
APPD NEWSLETTER

Association of Pediatric Program Directors

Spring 1999

EDITOR'S COLUMN

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

Congratulations, you've done it again! The match lists are locked in, and we are all on the way to putting our offices back in order. As we do so, and await the results of the match, I hope we can get back to our primary roles as resident educators and program directors. Hopefully, this edition of the *APPD Newsletter* will provide some stimulus to help get us back on track.

In this issue, Dr. Carol Berkowitz has an update on her activities as Past-President of the APPD, including her survey of former program directors: "Where are they now?" Dr. Bob Nolan previews the Spring meeting and highlights APPD activities for us. Dr. Michael Norman previews the addition of a forum for Chairmen to our Annual Meeting. Drs. Gail McGuinness and Walter Tunnessen answer questions submitted for the Residency Review Committee and American Board of Pediatrics respectively. Dr. Scott Shipman, currently a Chief Resident at Dartmouth, reviews the agenda of the Resident Section of the AAP, and previews his presentation for our Spring meeting. Aida Velez of the University of Connecticut and Patricia Schmidt of the University of Maryland announce a project to create a handbook for coordinators, that they plan to present at as a workshop at the APPD Spring meeting of the Coordinators Section. Finally, Dr. Harvey Aiges reviews the activities of the New York Area Pediatric Program Directors regional group, with emphasis on the value of regional groups.

In an effort to improve APPD regional infrastructure and support, Dr. Franklin Trimm and the Committee on Regions of the APPD will be seeking to enhance enrollment and participation of member programs in regional groups. When last surveyed, the number of programs actively involved in regional organizations was a significant but relatively small minority. It was decided to re-survey the
(See EDITOR on page 2)

PRESIDENT'S COLUMN

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

The annual spring meeting will present the most comprehensive program the Association has ever offered. Thursday morning, in addition to the traditional forum for directors of small programs, Dr. Michael Norman and Dr. Steven Shelov will be hosting an exciting new forum for Chairs. Among the many topics at the plenary session on Thursday afternoon, Dr. Robert Johnson will be presenting the results of the FOPE II Program Directors' Survey, Dr. Susan Swing will talk on the ACGME's evolving initiative to consider outcomes in residency training rather than just process and Dr. Kathryn McLearn will present information from the Healthy Steps Program on a Residency Curriculum for Child Development in Pediatrics.

The program on Friday will have something for everyone - a track for program directors, chief residents, and chairs and a separate track for program coordinators. The meeting would certainly be an ideal introduction for your chief resident (and perhaps your Chair) to the many complex roles of the program director. The sessions on Managerial Skills and Conflict Resolution and the ERAS Training Workshops on Saturday should prove particularly valuable for coordinators.

The Association meeting will be held in conjunction with the Medicine/Pediatrics Program Directors Association. As Dr. Stockman, of the Board, has repeatedly pointed out, Medicine/Pediatrics residency programs are the most rapidly growing segment of primary care training.

The views of the Association continue to be sought after by a broad array of national organizations. Over the past several months, I have represented the Association at the Academy's FOPE II Open Forum, the Annual Meeting of the National Association of Children's Hospitals and Related Institutions, and the Association of Medical School Department Chairs. As the rising voice for pediatric graduate medical education, the Association hopes to become an increasingly inclusive organization involving not only program directors but chairs, chief residents, and past program directors in the educational dialogue. The revised BYLAWS, which will be voted on at the annual meeting, will codify this increased inclusiveness. I look forward to seeing everyone in San Francisco.

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PAST PRESIDENT'S COLUMN

Carol D. Berkowitz, MD, Program Director, Harbor/UCLA Medical Center, Torrance, CA

As past president I have continued to be involved in three major activities involving the APPD, and these are outlined below:

1. The survey: "Where have all the program directors gone?" The data are back, and we received responses from 86 former program directors. I am still synthesizing the data but a few points:

- Although 58 (61%) had served for < 10 years, 28 (33%) had been program directors for over 11 years when they left "office".
- 64 (74%) were generalists and 22 (26%) were subspecialists.
- 74 (86%) had no specific training in education.
- 62 (72%) received no stipend. Of those who did, the amount ranged from \$2,000 to \$115,000.
- The most common reason for moving on - advancing to another position 31 (36%).

2. I have participated in a Forum on Subspecialties in Pediatrics. This Forum was convened by the Federation of Pediatric Organizations and held during their meeting on January 20, 1999 in Washington, DC. Although there are many issues and diverse views related to subspecialties in pediatrics, my focus, and that of the APPD, has been in the training of subspecialty residents. Our concerns have been on multiple levels, including fair recruitment practices, and educating subspecialty program directors about the RRC accreditation process. It is anticipated that there will be additional meetings of the Task Force during the Meeting of the Pediatric Academic Societies in May in San Francisco.

3. I have had the opportunity of meeting with the leadership of other program director organizations during the semiannual meetings of the CMSS (Council of Medical Subspecialties). These meetings serve as forums for discussions about mutual interests and concerns, such as the move on the part of the Federation of State Medical Boards to require licensing and monitoring by state boards of resident performances, and the plans by the ACGME to develop outcome measures as a means of assessing the adequacy of training programs. The group will discuss the relationship between program directors and the RRC during the March 12th meeting.

Lastly, as the past president of the APPD I serve as head of the Nominating Committee. This year we have one council position to fill and your suggestions about candidates are welcome. Feel free to mail me information or to inform me of your nominations at carolb@pol.net

(EDITOR continued from front page)

APPD member programs again to identify current regional group enrollment, determine interest among programs in becoming part of a regional group, and recognize how the Committee can serve to facilitate the development of regional organizations. Please look for your very simple regions survey with this issue of the APPD newsletter, and help this effort by returning your completed survey as soon as you can. The Committee on Regions would like to use the results as part of its activities at the upcoming APPD meeting.

Another way to help refocus on the educational process is to consider the agenda for our upcoming annual meeting in San Francisco this Spring. APPD President-elect, Dr. Carol Carraccio, has been hard at work putting together an interesting and stimulating program for this year's meeting. As in past years, there will be a broad spectrum of activities for both Program Directors and Coordinators, and this year there will also be a session for chief residents: Personal and Professional Development of the Chief Resident. Harvey Aiges, Bob Kamei and I will be organizing this session, and we hope that as many of you as possible will encourage your chief residents (those finishing or those about to become chief resident) to attend. Any other program directors, coordinators or other participants interested in participating in this effort are welcome, and should contact one of us.

When chief residents have been included in program director activities, the results have been mutually beneficial. In our Northeast Pediatric Program Directors regional group, incorporation of chief residents into our meetings was a valuable component in sustaining our efforts. This was initially suggested for the NEPPD by Dr. Ken Roberts, who is now busy again trying to get others to put together chief resident programs as part of their activities as well. So, if any of you have any sample materials from chief resident programs or some additional ways to include chief residents in program director activities, please be sure to give Ken a call.

I hope you find this issue of the *APPD Newsletter* helpful, and that you will contact me with any suggestions or letters to the editor that I might incorporate into the next issue. Otherwise, I hope to see you all in San Francisco, and I hope you all enjoy terrific NRMP match results.

AAP SECTION ON RESIDENTS

Scott Shipman, MD, Chair, AAP Section on Residents, Chief Resident, Dartmouth Hitchcock Medical Center

The Resident's Section of the American Academy of Pediatrics enjoys excellent representation of residents from across the country, with 95% of pediatric residents in the U.S. as members of the Section. This is in large part in thanks to departmental and AAP chapter support of resident dues. Furthermore, due to the support of pediatric program directors who appreciate the value of involvement in organized medicine and child advocacy, we have a growing core of residents who are actively involved in the Section on a local or national basis.

Certain issues upon which we are focusing this year will be of interest to APPD members, including parental leave policies, career planning services, international medicine rotations, input into the Future of Pediatrics II Project, and local resident-driven advocacy projects.

The parental leave issue seems to be a perennial one in our Section. With the increasing proportion of women entering pediatrics, this is an area that will only grow in importance. We maintain that it is essential for pediatric departments to have in place a policy for maternity and paternity leave, in terms of duration allowed, and coverage of residency responsibilities that will have minimal negative impact upon other residents in the program. This policy should be available to the residents along with their other rights and responsibilities. The AAP Policy Statement on Parental Leave for Residents and Pediatric Training Programs will be re-released this year, and emphasizes these points.

Residents are also advocating for improved career planning and practice placement education. Information about academic vs. private practice careers, job searches, recruitment firms, interviewing, contracts, and different practice types are a few of the content areas that have been mentioned. We hope to have input and assistance from residency programs as well as the Academy in this endeavor.

An impressive number of residents are interested in international, and particularly third world, health electives. These are very valuable opportunities in resident education. We are working with the AAP Section on International Health and a nonprofit organization named Healthy Kids International to develop an internet database of international opportunities, contacts, and how-to's so that each resident and residency director doesn't have to reinvent the wheel to arrange such an experience.

We believe that resident input into the FOPE II Project is a crucial piece that perhaps has not been adequately consid-

ered. Despite the fact that the Project is nearing its completion, we are doing what we can to comment upon its content and recommendations.

Finally, residents are increasingly involved in child advocacy projects in their state legislatures and local communities. There are many examples of the good work pediatric residents are doing outside the clinics and inpatient units.

I look forward to the opportunity to speak with the APPD at your upcoming Annual Meeting in San Francisco, where I hope to update you on these and other Resident Section initiatives, and answer any questions you have about our activities and those of pediatric residents across the country.

PROGRAM COORDINATORS' HANDBOOK

Aida Velez, Program Coordinator, Connecticut Children's Medical Center and Pat Schmidt, Program Coordinator, University of Maryland

This year's APPD spring conference includes an interactive workshop: "The Development of a Pediatric Residency Program Coordinators' Handbook." The main objective of this workshop is to produce a generic program coordinators' handbook for the 1999 Fall meeting. Participants will be asked to develop the handbook's format and production schedule.

Unlike formal presentations, this is an interactive workshop where participants brainstorm and gather information essential to the design and production of the handbook. This approach will not only provide the basis for a program coordinators' handbook, but will also engage the participants in an interactive activity that promotes relationship building. All participants will learn the value of creative collaboration and team building, while being vital co-authors in the creation of the handbook.

We welcome all APPD members and non-members to attend. Everyone's ideas and suggestions will be an added asset to the workshop.

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

ASK THE RRC

Gail A. McGuinness, MD, Chair, RRC for Pediatrics

Question: The program requirements state that the schedule should be designed to provide a monthly average of at least one day out of seven without assigned duties in the program. Is it acceptable for the “day off” to be a post-call day on which the resident is present for morning rounds?

Answer: This requirement is applicable to all of the specialties, not just Pediatrics. The intent is to establish an environment that is optimal for both resident education and patient care, ensuring that undue stress and fatigue among residents is avoided and that residents are not required to perform excessively difficult or prolonged duties regularly. The “day-off” requirement is also interpreted by the RRC for Pediatrics as ensuring that residents have a reasonable amount of personal time away from the hospital. A post-call day off with clinical responsibilities to attend morning rounds would not meet the intent of the requirement. Residents should have an entire day free of responsibilities. It is likely that on rare occasion, one of these days may be a post-call day in order to accommodate the needs of the entire team, but this should be an unusual circumstance. If a resident were post-call, it would not be expected that he/she would have responsibilities in the hospital the morning of the “day off”.

Question: How does the RRC interpret the requirement that night float rotations must not occur so frequently in the program as to interfere with the educational experience for the residents?

Answer: There are no specific limits on the number of weeks or months for night float and the RRC would exercise its best judgment in evaluating how night float rotations fit into the overall structure of the program. Particular issues of concern would be the inability of residents to attend core curriculum didactic teaching sessions, continuity care clinic, and daytime rounds that occur on the inpatient teaching services. Information obtained from the site visitor about the educational experience of the residents from their perspective would also enter into the overall judgment of whether or not night float rotations were excessive.

Question: Many curricular requirements are met by didactic conferences. What evidence does the RRC expect to find which would indicate that resident attendance was sufficient?

Answer: There are many different ways of structuring the teaching program and there is wide latitude for the program director to do so. What is necessary is that reasonable requirements for resident attendance at conferences, seminars,

etc. be established by the program and that both resident and staff attendance be monitored and documented. The most straightforward way of accomplishing this is to maintain written attendance records and to provide appropriate feedback to residents, if their attendance does not meet the stated goals of the individual program.

Question: What does the RRC expect for procedural competence determination and documentation? It is also noted that the list of procedures in the Program Requirements for Residency Education in Pediatrics, established by the RRC, differ from a list of procedures found in the ABP Guide for Resident Evaluation. Which list should program directors utilize?

Answer: The role of the RRC is to accredit programs and not determine the competence of individual residents, procedural or otherwise. The requirement relating to procedures is that a program must teach residents procedures appropriate for a general pediatrician and that it must have a formal system for documenting the residents’ experience and for monitoring residents’ compliance with the documentation process. The RRC requirements are silent on methods of determining procedural competence.

The discrepancy between the RRC requirements and the ABP recommendations for procedural skills have been recognized. The recently updated version of the *ABP’s Program Director’s Guide for Evaluation of Residents in Pediatrics* has provide a revised list of procedural skills identical to those recommended by the RRC.

APPD ANNUAL SPRING MEETING

You should have received the preliminary program and registration information by now. If you have not yet received it, please contact the APPD national office at 703-556-9222.

* Early registration deadline is April 2.

* Hotel cutoff date is March 25.

APRIL 29 - MAY 1, 1999

HILTON HOTEL ~ SAN FRANCISCO, CA

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ABP QUESTION/ANSWER COLUMN

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

Question: The special alternative pathway provides a mechanism by which residents may begin subspecialty training in pediatrics after their PL-2 year. As many program directors believe that all residents should have the same three year core experience in general pediatrics, what is the rationale behind the special alternative program? Does a similar program exist for residents in internal medicine?

Answer: This question, regarding training under the Special Alternative Pathway (SAP) arrangement, is one that has generated much discussion over the years. In preparing to respond to the question, I reviewed the 20 year history of the pathway. Before 1978, it was possible to meet the training requirements for eligibility to apply to the certifying examination in general pediatrics after the successful completion of 3 years of general pediatric training, or two years of comprehensive general pediatrics and a year of accredited pediatric subspecialty fellowship training. In 1978, the ABP changed the training requirement to the completion of three years of general pediatric training; however, concern was expressed that the requirement of an extra year of training might discourage some exceptionally gifted and competent young physicians from pursuing careers in pediatrics or pediatric subspecialties, particularly those who appeared headed for academic or research careers. In response to this concern, the SAP was established.

It should be noted that the SAP is specifically designed for *the occasional exceptional applicant.* The training and application requirements for this pathway can be found on the ABP website (www.abp.org). The individual must have specified training experiences during the second year, particularly supervisory rotations, and must continue general pediatric continuity clinic and must have night and in-house call similar to third year pediatric residents during their first year of fellowship training. In addition, the applicant must pass a screening examination in August after completion of their first year of training with a score acceptable to the ABP. The score is 460 for clear approval, although an individual who achieves a score between 360 and 450 may enter the pathway, with the warning to the program directors and the individual that they may have difficulty passing the general pediatric certifying examination in the future. The SAP candidate cannot apply for the general pediatric certifying examination until they complete fellowship training.

Application to the SAP varies slightly year to year. In 1998, there were 7 applicants, while in 1997 there were 14. In most years the number of applicants falls somewhere between these two numbers.

The issue of required years of general pediatric training to attain competence in the care of children continues to be debated. While most educators feel that three years is adequate, some feel that with recent advances and expected level of care offered by generalists, training should increase to four years. On the dissenting side, some feel that specially capable (*exceptional*) individuals should be allowed to enter subspecialty and, particularly, research training, following completion of two years of pediatrics residency. Individuals with PhD degrees or those who have been intimately involved in rapidly evolving research areas are sited as falling behind their peers and fields by being away from the laboratory. This is one of the many topics under discussion in the Future of Pediatric Education II.

The final part of the question asked if there were a similar program in internal medicine. The American Board of Internal Medicine has a pathway known as the Research Pathway that requires 2 years of general internal medicine residency and 3 years of research training, during which 20% of time must be spent in clinical experiences. Keep in mind that internal medicine subspecialty fellowships, with the exception of cardiovascular disease and gastroenterology, are two years in length.

NEW YORK REGIONAL MEETING

Harvey Aiges, MD, Program Director, North Shore University Hospital

The New York Regional Pediatric Program Directors (actually New York from Westchester south and New Jersey north of New Brunswick) meet four times a year to discuss various issues related to Pediatric education, the role of being a program director, the resident march, medical finances, etc. The meetings are usually of 2 to 3 hours duration (lunch is served) and all expenses paid by a \$100 dues collected every two or three years (as needed). In the past 18 months, we have had several guest speakers including Tom Burke, the executive director of the New York State Department of Health, who spoke to the group about Graduate Medical Education financing, manpower issues and the future of GME. Other speakers have discussed Medicare and Medicaid issues related to Pediatrics and GME.

This has created a network for the Program Directors and the “powers that be” in government. These meetings have been remarkably fruitful. We have worked together to have retreats for the Program Directors and the Chief Residents with keynote speakers and facilitators. The feedback on these retreats has been excellent. In addition, the meetings have created a real feeling of friendship and collaboration among the Program Directors.

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MARK YOUR CALENDARS!
APPD 3rd ANNUAL FALL MEETING
• ORIENTATION AND TRAINING FOR PROGRAM DIRECTORS AND
THEIR COORDINATORS
• PREPARATION FOR A SUCCESSFUL RRC EXPERIENCE
OCTOBER 3-4, 1999

A NEW ADDITION TO THE ANNUAL MEETING

*Michael E. Norman, MD, Carolinas Medical Center
and Steven P. Shelov, MD, Maimonides Medical Center*

For the first time, at this year's Annual Meeting in San Francisco, California, 4/29 – 4/30, we will introduce a Chairmen's Forum.

The reasons for this seem both natural and justified in the context of the evolution & growth of the APPD:

1. Whereas a significant number of APPD members have programs where the Chair and Residency Program Director are different individuals, it is the Chair who always bears the ultimate accountability for the quality, cost and outcome/product of the training program;
2. Since there are at least two organizations within Pediatrics that focus on GME from the Chair's perspective, the APPD and AMSPDC, your Board felt that it was time to foster the relationship between these two organizations at this annual meeting. A quick perusal of the program content of this first forum will confirm this as our purpose;
3. For those APPD members who plan to attend only the second day of this year's meeting, there will be a

panel of the forum's participants available to answer your questions at the annual luncheon, to be held from 12:30-2:00p.m. that same day. In order to orient everyone in attendance, my Co-Chair Steven Shelov will join me first in briefly summarizing the major points made during the previous day's forum.

This promises to be an exciting and informative addition to our program; Steven and I hope to see you there!

WELCOME NEW PROGRAM DIRECTORS!

Alan Friedman, MD

Yale New Haven Medical Center

Joseph Lopreiato, MD

Nat'l Capital Military Med Ed Consortium Prgm

Janis F. Maksimak, MD

Geisinger Medical Center

Anne Niec, MD

McMaster University

Peter A. Noronha, MD

University of Illinois at Chicago

Mark Richard, MD

MetroHealth Medical Center

Warren Rosenfeld, MD

Winthrop-University Hospital