Program Coordinators; that she presented at the Fall meeting. Dr. Gail McGuinness has a report from the RRC for Pediatrics, indicating that we may soon be able to get some information about compliance among programs with the new requirements of the RRC. Dr. Walter Tunnessen

*(See EDITOR on page 2)*

## PRESIDENT'S COLUMN

*Robert J. Nolan, MD, Program Director, University of Texas Health Science  
Center, San Antonio*

The Second Annual Fall Meeting in Virginia was a great success. Dr. Errol Alden and Dr. Walter Tunnessen presented comprehensive overviews of the activities of the AAP and the Board. Workshops covered a variety of topics including giving effective feedback, dealing with problem residents, international medical graduates, and resident recruitment - screening and selection. Ken Roberts led a panel of veteran program directors, including Bob Kamei, Harvey Aiges, Ed Zalneraitis, and Rob McGregor in an open forum on creating a viable career as a program director. In addition to this comprehensive orientation for new program directors and coordinators, the workshops on preparation for a successful RRC site visit were particularly popular. Dr. Charles Dwyer of the Wharton School of Business gave us his fascinating perspective on interpersonal skill development with a talk titled "Getting anyone to do anything that you want."

The APPD is viewed increasingly by the pediatric community as the voice of graduate medical education. At the Fall AAP Meeting, I represented APPD at the FOPE II Open Forum. The Board's concerns regarding a number of the preliminary recommendations were broadly echoed by the representatives of the other major pediatric organizations. Generating a consensus regarding the future of pediatric education will be a daunting task.

You should have received a newsletter from the ACGME announcing Pediatrics' participation in ERAS for the Match of 2000. For most of us participation in ERAS can't come soon enough as I see my desk stacked with several feet of Dean's letters. ERAS will present four-hour training workshops at the Spring meeting.

The Medicine/Pediatrics program directors will be joining us in San Francisco this Spring. We will be inviting the chief residents to participate in the meeting with us through a series of workshops. The revised By-Laws allowing for truly competitive elections and broadening the base of membership to include interested chairman and past-program directors will be presented at the meeting.

*(See PRESIDENT on page 2)*

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1999 Annual Spring Meeting*

(EDITOR continued from front page)

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has graciously continued to field questions for the ABP, and addresses another inquiry for this issue. Dr. Carol Berkowitz has added a very important update from the NRMP meeting that she attended, and there is also an important announcement for a conference on pediatric environmental health. Finally, I have added a few lines about the most recent meeting of the Northeast Pediatric Program Directors regional meeting for this Fall.

The issue of regional organization continues to be a focus of the APPD. Rather than move, at this time, to a regional organization based on the APA regions as suggested, we will be contacting programs directly or through the APPD Listserv. We will be trying to inventory current regional groups, to determine how many regional groups are active, and how many of our member programs are involved. We will also try to get a sketch of the type of activities that are currently undertaken. With this information, we can decide how to best help programs further organize regionally, at our Spring meeting. Feedback on this approach is welcome, and we would love to have reports from your regional meetings to include in the newsletter.

The APPD is continuing to explore the best way to establish an APPD web page. It is clear that the membership is interested in doing this. The goals in having a page are all directed at enhanced communication, and there are some specific activities and links that have been consistently suggested. Our Executive Director, Ms. Laura Degnon, is pursuing further information on optimum format for our organization and cost, and we will have more news in the next issue, and at the Spring meeting. The APPD Listserv format, with editing provided by Dr. Glenda Lindsay and Dr. Bob Kamei (to whom we are ever so indebted), continues to be the preferred method of utilization of the Listserv. There has been a significant minority who enjoy the APA and Pediatric Chief Resident Listserv method of posting inquiries and comments without editing. We strongly encourage members to use the Listserv as much as possible to augment the communication provided through the newsletter, meetings and the web page to come. We have agreed not to facilitate research surveys or advertise through this path of communication. We are open to reviewing these issues again at our Regions and Communication Committee meeting in the Spring, and through your comments in letters to this newsletter.

Thank you for your continued interest, and best wishes to each of you as we progress through the recruitment period for this year's match. Remember to Check Dr. Carol Berkowitz's article to learn the changes in the reporting of match results that will be used this year. Please let me hear from you on information and inquiries for the next issue, by e-mail at ezalner@ccmckids.org, by fax at 860-545-9975, or by telephone 860-545-9964.

(PRESIDENT continued from front page)

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Please keep an eye out for the survey put together by Carol Berkowitz on the activities of past program directors. Later this year, you will also receive a survey regarding your program's use of the Resident Procedure Documentation Log Book.

## COORDINATORS' QUESTION/ANSWER COLUMN

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*This question was addressed to, and answered by, the APPD Board*

**Question:** I wanted to get some information on a meeting for residency coordinators sponsored by the National Center for Evaluation of Residency Programs. I received a mailing in this regard and wondered if this was an APPD supported program?

**Answer:** The program for program coordinators by the National Center for Evaluation of Residency Programs is **neither** an APPD supported nor sponsored program. We have not formally reviewed or endorsed this private activity run by an individual businessman.

APPD has established the Program Coordinators Section for training and continuing education of program coordinators. Coordinators have their own sessions at both the Spring and Fall APPD meetings which we do endorse and strongly recommend that all programs support the attendance of their coordinators at these programs. The topics and discussions are developed through the coordinators group, and are highly relevant and useful. In addition, through the APPD, coordinators are able to network and/or meet regionally.

**Any programs or coordinators who wish more information about how they can be more active in APPD sponsored activities should contact the APPD National Office at 703-556-9222 or APPD@degnon.org.**

## NATIONAL RESIDENT MATCH PROGRAM

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*Carol D. Berkowitz, MD, Program Director, Harbor-UCLA Medical Center*

A representative from the leadership of each of the program director organizations were invited to attend two sessions sponsored by National Resident Match Program (NRMP) during the meetings of the Association of American Medical Colleges held in New Orleans on October 30, 1998. Four major topics were discussed during these presentations.

First, match results will be disseminated in a slightly different manner, using a modified format. Results will be available on the web, with students being able to learn whether or not they matched. Schools will have access to this information 1/2 hour before the students. This will occur on Monday. Programs will not learn whether or not they matched until Tuesday, when both programs and schools will be advised about whether they have unmatched positions. This information will also be available on the web, but will be disseminated in book form also, probably for only this year. Programs will receive the names of their new residents on Wednesday, but medical schools will not have their formal announcement and dissemination of program assignments to students until Thursday. The NRMP requests that PD's not call students to congratulate them until after the school has made its official announcements.

The second area that was discussed dealt with violations of the rules of the match. Such violations included accepting individuals outside of the match, and reducing the numbers of positions that were offered. The violations appear to be more common during recruitment to subspecialty fellowship programs, particularly those in internal medicine. Suggestions for dealing with these violations included the public sanctioning of offending individuals by program director organizations. The third area to be discussed was the adoption by the Federation of State Medical Boards (FSMB) of a recommendation that each state board develop mechanisms to allow residents to be brought under the jurisdiction of the boards. This topic has been known to program director associations since February, 1998, and we have had the opportunity to respond to the initial proposal. The recommendation, if implemented by all state boards would be very onerous for program directors and serves

to confuse the issues of education and regulation. The AMA is convening a Consensus panel to help organize an approach to the FSMB's proposal.

The final topic to be discussed was the dean's letter. There were many deans present for the discussion, which focused on improving the quality of the information included in the dean's letter as well as determining the date the letter should go out to programs. Most present felt that the dean's letter could be streamlined and made more informative, and that the current release date of November 1 precluded the inclusion of information contained in the dean's letter from program decisions about interview appointments, since it was cumbersome and impractical to review all the dean's letters as soon as they arrived in early November.

### *~CALL FOR NOMINATIONS~*

#### *Positions to be filled:*

*6 Members on the newly developed  
Coordinators Section*

*2 Members-at-large on the Nominating  
Committee for APPD Officers*

*1 Council member*

Please send in your nominations

**BY December 15, 1999 to:**

APPD Nominations

6728 Old McLean Village Drive

McLean, VA 22101-3906

Fax: 703-556-8729

Email: [APPD@degnon.org](mailto:APPD@degnon.org)

### **WELCOME NEW PROGRAM DIRECTORS!**

Garth F. Asay, MD, Mayo Graduate School of Medicine  
Alan Cabasso, MD, Jersey Shore Medical Center  
Dayla Chefetz, MD, Robert Wood Johnson Medical School  
Richard L. Friederich, MD, David Grant Medical Center  
Michael Gottschalk, MD, University of California (San Diego)  
Karen Judy, MD, Rush-Presbyterian-St. Luke's Medical Center  
Mary Lieh-Lai, MD, Children's Hospital of Michigan  
Richard C. Mervis, MD, Cook County Hospital  
Elaine E. Schulte, MD, Albany Medical Center  
Steven M. Selbst, MD, Thomas Jefferson University  
William G. Sharrar, MD, Children's Regional Hospital at Cooper Hospital  
Ina Stephens, MD, Sinai Hospital of Baltimore  
John Walburn, MD, Creighton-Nebraska Universities Health Foundation  
Jalal Zuberi, MD, Morehouse School of Medicine

## REPORT FROM THE RRC

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

Ever since the new requirements for training in pediatrics went into effect in February of 1997, members of the RRC and staff members assisting the committee have been asked whether programs have been able to comply with certain requirements, particularly those related to patient numbers in the continuity care clinic, decreased time in the intensive care units and increased time in the outpatient setting. Another frequent question has been what are the most common citations under the new requirements. It was only with the last two RRC meetings in April and October of 1998 that all of the core programs were reviewed under the new requirements and thus it is somewhat premature to be able to answer the aforementioned questions. Some information should be available by the time of the next newsletter and will be included in my report to the APPD in the spring of 1999.

The committee has just completed reviewing proposed revisions for the generic requirements for training in the subspecialties as well as for some of the individual pediatric subspecialties. These requirements have had substantial review by the subspecialty boards of the American Board of Pediatrics and subspecialty program directors. These proposed revisions will now be returned to the ABP, AAP, and the AMA, as well as to subspecialty program directors for their review and final comment before transmitting them to the ACGME for final approval.

The newest pediatric subspecialty to have its requirements complete the approval process is pediatric emergency medicine. It is anticipated that as many as 50 programs may submit applications for accreditation and the RRC will have a separate meeting in the fall of 1999 to review those programs. In addition, the RRC met recently to review the 18 initial applications for accreditation of programs in adolescent medicine.

The remainder of this column will focus on the recent RRC workshop held at the fall APPD meeting in Tysons, VA. Mary Alice Parsons, the Executive Director of the RRC, Carol Berkowitz, the former Chair of the RRC, and I conducted the workshop. It was directed at new program directors and coordinators who were preparing for a site visit. In her presentation, Mary Alice Par-

sons provided a number of tips for preparing for a successful site visit. Among those were the following:

1. Start focused preparation for the survey at least one year in advance, but it would be advisable to continuously update a computerized description of your program as changes are made so that one is always prepared to assemble the material when it is necessary.

2. Identify a PIF (program information form) preparation team which would include a coordinator, and a variety of faculty to whom parts of the curriculum will be assigned.

3. Involve residents in the preparation of the PIF and preparation for the site visit so that internal inconsistencies and inaccurate descriptive information can be weeded out before the site visit occurs. Incorrect completion of the forms and inconsistent data continue to be a problem as the RRC reviews programs under the new requirements.

At the workshop, I provided a general overview of the requirements which are included below in Table 1. It should be noted that there are only 22 required months, leaving a program director with considerable flexibility and latitude to develop the desired educational experiences of his/her own residents. Also included in the next column on page 5 in Tables 2 and 3 are potential options which can be utilized to meet the new emergency medicine/acute care requirements and the intensive care requirements. In the emergency medicine setting, on site supervision by a member of the pediatric teaching staff or an individual with extensive experience in and knowledge of the care of acute illness and injury in children is required. It is not necessary to have supervision by a pediatric emergency medicine trained or boarded individual. The numerous intensive care options (and there are others you could devise) point out once again the ability to design a program that best fits the circumstances of your particular institution.

will decrease the amount of time spent repeatedly re-searching the information.

*Timeline.* A timeline is an excellent tool for plotting the Academic Year. The major events that need to be planned such as orientation, recruiting, the ‘Match’, and graduation can all be anticipated with a thorough resident timeline. This timeline can include specific details surrounding the events that aid in planning ahead. Equally of value are resident related social functions. For example at the Mercy Children’s Medical Center, social activities are part of the year’s planning.

*Procedure Manual.* Creating a Procedure Manual allows the coordinator and program director to easily reference specific tasks such as the submission of the rank list or coordinating the graduation dinner. This resource is cumbersome because each task has many steps but once the procedure manual is complete, the result is an organized and standardized procedure that can be passed on year to year.

*Internet.* The accessibility of the Internet by both residency programs and medical students has increased. Residency programs can easily perform searches and directly reference websites. Many of the residency-related organizations have websites that contain pertinent residency information. Also, many of the sites contain a vehicle for asking questions via e-mail.

*Reference Books.* The American Medical Association publishes the Graduate Medical Education Directory. This book is a wealth of information that contains RRC Institutional and Program Requirements, ACGME approved residency programs, medical licensure and specialty board requirements, and a listing of medical schools in the United States. Another reference book is the NRMP Directory. On the back cover of the NRMP Directory are the Schedule of Dates for the Matching Process. Upon receipt of the Directory, the dates should be transferred onto the residency timeline and personal calendar.

These resources should be available at the start of each Academic Year. At the Mercy Children’s Medical Center, the resources are made available to all members of the Department’s Residency Management Committee so that all can be involved in program operation, resident advising and decision making in the nuts and bolts of the training program. In summary, organization of the residency program office with basic tools will alleviate many potential problems.

## **GETTING ORGANIZED FOR PROGRAM DIRECTORS & PROGRAM COORDINATORS**

*Cindy A. Liberi, Residency Coordinator, Department of Pediatrics, Mercy Children’s Medical Center, Pittsburgh, PA*

Staring at a crowded desk and full calendar can be frustrating. However, utilizing available resource tools can actually help in getting organized as a new program director or new program coordinator. The detail surrounding the resident arena is complex for program directors and program coordinators and having the right resources are essential in dealing with the daily management of the residency program. Listed below are some of the resource tools that are helpful in getting started and which will make the first year of life on the job more comfortable for all.

*Acronym List.* Hearing the many acronyms associated with the residency program can be confusing. An acronym list provides an at-a-glance reference for identifying key residency-related organizations. It will be helpful in not only identifying the organization’s acronym but also linking the organizations together by related affiliation. Acronym examples are ABP (American Board of Pediatrics), RRC (Residency Review Committee).

*Resource List.* This list is an expansion of the Acronym List. The List of Resources should include the address, telephone number, and key contact person of all residency-related organizations. Creating this list

## **REGION REPORTS: NORTHEAST PEDIATRIC PROGRAM DIRECTORS FALL MEETING**

*Ed Zalneraitis, MD, Program Director, Connecticut Children's Medical Center*

The Northeast Pediatric Program Directors (NEPPD) met in Springfield, Massachusetts on September 17, 1998 for our Annual Fall Meeting. The group, which consisted of program directors, program coordinators and chief residents, was graciously hosted by Dr. Barbara Stechenberg and her colleagues at the Bay State Medical Center Pediatric Residency Program. Attendance was, again, excellent. As is our format for the fall meetings, the directors, coordinators and chief residents met separately in the morning to address their own agendas, and then the whole group assembled after lunch to address common issues.

The program directors had the chance to discuss a number of important issues. The group discussed ways to increase resident autonomous experience in the face of increasing supervision requirements. Solutions included utilizing the primary care setting to a greater degree, faculty development programs to enhance teaching in ways that demanded independent thinking by residents, utilizing clinical pathways more effectively in teaching development of individualized care plans, and the switch from primarily content to teaching about process on the inpatient service.

The group discussed the creation of a common career development day for PL-2 and other interested residents. It was agreed that we would attempt a regional program for the 1999-2000 academic year. A one day format was discussed, with additional events such as a job fair and a practice skills session. It was agreed that we would survey members more specifically, and try to make final plans for a Fall program, at our Spring meeting of the NEPPD. In a related agenda item, the group discussed the promotion of pediatrics to the public, with the activities of Family Medicine as a model. A number of suggestions were made that could be implemented at either the local or regional level.

There was an extended period during which members discussed recruitment for the 1999 match. There was general agreement that there was an overwhelming number of applications from international graduates at a time when programs were also seeing a large number of U.S.

applications as well. Program directors gave indications of the numbers of applicants from whom they were receiving applications, and a sketch of how they were screening and processing all these applications. Most were looking for relief through ERAS next year, and there was a discussion as to how to most effectively use the new application system. The interviewing process at our member programs was also discussed to close this agenda item.

The directors addressed the troublesome parts of the revised RRC requirements, and creative ways to address them. This discussion went into the common meeting with coordinators and chief residents in the afternoon. It included ways to meet the continuity numbers required, to stay within the intensive care limitations and conference attendance documentation. Curricular elements such as after-hours telephone triage training and outside stabilization and transport of patients were also discussed.

Coordinators discussed the update of our NEPPD data base, implementation of ERAS, handling the crush of applications and the interview process, and the job description for coordinators at each program. They wanted to share more information about their job descriptions and responsibilities. The chief residents reviewed their year to date, and talked about a number of nagging problems that they had in common. These included: scheduling, sick call, problem residents, resident conferences and career planning for chief residents. The use of the chief resident Listserv was recognized as a valuable means of communication between chiefs. Overall, it was felt that the chance to get together was, again a valuable experience.

### **APPD National Headquarters:**

**Laura E. Degnon (Executive Director)**

**George K. Degnon, CAE (Executive)**

**Angela M. Goodus (Executive Assistant)**

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**McLean, VA 22101-3906**

**703-556-9222**

**FAX: 703-556-8729**

**APPD@degnon.org**

## CEHN CONFERENCE ANNOUNCEMENT

*Susannah Donahue, MPH, Program Coordinator, Children's Environmental Health Network*

*Pediatric Environmental Health: Putting It Into Practice, June 4-6, 1999, Westin St. Francis Hotel on Union Square, San Francisco, CA. Presented by the Children's Environmental Health Network.*

If you are a pediatrician or other health care provider who works with children, this multidisciplinary conference will help you to address pediatric environmental health concerns that you may confront in your practice.

Prominent experts in the field of pediatric environmental health will interweave up-to-date, clinically relevant information with skills you can use to diagnose and evaluate environmentally related child health outcomes. Plenary and workshop topics will focus on a wide range of environmental toxicants and childhood health effects, including asthma, childhood cancers, water contamination, and pesticides.

Special Bonus Session For Health Care Faculty: Teaching Pediatric Environmental Health, June 6 - 7, 1999

The RRC requires that all pediatric residency programs provide instruction in environmental health. Is your program prepared to meet this requirement?

If you are a faculty member in a pediatric residency program, we encourage you to take advantage of this opportunity to learn how you can integrate pediatric environmental health into your program's curriculum. Teaching Pediatric Environmental Health will be a special working session for health care faculty, offered at no additional charge to faculty who attend Putting It Into Practice.

For more information about attending Pediatric Environmental Health: Putting It Into Practice, or Teaching Pediatric Environmental Health, please contact the Children's Environmental Health Network at [cehn@cehn.org](mailto:cehn@cehn.org) or (510) 622-4440.

## ABP QUESTION/ANSWER COLUMN

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

**Question:** Will the Board be asking for completion/results of the new clinical skills assessment from international graduates who currently hold ECFMG certificates and who are asking for credit for prior training in their home country?

**Answer:** The "Nonaccredited Training Policy" of the American Board of Pediatrics allows individuals who have had at least three years of general pediatric residency training in programs that are not accredited by the Residency Review Committee for Pediatrics in the United States or approved by the Royal College of Physicians and Surgeons of Canada an opportunity to apply for waiver of one year of accredited pediatric training in order to meet ABP requirements for eligibility to apply for the general pediatric certifying examination. To be considered for this waiver, the candidate must provide the Board with a copy of their medical school diploma and ECFMG certificate, and they must provide documentation of the successful completion of at least three years of general pediatric residency training signed by their program director, which includes starting and ending dates. If these requirements are met and approved by the Board, the individual may meet Board general pediatric training requirements by completing two years of accredited training, with one full year at the PL-3 level. It should be noted that it is at the discretion of the program director whether this waiver of one year of accredited training will be accepted. Programs may insist that all their trainees complete three years of residency training.

The ABP will not change its policy regarding the ECFMG certificate. In order to achieve a waiver of accredited training, the individual must provide a copy of their ECFMG certificate.

### Association of Pediatric Program Directors Officers and Councilors

**President:** Robert J. Nolan, MD

**President-Elect:** Carol L. Carraccio, MD

**Secretary-Treasurer:** Harvey W. Aiges, MD

**Past-President:** Carol D. Berkowitz, MD

**Newsletter Editor:** Edwin Zalneraitis, MD

**Councilors:** Gail A. McGuinness, MD;

Richard A. Moriarty, MD; Michael E. Norman, MD;

Edwin Zalneraitis, MD

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The **APPD 1999 Annual Spring Meeting** is scheduled to take place April 29 - May 1 in San Francisco, CA. Hotel information will be posted as soon as it becomes available. For the time being, be sure to save the dates! The tentative format of the meeting is as follows:

	<b>Day One (Thurs, 4/29)</b>	<b>Day Two (Fri, 4/30)</b>	<b>Day Three (5/1)</b>
<b>Breakfast</b>		Regions	
<b>AM</b>	Forum for Chairs Forum for Med-Peds Forum for Small Programs Coordinators' Executive Committee meets	*Workshops	ERAS (4 hours) Coordinators' Workshops
<b>Lunch</b>	On your own	Panel Debate (for all APPD meeting attendees)	On your own
<b>PM</b>	Plenary Session	Directors' SIG Coordinators' Plenary Med-Peds Workshops	ERAS (4 hours) Coordinators' Workshops
<b>Evening</b>	Committee Meetings (5-7)	Board Meeting (6-10)	

\*Workshops (there will be a total of 10 Friday morning – 5 in each 2 hour time slot)

1 <sup>st</sup> 2 hour slots:	Coordinators	Chief Residents	3 Program Directors
2 <sup>nd</sup> 2 hour slots:	Coordinators	Chief Residents	3 Program Directors

\* The Med-Peds workshops will take place Friday afternoon.