



# APPD NEWSLETTER

Summer 2006

Association of Pediatric Program Directors

## EDITOR'S COLUMN

*Annamaria Church, MD*

Nearly ten years ago, in September, 1996, I became a Pediatric Residency Program Director. At the time, I had had experience as a Transitional Year Director for a small, community TY program but soon learned there are vast differences between the duties of a TY director and that of a Pediatric Director. That first day, I was informed that one of the senior residents was "stuck in Canada". She had gone to visit family but did not have all of her visa documentation with her so was detained at the border. Within the first week, I was given huge stacks of mail, consisting of applications from hundreds of potential residents (pre-ERAS). Although it was great to build my international stamp collection, there was no possibility of thoroughly and meaningfully reviewing all those applications. It wasn't long before I felt totally overwhelmed. Luckily, I had a chair with medical education experience. He insisted that I become involved with the Association of Pediatric Program Directors. As I followed his advice and attended my first A.P.P.D. meeting, I was delighted to learn that I was not alone in my feelings of panic.

I recall Carol Berkowitz explaining very practically how to successfully get through an RRC site visit. I recall the "hot discussion item" was how to count PICU/NICU months and calls and still have covered NICUs and PICUs. I left that first meeting with some very valuable information, some sage advice and a network of colleagues with the same issues, concerns and pressures. Over the years, this group has worked through duty hours, competencies, and new RRC requirements. Program directors have had a venue to exhibit their scholarly activity through the special projects, workshops and posters. Over the years, the view of the Association has increasingly been sought by the ABP, RRC, ACGME, and other alphabet-soup groups.

*EDITOR, continued on page 2*

## PRESIDENT'S COLUMN

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

I am really proud to represent an organization of the caliber of the APPD. I have learned and gained much over my past 16 years with this organization and I have plenty more to learn from you. Yes, I had my moments at the podium in San Francisco thinking – "I wanted to win this opportunity?" vs. the Philly street-wise part of me thinking "I'm takin' someone down." Regardless, I quickly adapted to listen, listen to a thoughtful and passionate constituency. Through this opportunity, I recognized the true disconnect we had with the ACGME and with the help of Ted Sectish, our immediate past-president, managed to articulate your concerns ultimately to the ACGME and precipitate a face-to-face meeting with Dr. David Leach in Chicago on June 22. I was very excited when I learned that 48 of you responded to our survey within 10 minutes! By ten days, we had greater than a 70% program response rate with 248 respondents. By the time this goes to press you will have completed the survey and read the data-driven letter to the ACGME. I thank you for this somewhat startling introduction to the power of our passion and the recognition that we have grown up as an organization to be viewed as rational and respected.



As I humbly approach this challenging position, I have decided to examine my priorities to be sure they align with our mission.\* The survey mechanism we have used to get data for the ACGME has reinforced the need to continue to provide the membership responsive venues ensuring a common voice for improving graduate medical education. Consistent? Check.

**\*APPD Mission Statement:** In order to ensure the optimal health and well being of children, the Association of Pediatric Program Directors strives for excellence in pediatric graduate training programs by:

- Providing a voice and a venue for defining, promoting, and improving pediatric graduate medical education
- Enhancing the career development, professional satisfaction, and scholarship of individuals in the pediatric graduate medical education community and
- Promoting leadership and collaboration with related organizations

I am most excited that the APPD may be instrumental in establishing a forum for pediatric subspecialty educators, the Council of Pediatric Subspecialties (COPS). Categorical pediatric program directors have often spent many hours getting their institution's subspecialty fellowship di-

*PRESIDENT, continued on page 2*

### INSIDE:

2007 Spring Meeting ~ Regional Happenings ~ Ask the ABP ~ Task Force Reports  
AAP Resident Section ~ Coordinator's Corner ~ 2006 Fall Meeting

rectors up to speed with respect to RRC requirements. COPS may provide just the forum to directly assist our subspecialty colleagues in stating their opinions and sharing in our progress regarding the competencies and outcomes. Along with Robin Dederding, President of Council on Medical Student Education in Pediatrics, COMSEP, we are trying to extend our pediatric educational collaboration along the full spectrum of pediatric medical education: medical student, pediatric resident and pediatric subspecialty fellow. Consistent? Check. These activities are certainly consistent with the “promotion of leadership and collaboration” and hopefully will promote scholarship along the way.

I hope to challenge the largest and fastest growing section of our organization, the associate program directors. My hope is that we will perform a needs assessment of this growing subgroup to better understand and serve these members specifically. I believe that such efforts will benefit the coordinators and program directors by helping to improve personal and academic growth of this largely junior faculty which should boost career satisfaction and productivity and promote the development of many of our successors. This, too, is consistent with our Mission Statement.

For all of the directors and associates balancing the academic demands while running a program with an ever moving target, I wanted to share with you my personal celebration as I learned upon returning from the APPD meeting that I was actually promoted to unqualified rank of *Professor of Pediatrics*. This promotion came on the basis of my educational scholarship despite having only a few first-authored, hypothesis-driven research papers. This promotion resulted mainly from my involvement in this organization, the APPD! This promotion should strongly suggest that if I can be successful, all of you should be too. Perform your own Individual Learning Plan and as part of your action items – commit to get more involved in our organization. It’s great for the APPD and it’s great for you. Remember my personal mantra – ***if you have to do it*** (develop a curriculum or direct observation tool, implement an individualized learning plan strategy, etc) ***make it count twice***. Expand your pilot or “n” by collaborating with like-minded colleagues from the APPD – it is much more fun and productive. Then take the next step – publish your work or share it with others on the regional or national level through workshops, mini-courses, posters or abstracts. It worked for me!!!

Again, I wish to thank you for this opportunity to grow as I am committed to serving you with integrity, energy and humility. I implore you to help me and this organization continue its incredible growth. I promise to keep my head and not “take anybody down,” (at least not literally.) We will keep you posted as to our progress with our field trip to Chicago. Keep your fingers crossed!



*Members of the APPD Board on a breezy outing near the Golden Gate Bridge.*

## **MARK YOUR CALENDARS NOW!!**

# **APPD SPRING MEETING**

**May 3-5, 2007**

**Toronto, Canada**

**\*\*ATTENTION\*\***

### **Passports for U.S./Canadian Travel Required in 2007**



As part of the Intelligence Reform and Terrorism Prevention Act, the U.S. Departments of Homeland Security and State have developed the Western Hemisphere Travel Initiative. Under the Initiative, all air and sea travelers are required to have a passport to re-enter the United States after traveling to Canada as of December 31, 2006. The rule extends to all land border crossings the following year.

Don't wait to get your passport or to renew one that has expired! For more information, please go to <http://www.travel.state.gov/>. You should allow up to 6 weeks for processing of passport applications.

**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**

## REGIONAL HAPPENINGS

**SPECIAL NOTE:** *During regional breakfast meetings at the APPD Annual Meeting in San Francisco, each region spent a large amount of energy and time reviewing and commenting on the ACGME Case Log System. There was almost unanimity among regions that this is a huge issue and the Proposal distributed by the APPD leadership (labeled "A") was most representative and should be brought forward by the APPD group or regional subgroups rather than individual program directors. Some concerns were raised regarding perceived risk for programs up for review if specific programs or directors were named on a petition and, finally, most did not favor any radical action such as a case log boycott. Rather than include the similar narrative for each regional group as part of their report in this newsletter, we ask that you please refer to the APPD website (www.appd.org) under Regional Happenings for the verbatim content. Most of the comments are also summarized in our letter to the ACGME, posted on our home page for your review.*

### Mid-America Region

*Dena Hofkosh, MD, Children's Hospital of Pittsburgh*

The Mid-America Regional Breakfast was held April 28 in San Francisco. Members welcomed Dena Hofkosh as the new Chair of the Mid-America Region.

### ILP – Is it Helping?

Ann Burke from Wright State led the discussion on the effectiveness of an ILP. Some programs are using the AAP's Pedialink while some have developed other avenues for measuring adult learning. Program directors are finding that the ILP is useful as a springboard for discussion with the resident during their annual reviews.



*IN APPRECIATION: President Rob McGregor recognizes and thanks Dr. Ed Zalneraitis, former APPD President, for his years of service to the APPD. Dr. Zalneraitis was also awarded the 2006 Robert S. Holm, MD Award. Dr. Ted Sectish, Immediate Past President of APPD and recipient of the 2006 Walter W. Tunnessen, Jr. MD Award, looks on.*

Annamaria Church has agreed to create an online toolkit for programs still using ILPs in paper form. You can e-mail a copy of the forms you use to her at achurch55@aol.com.

Because faculty members differ in their teaching styles, the ILP makes for a more uniform review agenda, and aids the reviewer in giving affective feedback to the resident.

Many felt that it would be helpful for program directors to be able to access data charts in Pedialink to track resident progress. Apparently this issue has already been addressed to the AAP, and they were very receptive to the idea.

### Mid-Atlantic Region

*Clifton E. Yu MD, FAAP, National Capital Consortium Pediatric Residency*

The Mid-Atlantic Regional breakfast was held Friday, April 28, 2006, in San Francisco.

**Review of the new PIF:** The opening session was devoted to a review of the new Program Information Form (PIF), effective for all programs with an RRC site visit notification date after January 1, 2006, as well as a presentation of the rationale behind some of the changes. The discussion was led by Carol Carraccio from the University of Maryland and the Pediatric RRC, as well as Jerry Vasilius, Executive Director for the Pediatric RRC and Caroline Fischer, the Senior Accreditation Administrator. Although there are many significant changes with additional areas specified for documentation of competencies, the majority of the form is still devoted to describing process. It was mentioned by the panel that the current PIF is but the first in what will likely be a

*REGIONAL HAPPENINGS, continued on page 4*

### APPD Leadership

**President (2006-2008)** - Robert McGregor, M.D.  
**President-Elect (2006-2008)** - Susan Guralnick, M.D.  
**Secretary-Treasurer (2004-2007)** - Ann Burke, M.D.  
**Past-President (2006-2008)** - Theodore Sectish, M.D.  
**Executive Director** - Laura Degnon, CAE

### Board of Directors

Annamaria Church, M.D. (2005-2008)  
Joseph Gilhooly, M.D. (2004-2007)  
Adam Pallant, M.D., Ph.D. (2005-2008)  
Monica Sifuentes, M.D. (2006-2009)

### Coordinators Executive Committee

Judy Behnke (2006-2009)  
Valarie Collins (2006-2009)  
Therese D'Agostino (2005-2008)  
Mary Gallagher (2004-2007)  
Sally Koons (2005-2007)  
Vanessa Pichette (2005-2008)

series of revisions in the future, hopefully with a greater emphasis on documenting outcomes. One result of the changes has been a decrease in the bulk of the actual PIF document secondary to streamlining of some of the information required in previous editions.

**Fall meeting:** There was general consensus that the Mid-Atlantic Region should convene again for a fall meeting, which would be the fourth such consecutive fall meeting. The issue of funding was brought up for discussion, both for the meeting itself, as well as for additional projects like local travel grants for visiting faculty interchange within our region, and possibly research grants for educational projects. Three options were discussed:

1. Charge annual regional dues for each program, regardless of whether or not the program participated in the fall meeting. If this option were pursued, it was recommended that this should remain separate from the APPD annual dues collection process.
2. Pursue commercial support of our educational endeavors, eg. sponsorship of the fall meeting. It was suggested that one of the residency education software companies might be an appropriate sponsor for the region's activities.
3. Charge a nominal fee for each program's participation in the regional meeting to cover expenses. To date this has not been a problem as the host site has used discretionary funds to cover the cost of the meeting.

The general consensus among the participants was that we should continue to keep things simple for now, and if any costs were incurred for the fall meeting, that all individual participants should contribute to covering the expense. We also agreed that this could be a further topic of discussion at the fall regional meeting after more extensive research is made regarding the details and feasibility of the above options.

There was also general consensus that last year's format for the fall meeting was well-received and should be duplicated for this year's meeting. We will again pursue participation by 7 or 8 programs to highlight unique projects or educational endeavors that their programs have embarked upon, and that might be of general interest to our regional group. We will also be seeking a plenary speaker, either from one of our member programs, or from outside sources. And lastly, we will also have our afternoon breakout sessions amongst chief residents, coordinators, and program directors/associate program directors.

Thus far, we have two potential sites for the fall meeting. One option was that Paul Bellino had offered last fall to again host the meeting this year at Geisinger Medical Center. The

other option was that Renuka Verma from Monmouth Medical Center in New Jersey had offered her site near the Jersey shore, which her institution would financially sponsor to include possibly a guest speaker. If there are preferences for either site, please e-mail your preference directly to Regional Chair, Clifton Yu at [Clifton.yu@na.amedd.army.mil](mailto:Clifton.yu@na.amedd.army.mil), separate from the general listserv.

**Faculty Development Network:** Given the new RRC requirements for faculty development, the idea of developing a regional network of educators within our programs that we could share for visiting lectureships, workshops, etc. was discussed. This idea will be a further topic of discussion as well at the fall meeting as we gain more input of those interested in participating and those having material to share.

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### Midwest Region

*Tom George, MD, Children's Hospital of Iowa, University of Iowa*

The inaugural meeting of the Midwest Region was held on Wednesday April 26, 2006, just before the national APPD meeting. The agenda was created after a survey of the Midwest regional members last winter and the topics presented and discussed were: "Resident Continuous Quality Improvement Projects at the Children's Hospital of Iowa – what's worked, what hasn't" Stacy McConkey MD, Associate Program Director, University of Iowa; "Dealing with the Difficult Resident" Jay Nocton MD, Program Director, Medical College of Wisconsin and "Measuring resident performance in professionalism and practice-based learning: a new metric" Jefri Palermo MA, C-TAGME Program Coordinator and Tom George MD Program Director, University of Iowa. This two hour meeting resulted in active discussion and exchange of ideas related to these three topics. We were very pleased with the turnout and discussion for this first regional meeting that had 20 participants! The Midwest Region is grateful to the APPD for arranging the room and facilities needed.

The Midwest regional breakfast on April 28<sup>th</sup> was also very well attended with 43 members present. We reviewed the content of the first regional meeting on April 26<sup>th</sup>; members who had attended that meeting shared that they felt that the format and creation of the agenda worked well. There was significant interest in meeting again prior to the APPD meeting in 2007, and with advance notice, most members present felt that they would be able to plan their travel accordingly to be in Toronto in time for a regional meeting on May 2, 2007.

Following a discussion about the possibility of having a separate fall regional meeting, it was felt by those present that the distances and expense involved in travel made this difficult. In lieu of this, those present were in favor of a teleconference to be held in September or October, 2006. Regional mem-

bers will be surveyed as to topics of interest and an agenda of items to be discussed will be created.

Additional business included our plan for a web-based election of a regional coordinator and a regional program director who will serve as regional representatives for the period 2007-2010 per the APPD recommendations from 2005. This election will be held in the spring of 2007.

Two additional topics were discussed:

1. Residency Fairs. The usefulness of programs attending residency fairs was brought up for discussion. Several attendees described their less than satisfactory experiences with these regional fairs in that no residents were ever matched as a result of having presented at regional fairs. In addition, the expense and travel involved with little or no return was reported as reasons why many programs don't participate in them, other than those at their home medical schools. One attendee did describe having had several potential residents interact with the candidates and that they have had success with this process.

2. Resident Retreats. Several attendees shared their themes for retreats that included educational efforts, e.g. "Balancing personal and professional lives", "Developing teaching and leadership skills" while some retreats involve no structured educational effort and the retreats serve as a social and rejuvenating experience for the residents, facilitated by games and other events to enable residents to get to know each other better. Additional topics discussed were timing of the retreats (eg prior to the winter blues versus during the winter blues for interns), how coverage was arranged and payment methods for supporting these retreats. None of the retreats are held on site. Many are within the city that the program is in off site and some out of town. Some retreats do invite families of the residents to attend part of the retreat. In some of the smaller programs, attendings cover for resident absences for retreats and in the larger programs, there is cross-coverage by other residents. The majority of retreats last between one and two days.

I greatly appreciate the turnout at the regional meeting and at the regional breakfast. We hope that this is the start of fruitful interaction and exchange of ideas among regional members.

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### **Southeast Region**

*Jenny Myers, Pitt County Memorial Hospital/East Carolina University and Marc Majure, MD, Duke University Medical Center*

Pediatric Program Directors, Coordinators, and Chief Residents affiliated with the Categorical, Subspecialty and Combined Training programs met as a group during the APPD Spring Meeting in San Francisco (April 27-29, 2006). Twenty-

seven of the 37 programs in the Southeast Region were in attendance at the APPD meeting.

Discussion was solicited about how programs within each state communicated and what type of meetings (if any) were held. Several states have held a group meeting in the past year, typically in the fall. Most meetings were held at a central location with each program providing their own travel expense; lunches provided by sponsoring institution. Each state was asked to provide feedback from upcoming meetings to Dr. Majure/Jenny Myers so those discussions could be included in the APPD Newsletter Report for the Southeast Region.

Dr. Majure reminded members of the availability of the Regional Listserv and encouraged everyone to join and participate in those discussions. As follow-up to the March 29<sup>th</sup> conference call, members were asked for their thoughts about regularly scheduled conference calls. The group felt that a conference call two (2) times per year would be sufficient, with additional calls PRN. There was a proposal to have the next conference call in late summer/early fall to discuss recruiting and the tactics each program has in place.

Relative to recruiting, discussion was held about creating a Southeast Regional Brochure. This brochure would be web-based and include information about each program, PIG contact information, website listings, etc. One suggestion made was to have letters and program brochures sent to Pediatric Interest Groups at other institutions within our region. Another suggestion was to survey Regional members for specific information about benefits provided for applicants during the interview process and incoming residents.

Minutes from the Regional Breakfast meeting will be available via Listserv and quarterly summaries will continue to be provided in the APPD newsletter.

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### **Southwest Region**

*Surendra Varma, MD, Texas Tech University, Health Science Center (Lubbock)*

The Southwestern Breakfast Meeting was held on April 28 in San Francisco during the APPD Annual Meeting. A variety of topics was discussed.

**Use of regional list serve for scramble.** There was a discussion regarding use of the list serve for this past season's Scramble. Dr. Varma thought it worked well. Dr. Crandall expressed frustration with using ERAS for Scramble in that it was extremely slow. Also, faxes were sent in by compa-

nies who promised to help people find a post match position. This caused Fax machines to be blanketed with applications, CV's etc. The suggestion was made that a letter be written to ERAS and NRMP expressing concern.

**Recognition for Hurricane Katrina help.** Dr. Varma expressed thanks to UT Houston and Baylor for their help in relocating residents either part time or full time after Hurricane Katrina, as well as to any other programs who also helped. Dr. Scott Jones from San Antonio USHEC noted that the Air Force program at Biloxi, Mississippi closed and that 20+ residents were relocated to other programs.

**Southwest Regional meeting.** Melodie Parker raised the issue of a possible SWPPD meeting at the annual TPS meeting in Dallas this September, although she did note that we had members from Arizona attending the meeting as well. There was discussion at last year's (2005) SWPPD breakfast that such a meeting take place, but it didn't happen. Dr. Hicks will look into possible meeting space at UT Southwestern. Dr. Kimbrough wondered if there would be an issue with finding time for the meeting as well as whether transportation from UT Southwestern to the Westin Galleria would be a problem. Dr. Edwards suggested that SWPPD meeting not be concurrent with TPS meetings. Melodie Parker and Judy Behnke will contact programs regarding their thoughts and then Melodie will contact Dr. Hicks with possible times. The 2007 TPS meeting will be in San Antonio.

**Recruitment.** The suggestion made last year to see if we could help students have a bit easier time doing interviews in one swing or at least with less traveling was not implemented. Students make up their schedules as time allows and sometimes that's fragmented. We should try to be as accommodating as possible.

**Chief Residents.** Dr. Hicks has polled many programs and most of them do have a fourth year chief resident and consider them a valuable part of the program. Chief Resident salaries are greater than resident salaries, but less than a full time faculty member. By and large, they are considered junior faculty. Depending on the program some chiefs spend more time on teaching and clinical experiences and others say administration takes up at least half of their time.

**Helping residents find fellowships.** Dr. Varma noted that we could use the Southwest list serve to help our residents find electives that would help them explore fellowship possibilities. Paperwork/documentation should be minimal as these electives would be 30 days or less in length.

**Educating faculty regarding ACGME Competencies.** What are some of the methods used for faculty education/

development? Suggestions included the following: Dr. Edwards noted that there is a PowerPoint presentation on the ACGME website. Dr. McCurdy and Dr. Varma made the suggestion of going to each other's programs. Dr. Hicks suggested the Ambulatory Pediatrics website (ambpeds.org). The APA website has a planned curriculum that includes a PowerPoint presentation, tutorial and workbooks and it can be downloaded to a jump drive. Dr. Edwards purchased GME Today at the APPD meeting. There is a 4 CD ROM teaching module regarding physician impairment, stress, sleep deprivation. It was suggested that faculty education be part of the incentive for faculty annual review. Dr. Scott Jones said there is a clinical educator path that is used for promotion in the military. COMSEP is another suggestion. We were reminded to document where, when and how faculty development/education takes place. Dr. Jon Courand suggested there needs to be a divisional educational leader who would take ownership. Dr. Jones suggested an educator portfolio be used. Financial incentives and promotion could be the carrot portion of a "part carrot/part stick" strategy. Dr. Hicks said that the department chair is the key and should support a divisional educational leader. Dr. Gil Handal asked how we teach clinical volunteer faculty. Dr. Hicks said that at Parkland teaching is incorporated into some of their mandatory meetings, even dinner parties.

Dr. McCurdy asked about leverage points. If one is interested in a faculty appointment, what does one give to the university? At the annual review, faculty appointment can be revoked or perks can be extended. In order to promote faculty, the Dean should consider contributions to teaching residents, faculty development and degree of involvement with teaching. Dr. Varma asked that programs send their suggestions to the listserv. There were no other items discussed and the meeting was adjourned.

There were no other items discussed and meeting was adjourned.

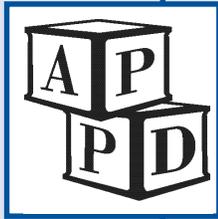
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### Western Region

*Rukmani 'Roni' Vasan, MD, MSED, USC Pediatrics, Los Angeles County + University of Southern California Medical Center*

The Annual Western Regional Breakfast Meeting was chaired by Roni Vasan, MD. A total of 54 members signed in to the meeting.

- A. Topics of discussion included;
1. Implementation of Continuity Clinic Case Logs
  2. Experience with Individualized Learning Plans: Members shared their experiences with the ILP's and related implementation issues including the



# 2006 Annual Fall Meeting

Hyatt Regency ■ Reston, VA ■ September 27 - 29

## Wednesday, September 27, 2006

7:00 pm - 10:00 pm Dinner at a nearby restaurant in the Reston Town Center  
*Keynote Speaker: Orchestrating the Transition from Medical Student to Pediatrician: The Joys of Directing Pediatric Residents*  
*Dr. Julia McMillan, Program Director, Johns Hopkins School of Medicine*

## Thursday, September 28, 2006

8:00 am - 8:30 am Registration and Continental Breakfast

8:30 am - 8:45 am Welcome and Introduction/Sesame Street Primer/Alphabet Soup

8:45 am - 10:15 am **PLENARY SESSION** - Updates for Core and Fellowships from the following:  
 Association of Pediatric Program Directors (APPD)  
 American Academy of Pediatrics (AAP)  
 American Board of Pediatrics (ABP)  
 National Resident Matching Program (NRMP)  
 Electronic Residency Application Service (ERAS)

10:15 am - 10:30 am Break

**NEW: Two-Day Track for Fellowship Directors**

### **CATEGORICAL DIRECTORS AND COORDINATORS**

10:30 am - 12:00 pm Hands-On Session  
 12:00 pm - 1:00 pm Lunch (provided by APPD)  
 1:00 pm - 5:00 pm **RRC - New Guidelines, New PIF: Surviving a Site Visit in the Competencies Era**

### **FELLOWSHIP DIRECTORS**

10:30 am - 12:00 pm Fellowship Directors 101  
 The ACGME and the ABP: Changes in Pediatric Subspecialty Education

12:00 pm - 1:00 pm Lunch (provided by APPD)

1:00 pm - 4:00 pm Fellowship Directors 201 - *Implementing ACGME Competencies into Fellowship Training Programs: Initial Steps in Curriculum Development*

## Friday, September 29, 2006

7:30 am - 8:00 am Continental Breakfast

8:00 am - 9:00 am Individualized Learning Plan

**Registration information is now available on our website [www.appd.org](http://www.appd.org)**

### **CATEGORICAL DIRECTORS AND COORDINATORS**

9:00 am - 10:00 am Year in the Program  
 10:00 am - 10:15 am Break  
 10:15 am - 11:15 am Surviving a Successful Recruitment Season

### **CATEGORICAL DIRECTORS**

11:15 am - 12:15 pm Attaining Competence in Competencies

### **COORDINATORS**

11:15 am - 12:15 pm Electronic Residency Application Service (ERAS) and Scramble  
 12:15 pm - 12:45 pm Using the Coordinator's Handbook  
 12:45 - 1:00 pm Mentoring  
 1:15 - 2:00 pm Open Format Q&A Session and Lunch (provided by APPD)

### **FELLOWSHIP DIRECTORS**

9:00 am - 12:15 pm Fellowship Directors 301 - *Practical Examples of Effective Training Programs: Competency-based Resident and Fellow Education*

## TASK FORCE REPORTS

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### Evaluation Task Force

*Annamaria Church, MD*

The Evaluation Task Force met in San Francisco on Thursday, April 27 after a very long day. There were sixteen participants and lively discussion. We were delighted that Dr. Lindsay Lane, Chair of the COMSEP evaluation task force was able to attend. COMSEP and the APPD are increasing collaboration in all of the task forces since our objectives are similar and on a continuum.

**Call for Submissions:** The task force is trying to populate the Evaluation Tool Shed. We request that anyone willing to share useful evaluation tools which they have developed, send them for inclusion to [achurch55@aol.com](mailto:achurch55@aol.com). In the long term, we hope to validate tools. However, we must agree on the desired outcome before we can determine if the tools are sensitive and specific enough to validly predict outcomes. We may need to await the R<sup>3</sup>P project before evaluation tools can be validated.

In the interim, we hope to develop a project in collaboration with COMSEP which will develop a tool to evaluate a student's/resident's progress toward a very specific outcome. The task force will continue to discuss potential projects via e-mail and conference calls. Any APPD member interested in participating, please contact Annamaria Church at [achurch55@aol.com](mailto:achurch55@aol.com).

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### Faculty Development Task Force

*Miriam Bar-on, MD, Loyola University*

Twenty five members attended the taskforce meeting on Thursday afternoon, April 27, after a very full first day of the meeting. A brief review of the taskforce's accomplishments over the past year was presented. Highlights included 34 requests for mentors from both program and fellowship directors and 34 individuals who agreed to serve as mentors; taskforce sponsored workshop; and the beginning of a peer review process of faculty development programs (including modules, workshops, and talks) to populate the FD toolshed.

Leslie Fall, one of the co-chairs of the Faculty Development Taskforce from COMSEP (council on medical student education in pediatrics) joined our meeting. She reviewed the activities of that taskforce and participated in lively discussions relating to both her report and proposed collaborative activities such as a joint meeting of the two taskforces and regional initiatives. This is going to be a good collaboration.

The APPD board gave the go-ahead to the taskforce to prepare a pre-conference workshop for presentation in Toronto

if there is adequate space available. The taskforce has many ideas and will be working to develop a couple of them for board approval.

This year, members of the taskforce volunteered to present faculty development programs that "worked" at their institutions. Presenters included:

- Dealing Effectively with Conflict is not Easy – Fred McCurdy, Texas Tech University of the Health Sciences at Amarillo
- Resident Continuous Quality Improvement Projects at the Children's Hospital of Iowa – Stacy McConkey, University of Iowa
- Faculty Development Road Show – Joe Lopriato, Clifton Yu, and Greg Blaschke – Uniformed Services University of the Health Sciences
- Sharpening the Saw: Residents as Teachers – Fred McCurdy, Texas Tech University of the Health Sciences at Amarillo

Others described less formal methods of faculty development at their institutions including giving a 15 minute presentation at the end of a faculty meeting, handing out tools that work and faculty can use immediately, and individualized one-on-one development.

**Call for Submissions:** The Faculty Development Task Force is in the process of populating its tool shed with "*faculty development tools/programs that work.*" This will be a peer review process among members of the faculty development taskforce. Once an item is accepted for inclusion into the shed, you are encouraged to add this to your educator's portfolio. If you have any items you want to contribute, please send them to Miriam Bar-on at [mbar@lumc.edu](mailto:mbar@lumc.edu) and she will see that they are peer reviewed and posted on the website in Faculty Development Tool Shed. Thanks.

We are looking forward to a busy and exciting year ahead.

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### Learning Technology Task Force

*John Mahan, MD, Children's Hospital/Ohio State University*

The Learning Technology Task Force met in San Francisco on April 27, 2006. On the Agenda:

#### 1. ACGME Case Log System:

Discussed issues and next steps, need for another approach to move ACGME and Pediatric RRC to a more user friendly process that evaluates competency and interacts with present data systems. Poor response to Help requests and need for FAQ section detailed. Reports of site visitors in other RRCs challenging programs on discrepancies in data

and lack of procedures per resident number are concerning to members

Issues:

- Need to be able to transmit data to ACGME system from local data systems
- Need for a menu of useful reports from the CGME data set for use by PD's
- Need for some method to allow faculty to verify competency of each procedure
- Rationale for the collection of this data is still not understood by APPD members
- Need to upgrade on line Help function – request FAQ section

## 2. APPD LT Resource Center:

Work on this project reviewed; plan to go live by July

Prototype: LT Resource Center prototype reviewed.

Design improvements proposed

- 1) need to restrict access to members at this point (method for colleagues, eg., COMPSEP to access?)
- 2) set up peer review process via standard peer review format, identify reviewers
- 3) need to include date that review is posted
- 4) need to include rating of reviews by readers (as per Amazon.com)
- 5) include sections: Pros, Cons in the standard review format
- 6) include website to access more information on product in standard review format
- 7) set up link from Pedialink
- 8) post yearly report and update on APPD site
- 9) need to include conflict of interest statement

## 3. APPD LT Collaborative Studies:

Opportunities: Great interest by the members in the on line pediatric resident cases being developed in project headed by David T Price. LT TF members felt that this project could form a collaborative effort for members of LT TF that could provide a significant service to APPD members, similar to that provided to pediatric clerkship directors via CLIPS. Further discussion with David T Price will revolve around –

- methods to enlist authors, reviewers and editors for such cases
- methods to evaluate the effectiveness of such cases in resident education

The next Learning Task Force Conference Call will be held in September 2006.

## ASK THE ABP

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

### New Training Requirements for General Pediatrics for the Pediatrics-Child Neurology Pathway

A special agreement has existed for many years between the American Board of Pediatrics (ABP) and the American Board of Psychiatry and Neurology (ABPN) whereby an applicant who completes at least two years of accredited training in general comprehensive pediatrics and the neurology training necessary to meet the requirements for certification in neurology with special qualifications in child neurology fulfills the training requirements of both the ABP and the ABPN.

Most residents in this pathway complete the standard PL-1 and PL-2 years of training as they have been structured at the individual training programs; thus, there has been considerable variability in the clinical and supervisory experiences undertaken by each resident. In order to ensure that trainees receive comprehensive training in general pediatrics and acquire the knowledge and skills to function as a competent pediatrician, the ABP will soon require specific content to be included within the two years of training in general pediatrics. These new requirements will be effective for those residents entering general pediatrics training as of June 2007. The details of the training pathway will be distributed to all general pediatrics program directors by means of a separate mailing early this summer.

Candidates for this pathway must be identified early, preferably before or early in the PL-1 year, so that the second year of training can be adapted in such a way that the new specified curricular requirements in general pediatrics will be met. To meet the eligibility requirements for certification in general pediatrics, the trainee must satisfactorily complete two years of core general pediatrics training (22 clinical months). Verification of clinical competence and the specified curriculum will be required from the general pediatrics program director at the end of two years of training. An applicant may not take the certifying examination of the ABP until all training in both pediatrics and child neurology has been successfully completed.

**SPECIAL THANK YOU TO**

**Mead Johnson Nutritionals  
for Their Generous Contribution  
to Support the  
APPD Fall Meeting**

## **UPDATE FROM THE AAP RESIDENT SECTION**

*Sarah Corathers, MD, Cincinnati Children's Hospital Medical Center*

### **Concerns, Achievements and Looking Forward**

An update from the long-range planning meeting of the executive committee on the Section on Residents

At the end of February the executive committee of the resident section met in Del Mar, California for a long range planning meeting. We reviewed the resolutions from the resident assembly at the NCE and each district representative reported on activities and concern of residents at programs within their respective region. The remainder of the meeting focused on establishing 3 main domains of resident interest and activity within the Academy. Within these areas, we are drafting a strategic plan to encompass current program offerings and ideas for new opportunities for residents.

#### **Concerns**

During the 2005 NCE resident assembly, 24 resolutions were drafted and 19 were passed. In the realm of education, residents were interested in learning more about emergency contraception, mental health resources, complementary and alternative medicine, billing and coding, stabilization of critically ill patients and the effect of HIPAA guidelines on medical education. The largest number and greatest diversity of resolutions were related to topics of patient advocacy. Included amongst this group were topics of disaster preparedness- both coordination and resident involvement, seat belts in school buses, increasing physical activity and decreasing social promotion in schools, removing fast food from hospitals, encouraging a prenatal pediatric visit dedicated to breastfeeding education and drafting a policy against prescription of home sedatives for children undergoing outpatient procedures. In the category of professional development, for the second consecutive year a resolution about standardization of resident salary and benefits passed. In addition, there was interest in day care support for residents with children and expansion of available online resources, such as the Redbook.

Although a resolution calling for the standardization of an advocacy curriculum failed at the general assembly, the concern over discrepancies between program offerings was voiced among district coordinators at our long range planning meeting. It is felt that some programs have very well defined opportunities and expectations, whereas other programs lack any systematic approach. Another area of concern among district representatives is the ACGME documentation requirements for procedures and clinical encounters. Residents would like a system that is not time-consuming or redundant to other measures of competency and that serves an educational function.

#### **Achievements**

##### *Soft Drink Letter Advocacy Campaign*

In 2004 the resident section chose to work on an advocacy campaign related to obesity prevention. We drafted a letter based upon the AAP policy statement, *Soft Drinks in Schools* (<http://aappolicy.aapublications.org/cgi/reprint/pediatrics;113/1/152.pdf>). The template letter was distributed to all program delegates and presented to residents to sign and send to their local school officials. Residents from around the country participated in the project. This month, Susan Neely of the American Beverage Association, announced all major beverage manufactures will begin to remove soda from public schools. They agreed to follow the guidelines from The Alliance for a Healthier Generation, which is made up of the American Heart Association and The Clinton Foundation. According to the recent press release, "Under these newly established guidelines, elementary schools will only sell water, and eight ounce, calorie- capped servings of certain juices with no added sweeteners and servings of fat free and low fat regular and flavored milks." The full content of the report is available at the following link: <http://www.clintonfoundation.org/050306-nr-cf-hs-hk-usa-pr-healthy-school-beverage-guidelines-set-for-united-states-schools.htm>. I feel that this is an important step toward recognizing the need for improvements aimed at healthier lifestyles for children and am delighted that residents have contributed toward greater awareness of the issue.

#### **Looking Forward**

The Academy has defined three domains of resident activities: Leadership/Advocacy, Education/Quality and Professional Home. In each area, residents at the long range planning meeting evaluated existing initiatives and allied programming and reviewed the current content of the web page. In addition, new programming ideas were drafted that include: regional advocacy days, resident initiative funds, life long learner training workshops and a regional pediatric leadership alliance.

Communication with our members is through email newsletters, our website and *Resident Report*, a quarterly publication. The academy has hired a professional web page designer to implement a resident and young physician portal on the Academy website that will cater specifically to those members. The leadership of the resident section looks forward to sharing the strategic plan for the year with our members, continuing to address the concerns of residents and applauding their achievements.

## COORDINATORS' CORNER

*Mary Gallagher, C-TAGME, Long Island College Hospital/  
Beth Israel Medical Center*

One of the many things we enjoyed at the recent APPD conference in San Francisco is that we sat down at a table with a total stranger and within minutes we were all chatting as if we knew each other for a lifetime. It was an incredible mix of both new and seasoned coordinators and we all came away so much better off for being there. Approximately 110 coordinators attended and all the new members were made as welcome as we had been in the past.

Tony Bennett may have "Left his heart in San Francisco" but we all left with memories of a great meeting and for some of us who were lucky enough to extend with a few added days of sightseeing, we realized that San Francisco is one of the loveliest cities in the U.S.

Special thanks must be given to Laura Degnon, Kathy Haynes and the rest of the staff for all their help. They were always available and willing to help us at all times. As usual, no request was ever too big or too bothersome. And their choice of location for the conference was wonderful.



*Coordinators Executive Committee*

To Theresé D'Agostino and Vanessa Pichette, our heartfelt appreciation for an outstanding program. The presenters were well chosen and did an excellent job. The presentations and workshops were interactive, varied, comprehensive, and detail-oriented and sufficient time was allotted for a question and answer period at the end of each one. Whether you were a seasoned or new coordinator, we all came away with an increased awareness of how we can enhance our skills to bring this position to a higher plane.

The planning for the fall meeting is in the works. Our goal is to plan a meeting based on your needs and to address any issues that prevent your acquiring successful management of

your training program. This would include helpful hints to assist your prioritizing your tasks, shortcuts and what's necessary and what's not. So please send me your suggestions and tell me what you want. We are here for you.

Since many of us only get together at the meetings, and we do have a life outside of our coordinator's life, we only find out about the happy times in our daily lives at the meetings. I would encourage all to send me your good "home" news and good "work" news and we will publish it. It's nice to hear and read about your accomplishments, weddings, family additions, etc.



*Coordinators attending 2006 Spring Meeting*

For those of you who joined us in San Francisco, can you see yourself in the picture above? If you were unable to attend the spring meeting, I sure hope you will be able to join us in the fall. Don't forget about the scholarship funding that is available. This application will be found on the APPD website along with the dates of the fall meeting.

We look forward to seeing you all and don't forget to send in your suggestions. And remember, if you are in need of assistance, we are only a phone call (718/780-4892) or e-mail ([pediatricgallagher@yahoo.com](mailto:pediatricgallagher@yahoo.com)) away.

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*EDITOR, continued from page 1*

By now you should have received your program's membership renewal application. I urge you to complete and send it in before it lands at the bottom of that pile on your desk (or in the old mail folder of your e-mail.) I also urge you to include in your membership your associate directors, chief residents, coordinators, and fellowship directors. Finally, make certain to include your chair in your membership. For those not as lucky as I was with my chair, the APPD membership and communications can be a very valuable educational tool for your chair. Have a great summer!



**APPD**

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REGIONAL HAPPENINGS, continued from page 6

increase in membership dues to \$88 per resident effective July, 2006.

3. Phase III, ACGME Outcome project – ‘Outcomes Evaluation:

Members discussed the need to identify and define desired outcomes as a regional group. Members proposed that the theme for the next Regional meeting be a ‘think tank’ approach to ‘outcomes evaluation.’

4. Compliance with new PIF requirements:  
Members discussed ideas for a focused approach to data collection proactively, utilizing a matrix of competency based evaluation tools.

B. New Business:

- a. Regional Chair – elect; Cynthia Ferrell MD, MSED (Oregon Health and Science University)
- b. Regional Program Coordinator Chair- elect – Laurie Ashenbrenner (Oregon Health and Science University)
- c. Next meeting site and date; Oregon - Friday, September 15, 2006;
- d. Future meeting sites will include *Hawaii, Stanford, Phoenix, UCLA, CHOC and New Mexico.*

## **APPD 10th Annual Fall Meeting**



**September 27 - 29, 2006**

Hyatt Regency Hotel  
Reston, VA

**Opening Keynote & Dinner: September 27**  
**Meeting: September 28 - 29**

### **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 - TWO FULL DAYS!*

**Registration materials now available online.**  
Visit [www.appd.org](http://www.appd.org) and click on Annual Meetings