



# APPD NEWSLETTER

Spring 2001

Association of Pediatric Program Directors

## EDITOR'S COLUMN

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

Congratulations to us directors, and thank you to our coordinators!

As I sit to write this entry, I have just finished reading my 297th personal statement and final Dean's letter of this season!! I'm happy to say that thanks to ERAS's font control (and bifocals), I didn't even lose my glasses once this season.

Reflecting on this year's process, I am impressed at the quality of this year's applicant pool in general. But I seem to be recognizing a new breed of "ultra" or "Xtreme" applicants. My faculty interviewers often commented this year, that they are glad that they do not have to compete with this crew. I am excited and concerned at the same time. Pediatrics is attracting superb candidates who should advance our mission of excellent medical care for children but are the candidates headed for early over-achiever's burnout? Not only do many of these honors students have academic interests, many have multiple publications after they spent time in the Peace Corps and enjoy recreational ultra-marathon running, while working part time and after they finish their shift volunteering at the homeless shelter! I'm not complaining, but it just seems that in addition to our usual solid and superior applicants this new crew emerged. Are they just much more efficient, need less sleep or perhaps just better marketed? Has anyone else noted this phoneme?

Now another question, once we recruit these Xtreme candidates, how well will we train them to care for athletes, Xtreme or otherwise? This morning I had the welcomed opportunity to drive our visiting professor to the airport after he spent the last two days with my housestaff. We were extremely fortunate to have Dr. Greg Landry visiting from the University of Wisconsin. As most of you probably already know, Greg is an expert in sports medicine and an energetic educator. What you

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## PRESIDENT'S COLUMN

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

As yet one more recruitment season winds down I breathe a sigh of relief and try to dig my way out of the reams of paper work that have accumulated on my desk. Sometimes I feel like a bear coming out of winter hibernation. It's time to get reacquainted with my residents and my family and then it's on to the ranking! Although in some ways it seems like the rest of life comes to a standstill during recruitment I can assure you that the APPD council has been busy with many initiatives. Just to hit some of the highlights:



- ~ Working with American Academy of Pediatrics on the PediaLink™ project which is an online program for continuous professional development
- ~ Representing our membership in the development of specialty specific language regarding competencies through the ACGME "specialty quad"
- ~ Being part of the discussions regarding initiatives in primary care at the Primary Care Organizations Consortium
- ~ Meeting with program directors from other disciplines at the Organization of Program directors Associations and the Council of Medical Specialty Societies to look at more global issues affecting training across disciplinary lines
- ~ Working with the membership of FOPO to enable this organization to provide the follow-up to the FOPE II Task Force
- ~ Providing feedback to ERAS regarding the 2001-2002 application process
- ~ Representing our membership in discussions held by the NRMP regarding a "second" Match for those applicants who remain unmatched at the end of the first round
- ~ Garnering feedback for the ACGME from our membership regarding the proposed revisions in the requirements for pediatric residency training
- ~ Being at the table for discussion at the Council on Medical Education
- ~ Working as part of the Advisory Board for the APA initiative to revise their Educational Guidelines for Residency Training in General Pediatrics
- ~ Surveying program directors about our potential role in the professional development of the chief residents

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### ***INSIDE:***

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- ~ The APPD Chief Resident Survey
- ~ APPD Coordinators Buddy System
- ~ APPD Annual Spring Meeting

may not know is that most of the time he considers himself a primary care pediatric specialist who happens to be boarded in the subspecialty of sports medicine. (I am not sure he feels that way on game days on the sidelines of Wisconsin's Big Ten games.) In fact he shared that he declined his chair's suggestion of changing his clinical focus to 100% sports medicine. He refused in part because of his belief that sports medicine needs to be taught to the residents as their responsibility within their general pediatric practice.

Greg taught us a great deal, in multiple forums, but as I sat in on his case-based session late yesterday, I realized that many of my residents had a fairly big knowledge deficit. Our program isn't known for sports medicine, but our former program director and I both fancy ourselves as being interested in the subject. We address multiple sports medicine issues within our curriculum but without clinically reinforcing the information, it seems to be lost. I really have to admit that the AAP Resident's section has been telling the APPD of the deficiency for years, but despite the deficiencies I recognized in my own residency training, once I entered private practice, I rationalized that we were doing better.

I question if part of the limitations for my program (and potentially many urban programs) is related to serving a population with 1) a relatively smaller number of athletic participation opportunities, 2) higher school drop-out rates (eliminating some potential athletes), or 3) if participating and getting injured, a different rate or source of seeking health care. I'll get going on a literature review and if any other PD's are interested in collaborating on a study, contact me in Baltimore. In the mean time, I think the implications are to create more active learning sessions - whether we have to go to the athletes or create a welcoming environment for them to come to us. Five to eight per cent of office visits reflect a sports related injury, and if we truly believe in primary prevention through education and conditioning, we had better get better.

Please offer feedback regarding the newsletter, content or format. We want it to work for you!! I wish you an extremely strong match! See you in Baltimore.

~ Initiating the Consultation Awards Program, a joint venture between the APPD and Pfizer that will enable us to provide ten programs with a consultant to help with programmatic needs such as curriculum development and evaluation

~ And of course planning the spring meeting...

The program that we have on tap this year is awesome. Lewis First will be the guest speaker at our welcome reception on Thursday evening, April 26<sup>th</sup>. Lewis needs no introduction to the pediatric community. I know those of you that have heard him speak wouldn't miss this for the world and for anyone who hasn't heard him speak, don't deprive yourself any longer. He combines a compelling message with an unforgettable delivery.

The morning plenary opens with Dr. Steven Shroeder, the President and CEO of the Robert Wood Johnson Foundation. The topic that he has chosen regarding "Challenges for health and healthcare for the 21<sup>st</sup> century" will help us as educators to better understand the environment in which we will be expected to teach and train the pediatricians of the future.

Dr. David Leach, Executive Director of the ACGME, will set the stage for an important interactive session on competencies with his talk entitled "Measuring educational outcomes- What's next?" The panel discussion is set up to provide a forum for discussion among all the membership of the APPD. I hope that you will take advantage of the opportunity to contribute your thoughts and ideas. The paradigm shift to competency-based curricula and evaluation is a process in evolution. We as program directors should take advantage of the invitation that has been extended by the ACGME for feedback and participation in the "Outcomes Project." From my vantagepoint the current challenges and opportunities make this an exciting time to be a program director. Through our organization we have a chance to impact on the future of pediatric education- it doesn't get any better than this!

***IMPORTANT REMINDER***

The 2001 APPD election ballots have been mailed to all Program Directors and are due back to the APPD office by April 3, 2001. One ballot is allowed per program. Each Program Director is encouraged to discuss the selections with the Program Coordinator, Department Chair, Associate Director and other APPD members in their program.

## **ASK THE ABP**

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

The Board of Directors of the American Board of Pediatrics has approved a new training pathway for individuals with MD/PhD or similar research backgrounds. The rationale behind this pathway, to be known as the Pediatric Research Pathway, was proposed to the Board as a way of encouraging research scientists of the future to choose pediatrics as a career. Concern has been expressed by many that there is a paucity of research scientists in pediatrics to lead our discipline into the 21<sup>st</sup> century and beyond.

The pathway will allow approved trainees to spend up to 11 months of their 36 general pediatric residency training as research experiences in the PL-2 and PL-3 years. Their clinical training and research experiences will need to be monitored carefully by a program advisory committee to assure that clinical competence is not compromised. Nineteen months of clinical experience will be prescribed, similar to requirements for medicine/pediatrics and other combined residency trainees. Training requirements for these individuals to be eligible to apply for the certifying examination in general pediatrics will not be met until the individual completes an additional year of clinical experience in the care of children beyond pediatric residency.

It is clear that all residency programs will not be interested in accommodating trainees in this pathway. Funding and scheduling issues need to be considered. The Special Alternative Pathway will continue to accept applicants.

Programs that identify qualified individuals before they begin PL-1 training or in the early months of their PL-1 year must submit a training proposal to the ABP for review and approval. The rationale and general requirements for this pathway have been sent to all program directors and department chairs and are available on the ABP Web site: [www.abp.org](http://www.abp.org).

### ***Revision of the Verification of Clinical Competence Form***

Program directors are asked to complete a Verification of Clinical Competence (VOCC) form on each of the program's graduates. The form asks that training dates gathered via ABP tracking are confirmed, that the individual is recommended, or not, for the certifying examination as competent in the care of children, and that an evaluation of the eight components of clinical competence be completed. The ABP Program Directors Committee has begun the process of revising the VOCC to make it consistent with the six physician competencies agreed upon by the ACGME and the ABMS. The present competence evaluation uses a scale, 1 to 9, for eight components of clinical competence. The Committee will consider changing this scale and would appreciate suggestions from program directors.

## **COORDINATOR'S CORNER**

*Melodie Parker, Academic Coordinator, Baylor College of Medicine*

Another season has come to a close. A season that is extremely busy, stressful and rewarding at the same time. You may think I am speaking of the holiday season but I am not. I am referring to Recruitment Season!

Recruitment Season for a coordinator is a time that no one can understand except a fellow coordinator. It is a time of demands, stress, exhaustion, extra work hours, frustration and never ending conflicts. Recruitment of medical students requires an organizational system that will match any Fortune 500 company! Often many individuals, who are not familiar with this process, cannot understand what the "big deal" is and will take what a coordinator accomplishes for granted. It is their job. Why give any special recognition for just doing their job? Recognizing the accomplishment of bringing the season to a close should be enough reward in itself.

It takes a little more. Tell a coordinator that you know the stress involved. Tell a coordinator you know the personal sacrifices that have been made. Tell a coordinator that this particular recruitment season was the smoothest ran in years are all compliments that need to be said and should be said if applicable.

True, the end result will not be known until March. The match results will speak for themselves. However, acknowledging the role the coordinator has in those results can be spoken now. Do not wait until their birthday or another special occasion. Tell them now what a great job was done during the most stressing event a pediatric department has next to an RRC Site Visit! Thank the coordinator for bringing the season to a close. Thank them for a job well done. Let them know how much you support their effort, not only during recruitment but every day.

One way of acknowledging the coordinators endless role in a pediatric residency program is by membership in the APPD and supporting the coordinator to travel to the Spring Meeting in Baltimore April 26-28. They will thank you and so will the APPD organization.



***Spaces are still available for the Friday evening, April 27, dinner cruise around Baltimore Harbor.***

## THE APPD CHIEF RESIDENT SURVEY

*Theodore C. Sectish, MD, APPD Councilor, Program Director, Lucile Packard Children's Health Services*

A recent survey was conducted to assess the needs of chief residents and programs in order to inform the APPD leadership about possible content for workshops at our annual meetings. There were a total of 144 returned surveys from 79 program director 43 chief residents, 8 chairs, 4 coordinators and 10 unidentified respondents. The first part of the survey was a needs-assessment in which respondents prioritized five areas that should be included in a skills workshop aimed at chief residents in the areas of administration and management, teaching, and career development.

There was considerable overlap and remarkable consistency of responses from chief residents and program directors. In the Table their top five priorities are listed with percentages of total respondents.

PROGRAM DIRECTOR'S FIVE PRIORITIES		CHIEF RESIDENTS' FIVE PRIORITIES	
Resolving conflict	59%	Resolving conflict	58%
Managing people	52%	Dealing with problem residents	56%
Giving & receiving feedback	49%	Motivating & inspiring colleagues	53%
Dealing with problem residents	48%	Advocating for residents	42%
Developing a personal plan for the year	38%	Giving and receiving feedback	42%
		Leading discussions	42%

In order to determine which needs could complement existing programs, respondents were asked to indicate the topic areas currently met by existing programs and those considered unmet needs. Of the five top priorities for program directors, the majority felt that the areas of “dealing with problem residents,” “managing people,” and “developing a personal plan for the year” were unmet needs. Most felt that existing programs met the needs for “giving and receiving feedback.” But program directors were divided about the topic area, “resolving conflict.”

In contrast, most chief residents felt that existing programs met the needs in all of their top priorities except for “motivating and inspiring colleagues.” This difference between program directors and chief residents is not completely understood. One possible explanation is that program directors are unaware of the content areas of workshops that chief residents attend.

The final survey questions addressed attendance at annual meetings and preferred meeting times. Although the majority of program directors attend the APPD Annual Meeting

only 14% currently send their chief resident. Most felt that a Chief Resident Workshop should focus on incoming chief residents and should be linked with the spring meeting. There were many comments about the difficulty of finding funding to support a chief resident attending the meeting. One respondent commented, “information regarding specific skills attainment would be very useful for all those listed” but “all skills...are learned on an individual basis.” These comments suggest that the issue of skill development in chief residents may require innovative solutions through distance learning.

The results of this survey should stimulate discussion by the APPD Council and the entire membership. We look forward to an ongoing discussion about this important issue. Please forward your ideas to the APPD office, [info@appd.org](mailto:info@appd.org), about content for future meetings and the optimal role for the APPD in the support of chief resident training.

## APPD COORDINATORS BUDDY SYSTEM

*APPD Coordinators Executive Committee: Connie Love, University of Oklahoma; Jan Minges, Michigan State University; Melodie Parker, Baylor College of Medicine; Patricia Schmidt, University of Maryland; Lucy Thompson, University of New Mexico; Aida Vélez, Connecticut Children's Medical Center*

The Association of Pediatric Program Directors offers many opportunities to network with other members, but still, being new to a program can create a great deal of apprehension for new coordinators. To help ease these concerns, the APPD Coordinators' Executive Committee is implementing a system at the 2001 APPD Spring Meeting to pair veteran coordinators with less experienced coordinators who would like to participate. Buddies will be grouped by similar regions and/or program size.

We would like to identify all coordinators who are interested in being a part of the Buddy System. If you plan to attend the meeting April 26 – 28 in Baltimore, MD, please reply to [info@appd.org](mailto:info@appd.org). Include your name, program, and the number of years you have served as a coordinator and whether you would like to provide support or receive the support of another coordinator.

### APPD National Headquarters:

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## **UPDATE - PediaLink™**

*Michael E. Norman, MD, APPD Councilor, Carolinas Medical Center*

### **1. Update - PediaLink™**

PediaLink™ is the name given to the AAP's latest effort to enhance and improve the ability of its membership to manage and track their continuing medical education (CME) activities well into the future, free of charge. This is done "on-line" via either a home-based or office based PC, by providing access to high quality educational resources that enable the user to "customize" his/her CME program as lifelong learning experiences. Residency program directors should become active subscribers, and both inform their residents of this program and endorse its early utilization for several reasons. Two of the most important come immediately to mind: a) The FOPE II Task Force recommendation that pediatricians create and maintain a program of lifelong learning, post residency (e.g. the major focus of PediaLink™); b) The ACGME has established a set of core competencies that all residents should be able to demonstrate following the completion of an ACGME-accredited pediatric residency. Embedded in these competencies is evidence that the practicing pediatrician will constantly strive to improve the quality of his/her practice and of patient outcomes, goals that seem to me to be centrally dependent upon the ready access and incorporation of the latest medical knowledge and practice....the "stuff" which comprises the heart of PediaLink™.

Since its official "launch" at the 2000 annual meeting of the AAP last October, membership has been growing at a rapid pace.

There are now links to the websites/home pages of the AAP and PEDIATRICS, and the access telephone number and e-mail address of the central PREP office will soon be made available to PediaLink™ subscribers.

Look for more information and discussion about PediaLink™ at the upcoming annual meeting of the APPD this spring.

For more information contact: Mary Carol Badat, Program Manager, Online CME, American Academy of Pediatrics, 141 Northwest Point Blvd., Elk Grove Village, Illinois, 60009-0927, 1-800-433-9016, x4981, mbadat@aap.org.

### **2. Hot topic – The "one-out-of seven" rules**

It now appears that the ACGME is tightening up its rules regarding the length of time that any resident may continuously be on duty in all of its program. These regulations stipulate that residents should not work for more than 36 hours at one stretch and must have one day off out of every week. Adherence to such regulations has varied in accordance with both the type of residency and the specific pro-

grams, for a variety of reasons, many of which are complex and difficult to resolve. Although the well known "Libby Zion case" that initiated interest in this issue, happened many years ago the central issue that surfaced as a result of this tragedy, and the ensuing court case, remains relevant to this day: For how long can/should a resident provide appropriate and safe patient care without proper rest and relief?

We who are heavily invested in pediatric post-graduate education face a daunting task, for in many programs, strict adherence to the intent of these regulations poses great hardships on the program itself, as well as additional responsibilities and burdens on the faculty, who in many cases are already stretched to the limit in this era of economically based restrictions on faculty recruitment and expansion.

I urge that this important issue receive the appropriate emphasis and discussion at our upcoming meeting.

## **APPD 2001 ANNUAL SPRING MEETING in conjunction with MPPDA Renaissance Harborplace Baltimore, MD ~ April 26 - 28**

*\* Register by March 23 to save*

*\* 4th APPD member attending from a program  
receives a complimentary registration*

### **Association of Pediatric Program Directors Leadership**

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**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 Love; Jan Minges; Melodie Parker;

Patricia Schmidt; Lucy Thompson; Aida Vélez



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# **2001 APPD ANNUAL SPRING MEETING**

**in conjunction with MPPDA**

***Renaissance Harborplace Hotel***  
***Baltimore, MD ~ April 26 - 28***



*Renaissance Harborplace Hotel  
Baltimore, MD*

***~ Registration discount when received by  
March 23***

***~ 4th person registering from the same  
APPD program is free when received by  
March 23***

***~ More information and a registration  
form may be found on the APPD website,  
[www.appd.org](http://www.appd.org)***