



APPD NEWSLETTER

Spring 2002

Association of Pediatric Program Directors

EDITOR'S COLUMN

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

As we conclude another year, special thanks to our almost past-president and retiring leadership for their outstanding contributions to our maturing organization. Now the maybe not so mature editor will ask some uncomfortable questions of himself and our constituents.

Free lunch, anyone?

Did any of you refuse your "free" drug company stethoscope as a first year medical student because it just didn't feel right? As a fairly poor recent college grad, I simply saw an opportunity to offset some cost, and just didn't understand where my classmates were coming from.

Professional athletic organizations "Just Do It." Corporate involvement is almost the rule for stadium development. Coors Field in Colorado, the RCA Dome in Indiana, and the Staples Center in LA are just a few examples. School boards are wrestling with the decision whether to stick with the old scoreboard or allow Pepsi or Coke to sponsor the new one. Soft drink companies are more than willing to deal for exclusive brand exposure in middle school vending machines in order to buy "brand loyalty." Why not residency educational programs?

As residency education moves to a core competencies basis, does "professionalism" include the ethics of interacting with pharmaceutical companies? This is a challenge to many of us who started in residency education.

(See *EDITOR* on page 2)

APPD Annual Meeting Update:

Please note that the Forum for Chairs and Forum for Small Programs have been merged into one session on Thursday, May 2, 2002 from 12:00pm-4:00pm.

Please plan accordingly.

PRESIDENT'S COLUMN

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

As I sit down to write my final column as president I find it almost impossible to believe that two years have come and gone. As I get older time seems to go by much more quickly. I thought about reflecting on what has happened to APPD over these last two years but that's for the spring plenary. So instead I take this time and this space to selfishly reflect on some personal thoughts and feelings.



Two years have come and two years have gone
A new era is about to dawn

I say goodbye with much regret
My years as president I will not forget

These years have marked tremendous growth
For the Association and me both

My role has forced me to venture out
And see what other organizations are about

I learned so much from those that I've met
I feel that I owe them all a great debt

The best is for me is that I got to know many of you
And see first hand the amazing work that you do

The council has been a source of ideas and vision
Weighing thoughtfully each and every decision

The coordinators have taken a leadership position
In helping to bring our goals to fruition

And now the task forces have made a start
Pulling members together to do their part

To Degnon and Associates what can I say
You have helped me so much along the way

And Laura, how I do respect and value you
Your caring and concern is reflected in all that you do

I hope dear colleagues that I have served you well
I guess that is something time will tell

Though I turn over the reigns to your president-to-be
I will cherish always these memories of APPD

(See *PRESIDENT* on page 2)

INSIDE:

**AAP Section on Residents ~ Coordinators' Corner ~
AAP ~ Federation of Pediatric Organizations ~ Spring Meeting Schedule**

(PRESIDENT continued from front page)

My sincerest thanks to the entire membership for giving me the privilege of being president of APPD. It is an amazing organization because it is made up of such a thoughtful and committed group of people. For those of you who have been less involved in APPD activities in the past my parting words would be to “get involved.” You will receive much more than you give.

(EDITOR continued from front page)

tion when funds were not so tight. With fat educational budgets, it was easy to be noble. Now with fiscal margins being drawn tighter and tighter, should residency directors begin to look for creative alternative funding for educational efforts? How about formula reps or pharmaceutical companies? If pharmaceutical companies will provide “no strings attached” educational grants which ultimately benefit our residents and our programs, should we just do it too? The potential problem stems from the fact that there may be no such thing as “no strings attached.”

According to JAMA, sales staffs of US pharmaceutical companies spend between \$8,000 and \$13,000 per physician each year. Some year 2000 total expenditure estimates exceed 15 billion dollars! Why? Because it gains them access to physicians and access often translates to influence. Many major pharmaceutical companies are reported to be spending up to twice as much on sales than research and development of new drugs. Pediatric specific data is lacking however. Adult medicine studies exist demonstrating that promotional trips and CME seminars translate to increased favorable prescription writing by those attending.

The ultimate irony was demonstrated by the AMA’s recent efforts to educate physicians of the potential ethics violations associated with accepting pharmaceutical perks, with more than half of the funding for the educational efforts coming from . . . you guessed, pharmaceutical companies.

The efficacy of the more subtle influence of educational grants by pharmaceutical companies is relatively unexplored in the literature. I don’t pretend to be noble nor do I want to sound ungrateful. My residents have enjoyed “free lunch” at our weekly house staff meetings and I have been the willing and grateful recipient of generous, unrestricted pharmaceutical educational grants bringing in physicians of my choice (not even from their speakers bureau) with no directed marketing. I am not suggesting that my past behaviors were either right or wrong, but we need to look carefully at our behaviors and practices as we begin to assess our residents’ professional competency. As program directors, are we positive examples, negative role models, compromisers, or realistic survivors?

I guess as I write this editorial, I feel a little like the butt of the old joke which ends with the punchline . . . “well, we have established what you are . . . now we are just dickering on the price.”

AAP SECTION ON RESIDENTS

Anupam Kharbanda, MD, Chair, Resident Section, Chief Resident, Children's Hospital of New York

Over the past two years the Resident Section has been actively creating a strategic plan to outline the long-term goals of our section. This document was introduced last fall. In brief, we reaffirmed the goals of our section: to advocate for residents, to develop leadership skills among our members, and to teach residents how to be effective advocates. Although these goals are not dissimilar from the section’s past objectives, they help to focus our activities and resources. Through the process of creating a strategic plan, members of the executive committee realized that in order to meet these objectives we needed to be more aggressive in terms of communication and marketing in our section. This would include more effective communication with other organizations such as the APPD and AMA. In this column, I will update you on our sections web page, a tool we hope to use to increase our sections visibility and enhance communication with other pediatric organizations.

Over the past year several individuals have spent a considerable amount of time designing and implementing the section’s web site. The site serves two main purposes. First, the web page will allow us to showcase all the offerings of the resident section. More specifically, it will allow us to emphasize the wide range of advocacy and educational projects that the section is involved with. We hope that this information will allow us to remain the definite source of information related to resident training. In addition, we hope the site will help to improve our section’s visibility among pediatric residents, medical students, pediatricians, and other organizations that represent children. This broad presentation of our services will hopefully lead to increased involvement in our sections activities.

The second goal of our web page is to be an additional means by which we communicate as a section. Pediatric residents want to be involved; they are looking for ways to advocate

APPD National Headquarters:
Laura E. Degnon (Executive Director)
George K. Degnon, CAE (Executive Consultant)
Amy M. Pulupa (Executive Assistant)
6728 Old McLean Village Drive
McLean, VA 22101-3906
703-556-9222 * FAX: 703-556-8729
info@APPD.org * www.APPD.org

for their patients and families. However, the limitations to active involvement are often time and access to information. By improving contact with residents and providing them with easy means of finding information we hope to assist residents in becoming engaged in these projects. For example, in the near future, the web site will have information on past and present CATCH projects so as to provide interested residents a means to get involved and apply for these grants. There are amazing advocacy projects on-going throughout the country both on the local and national level and we intend to use the web site to promote these activities. Eventually, chat rooms or list-serves will be incorporated into the site to further spur the dissemination of information.

The web site can be found at www.aap.org/sections/resident. As you will see, the site is a work in progress. Any suggestions or comments that you may have would be greatly appreciated. Currently, the information on the web page includes a description of the resident sections structure, the most recent Resident Report, access to each district's most recent newsletters, information on section sponsored scholarships/grants and resource links for handheld devices. In addition, a link is in place to access pedsjob.org. This is the AAP's new job directory which all third year residents looking for a job should visit.

Take a look at the site and share your comments with us. We are trying to communicate better so that we can advocate more effectively. I encourage all program directors to share this information with your residents. It is only through active participation that we can facilitate change within our section and profession.

COORDINATORS' CORNER

Kathy Miller, Pediatric Residency Coordinator, Harriet Lane Program, Johns Hopkins University

Leaving Home

One of the phrases I read over and over again in thank you notes from applicants who have interviewed at our program is that we made them feel "at home" during their visit. This is quite gratifying as we truly strive to provide a "home" for our residents during their three years of training. Now, once again, Match Day is almost upon us—a day long anticipated—one of great excitement mixed with relief. Finally, we will know which applicants have chosen to make their "home" with us for the next three years. However, as I'm sure many of you have noticed, once the initial euphoria of the Match has subsided, the days and weeks remaining before July 1st seem to accelerate past us at a dizzying pace. So, as we look ahead to the arrival of our new interns, we need to be careful to guard against overlooking the needs of our graduating senior residents—those who will be leaving "home." As they prepare for their lives and careers following residency, they are likely to experience a number of stressors.

Many graduating residents will embark upon their first jobs as professionals. As they do so, they will encounter mountains of paperwork, bureaucratic red tape, deadlines and expenses that can run into the thousands. They will apply for the boards, medical licenses, hospital privileges, and negotiate contracts. They will need verification of their training, certificates and history of malpractice, character references and letters of recommendation. In a word, they need HELP!!! These last three months, for coordinators, can rival the importance of recruitment season, and our graduating residents deserve the same attention, energy and dedication as we assist them in their transition from resident to pediatrician. How can we do this? Here are a few tips:

1. The number one area of need (besides financial) of our graduating residents is INFORMATION. Each coordinator should be able to access the following: Contact information for each of the state licensing boards in the U.S. (this information can be found in the annual USMLE Bulletin of Information), and the person or office at your institution responsible for verifying training and/or malpractice coverage and history (this may be you!). Some documents will require notarization and/or a hospital or institutional seal. Make sure you know where these can be obtained. You might consider putting together an information sheet or memo to be distributed to each of your senior residents with this information. Include any web site addresses for information they can obtain from the internet.

2. Another great source of anxiety and confusion is contract negotiation. What should they be looking for? Who can give them advice? Here at Hopkins, we are fortunate to have a local attorney who is married to a practicing pediatrician. Each spring, he volunteers to give a lunchtime seminar to our senior residents on negotiating contracts. He has been a wonderful resource and offers his services not only for the seminar, but also to our residents individually (for a fee, of course). While not every program may have such a resource, it might be worth asking around to see if there might be someone in your community who could offer a similar service to your residents.

3. Last, but not least, make sure your residents know how and where to get the letters of recommendation they will need for licensure, academic appointments, and credentialing. Remind them that it is important to disclose all of the information required in each letter as this will vary between states and institutions. It is always better to err on the side of too much information, rather than not enough.

The above suggestions are not exhaustive, but they do represent some particular needs of our graduating residents. However, while assisting them with these, we do not want to for-

(See **COORDINATORS' CORNER** on page 4)

get that their transition from resident to pediatrician is not strictly professional, but emotional as well. Like other milestones in life, it is important that our "family" marks this transition with pride, gratitude and, perhaps, some ceremony. The particulars will vary from program to program, but the importance attached to each will be the same.

The end of each year is a time of great excitement tinged with sadness. You have watched another group grow from anxious, inexperienced interns to well-seasoned, confident senior residents. Over the last three years they have formed strong professional and emotional bonds with their colleagues, mentors and with you. Leaving the supportive, familial environment of their residency program can be emotionally difficult. One note of comfort for us and for them: residents who graduate from your program never really leave. They are tied to you by apron strings which cannot be cut. Every time they change jobs, they will, in a sense, need to come "home."

THE AMERICAN ACADEMY OF PEDIATRICS (AAP)

The American Academy of Pediatrics (AAP) Launches a New Web Page For and About Women Physicians/Pediatricians
www.aap.org/womenpeds

The AAP Committee on Pediatric Workforce (COPW) Subcommittee on Women in Pediatrics addresses topics related to the influence of gender on the pediatric workforce. The Subcommittee is pleased to announce its new web page (www.aap.org/womenpeds), sponsored by an educational grant from Beiersdorf, Inc. Visitors will find links to other organizations, AAP policy on the prevention of sexual harassment, and an on-line version of the Women in Pediatrics Resource Packet.

Of particular interest to pediatric residents and young physicians is the link to the web pages for those AAP Sections. Both web pages included the power point presentation, "Flexible Careers for Young Pediatricians (Or What I Wish I had Known)." This helpful presentation will serve as a road map for the job search adventure!

All Academy members are encouraged to take a moment to complete the short, 3-question survey on employment patterns that can be found under the heading, "Tell Us What You Think About. . ." The results of this survey and new questions will be posted every few months.

Please visit the Subcommittee on Women in Pediatrics' web page at www.aap.org/womenpeds.

FEDERATION OF PEDIATRIC ORGANIZATIONS (FOPO)

January 29, 2002, marked a momentous occasion in the history of the specialty of Pediatrics. At a meeting of the Federation of Pediatric Organizations, Dr. Richard Behrman signed the contract to become the Executive Chair of the Pediatric Education Steering Committee of the Federation. The Future of Pediatric Education II (FOPE II) Task Force made 34 recommendations as a result of its three year effort to address medical education in the 21st century. The last of these was that the Federation be the oversight organization for implementation of the other 33 recommendations. A national search was initiated and a number of exceptional candidates threw their hats into the ring. The search committee recommended Dr. Behrman to the Federation. The seven member organizations of the Federation voted unanimously to accept the recommendation of the search committee.



Richard Behrman, MD

Dr. Behrman has graciously accepted the Federation's offer and the responsibility for facilitating the implementation of the recommendations of the FOPE II Task Force. Dr. Behrman is currently Senior Vice-President of the Lucile Packard Foundation for Children's Health and Clinical Professor of Pediatrics at Stanford University and University of California, San Francisco. Previously he held leadership positions as Chair of the Departments of Pediatrics at Columbia University and Case Western Reserve University, where he also served as Dean and Vice President for Medical Affairs. Dr. Behrman is Editor-in-Chief of Nelson Textbook of Pediatrics and the journal entitled "The Future of Children." He has published extensively in critically reviewed scientific journals and is a member of numerous professional pediatric organizations and the Institute of Medicine. Dr. Behrman brings a wealth of experience, knowledge, and commitment to the position of Executive Chair. He describes himself as a "builder" and we as a pediatric community have the good fortune to witness the construction of an infrastructure that will provide the foundation upon which we will build the future of pediatric education.

2002 ANNUAL SPRING MEETING

Renaissance Harborplace Hotel

Baltimore, MD ~ May 2 - 4

Program Highlights

Thursday, May 2, 2002

7:00am	Registration Begins
8:00am-1:00pm	Board Meeting
9:00am-11:30am	Coordinators Executive Committee Meeting
11:30am-1:00pm	Coordinators Best Bets, Meet & Greet
12:00pm-4:00pm	Challenges for Chairs and Program Directors*
12:00-12:45	Dr. Alan Gruskin "The Future of Pediatric Education is Backward Planning: One Chair's Personal Perspective"
12:45-1:15	Dr. Ina Stephens "Review of Competency Based Curriculum/ Maintaining Professional Competence"
1:15-1:30	Break
1:30-3:00	Break-out Sessions (Subspecialties, FOPE II, Affiliates)
3:00-3:45	Dr. Carol Lindsley "Report from the RRC"
3:45-4:00	Wrap-up
1:00pm-5:00pm	Forum for Coordinators
1:00-1:15	Welcome & Announcements
1:15-2:00	T.E.A.M. (Talk, Explore And Meet)
2:00-2:40	Developing a Coordinators Network
2:40-3:10	Staying Sane During an Insane Time
3:10-3:30	Break
3:30-4:14	Getting Organized as a Program Coordinator
4:15-5:00	Open Session
1:00pm-4:00pm	Forum for Chief Residents
4:00pm-5:30pm	Task Force Meetings
5:30pm-7:30pm	Wine and Cheese Reception with Guest Speaker

**Please note that the Forum for Chairs and Forum for Small Programs have been merged into one session, Challenges for Chairs and Program Directors, from 12:00pm-4:00pm.*

Friday, May 3, 2002

7:00am-8:00am	Regional Breakfast Meetings
8:00am-12:30pm	Plenary Session
8:00-9:00	Welcome/APPD Past, Present & Future
9:00-9:30	Update from APPD Task Forces
	Curriculum
	Evaluation
	Faculty Development
	Learning Technology
	Research
9:30-9:40	AAP
9:40-9:50	AAP District Chairs
9:50-10:00	Coordinators
10:00-10:15	Break
10:15-10:35	RRC

Friday, May 3, 2002 (Cont'd)

10:35-10:45	AAP Resident Section
10:45-11:05	ABP
11:05-11:15	MPPDA
11:15-11:20	Revision Plans for APA Educational Guidelines
11:20-11:25	Financial Report
11:25-12:25	Changing the Educational Paradigm
12:25-12:30	Nominations
12:30pm-1:30pm	Lunch (sponsored by APPD)
1:30pm-3:00pm	Workshop Session I
3:00pm-3:30pm	Break
3:30pm-5:00pm	Workshop Session II
5:00pm-6:00pm	Poster Session
6:00pm-10:00pm	Board Meeting

Saturday, May 4, 2002

8:30am-12:30pm	Coordinators Sessions
8:30-8:45	Committee Reports
8:45-9:45	"Who Moved My Cheese?" – Dealing with Change
9:45-10:30	Web Accreditation Data System for ACGME
10:30-10:45	Break
10:45-11:15	GME Track Update
11:15-11:45	American Board of Pediatrics (ABP)
11:45-12:30	ERAS Update
9:00am-12:00pm	APPD SIG for Pediatric Program Directors

Association of Pediatric Program Directors Leadership

President: Carol L. Carraccio, MD

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Coordinators' Executive Committee

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Coordinators Mentor Program



*Have you ever wondered how another coordinator does what you do?
Have you ever had a question that needed an answer, but you didn't know who to ask?*

The Coordinators Section of the APPD has the answer -
"The Coordinators Mentoring Program"

Established in the Spring of 2001, this program has been extremely successful to date. Coordinators with similar program size and institutional affiliation are matched with volunteer coordinators to be their mentors.

If you are interested in this program as a mentee or mentor, please e-mail Melodie Parker (parker@bcm.tmc.edu). We look forward to hearing from you and meeting you at the Spring Conference in May 2002.