



APPD NEWSLETTER

Summer 2005

Association of Pediatric Program Directors

EDITOR'S COLUMN

Annamaria Church, MD, Director, Pediatric Residency, MERC/MSU, DeVos Children's Hospital

As I begin my tenure as editor of the APPD Newsletter, I would first like to thank Robert Englander, MD as well as all the previous editors for developing the newsletter into its present form. In fact, I was surprised to learn that the position of "newsletter editor" has evolved into a much larger job of "Director of Communications." During Dr. Englander's tenure, there was a concerted effort to enhance communication within the APPD membership. The newsletter was expanded to include regular updates from the regions and the five task forces. Additionally, the listserve was enhanced and the web-based discussion groups as well as the ad hoc work group conference calls were developed.

In our roles as program directors, it seems we never have "down-time" to sit, think and learn. As administrators, we run from orientation to recruitment to match and then graduation while preparing schedules and changing curricula for the next academic year, all the while juggling the many daily crises of our residents. We each have an additional myriad of duties and responsibilities from clinical productivity to teaching, mentoring, research, and hospital staff duties, not to mention balancing into this our personal lives and families. The APPD communication forums from newsletter to discussion board provide me with a brief respite from the hectic life to learn something new from a colleague or to offer advice to a colleague who is struggling. I encourage each of you to schedule regular breaks in your weeks. Take a few moments to explore the web site — check out the discussion board, see what's new in the task forces. I never fail to come away refreshed and energized with a new concept or just knowing I'm not the only one struggling with a problem. I would also encourage each of

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PRESIDENT'S COLUMN

Theodore Sectish, MD, Program Director, Stanford University

Thanks to all of you who contributed to make the Annual Meeting in Washington, DC such a success. We broke our own attendance record with 510 registered participants. There was a buzz and an excitement at the meeting. I heard from numerous individuals who said it was the best APPD meeting they had attended. My sense is that we are maturing as an organization and program directors and coordinators are focusing on educational scholarship and professional development.

The result of this focus is an overall improvement in the educational quality of our meeting. The workshops were high quality, interactive, and relevant to promote competency-based training and to manage residency programs. The evening poster session demonstrated the range of scholarly activities of our membership and gave me ideas that I brought home for my own program.

Over the course of the year leading up to our next Annual Meeting in San Francisco, there are many opportunities and important initiatives for you to maintain your involvement in APPD and further enhance pediatric graduate medical education. Here are several ideas. First, become an active participant in your Region. Reports coming in from this year's regional breakfasts indicate that there are more regional activities planned than ever before. You may participate as a meeting planner, a regional leader, a workshop facilitator or a plenary speaker at a regional meeting, a collaborator on a research project, or as a newsletter contributor.

Second, you may participate as a member of the ACGME pilot study using the Case Log system to log Continuity Clinic patients. Over 55 programs have expressed their interest in participating in this pilot study. Jerry Vasiliadis of the Pediatric RRC was overwhelmed by the interest and response. Instead of limiting the pilot to 15-20 programs, he agreed that the pilot study should include all the programs willing to participate. This collaborative pilot study will take place from July 1st through the end of the calendar year. Ann Burke will serve as the Board of Directors lead in this pilot study. There will be several ways to communicate via the discussion board and through conference calls.

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Third, I am very interested in promoting APPD as an educational home for pediatric subspecialty residency directors (fellowship directors) and want our meetings to be venues to facilitate the transition to competency-based training among all pediatric graduate medical education leaders. I encourage APPD members who are fellowship directors or subspecialists, and those program directors who have worked closely with fellowship directors at their own institutions to coordinate and integrate their educational efforts to participate in the Fellowship Directors Track at the 2005 Fall Meeting in Reston, VA and the 2006 Annual Meeting in San Francisco, CA. Joe Gilhooly will serve as the Board of Directors lead in the educational planning process for these meetings.

Fourth, APPD must respond to the Federation of Pediatric Organizations (FOPO) Report of the Task Force on Women in Pediatrics. This Report calls for collaborative efforts with liaison organizations such as the AAP, AAMC, ABP, AMSPDC, NACHRI, and the Pediatric RRC and addresses a number of important issues that have not been discussed in depth: 1) development of family friendly working environments in residency training programs including surveys and rating systems for programs; 2) inclusion of part-time training options in all training programs; 3) in-depth examination of parental leave and its impact on training time; 4) determination of the readiness of a resident to sit for the general certifying examination based on competency rather than time in training; and 5) counseling needs of residents who balance family and professional responsibilities. We as an organization should develop a response with thoughtful and broad discussion over the next 12 – 18 months. I am interested in hearing from you if you are willing to participate in this project.

Think about the ways you want to participate and, as you help your new interns get settled in your training programs, you may want to establish some of your own professional goals related to APPD.

Have a great summer!

you to contribute to the discussion board and/or the newsletter. Let your colleagues know what innovative solutions you've developed for the problems we all encounter.

As in all relationships, dynamic communication is vital. I look forward to serving you in my tenure as "Director of Communications" and welcome your ideas, comments and feedback.

WESTERN

Robert K. Kamei, MD, University of California - San Francisco

We had a very successful breakfast meeting of the Western Region, which also included the following programs initially identified in another region: Phoenix Children's Hospital/Maricopa Medical Center, University of New Mexico, and University of Colorado.

We brainstormed as a group as to what support we could use from the national organization. The suggestions included the following: updated email listserv to include chief residents; the idea of Regional dues; communication support for the region (including web page); Conference support for Regional meetings; and national recognition for regional work. (A more in-depth description of these suggestions can be found on the APPD web page under Western Regional minutes.)

We further discussed our previous efforts to have a Regional meeting in the Western Region. For many years, the Southern California Residency programs met together as a group. There was a similar effort with the Northern California programs. Last year there was a Regional Meeting hosted by Loma Linda University (organized by Sharon Riesen, MD). Approximately 30 people attended including Program Directors, Program Coordinators and Chief Residents. The program was held on a Friday, and the morning session reviewed the proposed RRC changes. The afternoon session consisted of several presentations by participants regarding new educational innovations developed by their residency program. Feedback on the meeting was very positive and it was suggested that this activity be continued.

We therefore set the place and date for the next meeting: September 16th, to be hosted by UC San Diego (Michael Gottschalk). The exact format of the meeting has not been determined yet, but Mike tentatively envisions meeting as an entire group for a review of 4-5 programs. Then the meeting will split up into three groups: directors, coordinators and chief residents. We'll all come back together for lunch and then a tour of the facilities. Mike is working on generating a listserv for the region which will have four options: entire group, directors only, coordinators only and chief residents only. Through the listserv, Mike will request topics for discussion for the meeting. Medical student advisors for pediatric applicants (which may or may not be a program director) will be specifically invited to attend the conference as well. The University of Washington volunteered to serve as host for the following year Regional meeting.

Finally, we ended our breakfast meeting with a discussion on the organizational leadership for the Region. The Program

RRC UPDATE - APRIL 2005 MEETING

Jerry Vasiliadis, PhD, Co-Executive Director, RRC for Pediatrics

When the RRC for Pediatrics met in early April, the committee handled 33 core programs, of which 19 were reviewed for status action. In addition, 104 subspecialty programs were reviewed.

Note: Program Requirements: At the February meeting of ACGME the proposed revision of the Program Requirements was deferred, pending some editorial changes that involve the removal of some of the explanatory paragraphs and suggestions for documentation. (It is anticipated that the requirements will be approved when ACGME meets in June.) An effective date of January 1, 2006 was requested. If they are approved, the requirements will be posted on the ACGME Website and program directors will be so notified.

In addition to program review, the committee dealt with the following major topics:

- Generic Subspecialty Requirements document: the committee had requested input from all subspecialty program directors regarding the revision of the requirements for all pediatric subspecialties. Comments that were received were reviewed and many were incorporated into the draft. The document also includes for the first time the ACGME Competencies. The subspecialty program directors were previously notified that they should begin incorporating these into their curriculum as of July 1, 2005. The RRC's draft will be posted on the ACGME Website for 45 days for additional review and comment. At its meeting in October, the RRC will finalize the document and will submit it to ACGME for approval at its meeting in February 2006. Directors of core programs are encouraged to review this document because it suggests some collaboration among subspecialty directors and between them and the core program director.

- Subspecialty Requirements: The RRC is in the process of identifying some subspecialty areas in which the program requirements will undergo revision. During this process, program directors will have the opportunity to provide input.

- PIF (core): The committee is developing a revised PIF that will relate to the revised program requirements. A major goal is to streamline much of the form and reduce the amount of narrative description the program directors must provide. The form will be field-tested before being put into general use. Those who receive notice of the date for their site visits prior to January 1, 2006 will use the current PIF. Another update will be provided after the meeting in October regard-

Directors decided that the best format for our region would be a 2 year position, with someone elected each year as a Regional Chair Elect. Bob Kamei will serve in the first one-year term of office as Regional Chair and Roni Vasan was elected to serve as Regional Chair-elect. The Program Coordinators met separately for part of the Regional Breakfast and elected Tracie Barnett and Drake Kendermore (University of Washington) as Regional Coordinators.

SOUTHWEST

Surendra K. Varma, MD, Texas Tech University Health Sciences Center

Following a successful meeting at the APPD Annual Meeting, members of the Southwest region will attempt to meet this fall, preferably during the Texas Pediatric Society meeting in Galveston, Texas. The main topics for discussion are (but not limited to): 1) Recruitment, 2) Cultural competency and diversity, and 3) Issues related to international graduate applicants.

The group will also soon begin communicating with each other via a regional listserv. One goal is to encourage mutual exchange visits between programs by program directors in the region. The group is optimistic that it will strengthen the visibility and effectiveness of programs in our region.

APPD Leadership

President (2004-2006)

Theodore Sectish, M.D.

President-Elect (2004-2006)

Robert McGregor, M.D.

Secretary-Treasurer (2004-2007)

Ann Burke, M.D.

Past-President (2004-2006)

Edwin Zalneraitis, M.D.

Executive Director

Laura E. Degnon

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Annamaria Church, M.D. (2005-2008)

Joseph Gilhooly, M.D. (2004-2007)

Susan Guralnick, M.D. (2003-2006)

Adam Pallant, M.D., Ph.D. (2005-2008)

Coordinators Executive Committee

Dee Burkins (2004-2007)

Cindy Colpitts (2003-2006)

Therese D'Agostino (2005-2008)

Mary Gallagher (2004-2007)

Louise Kadane (2003-2006)

Vanessa Pichette (2005-2008)

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COORDINATORS' CORNER

Cindy Colpitts, University of Nebraska - Creighton

New Coordinators

For those of you that attended the Spring Meeting in Washington, D.C. – I think you would agree that it was a really great conference! For those of you who may not have been able to attend, we hope that you are able to come to the 2006 meeting! If funding from your program is an issue, please keep in mind that the APPD offers several scholarships to coordinators. The application is available on the website at www.appd.org.

To add to the phenomenal learning opportunities at the conference, we were able to visit many historical monuments and museums in D.C. You definitely needed to bring your walking shoes.

There were 30 new coordinators that attended the Spring meeting this year. Here are some of their thoughts:

“It was nice to have the opportunity to network with other Pediatric Coordinators. I truly enjoyed the lectures and the speakers were both inspiring and educational. The meeting demonstrated some of the current procedures of the coordinator role, and gave us an outlook of the future goals of web based systems. It was a great experience for me and I recommend it to all new Coordinators.”

~Maria L. Hernandez
Long Beach Memorial/Miller Children’s

“The Spring conference was informative. I just want to thank all of you who put it together.”

~Allyson Olsen
University of Illinois College of Medicine at Peoria

“Thank you for the warm welcome. This is my first year serving as a coordinator and it has been quite challenging if I must say so myself. Anyway, the conference location was great! Also, the recruitment session was great. A lot of ideas were presented to better market our programs for next year. Lastly, the session with Gail McGuinness was very informative as far as future plans were concerned for joint programs.”

~Thea Gaillard
Medical University of South Carolina

“I found the meeting to be very interesting and reassuring that a lot of what I am going through is happening to others. It kind of gives you peace of mind that you are not crazy and incompetent. I think the discussions about stress and home

and family and just trying to manage everything is excellent. In our work world we keep getting asked to do more and more work and no more time and no more money, so all the speakers and information about how to survive your job and your home for me is wonderful. I came back from this meeting with new resolve to make things better in my job and my family. It is not easy and I doubt many times that I am up to the challenge but I will do my best. I am sorry I am rattling on but I wanted to say one more thing. I met several people and two people in particular that were so nice to me and treated me like a long time friend and I thought what a wonderful group of people, so warm and welcoming and caring. Thanks for listening to my ramblings.”

~Roberta Johnson
Advocate Lutheran General Children’s Hospital

“As a new coordinator who has just attended her first APPD meeting, I was thrilled to meet other coordinators such as myself, as well as participate in the excellent workshops that were provided. I was especially thrilled to meet the founding members of the Coordinator’s Section, including Jeri Whitten, Mary Gallagher, and numerous others. Working for Dr. Berkowitz for 19 years has allowed me to familiarize myself with the many names and faces of the APPD and the ACGME. The experience was wonderful, and I very much look forward to attending the Fall meeting!”

~Sally R. Oliver, MPA
Harbor-UCLA Medical Center

“I really enjoyed the Spring meeting. I learned so much, but the best part about the conference is meeting other coordinators. I now have a group of people I can bounce ideas off of and learn more efficient ways of doing things.”

~Carmela J.C. Meyer, MBA
Kansas University Medical Center

Coordinators who
are relatively new and/or
will soon have an RRC site visit
won’t want to miss the
APPD Fall Meeting
September 28 - 30, 2005
Reston, VA.

APPD National Headquarters:
6728 Old McLean Village Drive
McLean, VA 22101-3906
703-556-9222 * FAX: 703-556-8729
info@APPD.org * www.APPD.org

STATE OF THE UNION OF MED-PEDS IN 2004-2005 (MPPDA REPORT ON MED-PEDS)

*Allen Friedland, MD, FACP, FAAP
President, Med-Peds Program Directors Association*

I am happy to report some of the major accomplishments and update you on important information facing our organization this year. Our membership has grown to 210 members (92 directors and associate directors and 118 other Med-Peds members).

Accreditation of Med-Peds Programs

As you know, med-peds programs will be accredited by the ACGME as of July 1, 2005. All programs who meet the current requirements will receive accreditation letters from the ACGME in mid-2005 and reviews will start in January 2006 when the new Peds requirements are in force. Programs will be randomly assigned to a "parent" RRC and be given a new ACGME number accordingly. Though there will be a small review with the other parent program (verify the PIF, duty hours, etc.) the focus will be on the review with the designated parent program. The med-peds director will now meet with the site visitor and more combined residents will be interviewed. Unfortunately, the requirement that med-peds programs be sponsored by a single categorical program will mean that a few programs will have to merge or close their program. The ABP has produced new tracking forms for combined residents that will require signatures of the MP director and the categorical directors.

We are pleased to announce that John Frohna (University of Michigan, Med-Peds Director) will start a three year term on the RRC-IM. This will be a help to both directors and the RRC during this transition period.

For the first time, the Med-Peds coordinators participated in a lunch program at the APPD meeting to introduce them to accreditation and discuss a mechanism to transmit information to coordinators about med-peds issues.

Transition Care

Our organization and others have been trying to engage both pediatricians and internists about transitional care, an issue of importance in many communities. We are working on a needs assessment survey and a curriculum to teach transition care to residents. A workshop by some of our members was submitted to the Society of Adolescent Medicine to reinvigorate their involvement in the transition process. An article in the American College of Physicians Observer reviewed the state of transitional care (available at <http://www.acponline.org/journals/news/dec04/adolescents.htm>). The Society for General Internal Medicine accepted a transition interest group, led by members of MPPDA and other med-peds physicians, for its meeting in May 2005.

Research/Publicity

Here are the articles produced; they are in manuscript form.

Terry, K: Where do Med-Peds fit?; *Medical Economics*; April 8 2005.

Robbins B, Ostrovsky DA, Melgar T: Factors in Medical Students' Selection and ranking of Combined Medicine-Pediatrics Programs; *Academic Medicine*; 80 (2) 2005

Frohna JG, Melgar T, Mueller C, Borden S: Internal Medicine-Pediatrics Residency Training: Current Program Trends and Outcomes; *Academic Medicine*; 79 (6) 2004

AAP Med-Peds section & MPPDA collaborative studies are being prepared for submission this year. We have 2 years of data collected. The 1st year of data relates to resident preparedness for his/her career and mentor experiences. The 2nd year's data relates to the job search. Stay tuned.

Links with Other Organizations

MPPDA has friends with many organizations. We will continue to focus on improved communication between our Pediatric and Internal Medicine colleagues.

APDIM (Association of Program Directors of Internal Medicine)

This year we had MPPDA representatives on the following committees: accreditation, education, program planning, and public policy. We produced **4** newsletter articles for the membership. At the 2005 spring meeting, we had representatives give **2** chief resident, **3** workshops & **2** posters. APDIM is committed to our involvement in all of these activities.

APPD (Association of Pediatric Program Directors)

We have been successful in strengthening our bond with APPD. This year we had MPPDA representatives on the following task forces: evaluation and learning technology. We produced **3** newsletter articles for the membership. At the 2005 spring meeting, we had representatives give **5** workshops and **3** posters and were part of the judging process. Our paid membership with APPD has increased by 30% over this past year. Over 65 of us participated in the annual APPD meeting.

AAP and ACP

Both the AAP and the ACP have demonstrated a continued commitment toward a collaborative promotion of Med-Peds. The Med-Peds section of AAP is now the sixth largest section currently. Both organizations recently renewed their policies of a reduced fee structure for dual membership. In addition, both organizations have been supportive of annual Med-Peds educational programming at their meetings.

Some of the recent activities and accomplishments of the Section include lobbying the ABIM and ABP to provide a fee discount for dual board certificate first-time examinees (med-peds recertification examinees currently receive a discount), creating brochures aimed at educating patients and health organizations about Med-Peds physicians. John Chamberlain, med-peds physician and past med-peds section chair, has been elected Chair, Council of Sections Multidisciplinary Action Group at AAP.

NMPRA

The National Med-Peds Residents' Association (NMPRA) has record high membership of 61 residency programs and 1200 members. Med-Peds Resident Clinical Case Presentations were chosen from abstracts submitted from across the nation as a new initiative. MPPDA provides award certificates to the winners.

Heather Toth, current president of NMPRA was selected to win the 2005 MPPDA Dr. Walt Tunnessen Award.

Conclusions

Our directors are committed to continue to produce excellent physicians prepared for a changing medical landscape. In order to do this successfully, we rely on strong relationships with each other and with you. APPD and MPPDA share many common principles and goals. Accreditation is only one example. We would like our entire membership to be part of APPD and participate in all activities. We look forward to another productive year and we appreciate any feedback or advice that you may offer us.

COORDINATORS RECOGNIZED

*Melodie Parker, Baylor College of Medicine
2004-2005 Chairperson, Coordinator Awards*

At the spring meeting in Washington D.C., three coordinators were recognized for their outstanding contribution to the Coordinators Section and to the APPD.

Dr. Carol Berkowitz was present to award the first annual Carol Berkowitz Award for a Lifetime of Excellence in Advocacy and Education to Jeri Whitten. This award is the highest honor a coordinator can receive from the APPD Coordinators Section. Ms. Whitten has over 30 years experience as a coordinator in Pediatric Medical Education at West Virginia University and has numerous accolades distinguishing her as an outstanding contributor to the Coordinators Section of the APPD.

The Award for Achievement in Education was presented for a project that benefits everyone in the Coordinators Section of APPD. Recognized for adding the coordinators photo-

graphs to the APPD web page and for updating the handbook were Therese D'Agostino from Massachusetts General Hospital and Vanessa Pichette from Vermont Children's Hospital.

Congratulation Jeri, Therese, Vanessa!

For further information on the awards please visit the APPD website www.appd.org or contact info@appd.org.

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ing the date by which the new PIF will be available and required.

Case Log system: The Committee reviewed reports on the data that have been entered thus far and was pleased to see that 98% of the programs have complied. Those who have failed to participate have been notified of the ramifications of continued non-compliance. Some modifications are being made in the data being collected. The committee has also asked APPD to identify some programs that will participate in piloting a second phase of the project. As of July 1, 2005, those residents beginning year two of their training are required to continue entering data and those beginning year one must begin their data entry.

Association of Pediatric Program Directors

9th Annual Fall Meeting

September 28 - 30, 2005

Hyatt Regency Hotel
Reston, VA



Opening Keynote & Dinner: September 28
Meeting: September 29 - 30

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
- ~ Fellowship Directors (New Track!)

★ Registration materials now available online. ★
Go to www.appd.org and click on Annual Meetings

WHAT DOES RESIDENCY TRAINING REALLY PREPARE US FOR??

Theresa Murdock-Vlautin, Vice Chair, Resident Section, American Academy of Pediatrics

As we start our residency, it is with great anticipation that at the completion of our training we will have been educated with all the skills needed to be a pediatrician. However, as residents near the completion of residency, many feel inadequate regarding the tools needed to make the transition from a pediatric resident to becoming a community or academic pediatrician. Reflecting on the requirements of residency training, the focus is to give us the medical knowledge and clinical experiences necessary to become proficient in pediatric medicine. Unfortunately, due to multiple variables, most residents do not receive adequate education regarding the transition to life after residency. How do we build our curriculum vitae, manage our debt, negotiate a contract, obtain proper liability and malpractice coverage, and advocate for the children within our communities? The AAP Section on Residents realizes that residency training does not have the ability to provide residents with all the tools needed in this arena. Therefore, in order to provide residents with opportunities to gain such knowledge in non-traditional education, the AAP Resident Section has developed multiple educational venues for pediatric residents. Our Annual Assembly at the National Convention and Exhibition (NCE) offers a different education agenda yearly; however, the focus remains on non-traditional training in career development, community advocacy, legislative advocacy, international child health, subspecialty and academic opportunities, and leadership skills. Other opportunities for such non-traditional education are through local AAP chapters continuing medical education, the AAP Committee on Federal Government Affairs annual legislative conference, AAP International Child Health Initiatives, and the AAP Community Pediatric Training Initiative (formerly the Ann E. Dyson Foundation).

But what is it that makes us a real pediatrician? In reality it may take several years after the completion of residency before we as pediatric residents actually become pediatricians. It takes strong leadership skills and a good sense of self to develop into pediatricians. We need to understand our personality and the personality of those within our practice. It is important to identify a mentor within the practice and learn to give and receive effective feedback. Also, learning to nurture relationships with organizations that advocate for other child initiatives in order to form strong collaborations, which will help to ensure all children receive the best health care and educational opportunities available. Such leadership skills are not inherent to all individuals and need fostering within all people. The Pediatric Leadership Alliance (PLA) has provided an educational program that promotes the development of such leadership skills. The AAP Section on Residents has made it a priority to bring these skills to all pediatric resi-

dents through articles in *Resident Report* and through our educational programs at the NCE Resident Section Annual Assembly. The entire PLA leadership program is also available on the AAP Website.

So, as we transition through our pediatric training, from intern to senior resident to community pediatrician or academic/subspecialty pediatrician it is important to realize that the AAP offers multiple options to help guide residents through the transition to becoming a practicing pediatrician. It is the hope of the AAP Section on Residents to bring this information to all of you. We look forward to seeing you at the National Conference and Exhibition in Washington, DC this year!

TASK FORCE HAPPENINGS

EVALUATION

Annamaria Church, MD, MERC/MSU, DeVos Children's Hospital

The Evaluation Task Force met at the Annual Spring Meeting on Thursday, May 12, 2005. There were several new faces among the thirty-plus who attended!

We reviewed the charge of the task force:

“The APPD Evaluation Task Force is charged with developing goals with measurable objectives that can be achieved in a 3-year time period to assist pediatric residency programs in improving their evaluation procedures. Such procedures may include evaluation and feedback to individual trainees and faculty as well as encompassing curricular or programmatic evaluation issues.”

We then entered into a discussion of what ultimate outcome our incremental evaluation tools were measuring. We determined that, although ultimately we hoped that our graduates were competent pediatricians throughout their careers, the outcome we could focus on was the competence of the resident at the completion of residency.

Many forms currently in use by various programs were distributed. Some forms were skill specific check-lists, others global rotation evaluation forms or portions of 360⁰ evaluations. It was hoped that “best-practice” forms could be identified to post in a tool-shed on the APPD Evaluation Task Force web-site. However, there were pieces of many forms which were probably useful. All of the forms will be posted for everyone's use. Attendees were also encouraged to send Annamaria Church any other forms they have for inclusion in the tool-shed. Over time and use, it may become possible to specifically identify which pieces of which tools are “best” and develop unified tools. If, eventually, all programs use

TASK FORCE HAPPENINGS, continued on page 8



APPD

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TASK FORCE HAPPENINGS, continued from page 7

the same forms, we can attain significant numbers and begin to validate the tools.

As we discussed the frustrations of getting accurate evaluations from our faculty, several interesting concepts emerged:

1. Implementation of any new tool seems to result in less clustering of responses. Whether this is due to faculty development around the new evaluation form or simply the newness resulting in careful reading of the descriptors by faculty, it appears the “new” forms result in presumably more thoughtful evaluation. The newness phenomenon does, unfortunately, appear to wear off.
2. Faculty seems to more honestly evaluate the residents in an oral forum rather than a written form. Several attendees described scheduling regular evaluation meetings where faculty openly discuss each resident’s progress. The directors that use this process feel they receive more accurate information that when faculty fill out forms.
3. Evaluative descriptors, such as “making progress,” “beginning to attain,” and “has mastered” seem to result in more thoughtful evaluations than a simple numbered scale — even if the numbers are coded to descriptors.

We are still far from developing the “ultimate valid evaluation tools” to evaluate resident competency but continue to work toward that end.

FACULTY DEVELOPMENT

Miriam Bar-on, MD, Stritch School of Medicine - Loyola University

Fifteen people attended our meeting in May. It was nice to have face to face discussions rather than communicate over the phone in a conference call. After introductions, we revealed in our big accomplishments for the year: the mentoring program for new program directors, the revision of PEDS 101, and the presentation of a workshop titled “Promotion and the Program Director.”

Our new business included discussions of development of a scholarship for new program directors to facilitate attendance at the fall meeting, initiation of preconference workshops, perhaps two to run concurrently and the expansion of the mentorship program. We would also like to survey the membership to assess the usefulness or effectiveness of workshops presented over the past 2-3 years. We would work with other taskforces to accomplish this goal. Finally, we addressed the items in the strategic plan that pertained to the faculty development taskforce and began to discuss approaches to meeting our assignments.

We are excited about new members and encourage anyone who is interested in faculty development to join us as we begin our work for the coming year. If anyone would like to participate, please email Miriam Bar-on at mbar@lumc.edu.