



APPD NEWSLETTER

Summer 2002

Association of Pediatric Program Directors

EDITOR'S COLUMN

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

“So... it only counts on home turf?”

As you enjoy the remaining days of summer it is still too soon to anticipate the return of football season, so what is the editor doing making reference to turf??

Hopefully, we all got re-rejuvenated at the Spring APPD meeting since now that our new residents are oriented, most of our collective energies turn to two issues: Integrating the ACGME Competencies (beginning now with a five year time line) and the ACGME mandate to limit resident duty hours (Implementation within one year!) I view the latter as more pressing.

In addition to guessing the specific letter of the law and designing implementation strategies, it seems that the ACGME is calling on program directors to “establish guidelines for scheduled work outside the program (e.g., moonlighting) and to approve and monitor that work.”

As a refresher - the new (as of June 11, 2002) ACGME rules, effective July 2003, limit residents from working more than 80 hours per week, 24 hours at a time, and mandate at least 10 hours of rest between work periods. The ACGME’s 80-hour per week limit is averaged over 4 weeks (the AMA’s policy suggests averaging over 2 weeks). In addition, programs may ask for an exception to increase the limit up to 88 hours, IF sound educational rationale is provided. The “Report of the ACGME Work Group on Resident Duty Hours” is available at: <http://www.acgme.org/new/wkgreport602.pdf>.

The deadline (August 1st) to respond to ACGME is likely passed by the time you are reading this but my GME committee asked directly about moonlighting and promptly learned some interesting information, which I thought I would pass along. All moonlighting hours at the primary program site and any major affiliated site count within the 80-hour limit. The reason it is framed this way, I am told, is because these settings are

(See *EDITOR* on page 2)

PRESIDENT'S COLUMN

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

The spring meeting is successfully behind us. Our graduates are graduated. Our new residents are oriented and on their way. Time to relax? I guess we all know the answer to that. We all have major changes and issues facing us that will challenge us throughout the summer and the coming year. The ACGME and RRC are going to expect progress on the general competencies. The ACGME draft on work duty hours is likely to emerge from the comment period very similar to its current form, and by this time next year, we will have to be in compliance. The RRC will want us to demonstrate that we have kept the integrity of our educational experience with the reduced hours scheduled, and our institutions will want to know how we are going to do all of this with less support. Shoot me now? No. This is the time to pull together as a group and share ideas and solutions through the APPD.



Over the time since our successful meeting in Baltimore and now, the Council has been having a series of regular meetings by telephone. We have revised our program for next spring based on your feedback. We have revised our strategic plan according to our discussions and needs. We have created a plan to broaden membership involvement and move forward in timely and expeditious ways, largely through the Council and our new task forces. We have begun several efforts to identify new resources to support the strategic plan and ultimately for members. We have specifically targeted educational research and a plan for collaborative support in creating a web-based, competency-based curriculum implementation plan, to be shared among members. After a brief break for the end of one academic year and the beginning of another, we are planning to resume our regular efforts.

We have added a new Task Force for Resident Work Life. The new task force will largely address Goal III under Educational Mission in our strategic plan: Insure that the education mission is implemented in the context of environmental, work force and lifestyle issues, in order to enhance career satisfaction among trainees. This will be very relevant in addressing the work duty hours and work conditions mandates that will be required of all of us. However, and probably even more important, it will be critical over the long-term, for attracting and training the pediatric work force of the future. We will need more participation on this and our other task forces, so that we can carry our efforts forward together in a timely fashion. We will be contacting membership regarding interest in the new and existing task forces. Those interested in the new task force can contact Ted Sectish or me, or you can respond to an upcoming solicitation for participation.

(See *PRESIDENT* on page 2)

INSIDE:

**AAP Section on Residents ~ Ask the RRC ~ Pediatric Resident SIG
Coordinators' Corner ~ Ask the ABP**

(EDITOR continued from front page)

the institution's and program's purview from a patient safety perspective, and the only settings where the program director could reasonably be expected to do monitoring. Such a rule does at first pass seem reasonable and protects the program directors from monitoring "away from home." However, if a moonlighting site is at another affiliated institution which is not used by the pediatrics teaching program, the hours are not counted. I do appreciate not having to monitor my residents outside of my turf but . . .

Patient safety is the reason the work hour limit appeared – so if my resident is tired from moonlighting at your program (hmm.. creative loophole guaranteed to promote cooperation among competing programs??) and makes a mistake during her shift here, it still sounds like I fumbled the ball.

I find this loophole unacceptable even though I know a few of my residents currently moonlight to pay their loans. It is still up to the program directors to set our own policies about any moonlighting and maybe we can tie in the "professionalism" competency flag for any resident who violates the policy. As we try to insure patient safety while balancing resident life style, fiscal realities of indebtedness may steer residents to programs well under the 80-hour limit. [If it weren't a challenge we would have a higher turnover rate, eh?] As typical of this column, I don't have the answer. . . Yet. Clearly our residents must help us creatively plan for future seasons. With this in mind I welcome a new column from the Ambulatory Pediatric Society's newest Special Interest Group (SIG) the Resident SIG. To compliment the AAP's resident column, we will get some additional perspective of a sample (although clearly not random and unclear how representative) of interested, invested pediatric residents from across the country. Welcome Resident SIG columnists!

Enjoy the summer, but since football can't be far behind [Go Steelers!]

(PRESIDENT continued from front page)

Our fall meeting program has been finalized. It looks to be a very exciting agenda, and I'm hoping that we will see as many of you there as possible. Between now and the biannual meetings, though we need to be active and productive in order to meet our goals. The only way to succeed with limited resources is to leverage them through networking. That is what we are about, and we will succeed best through our collective endeavors. Please be in touch through APPD headquarters or feel free to contact me or any of the other Council members, to get involved or raise issues.

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

AAP SECTION ON RESIDENTS

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

Pediatric Career Workshop Examines the Options

Eighteen months ago, while running for the position of Chair of the Residency Section, I promised to put together an educational program at the annual assembly to address post-residency job and fellowship issues. At the time I knew many residents who felt that their training programs provided insufficient tools to make informed decisions about career options. Now, I am happy to report that I have kept my promise. When our section convenes at the annual convention in Boston, on Friday and Saturday, October 18-19, 2002, our educational program will be titled, "A Pediatric Career Workshop."

We will have two keynote speakers, James A. Stockman, MD, FAAP, and Judith S. Palfrey, MD, FAAP. As the president of the American Board of Pediatrics, Dr. Stockman is uniquely qualified to comment on future job trends in Pediatrics. Dr. Palfrey, director of the Division of General Pediatrics at Boston Children's Hospital, will speak about how to continue our work as advocates for children after residency.

The afternoon component of the workshop will include two breakout sessions. The first will be for those interested in fellowship opportunities – both subspecialty and general fellowships, including those sponsored by the Robert Wood Johnson Foundation. The Section on Practice Management will coordinate the second breakout session, which will provide information for those who are considering joining a private practice group. Their topics will include contract negotiations, malpractice insurance, and billing.

In addition to the educational component described above, we will also be conducting important section-related business during the course of the day. This includes: voting on resolutions, conducting district meetings, and holding elections for the section's future leadership. If you would like to become more involved with the Academy, the annual assembly is the place to start. Each year, numerous national and local leadership positions become available and those attending the meeting are eligible to run. At this meeting, we will elect a vice-chair, a secretary, and a coordinator and assistant coordinator for each district.

It is very important right now to identify a new generation of leaders for the section, as we have launched several ambitious new projects and identified important goals that will be pursued over the next several years. These initiatives cannot come to fruition without an invigorated new generation of resident section leaders. To help foster interest, I would like to highlight two of these ongoing projects.

Residency Work Hours Task Force: We recently created a task force to examine the issue of pediatric residency work hours. In

New York, resident work hours are limited under specific state regulations (the Bell Commission). These regulations have been strictly enforced over the past several years, and they have had a significant impact on the quality of life and training of housestaff in New York. A bill currently before Congress would extend the "Bell Commission" to training programs across the US. In addition, the ACGME recently approved requirements which would place limits on resident work hours. There is debate regarding the consequences of restricting work hours, including its potential adverse effects on health care costs. The mandate of our task force is to examine the workforce issue and work with other organizations to influence the ongoing national debate.

Web site upgrade: Our second major project is a complete overhaul of the section's Web site, including a new layout and expanded content. Members of the executive committee are working to add topics such as: how to find a job, how to find a subspecialty fellowship, how to manage stress and family during residency, and where to find money for international travel. If you are a writer or just a computer guru, please get involved! We could use your help.

I hope to see you all in Boston!

ASK THE RRC

Mary Alice Parsons, Executive Director, RRC for Pediatrics

Addressing Resident Duty Hours

In response to changes in health care delivery and concerns that restricted sleep could have a detrimental effect on patient safety, education and resident safety and well-being, the Accreditation Council for Graduate Medical Education (ACGME) in September 2001 appointed the Work Group on Resident Duty Hours and the Learning Environment. A document was created, which provides the Work Group's recommendations. The goal is to emphasize the responsibilities of programs, sponsoring institutions, and the accrediting body relating to safe patient care and an appropriate learning environment for residents. The recommended mechanisms to achieve these goals include the following: a set of common requirements that define a minimum standard that must be met by all accredited programs; enhanced requirements for institutional oversight and support; and strengthening the system for compliance. The entire document is downloadable at the ACGME's website at www.acgme.org.

PEDIATRIC RESIDENT SIG

Joshua Schiffman, MD, Stanford University, Rebecca Ryder, MD, University of Florida

The Pediatric Resident Special Interest Group (SIG) met for the first time this spring at the Pediatric Academic Societies Annual Meeting in Baltimore. The SIG was formed in order to provide residents with a forum for discussion, support, advice, mentorship, and varied educational experiences. By sharing different approaches and solutions to key issues in training programs, pediatric residents learned new techniques in teaching, commiserated over lengthy work hours, dialogued with several

Program Directors, and discussed how residents decide what to do after residency with Richard Behrman, MD. More than 30 residents attended the SIG from all over the country - and the world! [Over the next few newsletters, Joshua and Rebecca will let us 'inside' the SIG]

Elizabeth Stuart, M.D. (Fellow in General Pediatrics at Stanford University) discussed teaching pearls with the residents. Dr. Stuart recommended several different techniques to overcome the many barriers [time constraints and fatigue] through case studies and personal examples.

Residency's Most Challenging Issues.

During the next part of the SIG, residents were each asked to identify the single most challenging issue faced during residency. Using a nominal group process, the following issues were identified: 1) **Time, time, time**, -nonstop work hours, -no time for friends, family, or self. 2) **Getting to the next level**, -guidance and mentorship, -rudderless ship, -evaluating and being evaluated. 3) **Networking and the Job Search**. 4) **Integrating Information**, -overwhelming volume, -reading!?!?!? 5) **Teaching residents and students**. 6) **Adequate time with patients and their families**. 7) **Not having all the answers**. 8) **Relating to non-medical friends and family**. Over the next hour, we discussed the first two issues.

Under the category of "Time, Time, Time," actual work hours was identified as one of the main causes for resident dissatisfaction. The residents presented several ideas to minimize work hours including: 1) night float system, 2) admission caps, 3) efficient working, 4) post-call home by 1:00pm, 5) team work among the residents (signing out the "small stuff" and going home post-call), 6) letting go of responsibility and trusting others to complete work post-call, and 7) additional staff including nurse practitioners and clerical staff for non-medical tasks (phone calls, paper work, ordering tests).

Several problems regarding time management and life outside the hospital were identified - specifically lack of time during residency for family, friends, and self. Many residents expressed that they feel guilty while at work for so long and that they should be at home, and vice versa. Finding time for spouses and children - as well as finding time as a single resident to meet other people - were considered difficult. The need for a "Time Management Course" that would teach residents how to schedule life into life, juggle responsibility, and get the most out of each hour was suggested and met with favorable reviews. Finally, the group toyed with the idea of including "Competency in life balance" on the growing list of competencies that residents must obtain prior to completion of their residency.

All in all, the first meeting of the Pediatric Resident SIG was a tremendous success. We hope to continue the SIG each year at the PAS Annual Meeting, and would like to encourage more cross-talk between residents and the APPD throughout the year.

[To follow . . . "self guidance," Q & A with program directors and subspecialty careers]

COORDINATORS' CORNER

Jeri Whitten, Program Coordinator, West Virginia University, Charleston

A TERRIFIC MEETING IN A "CRABBY" CITY

As always, I return from the Annual APPD Spring Meeting refreshed and rejuvenated, but never more so than this year. Approximately 100 Coordinators descended on the "crabby" city of Baltimore to share ideas and learn from each other. Our educational sessions were enlightening and interactive. Beth Hahn, Avis Wiener and Vanessa Pichette, all presented for the first time, and were met with rave reviews. Aida Velez, as always, presented a fun and insightful presentation Saturday morning on dealing with changes in our lives. Saturday morning also gave us updates on all the new initiatives from GME Track, ERAS and the Web Accreditation Data System. We are always pleased to have Esther Foster from the American Board of Pediatrics attend our meetings and share what the ABP has in store. Esther has earned "honorary coordinator" status for her interest and involvement with our Section.

We launched four new committees and strengthened our ongoing projects. Kathy Miller from Johns Hopkins will chair the committee on Professional Development. Penny Adams-Kraus from University of Missouri heads the committee on Research. Venice Polynice from Maimonides Medical Center will oversee the committee on Coordinators as Supervisors, and Sally Koons

from Hershey Medical Center and Chris Sapp from Emory will co-chair the Committee on Technology. Melodie Parker continues to Chair the Membership Committee, and Aida Velez will continue her work with the Handbook Committee.

Ten scholarships will again be offered next year as approved by the APPD Council. Thanks. We will also be launching a job and salary schedule survey this fall.

We had lots of opportunities for fun, thanks to Kathy Miller and Pat Schmidt. We even brought some good luck and a win for the Orioles! I understand Baltimore now has the reputation of having some great margaritas to go along with the fantastic crab cakes.

Our Section is only as strong as its members, so we encourage you to get involved as much as you can. Committees will welcome new members, and the 2003 Program Planning Committee, Chaired by Rosemary Munson of Maine Medical Center and Venice Polynice of Maimonides Medical Center, are looking for some great suggestions! We look forward to seeing even more of you in Seattle in 2003.

Best wishes to all of you as you say goodbye to your graduates and welcome in the new interns. What a happy and bittersweet time this is! From the entire Coordinators Executive Committee, we wish you a fun and safe summer.

Association of Pediatric Program Directors' Coordinators Section 2002 Annual Meeting ~ Baltimore, MD



ASK THE AMERICAN BOARD OF PEDIATRICS (ABP)

Gail McGuinness, MD, Senior Vice-President, American Board of Pediatrics

Since I've assumed my new position at the American Board of Pediatrics (ABP), I have received questions from both program directors and residents regarding the In-training Examination (ITE). I will address two of the questions that may be of interest to the membership of the APPD.

Question:

Could the ABP provide more information to program directors and residents by expanding the item analysis on the ITE and providing subtest scores?

The ABP has offered the ITE as a service to program directors and residents as one means of assessing the cognitive knowledge of the residents in your program. It is not meant to be an educational tool per se. An individual resident can determine strengths and weaknesses in pediatric knowledge at the time the examination is taken and also progress from year to year. The results of the test give the resident and the program director some indication as to whether the resident will be successful in passing the certifying examination by providing comparisons of the resident's score at a given level of training with all residents at that level each year and with past test takers who serve as the reference group for the certifying examination. Thus, the program director can embark on a program of remediation of cognitive knowledge for an individual resident if needed. However, the best means of doing so may not be "studying to the test" by utilizing the item analysis. The PREP program of the American Academy of Pediatrics, among other educational options, is a resource that many programs use for this purpose. Although designed to assist pediatricians undergoing recertification (now maintenance of certification) in general pediatrics, the PREP questions are similar in format and content to those on the certifying examination and may be useful for residents as an educational tool.

Subtest scores are not provided because the number of questions in each category is too small to produce reliable results. The total examination has a very high reliability and is a good sample of general pediatrics, but several questions on endocrinology, for example, would not be adequate to measure one person's knowledge of this specific area. Some program directors have asked for an expanded critique or analysis of the content of each question. Unfortunately, this would be an expensive proposition requiring the elimination of questions after they are used only once in order to maintain the security of the examination. Thus, this has not been deemed as a feasible option by the ABP.

Question:

Could the ITE be moved from July to January in order to provide interns with a more meaningful starting point since they will have completed six months of training and to provide senior residents with results that better reflect their readiness for the certifying examination?

The ITE was originally offered only to incoming residents in July of the PL-1 year so that program directors could evaluate their incoming residents' cognitive capabilities in pediatrics prior to starting training. This still remains an intent of the examination. In 1973, the examination was expanded to include those who were in the midst of training to provide information about their cognitive knowledge as they progressed through the program. In addition, if PL-3s took the examination in January, the results would not be available until May of the PL-3 year, thus eliminating the possibility for any remediation to take place during the residency training program.

Finally, the July date for the examination allows the ABP to enroll residents into the tracking system at the onset of residency since the ITE roster is the means by which entering residents are identified. To change the date of the examination would be disruptive to that process and ultimately to the certification application process.

IT'S APPD DUES TIME

The APPD membership dues year is from July 1 - June 30. Dues renewal notices were mailed in early June 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, coordinator and chief residents. We also invite individuals from programs such as Pediatric Emergency Medicine, Medicine Pediatrics, Pediatric Child Psychiatry, Pediatric Rehabilitation Medicine, Pediatric Genetics, Subspecialty Training Fellowship Directors, 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.

Association of Pediatric Program Directors Leadership

President: Edwin Zalneraitis, MD

President-Elect: Theodore Sectish, MD

Secretary-Treasurer: Bernard L. Wiedermann, MD

Past-President: Carol Carraccio, MD

Newsletter Editor: Robert S. McGregor, MD

Councilors: Lynn R. Campbell, MD;

Robert S. McGregor, MD; Robert Englander, MD; John Mahan, MD

Coordinators' Executive Committee

June Dailey; Melodie Parker;

Aida Vélez; Jeri Whitten; Rosemary Munson, Venice Polynice



APPD

6728 Old McLean Village Dr.
McLean, VA 22101-3906

First Class
US Postage
PAID
McLean, VA
Permit 7085



Association of Pediatric Program Directors

6th Annual Fall Meeting

October 23 - 25, 2002

Hyatt Regency Hotel
Reston, VA

**ORIENTATION AND TRAINING FOR NEW
PROGRAM DIRECTORS**

PREPARATION FOR A SUCCESSFUL SITE VISIT

Reception & Dinner: October 23

Meeting: October 24 - October 25

Who Should Attend?

- ◆ *New Program Directors and New Coordinators*
- ◆ *Associate Program Directors*
- ◆ *Individuals Considering Becoming A Program Director*
- ◆ *Individuals Interested In A Comprehensive Update*
- ◆ *Individuals Preparing For A RRC Site Visit*
- ◆ *Individuals Assisting Program Directors*

View the program and registration form on-line at www.APPD.org

Welcome New Program Directors !

Julia Lynch, MD

*San Antonio Uniformed
Services Health Education
Consortium
10/03/2001*

Adam Pallant, MD

*Brown University
10/03/2001*

Douglas Moses, MD

*Western Reserve Care
System/NEOUCOM
10/23/2001*

James Nocton, MD

*Medical College of Wisconsin
10/23/2001*

Greg Blaschke, MD

*Naval Medical Center (San Diego)
11/02/2001*

Javier Gonzalez del Ray, MD

*Children's Hospital Medical Center/
University of Cincinnati College of
Medicine
11/19/2001*

Antonio Del Valle, MD

*University of Puerto Rico
11/19/2001*

Edward Kohaut, MD

*University of Florida College of
Medicine (Pensacola)
11/19/2001*

Jill Leavens-Maurer, MD

*Winthrop-University Hospital
11/29/2001*

Richard Spangler, MD

*St. Joseph Hospital
11/29/2001*

Joseph Majure, MD

*Duke University
1/11/2002*

Pramod Narula, MD

*New York Methodist Hospital
1/29/2002*

Michael Schreiber, MD

*University of Chicago
1/31/2002*