



APPD NEWSLETTER

Summer 2000

Association of Pediatric Program Directors

EDITOR'S COLUMN

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

Welcome to the first newsletter of the new academic year. As we are all making our transitions with seasoned residents departing and the enthusiastic new interns arriving, it is the most visible time that defines what we are about – change. Clearly as program directors, most of us must enjoy or embrace change as the creation of opportunities. If any of you are struggling with some of the changes within your programs, hospitals, universities or regional health systems, perhaps the Spencer Johnson characters Sniff, Scurry, Hem and Haw can add some new perspective. As new editor of this newsletter, I promise not to make this column a quarterly book report, but I recommend the easy 1½ hour read of Johnson's *Who Moved My Cheese?* for all of us dealing with a constantly changing environment.

As we speak of change, turnover rates for program directors continue to be fairly high. Certainly APPD membership has been an extremely important resource to me personally and the creation of a fall meeting to assist the “newer” directors and coordinators to develop important resources and skills was intended to proactively reduce stress (I find the meeting also helpful to re-charge even the more seasoned directors.) I am reminded by one of our organization's previous leaders and mentor, Ken Roberts, that one of the major dissatisfiers for many of us who have chosen to make education our main career focus, has been the lack of a peer reviewed forum to publish our scholarly pursuits. This is key for personal academic development (and promotion!) Fortunately, we now have such a forum in the Journal of the Ambulatory Pediatric Association. Jim Perrin and his associate editors for education, Larrie Greenberg and Ben Siegel, are committed to advancing scholarship regarding pediatric educational research. We look forward to seeing this forum develop further as a freestanding venture, Ambulatory Pediatrics. The first issue will be

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PRESIDENT'S COLUMN

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



This year's spring meeting was one of the best ever. There were 313 registered, 161 of whom were program directors/associate directors, 71 coordinators, 10 chairs and 8 chief residents.

The highlight of the meeting was a thought-provoking keynote address by Dr. Richard Behrman, who spoke about pediatric graduate medical education and challenged us as program directors to direct our educational efforts to meeting the needs of the nation's children.

Reports from the American Board of Pediatrics (ABP) and the American Academy of Pediatrics (AAP) brought us all up-to-date with new initiatives. The Board has distributed the newly developed documents on professionalism. They will be working with the American Board of Medical Specialties to develop the competency-based language that will ultimately be incorporated into the Residency Review Requirements. A representative from the residency review committee (RRC), a resident representative, and a representative from the APPD will also participate in this process. In an effort to offer accurate information to medical students applying for residency, the Board will implement a process to post Board pass rates by program on their website.

The American Academy of Pediatrics announced the development of an individualized on-line CME program called *Pedialink*. This program will allow the user to develop an individualized learning plan, link with resources (e.g. Medline, CME programs), and then track the impact of their learning on their medical practice.

Dr. Scott Shipman offered an update from the AAP Resident Section. He spoke to many of the initiatives/projects of the section and reviewed the resources that were available for residents. One resource that many were unaware of is the international grant of \$500 available from the AAP to subsidize resident travel.

Dr. Julia McMillan, current chair of the Federation of Pediatric Organizations (FOPO), discussed the change of FOPE II to FOPO to implement its recommendations. There is consensus from the seven parent organizations that FOPO is the organization to bring the recommendations of FOPE II to fruition and that an executive director should facilitate this activity. The budget to finance this is still in question but this doesn't prohibit organiza-

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tions like the APPD from moving forward to address the recommendations in any way that we can until a formal mechanism is put into place.

Dr. Beran summarized information from the NRMEP and discussed the two-phase match that is currently being proposed. The latter would allow for a more expedient process for unmatched applicants from the initial process to link with unmatched programs from the initial process.

The update from the RRC is always informative and much appreciated. Dr. McGuinness introduced the six competencies that will be incorporated into the residency review requirements as of July 2001. The ACGME has solicited input from the APPD regarding changes in the document and Dr. Nolan will be soliciting and collating comments from our membership.

According to Dr. McGuinness the two most frequent citations with the current requirements are the lack of volume/diversity on the general inpatient service and the lack of volume as well as "true" continuity in the continuity clinic setting.

Dr. Cross, President of the Med-Peds Program Directors Association, provided interesting data on the health and well-being of med-peds programs and practitioners.

Next, there was a report from Carol Berkowitz as chair of the APPD Nominating Committee on the results of the recent APPD election:

President Elect

Dr. Ed Zalneraitis
University of Connecticut

Council

Dr. Rob McGregor
St. Christopher's Hospital for Children

Dr. Sara Viessman
University of Missouri - Columbia

Coordinators' Executive Committee

Melodie Parker
Baylor University

Aida Vélez
University of Connecticut

Nominating Committee

Dr. Ed Forman
Rhode Island Hospital

Dr. Glenda Lindsey
Charles R. Drew University

We concluded the program with heartfelt thanks to Gail McGuinness for her service on the Council, to Ed Zalneraitis for his service on the Council and as editor of the newsletter, and to Bob Nolan for his two years of hard work and dedication as APPD President.

Special sessions for the coordinators included ERAS, GME

tracking and an open forum for gathering ideas and networking. There was the usual forum for Directors of small programs and a forum for chief residents focusing on their personal and professional development.

The first round of workshops included presentations on Healthy Steps, Combined Med-Peds Program, Challenges and Solutions for Education on Inpatient Services, The Interview Process — A Behavioral Approach and ECFMG sponsorship of J-1 Physicians.

The second round of workshops included Using the APA Educational Guidelines to Change Residency Programs, Pediatric Board Preparation: Myths and Reality, Filling the Toolbox: Implementing a Competency-Based Approach to Program Accreditation, Faculty Development for Housestaff and The Coordinator's Handbook: Putting it into Action.

Harvey Aiges and Henry Adams led the SIG with a major focus on quantity/quality of continuity clinic time while a forum for coordinators focused on conflict resolution and stress management. This year there was a regional breakfast meeting, which was well-attended and generated continued interest in regional activities/meetings both at home and in the setting of the national meeting.

Having said all that, the buzz word for the meeting was clearly "competencies," and we left feeling challenged and stimulated to focus our efforts on building competency-based curricula and evaluation strategies that measure outcomes.

As for me, all I ever wanted to be when I grew up was a program director. My thanks to all for giving me the opportunity to be part of the leadership of an organization with such a dedicated and caring membership.

www.appd.org

What's new on the APPD web site?

Richard E. Behrman, MD, Senior Vice President of Medical Affairs, Lucile Packard Foundation for Children's Health presented ***Post Graduate Education for Pediatricians*** at the APPD Spring Meeting and has graciously offered it's distribution to the APPD membership. Check for it under the ***Newsletter*** heading on the APPD web page, www.appd.org.

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published in January 2001. This journal should be helpful both as a legitimate, peer reviewed source for scholarly publication of our own work as well as an excellent source to see the quality work of our colleagues facing similar challenges. If in addition to belonging to the APPD, you also belong to the Ambulatory Pediatric Association (APA), you will receive Ambulatory Pediatrics as a benefit of membership. If you don't belong to the APA, consider joining, alternatively consider independently subscribing to Ambulatory Pediatrics. I suspect it will be one of the more important journals for those of us with passion for pediatric education. As the rookie of the APPD Council, I am assuming the editorial duties from Dr. Ed Zalneraitis. With the exception of this beginning summer reading endorsement, I hope to keep the format of the newsletter pretty much the way Ed has been organizing it. We will continue with articles from the presidents of the APPD and Med-Peds Program Directors, AAP and AAP resident's section and columns with questions to the ABP, RRC, and ECFMG. I would welcome the membership of the APPD to make suggestions for any additional columns you would find of interest.

Since we all have gained some experience using the internet with our participation in ERAS, one suggestion that has surfaced already is the possibility of developing a column to assist some of us less technologically savvy program directors in evaluating new applications of technologic support within our residency programs. While my residents, their self created web site, and palm pilots should be rubbing off on me, I would welcome interested APPD members to email any tech related issues, trials or products and their experiences to me at robert.mcgregor@drexel.edu.

Association of Pediatric Program Directors Leadership

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Sara S. Viessman, MD

Coordinators' Executive Committee: Connie Johnson;

Jan Minges; Melodie Parker; Patricia Schmidt;

Lucy Thompson; Aida Vélez

AMERICAN ACADEMY OF PEDIATRICS

Kathryn Nichol, MD, Chairperson

AAP Alternate District Chairpersons Committee

On May 13, 2000, a joint luncheon meeting occurred between representatives from the Association of Pediatric Program Directors (APPD) and the American Academy of Pediatrics Alternate District Chairpersons (ADCs) Committee. This meeting was coordinated to address concerns expressed by residents during the District Resident Luncheons that took place last fall during the AAP Annual Meeting in Washington, DC. A primary responsibility of the ADCs is to advocate for residents' issues and concerns. During the 10 separate district resident luncheons, the following concerns were addressed:

- ✘ The need for advocacy training and exposure to advocacy activities
- ✘ The need for practice management training
- ✘ The need for career placement advice

In addition to these concerns, it was the residents' perception that many of the program directors were not supportive of their residents' attendance at AAP meetings or involvement in AAP activities.

These issues were discussed during the joint APPD/ADC meeting, and members of both organizations shared ideas on how to resolve them. There was consensus that there is a need to build an infrastructure between the two organizations in order to improve communication. It was agreed that improving communication between the two organizations would be a win-win situation for all, including members. The next steps to be taken to build this infrastructure include:

- ✘ The APPD and ADCs will be the key contacts in the coordination of this joint endeavor.
- ✘ A key staff member from both groups has been identified with initial assignments of exchange of information to improve communication capabilities between the organizations.
- ✘ An article will be written for the APPD and the Resident Section newsletters.
- ✘ An ADC member has been assigned to serve as the liaison from the ADCs to the APPD and report to the ADCs after APPD meetings.
- ✘ The ADCs will investigate the possibility of facilitating a workshop during the APPD spring meeting next April.
- ✘ The AAP will share models of successful chapter advocacy projects with program directors.

Members of both organizations felt this was a productive meeting and look forward to working together.

COORDINATORS' CORNER

Melodie Parker, Academic Coordinator, Baylor College of Medicine

The annual meeting in Boston was a tremendous success. The coordinators were privileged to participate in an open forum, where many ideas were exchanged and several issues were discussed. Unfortunately, many meeting participants were caught in weather related airline cancellations and missed this session. They still arrived in time for the remainder of the conference. Updates on ERAS were presented by Gwynne Kostin. It was the general consensus of the coordinators in attendance, that the first year of using ERAS was indeed successful.

On the second day of the conference we were updated by many of the organizations all of us work closely with during the academic year. It was very nice to place names with faces! In the afternoon, workshops were given on a combination of various educational topics to include The Interview Process, ECFMG, Combined Med/Peds, and the Pediatric Residency Coordinator Handbook. Hats off to Aida Vélez, Kathy Miller and Pat Schmidt for a job well done on the handbook! If you were unable to attend the conference, please e-mail the APPD at info@appd.org to obtain a copy of this very useful tool.

I believe the best part of the conference, on an educational level, was the Stress Management Workshop, conducted by Dr. Helen Pratt on the final day of the conference. As coordinators, although we may have already attended a workshop on stress management, we benefited from this workshop greatly. Until you have worked side by side with a program coordinator, it is very difficult for an outside lay person to understand the "stresses" a coordinator must face and the tools needed to deal with these obstacles. Dr. Pratt understood and delivered a whole "tool box" to assist the coordinators in our complicated positions.

Just because the annual meeting has passed does not mean the exchange of ideas needs to stop. The APPD has a list serve where questions can be posed and information disseminated. Please use this valuable tool by e-mailing questions to Dr. Robert Kamei. His e-mail address is kamei@itsa.ucsf.edu. In our communications workshop, he said he would be very happy to pose the question or questions on the list serve so that the coordinators can communicate electronically with problem issues. If you look at the APPD web page www.appd.org, you can find a membership list with e-mail addresses for each member.

The Internet has given us the gift of communication. Use it to your benefit. By communicating electronically throughout the year, the annual meeting will seem like it is just continuing where it left off!

Good luck with your new interns and residents! Mama Mia! Quack! Quack!

NOTES FROM THE MED-PEDS PROGRAM DIRECTORS' ASSOCIATION

J. Thomas Cross, Jr., MD, MPH, MPPDA President, LSU Medical Center-Shreveport, LA

The year 2000 has been an exciting year for Med/Peds. We saw increased numbers of residents entering the work force in June and a relatively stable match in March. Several issues will be addressed in the next year:

1. The Boards will be reviewing programs on a 5-year cycle with ½ of the programs being reviewed in 2000 and the other ½ in 2001. The format will be similar to what we saw with the previous review. We appreciate the Boards assistance with this process and their patience as we get the information in to them.
2. Major revisions of the current Med/Peds guidelines will not occur before 2002. Both Boards wish to wait until the major revisions currently being pursued in Pediatrics and Internal Medicine are completed. President-elect Sam Borden will continue to solicit comments from Med/Peds program directors to be brought before the Boards when they meet in 2002. Sam's email address is samuel.borden@bhs.org
3. Medicine will now report the ITE scores for Med/Peds comparing them to Med/Peds as Peds does now.
4. With next year's end of year evaluation, there will be 2 signature lines on the forms we send to the Boards: one for the Medicine person and one for the Peds person responsible for evaluating the resident's "overall competence" for each discipline. If you are the combined Med/Peds director in charge you can just sign both lines. If you are in a program where it is a separate Med and separate Peds person (without the combined director) then both have to sign. This seemed the best way to be sure that both parties (Med and Peds) saw the evaluation forms before being sent into the boards. As you know, if you get a marginal in Peds then it automatically means you have to be given a marginal in Medicine for the combined training. They are going to spell this out more definitively in the guidelines as well as develop a brochure for Med/Peds residents to be sure they understand this principal.

Coordinators' Handbooks

are available by contacting

info@appd.org

or

703-556-9222

If you did not receive a copy of this long awaited publication at the APPD Spring Meeting, please contact the APPD office to request your copy.

Limit ~ one copy per program, please.

ASK THE ABP

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

The Credentials Committee of the ABP recently met to review questions about and clarification of Board policies as well as to act on petitions of program directors and individuals. Changes to and modifications of ABP policy are summarized for your interest.

1. **Special Alternative Pathway.** In the past few years the SAP has only been open to individuals who wished to train in pediatric subspecialties. Over the years the ABP has received a few petitions from individuals who wished to enter other specialty training after two years of general pediatrics residency, particularly specialty residencies in Allergy/Immunology and Genetics. The Credentials Committee will allow residents to apply for the SAP if they propose additional training in another specialty. The subsequent training must include at least one year of clinical responsibility in the care of children. The training period must be a minimum of three years in duration. The training requirements for the PL-2 year and the first year of fellowship/other specialty training remain the same, as does the screening examination requirement. Details of the policy are available on the ABP web site.

2. **Outside rotations.** Three months of elective rotations outside of accredited pediatric programs are allowable during the three years of accredited pediatric training required of candidates to be eligible to apply for the certifying examination in general pediatrics. The Committee clarified the definition of outside rotations. Residents may receive training credit for up to 3 months of elective experiences that are not part of an accredited pediatric program. Research electives or electives in other specialties at the accredited programs' institution would not be considered outside rotations. Electives abroad or nationally, such as the Indian Health Service, must not exceed 3 months over the three years of residency. All electives, whether institutional or outside, must be approved by the program director and must include written goals and objectives, supervision, and evaluation of the resident.

3. **Clinical Competence Evaluation Ratings.** A marginal evaluation rating is no longer acceptable for the final year of residency training. A marginal rating for the final year of training will be considered an unsatisfactory rating and the resident will be required to successfully complete an additional year of training at the same level to be eligible to apply for the certifying examination in general pediatrics.

4. **Non-recommendation for the Certifying Examinations.** As in the past, the application of a resident who receives a B1 (based on overall clinical competence and humanistic qualities) or B2 (based on moral and ethical behavior) non-recommendation on the Verification of Clinical Competence

Form will not be accepted for the certifying examination. A B1 non-recommendation will require the successful completion of additional training in an accredited program, as before. A B2 non recommendation will now require either completion of additional training or completion of a period of observation.

Currently, Program Directors are asked to complete an evaluation of residents in training on the ABP tracking roster with an overall rating for the year, either as unsatisfactory, marginal, or satisfactory. The Committee was of the opinion that clinical competence and humanistic qualities, and moral and ethical behavior reflect competency areas that should not be lumped together in an overall evaluation. The 2001 resident tracking rosters will ask Program Directors to provide year end evaluations in each of these areas.

5. **Appeals Process.** Language will be changed in the Booklet of Information to reflect current board policy that residents who wish to appeal evaluations or final recommendations must proceed through institutional due process mechanisms. The ABP is not in a position to reexamine the facts and circumstances of an individual's performance.

6. **Completion of Training.** To be eligible to apply for a certifying examination a resident must have completed all training by the first day of the month of the examination. Applicants and program directors have questioned whether all training referred to clinical training in instances where residents took terminal leave time to meet the examination deadline. The Credentials Committee reaffirmed that all training refers to both clinical and leave time. Terminal leave will not be acceptable if used to meet examination deadlines.

Career Planning for Pediatric Residents

Although some program directors may have written guides to help residents consider career choices, most provide guidance via personal counseling. Dr. Herbert Abelson, chair of pediatrics at the University of Chicago, has compiled a very useful source of information on career planning that provides basic information that may be used by residents in considering career choices and utilizes links to various other web sites for additional information. The advantages of providing a web source are many, including the ability to update information almost continuously. Program directors are invited and encouraged to use or recommend the site and to provide suggestions for additions, corrections, and improvements. The web address is: www.ucch.org/residency/CareerPlanning.html.

(The regularly featured question and answer format will return in our next issue. Please send any questions to info@appd.org.)

ASK THE RRC

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

REPORT FROM THE RESIDENCY REVIEW COMMITTEE

This column will replace the usual "Ask the RRC" question and answer format in order to review information provided during the recent APPD meeting in May of 2000 and to update program directors on important new issues regarding the general competencies and the revision of program requirements.

During the last three RRC meetings, sixty core pediatric programs underwent a complete review. Of these sixty programs, forty-nine received full accreditation. There were four adverse actions and three proposed adverse actions for a total of 12%. This compares quite favorably with the mean for all specialties, which is 16%. Twenty-six percent of the core programs were requested to submit progress reports. Of the programs given continued full accreditation, 69% received a five-year cycle of review. Citations of inadequate inpatient experiences (volume, complexity, and diversity) and inadequate continuity care patient numbers remain frequent. As noted previously, many citations are paperwork issues and can be easily addressed by careful attention to filling out the form correctly, providing all of the information requested, and avoiding inconsistencies in the Program Information Form.

Other recent RRC activities include revision of subspecialty program requirements (effective July 2000) in the areas of Cardiology, Critical Care, Endocrinology, Hematology-Oncology, Neonatal-Perinatal Medicine, Nephrology, and Pulmonology. The RRC also accredited 32 pediatric emergency medicine programs in the initial review cycle. The Committee has also begun the incorporation of the "general competencies" into the program requirements. This will be discussed in further detail below.

General Competencies

The Accreditation Council has jointly approved a set of six general competencies for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS). Residency programs must require residents to obtain competencies in six areas at a level expected of new practitioners: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The development of the general competencies is the beginning of a long-term initiative to improve GME by using outcome measures. The Pediatrics RRC has recently incorporated the minimal language about the competencies as defined by the ACGME into the program requirements. This language addresses both educational experiences and an evaluation process. The document can be viewed on the ACGME web site at: www.acgme.org. The competencies as woven into the requirements for training in general pediatrics are included on

the web page for your information. Now that the competencies have been identified and agreed upon, measurement tools must be developed as well as an adequate support network. Over the next few years, there will be ongoing discussion involving RRCs, medical specialty boards, program director associations, and residents to help develop means to both teach and evaluate the competencies. Program directors will be notified when the RRC is ready to begin evaluating programs on the competencies.

By 2006, each RRC will incorporate a more complete "specialty-specific" version of the competencies into the next major revision of the requirements. The process of defining this version has already begun and it is anticipated that the competency statements will be woven into the requirements more smoothly during the next full revision.

Revision of Program Requirements in General Pediatrics

The RRC is required to review and revise (if necessary) program requirements at least every five years. The RRC for Pediatrics will begin work on the next full revision of the requirements in 2001. In preparation for this, the RRC is requesting input from the parent organizations of the AAP and the ABP, as well as from the Association of Pediatric Program Directors (APPD), the Ambulatory Pediatric Association (APA), and the Association of Medical School Pediatric Department Chairs (AMSPDC). The Committee is requesting this input before an initial draft is developed in an attempt to obtain broad involvement from the pediatric community. The deadline for this initial input has been postponed until June 15, 2001, giving the participating organizations opportunity for extensive discussion at their spring meetings next year.

Once comments are received, it will be the responsibility of the RRC to sift through input and decide what is appropriate while weighing opposing positions on issues. The Committee will bring to bear its experience gained from program review and will take ACGME directives, language, standard requirements, etc. into consideration before proposing a final version for ACGME approval. Our input as program directors is critically important to this process.

(The regularly featured question and answer format will return in our next issue. Please send any questions to info@appd.org.)

APPD MEETING SCHEDULE

The Hyatt Regency Hotel in Reston, VA will be the site of the **APPD 2000 Fall Meeting** on Friday and Saturday, October 6 and 7. The focus for this year's meeting is *Orientation and Training for New Program Directors and Coordinators* and *Preparation for a Successful RRC Experience*. Registration information will be mailed within the next few weeks. The *Call for Workshop Proposals* for the **APPD 2001 Spring Meeting** scheduled for April 26 - 28 in Baltimore, MD should arrive in your mailbox shortly.

AAP SECTION ON RESIDENTS

Scott A. Shipman, MD, Past Chair of AAP Section on Residents, 1st Year Fellow, Robert Wood Johnson Clinical Scholars Program, Johns Hopkins School of Medicine, Baltimore, MD

I very much enjoyed speaking at the APPD meeting in Boston about the AAP Residents Section and the many opportunities that exist for residents through the AAP. Since many of you came up to me after the meeting stating that you hadn't known about certain opportunities, I thought that this column would be a good place to re-state some of them. Don't hesitate to contact me at sshipman@jhsp.edu if you have questions about any of the following:

1. *International Travel Grants:* This year, 5 residents will receive a \$500 stipend to help them fund any international medical rotation. Applications were mailed in June, but more are available for the asking. Winners will be selected based on the degree of planning that's been done, and the relative merit of the proposed experience. Deadline is November 2.

2. *Resident Child Advocacy Award:* Two projects designed by and/or led by residents which address the needs of children in local communities or on a broader scale will win this generous award, which includes \$300 towards the project, travel and accommodations to the AAP Annual Meeting in Chicago, where they will receive the inaugural Resident Child Advocacy Award plaque, and have an opportunity to display their project for residents around the country to see and potentially incorporate into their own communities. There will be a press release to local media and national AAP publications. Deadline for the application is August 30, and applications will be mailed in mid-July.

3. *Liaison Positions:* The following positions will be appointed by the Resident Section, to serve 2-year appointments: Committee on Federal Government Affairs; Committee on Practice and Ambulatory Medicine; Community Access to Child Health program (CATCH); Committee on Medical Liability; American Medical Student Association; Bureau of Health Professions National Consortium of Resident Physician Organizations; Section on Administration and Practice Management; Pediatric Review & Education Program (PREP) Advisory Committee; Section on Medicine/Pediatrics; Pediatric Residency Review Committee (RRC). Deadline for applications is October 2 for all positions except the RRC. The deadline for the RRC position is September 8. Applications are mailed in July.

4. *Resident Research Grants and Scholarships:* Fifteen merit-based research grants at \$2000 each and a total of \$100,000 (in \$1, 3, and 5000 amounts) of need-based financial assistance are offered annually to residents. Applications are mailed to residents, and are available on the aap.org website as well. Deadline is February 1, 2001.

5. *National and District Officers:* The positions of Resident Section Secretary (a one year term) and Vice-Chair (a three year term, including the Chair and Immediate Past-Chair positions in subsequent years) will be voted on, as will District Coordinator and Alternate District Coordinator for each of the 10 districts in the AAP, at the Annual Meeting in October. Nominations/applications are due October 2.

There's a summary of some opportunities for your residents. Encourage them to take the initiative and reach out for more involvement in their training years. They won't regret it!

Addendum: All second and third year residents, and all program directors, will receive a mailing in mid to late July with information and applications for Resident Section positions and awards that will be announced or determined at the Annual Meeting. Make sure to send a representative resident from your program to the AAP Annual Meeting, October 28, 2000 in Chicago. Some travel assistance is available for them. Call the AAP for more information.

National Primary Care Week 2000: Caring for Communities

The American Medical Student Association (AMSA) is pleased to announce the second annual National Primary Care Week (NPCW) from October 15-21, 2000. With the theme of *Caring for Communities*, NPCW is an educational campaign to teach students about careers in primary care and the impact that primary care practitioners have on their patients and their communities. Through lunch time talks, community service events, hands-on workshops, and mentoring programs, we will teach health professional students about the interdisciplinary nature, diversity and importance of primary care.

By introducing students to local and national leaders in primary care and the type of work they do, we hope to highlight the role that health care professionals play in the health of their communities and the nation. In order to teach students about the important role that pediatricians play in providing primary care, we need your help. If you are interested in participating in or helping out with your local NPCW activities contact Yvonne Fulbright at the AMSA Foundation at (703) 620-6600 x 204 or at npcw@www.amsa.org. Yvonne can help you connect with health professional students planning NPCW in your community. More information is also available at www.amsa.org/programs/npcw/npcw.html. Help us spread the word about pediatrics and primary care!

(NPCW is a collaboration between the AMSA Foundation and the Area Health Education Centers and is supported by the Division of Medicine, Bureau of Health Professions, Health Resources and Services Administration.)



APPD

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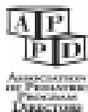
2000 Fall Meeting

*Orientation and Training for
New Program Directors & Coordinators*

*Preparation for a Successful
RRC Experience*

*Friday, October 6 & Saturday, October 7
Hyatt Regency Hotel*

Reston, VA



APPD 2001 Annual Spring Meeting
April 26 - 28 ~ Baltimore, MD

*Think about workshop submissions now...
you should receive the call for proposals soon.*

IT'S APPD DUES TIME!

The APPD membership dues year is from July 1-June 30. Dues renewal notices were mailed in early July to all program directors whose programs are current members. Annual dues are per accredited pediatric program, which includes the program director, associate program director, department chair, and coordinator. APPD would like to include chief residents on the mailing list to receive complimentary copies of newsletters. We also invite individuals from programs such as Pediatric Emergency Medicine, Medicine Pediatrics, Pediatric Child Psychiatry, Pediatric Rehabilitation Medicine, Pediatric Genetics, etc. There is a supplemental charge for each additional individual. The renewal payments should be received in the APPD office by the end of August to ensure continued membership in the association. If your program has not received a notice, please contact the APPD office at info@appd.org or 703-556-9222. We appreciate your continued support of APPD.