
EDITOR'S COLUMN

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

This issue of the *APPD Newsletter* comes as we look back on a very successful meeting of program directors and coordinators in New Orleans last Spring, and as we look forward to our Second Annual Fall Meeting this September in Virginia. With this issue therefore, we are bridging the two activities, by providing summaries from our meeting just past, and with informative articles pertinent to ongoing issues and the upcoming meeting.

This issue of the *Newsletter* includes Committee Reports from the New Orleans meeting, as well as a report from our new President Dr. Bob Nolan. There is information from Melodie Parker of the Pediatric Program Coordinators Section of the APPD, Dr. Carol Carraccio (President Elect), Dr. Harvey Aiges (Treasurer), and Dr. Michael Norman (Councilor). It also features questions and answers for Dr. Walter Tunnessen of the American Board of Pediatrics, and Dr. Carol Berkowitz of the RRC. Finally, there are special presentations by Dr. Ken Roberts on HRSA sponsored faculty development and Dr. Glenda Lindsay on the activity of our new APPD Listserv.

I certainly hope that the information provided through the *APPD Newsletter* is valuable and timely. Members of our Communications Committee (as mentioned elsewhere in this issue) view this Newsletter as one of the key parts of one of the most valuable functions of our organization- communication. It has been made available to Directors, Chairs, Coordinators and others through the efforts of the many contributors; and the persistence, patience and talented efforts of Ms. Laura Degnon our Executive Director. It is avail-

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PRESIDENT'S COLUMN

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

The Big Easy welcomed the annual meeting of the APPD with its unique charm. This year's meeting incorporated the Program Coordinators as full participants for the first time. On April 29, 1998 the Directors of Small Programs and the Program Coordinators had the opportunity to meet. The Coordinators' plenary focused on resident recruitment, the match, and resident orientation. The evening was capped by the APPD social reception with Linda McNelis, the Coordinator from Children's Hospital of Philadelphia, recounting her experiences with resident recruitment in the People's Republic of China.

The plenary session followed the usual format with reports from the major Pediatric organizations, including the AAP, ABP, and RRC. Dr. Michael Anderson gave the report of the Resident Section of the AAP, outlining concerns regarding the ACGME's recent statement that residents are "first and foremost students." He also discussed the impact of protocol driven medicine on resident education and concerns regarding the impact of HCFA supervision regulations on the development of resident autonomy. Dr. Marvin Dunn, Executive Vice President of the AMA for Graduate Medical Education placed the current debate as to whether residents are students or employees in its historical context. Dr. Russell Chesney gave an update on FOPE II and Dr. Thomas Boat presented the AMSPDC report outlining the discussions at the March AMSPDC meeting with respect to early resident commitments to fellowships and the possibility of fellowship matches.

Dr. Lucy Osborne gave a special report on New Directions in the Funding of Graduate Medical Education: The Utah Experience. She outlined a model by which disparate groups could form a coalition of vested interests based upon the premise that GME is a public good, deserving of widespread support.

On Friday, May 1 the APPD Committees, including the Regions and Communications Committee, Membership Committee, and New Program Directors Orientation and Training Committee met. Friday also saw the meeting of the APPD/APA Program Directors Special Interest Group and

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able as vehicle for both information and interaction, a dual function promoted eloquently by the last editor, Dr. Bob Kamei. It is my belief that it has served the informational role as hoped, but it has not yet become the interactional forum envisioned.

Bob Kamei's prior efforts at eliciting interaction, had not yet evoked significant response when he turned over the editor's task to me. In each of the past two issues of the *APPD Newsletter*, in the "Editor's Column", questions were asked of the readers. This was done in an effort to once again promote the interactive function of the *Newsletter*. To this writing, however, I have not received a single reply to any of these questions, either in writing or even verbally. Even the questions asked of the ABP and the RRC come almost exclusively from senior members and officers, and even then, mostly by prompting the participation. The question is: why is it so difficult to get us to interact between meetings, as well as we do at the meetings? Certainly the Listserv is not overused, and yet we plan to add a web page as third method of enhancing our communication. Will any one or all three of these approaches lead us to an ongoing, widespread and productive interchange?

As Editor of the *APPD Newsletter*, I will readily admit that I am equally guilty as any APPD member of needing constant poking to remain engaged in providing input for our *Newsletter* or in participating in Listserv exchanges. Yet, I find it informative and valuable whenever I do so. My personal experience suggest that the primary impediment to ongoing exchange is the press of time imposed by the many conflicting stimuli that constantly bombard us as program directors and coordinators. I doubt that there is any other barrier than time to limit the desire to exchange ideas and methods of doing our jobs more effectively. Based on this presumption, the solution is to forge ahead with the three means of communication established, and to increase the number of calls for response from the broadest possible base of our organization's participants. Accordingly, I would like to get your response to one more brief set of questions, and then I propose soliciting participation of members on a rotating basis from our membership list (like being called on in class instead of the teacher waiting for you to raise your hand).

The questions: Are you out there and reading this Newsletter? Is this a valuable means of communication? Are you willing to formulate and/or answer questions for the membership? Is this a reasonable way to improve

our interchange? My e-mail is ezalner@ccmckids.org, voice mail 860-545-9964 and fax 860-545-9975. Let me know.

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the day long plenary session for Program Coordinators. On Sunday, May 3, Dr. Carol Berkowitz, Past President of the APPD and Chairman of the Pediatric RRC, held a 3-hour workshop to assist subspecialty program directors in understanding the accreditation process and particularly problematic areas such as written evaluations and feedback and the use of written goals and objectives in fellowship programs.

The resident procedure log, developed by the Resident Section of the AAP and the APPD, with support from Ross Laboratories, is now available. This winter you will receive a survey regarding the utility of the procedure logs. We need your feedback to make the best use of the procedure logs and potentially to move on to a computer-based log.

The APPD bylaws are currently under revision. The revised bylaws will be presented at the Spring 1999 meeting for approval by the membership. The revised bylaws will provide for competitive elections of officers. The APPD Board formally endorsed the participation of Pediatrics in the Electronic Residency Application Service for the 1999-2000 application season. Pediatrics is coming on line for the 2000 match!

The second annual fall meeting of the APPD will be at the Ritz-Carlton Hotel in Tysons Corner, Virginia, September 26-27, 1998. The program will provide orientation for new program directors and coordinators as well as workshops to help prepare for a successful RRC visit. We look forward to seeing you in September.

NATIONAL PEDIATRIC FACULTY DEVELOPMENT PROGRAM

Kenneth B. Roberts, MD, Director, Pediatric Teaching Program, Moses Cone Health System

The Ambulatory Pediatric Association has been awarded a contract from HRSA to support the growth of strong generalist faculty by developing pediatric faculty development resources on a national scale. The contract will target three categories of faculty: senior leaders (led by Lucy Osborn, MD, project director); junior faculty (led by Jim Perrin, MD, project co-director); and community preceptors (led by Ken Roberts, MD, project co-directors). A “train-the-trainers” model will be used. Each participant will attend three two-day workshops over an 18 month period, with all travel expenses and tuition for the workshops paid by the contract. Participants will then be expected to conduct workshops in their own regions. All regions of the country will be represented; representation from a variety of institutions and pediatric organizations will also be considered.

There will be two cohorts of participants, one to begin in January, 1999, the second to begin in the fall of 1999. In each cohort, there will be 20 positions for those responsible for community faculty, 20 positions for junior faculty, and 10 for senior leadership development. For more information about participation, contact Jennifer@ambpeds.org. (Note: At the time this article was written, the selection process had not been finalized.)

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APPD LISTSERV

Glenda Lindsey, MD, Program Director, Charles R. Drew University Program

The listserv is a convenient method of communicating with your fellow program directors whenever you have a question or something you want to share. There is not set frequency of messages; rather the frequency is determined by the needs of the members. Let me take this opportunity to review the basic rules of the listserv:

1. The listserv is meant to serve the needs of the program directors and is therefore monitored, however, 99% of the messages received from program directors are not edited. General information may be edited if too long or if it contains irrelevant information.
2. The listserv is not meant to serve the needs of other individuals and information or requests from prospective applicants will not be sent out on the listserv.
3. The listserv is not meant for surveys and in general surveys will not be sent out on the listserv.
4. In general, messages are grouped and sent out as a single listserv issue, and therefore it may take a few days before you see your message sent out to the group. If you have an urgent/emergent issue/message, simply mark it as such and it can be sent out immediately the next working day.
5. Responses to specific questions or comments on a listserv item can be sent back to the listserv or directly to the person requesting the information. We do ask the person who receives the responses, to summarize them and forward the summaries to the listserv in order that the members will be able to share in the information. (Receiving the summaries from the members has been a problem over the last year and we would like to encourage the members to please forward the information back to the listserv).
6. If you are not receiving messages from the listserv, we may not have your email address. Please forward your email address to Glenda <galindsey@pol.net> and we will add you to the listserv. Similarly, if you want to be removed from the listserv please contact Glenda.

Bob Kamei and Glenda Lindsey maintain the listserv. We hope that you will look forward to receiving information from us periodically. If you have any questions you may contact either one of us at the following email addresses: Glenda Lindsey <galindsey@pol.net> or Bob Kamei <Bob_Kamei@pedcardgateway.ucsf.edu>.

A LOOK AT OUR NEW OFFICERS...



PRESIDENT ELECT DR. CAROL CARRACCIO

Chief Complaint: “There aren’t enough hours in the day.”

HPI: Dr. Carraccio is currently Director of Pediatric Graduate and Undergraduate Education at the University of Maryland. She was recently introduced at an APPD meeting by Dr. Nolan as a “veteran” program director. The presenting symptom, lack of time, began back in 1986 when she took on the role of program director for categorical pediatrics. Symptoms were exacerbated by the development of two combined training programs in medicine-pediatrics and emergency medicine-pediatrics. Symptoms are alleviated by the help of Pat Schmidt, the residency coordinator for the last eleven years.

P.H. Birth Hx: An elderly prima gravida who waited until age 35 to have the first of her two children.

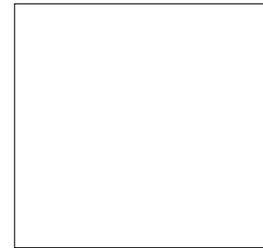
Development: Pediatric resident/chief resident at St. Christopher’s Hospital for Children and general academic fellow at Children’s Hospital of Philadelphia.

Allergies: The schedule; develops anaphylaxis at its mention.

P.E. Small graying female who appears alert and oriented at least half of the time. The rest of the exam is unremarkable.

Assessment: Other than the problem with “lack of time,” Dr. Carraccio loves being a program director and is thrilled to be president-elect for the APPD.

Plan: 1. Continue in her role as program director until retirement or death – whichever comes first.
2. Make a significant contribution to the APPD during her term of office.

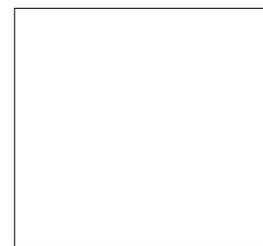


SECRETARY-TREASURER DR. HARVEY AIGES

Dr. Harvey Aiges was born and raised in New York City, attended New York Medical College, and graduated as a member of Alpha Omega Alpha in 1971. Spent, joyfully, the next four years were as a Resident and Chief Resident at Bronx Municipal Hospital Center, The Albert Einstein College of Medicine. He spent the next two years in the U.S. Army as a pediatrician at Fort Hood, Texas.

Dr. Aiges returned to New York in 1977 to do a Fellowship in Pediatric Gastroenterology with Fred Daum and Merv Silverberg at North Shore University Hospital and have stayed there ever since. He became the Pediatric Program Director in 1980, Chief of Clinical Services in 1983 and Associate Chairman in 1991. He is the President of the New York - New Jersey Pediatric Program Directors since 1990.

Dr. Aiges lives in Port Washington, New York (a seaport just east of New York City) with his wife, Judy and his 11 year old daughter, Laura (who is incredibly funny). He is a passionate baseball fan and a very hyper person who likes to do multiple things at one time.



COUNCILOR DR. MICHAEL NORMAN

Michael Norman is a pediatric nephrologist who was born and raised in Philadelphia. Following Dartmouth College he received his M.D. at The University of Pennsylvania, interned in Cincinnati, and completed a pediatric residency at Children’s Hospital of Philadelphia. After a year of addi-

tional training at the Hospital for Sick Children in London, England and two years in the US Navy, he returned to CHOP for fellowship training in immunology and nephrology, remaining for almost 10 years. He was a fellow, faculty member and eventually Director of the Division of Nephrology.

In 1983 Dr. Norman became Chairman and Program Director of the Department of Pediatrics at The Medical Center of Delaware (MCD) in Wilmington. He also served as Associate Chairman of Pediatrics at Jefferson, and directed the Metabolic Bone Disease Laboratory and Clinical Service at the Alfred I duPont Institute, a specialty children's hospital for chronic diseases and rehabilitation.

In 1991 Dr. Norman was called upon by the Boards of MCD, the duPont Institute and Jefferson to create a full service children's hospital, collapsing the separate pediatric residencies at Jefferson and MCD into a single Jefferson residency located at the duPont Institute. To facilitate this task, he also was named pediatrician-in-chief at the duPont Institute. This daunting task was accomplished over three years, and presently the duPont Institute, now known as the AI duPont Children's Hospital, serves as the principal teaching site/department for Jefferson Pediatrics.

Dr. Norman then moved to his present position as Chairman and Program Director of the Department of Pediatrics at Carolinas Medical Center (CMC), a teaching institution very similar to MCD. The Department of Pediatrics at CMC has a fully ACGME-accredited residency with 7 house officers at each year, a PL-4 Chief Resident, and 28 faculty members. All of the pediatric medical and surgical subspecialties are represented.

Dr. Norman continues to be very visible and active on the teaching services and at most of the departmental teaching conferences. He also remains active in extramurally funded clinical research and is Medical Director of one of two HMO partners of the HealthCare System. Despite this rather "full plate of professional activities, however, when asked what he likes most about his work, he quickly and most emphatically replies: "even after 25 years in academic pediatrics, having done clinical care, teaching and research, working with, teaching and mentoring pediatric residents continues to give me the most professional satisfaction."

REPORT FROM THE RRC

Carol D. Berkowitz, MD, Program Director, Harbor-UCLA Medical Center

This year the RRC for pediatrics had the opportunity to review 55 core pediatric training programs and 135 subspecialty programs. Most, but not all of the core programs were reviewed under the new requirements for training in pediatrics. The RRC is interested in streamlining the review process and welcomes suggestions about modifying the program information forms. These comments can be emailed directly to Mary Alice Parsons at the ACGME at map@acgme.org.

Of the 55 programs that were reviewed, 35 were granted continued full accreditation (5 years – 17, 4 years – 6, 3 years – 6) 3 continued provisional accreditation, 1 newly accredited, and 1 voluntary withdrawal. Other actions included requests for progress reports 9, and proposed adverse actions (probation, withhold, withdraw) 8. It is too soon to comment if there was a trend regarding citations under the new requirements. Incorrect completion of the forms and inconsistent patient numbers continues to be a problem.

Of the subspecialty programs, 116 of the 135 were accepted on. The RRC administratively withdrew accreditation from several programs that had not had a trainee for over 8 years. The newest subspecialties to come on board include rheumatology (16 programs), pediatric infectious diseases (to be accredited in October, 1998) and adolescent medicine (16 applications received, to be reviewed Fall 1998). The program requirements in Pediatric Emergency Medicine received final approval from the ACGME in June, 1998. A number of subspecialty programs are undergoing review of their requirements. These include critical care, cardiology, endocrinology, hematology-oncology, neonatal-perinatal medicine, nephrology and pulmonology. The usual mechanism for input about these revisions is through the subboards or the subspecialty sections or societies. Alternatively, suggestions can be emailed to Mary Alice.

Plans for the future include having the program information forms on-line, and program directors along with their coordinators are encouraged to develop computer familiarity with Windows 95, Word or WordPerfect, the use of email and the internet. Additionally, directors are urged to read the Newsletter put out by the ACGME as a means of keeping up to date with the latest information from the RRC.

REGIONS & COMMUNICATION COMMITTEE

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

The Committee on Regions and Communication had its annual meeting as part of the recent APPD Meeting in New Orleans. The earnest and thoughtful group included: Drs. Patrick Flynn, John Walburn, Franklin Trimm, John Roberts, Lynne Campbell, Miriam Bar-On and Ed Zalneraitis. Historically, the single committee was created out two separate committees because of the common purpose of improving interactions between programs. The current participants in the Committee on Regions and Communication continue to have the expected strong interest in both areas of interaction, and the two part meeting was very productive.

The Committee felt strongly that we need to develop a better infrastructure of regional groups. Up until this time, the regional groups have developed spontaneously, with the encouragement of the APPD. There has been no formal structure, and the existing groups have come together out of geographic proximity, common needs, common interests and/or shared activities. While this is a reasonable way to start the effort, the Committee proposed to the Executive Board that it is time to develop the regional activities more formally through an overall system of regional groups of programs. To implement this recommendation, the Committee felt that there needed to be leadership from the Committee on Regions and Communication to promote this organization. Drs. John Roberts of Louisville and Lynne Campbell of Lexington, Kentucky, were selected and agreed to take on the leadership for this part of the Committee and the task of promoting regional organizations.

In order to facilitate organizing regional groups, it was also recommended that the APPD employ some overall system as a guide to help as many programs as possible join regional groups. A number of possibilities were discussed, including using already existing "Career Day" programs, AAP districts or APA districts as a template for helping programs in forming working regional alignments. The Committee felt, after some debate, that the APA template would serve as the most useful guide for organizing the APPD regionally. It was recognized that enrollment in an APA region should not become a requirement for programs, but simply a guide. Existing regional groups may choose to continue with their current associations. However, with the approval of the Executive Committee and the help of Laura Degnon, it was proposed that Drs. Campbell and Roberts would promote enrollment of as many other programs not participating in regional activities as possible into regional groups that could

be recognized and supported by the APPD.

The Committee went on to discuss ways to promote and develop the regional groups, once established. It was suggested that there be regularly scheduled times for regional groups to meet at both the Spring and Fall meetings of the APPD, and that the Spring meetings would be automatically planned by all groups. Regional Chairs should be selected, and perhaps a meeting of regional Chairs should occur at the at the national meeting. The APPD should keep a data base of regional groups to facilitate communication and development among group members and between groups. Finally there should be regular reporting of regional activities at the meetings, on the web page and in the APPD Newsletter.

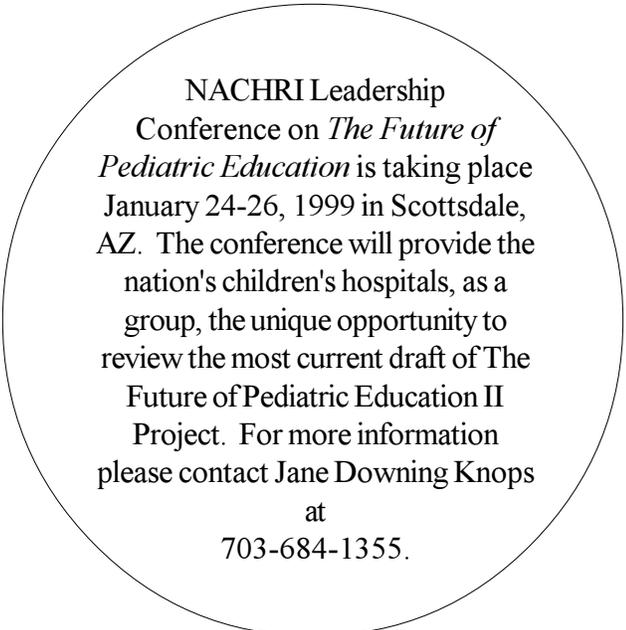
The Committee spent the second part of the meeting reviewing and planning with regard to enhanced communication among APPD members. The existing two formal methods of communication, the *Newsletter* and the Listserv were reviewed, and the proposal of an APPD web page was considered. To facilitate implementation of the Committee's ideas on communication, the group agreed that one the members should lead this effort. Dr. Franklin Trimm, of the University of South Alabama Program, was selected and agreed to take on this responsibility.

The *APPD Newsletter* was felt to be helpful as a vehicle for information about relevant issues for programs. It was, in conjunction with the earlier discussion reported above, suggested that an expanded attention to regional activity should be developed. It was proposed that an electronic version of the Newsletter be developed, and posted on an APPD web page, or the Listserv if the web page is not available. Members of the Committee felt that eventually the electronic version would obviate the need for a paper version, particularly after ERAS ensures that all members have computer access. However, for now, it was agreed that we should continue to produce two to three issues per year in the current paper format. The Committee was pleased with the current format, and made no other suggestions for change.

The group expressed appreciation to Glenda Lindsay and Bob Kamei for their efforts in getting the APPD Listserv started. It was generally felt that the current edited system had gone well so far. It seemed as though, however, that the Listserv was underutilized as a resource. It was proposed that usage could be increased by utilizing the APA format of an unedited Listserv. If this resulted in inappropriate or unmanageable over-use, the APPD could always return to the current format. It was also noted that a web page might

keep down the “traffic” on an unedited Listserv to an manageable level. The suggestions were to be forwarded to the Executive Committee, Glenda and Bob.

The Committee felt that the APPD should go forward with a web page. Laura Degnon suggested that there may be affordable ways to create a web page, and volunteered to explore estimates of cost. The Committee then addressed the purpose and requirements for an APPD web page. The group felt that the web page should target Program Directors, Program Coordinators and pediatric chief residents. It was felt there should subsections for Coordinators, Regions, the Handbook and other special projects. Connections were recommended to the ABP, AAP (including the resident section directly), RRC, FRIEDA, Medicine -Pediatrics Directors, and perhaps medical student associations. These recommendations were to be addressed by the Executive Committee, and in obtaining estimates of cost. It was hope that this could be started within the next year.



NACHRI Leadership
Conference on *The Future of
Pediatric Education* is taking place
January 24-26, 1999 in Scottsdale,
AZ. The conference will provide the
nation's children's hospitals, as a
group, the unique opportunity to
review the most current draft of The
Future of Pediatric Education II
Project. For more information
please contact Jane Downing Knops
at
703-684-1355.

Robert Wood Johnson Clinical Scholars Program

The Robert Wood Johnson Clinical Scholars Program is designed to allow young physicians committed to clinical medicine to acquire new skills and training in the non-biological sciences important to medical care systems. The program offers two years of graduate-level study and research — as part of a university-based, post-residency training program. The institutions participating in the program are listed below:

University of California, Los Angeles, School of Medicine
University of Chicago, Pritzker School of Medicine
The Johns Hopkins University School of Medicine
University of Michigan Medical School
University of North Carolina, Chapel Hill, School of Medicine
University of Washington School of Medicine, Seattle
Yale University School of Medicine

At each of these sites, a study and research program is tailored to meet the Scholar's specific interests within the institution's priority areas. Faculty and resources are available in a broad array of disciplines, including epidemiology, biostatistics, the social sciences, etc. Although the programs vary in design and emphasis, each has developed core programs to introduce Scholars to basic non-biological disciplines and methods in healthcare research.

The program is open to U.S. citizens training in any of the medical/surgical specialty fields, including pediatrics, psychiatry, obstetrics/gynecology, and family practice. Candidates should plan to complete the clinical requirements of their residency/fellowship training by the date of entry into the program; in addition, Scholars may not hold appointments as subspecialty fellows during their tenure in the program.

Candidates should initiate the application process as soon as possible because it begins 18 months before successful candidates would begin their terms as Clinical Scholars. Applications for positions beginning July 1, 2000, must be completed between January 1 and April 1 of 1999. Completed applications must be received no later than February 15, 1999, to permit time to arrange and complete interviews by April 1, 1999. The Foundation funds 26 positions annually and the Department of Veterans Affairs 8.

For further information, please contact: Annie Lea Shuster, email: ShusterAnnieL@exchange.uams.edu or call (501) 660-7551/4.

COORDINATORS' FORUM

Melodie Parker, Academic Coordinator, Baylor College of Medicine

As coordinators for residency training programs, we are faced with many challenges. Often we confront these challenges together with our Program Director and perhaps an Assistant Program Director, if we have one at our institution. Little did many of us realize that there are 186 associates, across the country, that face many of the same challenges. As a result of attending the spring APPD meeting in New Orleans, a network was established that now reaches from coast to coast. Sixty Seven Coordinators, joined by many Program Directors, met from April 29th through May 1st in an educational atmosphere never previously experienced by coordinators. During this meeting time, Coordinators, Program Directors, Pediatric Department Chairs and representatives from the American Board of Pediatricians and the Educational Commission of Foreign Medical Graduates were able to learn together and to interact on a one on one basis.

During the span of the meeting e-mail addresses, telephone numbers and even home addresses were freely exchanged to allow us to continue our educational training and friendships that were developed throughout the three days of meetings. To know that there are others who do almost exactly the same thing that you do and face similar challenges, and to know they are only an e-mail or phone call away, is very comforting.

As coordinators, we now know that the American Board of Pediatrics has a much better understanding of our responsibilities. Esther Foster, from the American Board of Pediatrics, attended every one of our sessions and gave a very informative presentation. The Marine Corp Band did not deter our educational experience, even if they were playing right next door during her presentation! In an e-mail sent to the steering committee following the meeting, Esther told us, "It was an educational experience for me as well as a pleasurable one. I now realize more fully what you as coordinators much do in your work and will keep that in mind when I am requesting things from you. I also enjoyed sharing with you some of the ABP's concerns and requirements."

Another educational link was strengthened with the presentations from Ms. Eleanor Fitzpatrick and Dr. William Ayres from the Educational Commission of Foreign Medical Graduates. None of the coordinators had ever had the one on one contact with ECFMG that was established during the meeting with Ms. Fitzpatrick and Dr. Ayers. We, as coordinators, now know we can call upon both of them with any

questions or concerns we may have.

This educational opportunity given to coordinators, from every type of training program, was invaluable. We bonded in our professional environment and made many new friends that can be called upon whenever the need may arise. We renewed our commitment to our programs and strengthened our dedication to our profession. We know that April 1999 is very far away and ERAS is just beyond the next horizon. However, the educational experience at the spring meeting, the warm memories from New Orleans and continued contact by e-mail or phone will keep us focused until our section meets again in 1999.



A group of people, including Program Coordinators and Program Directors, pose for a snap shot prior to going on a dinner/jazz cruise on the Creole Queen Paddlewheel Boat during the recent APPD meeting in New Orleans.

ABP QUESTIONS/ANSWERS COLUMN

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

Question: Program directors continue to be confused regarding their role in documenting house staff procedures. The Residency Review Committee for Pediatrics mandates that “each program must provide sufficient training in, and monitor resident development of” a list of procedural skills. The American Board of Pediatrics has a somewhat different list of skills and requires that program directors certify that residents have demonstrated the technical skills to be prepared for independent responsibility as a general pediatrician. Some hospital credentialing committees and managed care organizations are now requiring documentation of the actual number of procedures performed by residents, rather than the mere assertion of competence. What role will the American Board of Pediatrics take in clarifying the responsibility of program directors in documenting procedural training opportunities and resident technical skill?

Answer: The procedural skills required by the ABP for individuals desiring certification are listed in the ABP booklet, “Evaluating Your Clinical Competence in Pediatrics.” The list is quite long, and differs in some respects from the skills listed in the Requirements for Residency Education in Pediatrics, published by the RRC. The ABP recognizes that this list, developed in the late 1980’s, needs to be reviewed and amended. The Program Directors Committee of the American Board of Pediatrics will be reviewing and revising the booklet, which includes these procedures, this year.

For the present time, I would recommend that the procedural skills listed by the RRC be used as the standard, rather than adhering to the ABP listing. Clearly, there are some skills that should be developed by all residents that are not included in the RRC listing. Others, such as paracentesis, should be eliminated. Some of the procedures, particularly laboratory, are woefully neglected in pediatric education; for instance, a basic urinalysis.

As for the requests from hospital credentialing committees and HMOs for procedural numbers, that should be facilitated by using the materials recently distributed to all program directors.

The ABP relies on program directors to assure us each candidate who is recommended for the examination has completed the required accredited training and has the knowledge, skills, and experience to provide high-quality care in pediatrics. The procedural skills are part of the picture. The

ABP and the program directors work together to assure the public and the medical profession that an individual who is board certified is qualified for the independent medical care of children.

SUBSPECIALTY PROGRAM DIRECTORS

Carol D. Berkowitz, MD, Program Director, Harbor-UCLA Medical Center

The APPD has been assisting the RRC in developing education opportunities for the subspecialty program directors to become knowledgeable about the accreditation process. Over the past year, the APPD has sent out numerous mailings in an effort to identify the leadership among the subspecialty program directors. These mailings have gone to the chairs of the subboards as well as the section leaders of the American Academy of Pediatrics.

The APPD hosted a workshop for the first time this year at the annual meeting of the APPD. The session was held on Sunday afternoon, May 3, 1998 from 3 to 6 pm at the Hilton. Approximately 35 subspecialty program directors attended. They were all from Pediatric Emergency Medicine, the next pediatric subspecialty to undergo the accreditation process.

Although the specific requirements for training in PEM have not been approved, the workshop was able to address the process of accreditation and the generic requirements facing training in all pediatric subspecialties. The feedback was that the workshop was highly successful, and the APPD will continue to pursue opportunities to assist subspecialty program directors in the accreditation process.

APPD
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***2nd Annual Fall Meeting:
Orientation and Training for Program
Directors and their Coordinators
and
Preparation for a Successful RRC
Experience
and
ERAS Workstations***

SEPTEMBER 26-27, 1998

Ritz-Carlton Hotel, Tysons Corner VA

***For preliminary program and/or
registration information please contact the***

APPD Executive Office:

APPD@degnon.org OR call 703-556-9222

PROGRAM DIRECTOR, Pediatrics Residency Program, Children's Health Center of St. Joseph's Hospital/Mercy Healthcare Arizona. Outstanding opportunity for an academic pediatrician whose career goals include directing a fully accredited Pediatrics Residency Program. St Joseph's Hospital and Medical Center, a 569-bed teaching hospital, is a tertiary referral center for Phoenix, Arizona, the sixth largest city in the U.S. The Pediatrics Residency Program has a total of 18 residents and an extensive faculty in general pediatrics as well as the full spectrum of subspecialty pediatrics. Responsibilities include coordinating the efforts of all individuals involved in resident education and curriculum development. Supervision of residents and medical students in inpatient and outpatient settings is expected. Research experience, particularly in health care services, would be a plus. Candidates would be expected to be qualified for faculty appointment at the University of Arizona College of Medicine. Salary and benefits competitive. Contact: Charles Daschbach, M.D., Director of Medical Education, St. Joseph's Hospital and Medical Center, 350 West Thomas Road, Phoenix, AZ 85013. (602) 406-3677. AA/EOE.