



# APPD NEWSLETTER

Association of Pediatric Program Directors

Summer 1999

## EDITOR'S COLUMN

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

The unofficial response of members attending the annual APPD meeting in San Francisco this year was overwhelmingly favorable. Directors, Coordinators, and now chief residents have found the APPD meeting a venue to discuss important issues that we share, and to develop strategies for our future efforts. With the meeting behind us, and as we get ready to start our new academic year, I hope this edition of the *Newsletter* will be a source of renewed enthusiasm in guiding each of you in your programs. It will again include features from the recent meeting, our President Dr. Bob Nolan, the Coordinators Corner, a questions and answers column for Dr. Walter Tunnessen of the ABP, and now the ECFMG. Dr. Gail McGuinness has included an article on the RRC. Other added contributions are from the Medicine and Pediatrics Program Directors, information on the PediaLog™, and the AAP Resident Section.

Communication between meetings, with all that Program Directors, Coordinators and Chief Residents have to do, is difficult. To the extent that we can maintain contact and exchange of ideas, we are better able to cope with the tasks that we all face. Therefore, I am encouraged by the continued interest and support for this *Newsletter* as an important means of communication for our organization. The continued membership participation in our list serv is also valuable, and now, we will also soon benefit from **the new APPD web page. As noted in this issue, our page will provide updated information of interest to us, and links to important organizations with whom we interact often. You will be able to find current organization information, including the *Newsletter*, and a listing of the Directors and Coordinators, with contact information.**

Regional activities are an additional important means to share ideas among programs with common problems and interests. In our last issue of the *Newsletter*, we surveyed the membership about their participation in regional groups. For a single mailing survey, during a busy part of the year, we had a very reasonable 56 of 208 programs responding. Twenty-two of the responding programs already belonged to a regional group, and 31 wished to participate in regional activities. Many of the 22

*(See EDITOR on page 2)*

## PRESIDENT'S COLUMN

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

The 15th Annual Meeting of the APPD in San Francisco welcomed the largest attendance in association history. Nearly 60 Medicine/Pediatrics colleagues joined us for the meeting. The morning of April 29 several dozen program chairs participated in a special forum addressing the issues of affiliated programs, inpatient versus ambulatory training and full-time versus part-time faculty. The directors of small programs also had an opportunity to meet. The membership, communications, regions and fall meeting committees met the evening of April 29; the APPD web page [www.APPD.org](http://www.APPD.org) is now up and running.

The Plenary Session in the afternoon followed the usual format with reports on the major pediatric organizations including the AAP, ABP and RRC. Dr. Robert Johnson presented provocative data from the FOPE-II Survey of program directors. The survey indicated that most program directors believed their programs were doing a good or excellent job of meeting the RRC requirements. From the audience Dr. Berkowitz suggested that it would be interesting to see if the resident's perceptions of programmatic curricula matched that of the directors. Dr. Susan Swing gave a report on the first year of the ACGME's five-year outcomes project. It is clear that the ACGME will be placing greater emphasis on outcomes in its accreditation of residency programs over the coming decade. In the next several years the ACGME will be coming to program directors organizations for their input into the outcomes project. It is vitally important that we participate. Dr. Kathryn McLearn gave a multimedia presentation on the Healthy Steps Project. When completed these multimedia materials will certainly help programs meet the RRC's "longitudinal" requirement for behavior and development training. The Plenary Session also saw approval of the revised By-Laws. The first competitive elections for officers will occur in the spring of 2000.

April 30 featured separate tracks for program coordinators, and for program directors, chief residents and department chairs. The coordinators track focused on the "nuts and bolts" of running a program: international graduate issues, interacting with the American Board of Pediatrics, recruitment, defining the coordinators role and development of a handbook for coordinators. The eight different workshops for the directors covered topics from evidence based medicine to personal and professional development for chief residents to a variety of curricular issues. The American Board of Pediatrics received valuable feedback from the Association during two workshops in which preliminary work on the ABP's professionalism project was discussed.

The meeting concluded on May 1 with the AAMC's training workshops for the Electronic Residency Application System. Those workshops brought a palpable decrease in anxiety regarding our participation in ERAS this fall (at least around my shop!)

*(See PRESIDENT on page 2)*

### **INSIDE:**

~ *Pedialog™* ~ *Ask the ECFMG* ~ *AAP Section on Residents*  
~ *New APPD Council Member* ~ *Coordinators' Corner* ~ *Web Site*  
~ *Report from the RRC* ~ *Ask the ABP*  
~ *Annual Fall Meeting Schedule* ~ *Notes from the MPPDA*

**(PRESIDENT continued from front page)**

The third annual fall meeting of the APPD will be at the Ritz Carlton Hotel in Tyson's Corner, Virginia on October 3-4, 1999. The program will provide orientation for new program directors and coordinators running the gamut from ERAS and ECFMG issues to graduate medical education financing to professional development for program directors - maintaining a teaching/administration portfolio. The program will also feature workshops to prepare for a successful RRC visit. We look forward to seeing you in October.

**(EDITOR continued from front page)**

programs indicating current membership in a regional group, also felt that their groups could interact more regularly and broadly. If any of you still wish to provide us additional survey information, or have additional input on regional activities, we would love to hear from you. Assuming that the responses so far are representative of the member programs as a whole, and recognizing a much broader participation in the Regions Committee, Drs. Harvey Aiges and Franklin Trimm were able to develop a plan to facilitate broader regional participation in the future. We can look forward to using these interactions as yet one more way to collectively improve our ability to enhance programmatic efforts.

We can all be pleased and proud of the progress and maturation of the APPD as an organization. In addition to the multiple means of ongoing interaction discussed above, we now have established two national meetings per year, and revised our bylaws to create opportunity for broader participation. The APPD can now better serve as an important vehicle to address many difficult problems that challenge us at this time. However, in order to use the APPD effectively, there must be increased participation. There is no better way to begin improving participation than to hear member opinions and proposals. Therefore, I am asking you to send *letters to the editor* for our late Summer (pre-Fall Meeting) edition, and that you make every effort possible to make it to the Fall Meeting in Virginia. In order to stimulate your letters and proposals, I am listing some topics of seeming importance:

What constitutes *competence* in procedures, management or professionalism? How do we teach this or evaluate this? How do programs maintain support during times of funding reduction? Are there ways that we can share resources or identify additional support? Is commercial support appropriate, and should there be rules governing commercial support? With the rise in interest in pediatrics as a career, should we be making a greater effort in resident career development and what should we be doing? Should we be addressing subspecialty training more as an option? Should we be more strongly advocating for subspecialty matches? Should program directors be more actively involved in faculty development and in what ways? Should we be sharing resources and ideas to address accreditation and how should we do this? Do ERAS and the current increased interest in pediatrics create need or opportunity for us to address the way in which we conduct recruitment or tracking?

These are but a handful of the many issues that we face, so let's hear from you about one of these or other topics of your choice!

**PEDIALOG™**

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

On May 2nd, Laura Degnon, Dr. Errol Alden of the AAP, Dr. Scott Shipman, Chairman of the Resident Section of the AAP, and I met with Dr. Susan May and her associates from Ross Products to discuss the utility of PediaLog™ in resident procedure tracking. Our discussion was based on the feedback which the APPD has received from its membership and the results of the survey distributed at the annual meeting regarding the first year's experience with PediaLog™.

Seventy-six programs responded to the survey. Ninety-seven percent of the programs currently track resident procedures. Of those programs tracking resident procedures, the most common system used is PediaLog™ at 43%. The remaining 57% of programs use a variety of tracking systems including institution specific log books, institution specific computer programs, pre-printed note cards, and random scraps of paper. Seventy-eight percent of programs would consider using a computerized tracking system, however, 57% stated that they anticipated barriers to the use of a computerized tracking system. The concerns regarding computerized tracking systems fell into two general categories: practical (lack of money, lack of institutional or clerical support, lack of resident compliance, etc.) and technical (lack of computer capability, residents at multiple sites, incompatibility of hospital/clinic/university computer networks, difficulty with internet/local area network connectivity, etc.) Seventy-one percent of respondents stated that duplicate copying capability (NCR paper) would enhance the utility of PediaLog™.

The discussion among the APPD, AAP, and Ross Products representatives focused on the possibility of a uniform computer based tracking system. Although the general sentiment was that a computer based tracking system will likely ultimately be feasible, currently the residency programs face too many barriers, often local and idiosyncratic, to contemplate the development of a uniform computer tracking system in the near term. The American Board of Internal Medicine which distributes a procedure tracking log book to its constituent programs has also wrestled with the issue of a paper log book versus a computerized tracking system. The ABIM will continue with its current paper based procedure log book because of concerns with many of the practical and technical issues identified by our membership in the survey.

In response to our discussions with Ross Products and results of the survey, PediaLog™ will be revised for the 2000-2001 academic year to contain NCR paper so that the resident can maintain the original log book and the NCR duplicates can go to the program to facilitate program tracking of procedures. The current PediaLog™ is available from your Ross representatives. If pharmaceutical representatives do not visit your program you can obtain copies of PediaLog™ by contacting Dr. Susan May at Ross Products (614-624-3518) OR Laura Degnon at the APPD national headquarters.

## ASK THE ECFMG

*Eleanor Fitzpatrick, Manager, Exchange Visitor Sponsorship, ECFMG*

1) *We have an international medical graduate who has accepted a residency position with our program. He has applied for an H-1 visa, but has not heard whether his application has been approved. Can he apply for a J-1 visa before receiving a determination on his H-1? and, if the J-1 is approved and the H-1 is approved, can he choose which one he uses?*

ECFMG Response to #1.

Yes, a foreign national physician may **apply** to ECFMG for J-1 sponsorship while seeking approval for an H-1B visa. If the foreign national has met all of ECFMG's application requirements, the Form IAP-66 (Certificate of Eligibility for J-1 Visa) will be issued. ECFMG does not, however issue the J-1. The foreign national physician must present the Form IAP-66 to the U.S. embassy/consulate in the home country and/or the Immigration and Naturalization Service (INS) in order to obtain the J-1 visa and J-1 status needed to begin training. A physician who receives the Form IAP-66 issued by ECFMG may choose not to process it in favor of an alternative visa. If approved for the H-1B, the foreign national may opt to process the H-1B documentation and participate in the training program under this non-immigrant employee visa rather than the J-1 educational visa which ties the physician to two years in the home country. The Training Program Liaison (TPL) at the host institution should notify ECFMG if a physician does not enter on the J-1 visa and return the Form IAP-66 to our office.

2) *An international medical graduate has matched to your program. What time line do you need to consider in obtaining a VISA, so the intern begins the clinical service on time?*

ECFMG Response to #2.

A critical component of the application for J-1 sponsorship is the letter of offer/contract from an accredited program of graduate medical education or training. The Match results are available in mid-March. Once the foreign national has an official commitment for a residency position, he/she is eligible to apply to ECFMG for sponsorship. There are several additional requirements for J-1 sponsorship, namely the physician must:

- hold a **valid** standard ECFMG certificate on the contract start date. Certain examinations passed to obtain the ECFMG certificate may not satisfy state licensure requirements. The former one-day ECFMG medical examination does not meet requirements for the J-1 visa.

- submit the standard Statement of Need letter from the national office of the Ministry Health in the country of nationality or the last legal permanent residence, if applicable.

- provide a detailed program description, evidence of medical insurance, updated resume, and fee.

ECFMG publishes a four to six week processing time. Therefore we recommend that complete applications be filed by May 1<sup>st</sup> for a July 1<sup>st</sup> start date. Sponsorship applications and instructions are available to print from our web site at [www.ecfm.org](http://www.ecfm.org) under Exchange under Exchange Visitor Sponsorship Program.

Keep in mind that the processing of the Form IAP-66 through Immigration and Naturalization Service (INS) in the United States for applicant who is already in the country may take several months. It is important that these individuals apply early in order to secure J-1 status before the program start date.

## AAP SECTION ON RESIDENTS

*Scott A. Shipman, MD, Chair, AAP Section on Residents, Chief Resident, Dartmouth Hitchcock Medical Center (RWJ Clinical Scholars Program, Johns Hopkins, July 1999)*

### “The 1999 Match: Congratulations (I think)”

The popularity of pediatrics is evident based on the highly successful 1999 NRMP results, with nearly 99% of positions filled. The recent trend of US medical graduates entering pediatrics in increasing numbers bodes well for the quality of residency programs, and presumably for the quality of future pediatricians. Clearly, we are exposing medical students to our specialty in a way which allows them to see just how wonderful it is to work with children and their parents. Without a doubt, having high quality residents also helps to attract high quality medical students.

However, this rosy picture is not without its thorny side. Research presented at this year's APA/APS Meetings in San Francisco suggests that the per capita general pediatrician workforce will grow by 40% in the next 25 years if current rates of residency production, subspecialization, and retirement continue. In spite of this, the number of residency positions offered through the match has increased by 8% over the past five years. Concurrently, the role of pediatric nurse practitioners and physician's assistants has expanded greatly. Not surprisingly, training programs of these mid-level providers are expanding as well.

The young pediatrician is thus caught in the middle, having incorrectly assumed that the number of residency positions and the job market were somehow tied together. In fact, the opposite may be true. On one hand, it is financially advantageous to train more residents, who work many hours for limited pay, and in some cases bring in additional GME funds. On the other hand, it is financially advantageous to hire a mid-level provider rather than a pediatrician when possible. In a health care market consumed by the bottom line, financial motivations drive these dichotomous positions. Your residents are concerned about their ability to find a job when they finish training. The 1998 Survey of Residents, conducted by the AAP and given to a random sample of 3rd year residents, shows that an increasing number of residents are having some difficulty in finding a position which meets their needs, as compared to previous years. Considering that the average educational debt of pediatric residents is \$85,000, this is not a trivial concern.

Attracting the best and brightest medical students into pediatrics is a laudable goal. However, we must ensure that residency programs are training pediatricians who have the skills necessary to succeed in today's medical environment, and who fill a needed niche. We must take a critical look at the motivations which drive the decision to train increasing numbers of pediatricians, and be certain not to overlook the long-term interests of the trainees.

## A LOOK AT THE NEW APPD LEADERSHIP...

### THE APPD COUNCIL'S NEWEST MEMBER -

Dr. Theodore Sectish, Stanford University  
School of Medicine



Dr. Sectish grew up in a rural Eastern Pennsylvania before matriculating at Franklin and Marshall College. He received his MD in 1977 at Johns Hopkins University School of Medicine and did his pediatrics residency training at Boston Children's Hospital from 1977-80.

After completing residency training, he went into private practice in Salinas, California and practiced from 1980-93. During this period he was an active member of the voluntary clinical faculty of UCSF by participating in the training of family practice residents in the UCSF-affiliated family practice residency program at Natividad Medical Center in Salinas.

In 1993, he was recruited to Stanford as Program Director and as a member of the General Pediatrics Division. During this time, he has spearheaded efforts to focus the curriculum of the training program on subspecialty pediatrics (non-intensive care) with the development of single subspecialty rotations which combine inpatient and outpatient experiences and community pediatrics rotations. He is Assistant Professor of Pediatrics at Stanford University School of Medicine. His interests include program evaluation, medical decision making, pediatric subspecialty outreach.

When not engaged in the activities of academic pediatrics and the work of a program director, he enjoys golfing with his wife Gloria and his son Charlie.

### COORDINATORS' CORNER

*A regular column will appear in future Newsletters dedicated to the Coordinators Section of APPD.*

Marina Dronsky, University of California, San Francisco



Marina Dronsky was born in Moscow, Russia, attended Moscow State University, Moscow Russia, and Tokai University, Japan. Worked several years in the Department of Japanese Studies, Moscow State University as an assistant professor, after which was

invited to work in Soka University, Japan in the Department of Russian Studies.

In 1991 came to San Francisco, and worked as a consultant-translator for Ernst & Young. She started her work with the Department of Pediatrics, UCSF in 1994, and has been working as a coordinator, Pediatrics Postgraduate Affairs office since then.

Marina Dronsky has a 6-year-old son, Nicolas. In her free time (some evenings & Saturdays) she teaches 3 grades of Russian School. Loves hiking, classical music, reading, and everything that has to do with her son.

Marina is the Chair of the Fall Meeting Planning Committee under the Coordinator's Section.

Connie Johnson, University of Oklahoma  
College of Medicine-Tulsa



My motto in life is to live so that others can see Christ in me. I have fulfilled this motto in my home, work and extracurricular life. I am a widow and mother of 4 children, and I am blessed with three grandchildren. The last four years, I have worked as a Pediatric Resident Coordinator at the University of Oklahoma College of Medicine-Tulsa. Prior to that I worked twenty-three years at Saint Francis Hospital where I began as a nurse assistant and worked up to unit manager. Currently, I serve on the board for the Children's Leadership Services of Tulsa and Day Spring Villa, but recently served on the board for Sickle Cell Diseases. I am a member of New Hope Community Church. I am active in outreach missions, as well as serve as chairman for the Hospitality Committee and building/grounds committee. I am truly honored to have been selected to the Coordinator's Executive Committee of the AAPD, where I will serve for the next two years. I am also Chair of the Membership Services Committee within the Coordinators Section. I have and will continue to allow my life to be led by Christ and I am grateful for the opportunities placed in my life that allow me to help others.

Jan (Bowman) Minges, Michigan State University



Jan is the Pediatric Program Coordinator at MSU/KCMS. She has been with the residency program since 1991 and is a member of the KCMS Strategic Planning Committee, the Pediatric Residency Advisory Committee, and the Information Systems Workgroup. In

addition to her position at KCMS, Jan is the Coordinator/Liaison for the American Academy of the Pediatrics Adolescent Health Section Newsletter.

As a volunteer, Jan was the founder and former president of the Kalamazoo area Human Growth Foundation Chapter in Kalamazoo. She also volunteered at a crisis intervention hotline service that takes personal crisis calls and calls for the domestic and sexual assault services. She was the volunteer coordinator for a free health clinic in Kalamazoo as well as a facilitator/teacher for a class in building better relationships.

Jan presented "Recruitment – The Interview Day" at the Pediatrics Residency Program Coordinators Workshop in Dan Diego in 1996 and "Medicine/Pediatrics Coordinators: Encouraging Resident Integration Into Both Programs" at the Pediatric Residency Program Coordinators Workshop in Portland, Maine in 1997. She was part of a panel presentation "Kaleidoscope of Recruiting Techniques" at the recent Spring 1999 APPD meeting in San Francisco.

Jan is Chair of the Spring Meeting Committee within the Coordinators Section. Please forward to Jan any ideas or topics you think would be of interest to attendees.

Jan is married and has two children.

### Patricia Schmidt, University of Maryland Hospital



I am a 29-year employee with the University of Maryland Hospital and I have spent the last 12 of those years here in the Department of Pediatrics. I came a year after Dr. Carraccio started and have been very fortunate to have worked with her since day one. Over the years, she and I have developed a great working relationship and rapport. She taught me a great deal and has allowed me to use my talents and knowledge to best suite the job. I believe our secret is communication, trust and respect. I especially enjoy the interaction I have with the residents. I sometimes am their mother, sister and confidant.

On a personal note, I am a native of Baltimore, "HON." I married my childhood sweetheart and have two wonderful daughters. I have one beautiful granddaughter who is the light of our lives. In the fall, my other daughter is expecting her first and we are all excited about this new addition.

Pat is Co-Chair of the Coordinators Handbook Committee (ad-hoc), along with Aida Valez of Connecticut.

### Lucy Thompson, University of New Mexico



Hi! My name is Lucy Thompson. I am a New Mexico native, born and raised in Santa Fe, but have been living in Albuquerque longer than I ever lived in Santa Fe. I have worked for the University of New Mexico for seventeen years. Ten of them have been with our pediatric department (cardiology) and six have been as the residency coordinator. Shortly after starting with the department, I knew I wanted the coordinator's job. It seemed very exciting, getting to meet a lot of people and working with the dedicated, very nice physicians (residents and faculty). I have a hubby and two cats (kids). Hobbies include reading, hiking, cross-stitching, hot air ballooning, jazzercise. However, I veg well when given the opportunity.

As of this year I have been elected to the Coordinators Executive Committee and am Chair of Communications. The goal of this committee would be to have information for the newsletter, the web page and the listserv. The possibility of a Coordinator's newsletter was suggested. This is an open committee and volunteers are always welcome. Please feel free to send ideas as well.

**VISIT THE NEW  
APPD WEB SITE**

**[WWW.APPD.ORG](http://WWW.APPD.ORG)**

*Annual Meetings ~ Newsletters  
~ Events ~ Program Directors & Coordinators  
~ Related Links ~ Leadership Listing*

### **Association of Pediatric Program Directors Officers and Councilors**

**President:** Robert J. Nolan, MD  
**President-Elect:** Carol L. Carraccio, MD  
**Secretary-Treasurer:** Harvey W. Aiges, MD  
**Past-President:** Carol D. Berkowitz, MD  
**Newsletter Editor:** Edwin Zalneraitis, MD  
**Councilors:** Gail A. McGuinness, MD;  
Theodore Sectish, MD; Michael E. Norman, MD;  
Edwin Zalneraitis, MD

## REPORT FROM THE RESIDENCY REVIEW COMMITTEE

*Gail A. McGuinness, MD Chair, RRC for Pediatrics*

Ever since the new requirements for training in pediatrics went into effect in February of 1997, program directors have been interested in whether programs have been able to comply with certain requirements. Now that the Residency Review Committee has completed three cycles of review under the new requirements, two in 1998 and one in 1999, it is possible to provide some preliminary data to program directors. I will review in this column some of the information provided during the recent APPD meeting in May of 1999.

Nearly one-third of all core pediatric programs have undergone a complete review. Of these 67 programs, 56 received full accreditation. There were five adverse actions and three proposed adverse actions for a total of 12 percent. This compares quite favorably with the mean for all specialties, which is 16 percent. Thirty percent of the core programs were requested to submit progress reports. This is higher than usual, but is rather typical when new requirements go into effect. Of the programs given continued full accreditation, 47 percent received a five-year cycle of review.

A number of general observations regarding recent RRC actions and citations can be made.

- Citations regarding adolescent medicine and developmental behavioral pediatrics experiences are much less common now that block months are required.
- Programs have been able to meet the 50 percent outpatient requirement without difficulty.
- Citations of excessive intensive care time are rare.
- Citations of inadequate inpatient experiences (volume, complexity, and diversity) and inadequate continuity care patient numbers are frequent (as under the old requirements).
- Continuity clinic citations are more common under the new requirements, including concerns about insufficient numbers of continuity patients and lack of formal mechanisms to verify the residents' experiences.
- Many citations are paperwork issues and can be easily addressed by careful attention to filling out the form correctly, providing all of the information requested, and avoiding inconsistencies in the program information form.
- There has been no increase in the percentage of adverse actions.

### NICU Electives

A significant number of program directors have informed the RRC that their residents who plan to practice in rural communities without the support of subspecialists may have need of additional experience in the neonatal intensive care unit (NICU) to better prepare them for practice. After considerable dialogue on this issue, the RRC has agreed that program directors may afford such residents an additional elective experience and the committee approved the following addition to the requirements:

"One additional elective block month in the NICU may be allowed for individual residents after completion of the required NICU experience in the program. As is the case with any block month, it may include call."

Program directors should note that the intent of this elective is not to address service issues. The RRC will modify its program information form to include a request for information on the frequency with which such an elective is chosen and for which reasons. This addition to the requirement is viewed as an interpretation of the existing requirement, rather than as a new requirement.

## ASK THE ABP

*Dr. Walter Tunnessen, MD, The American Board of Pediatrics*

**Question:** Program directors are both frustrated by maternity/paternity leaves of absence and increasingly creative in dealing with them (reading electives, child development electives, etc.). The Board will allow a waiver of the 33 month rule for board eligibility if the program director certifies that an individual with 31 or 32 months of training is sufficiently prepared. Have the number of such waivers increased over the past several years? Is the ABP reconsidering its position on the waiver policy?

**Answer:** ABP policy on leave: Program directors have asked for clarification of the Board policy on absences (e.g., vacation, sick leave, parental leave) during residency training. The ABP requires the successful completion of 36 months of training. Absences in excess of 3 months must be made up. However, if a program director believes that absences totaling more than 3 months in the 36 months of training are justified and that the individual has met all training requirements and will be recommended as competent as a general pediatrician, the program director may petition the ABP for an exception to policy of one to two additional months of training. The ABP will not consider the application of a candidate who has not successfully completed at least 31 months of training exclusive of absences.

At its June 1999, meeting the Credentials Committee of the ABP also reviewed the policy on absences from training of medicine/pediatrics residents. Med/Peds residents must complete 24 months of pediatric training. Absences from training totaling more than 2 months must be made up. There is no exception to this policy since general pediatric training has already been truncated by 12 months.

The Credentials Committee also discussed electives/training away from the accredited program. No more than a total of 3 months of the required 3 years of residency training may be taken outside of an accredited pediatric residency program. Experiences outside of the accredited residency might include electives abroad or with the Indian Health Service, research electives, or graduate degree course work. These experiences must be approved by the program director, must have goals and objectives for training, and must provide an evaluation of the resident's performance.

### APPD National Headquarters:

**Laura E. Degnon (Executive Director)**  
**George K. Degnon, CAE (Associate Director)**  
**Cyndy Humble (Executive Assistant)**  
6728 Old McLean Village Drive  
McLean, VA 22101-3906  
703-556-9222 ✦ FAX: 703-556-8729  
info@APPD.org ✦ www.APPD.org

# 3rd Annual Fall Meeting ~ Preliminary Schedule of Events

**Sunday, October 3, 1999**

**7:30 a.m. - 8:00 a.m. Registration & Continental Breakfast**

**8:00 a.m. - 8:45 a.m. The American Academy of Pediatrics**

What they offer for resident education (policy statements, PREP/PIR, ACQUP, resident scholarships, Task Force on Pediatric Education, the AAP Resident Section)

\*Dr. Robert Perelman, Director, Department of Education, AAP

**8:45 a.m. - 9:30 a.m. The American Board of Pediatrics**

Resident tracking, annual updates, board eligibility requirements, board fees, in-training exams, other services

\*Dr. Walter Tunnessen, Jr., Senior Vice President, ABP

**9:30 a.m. - 10:15 a.m. The Residency Review Committee**

Who they are, how program requirements are developed, common reasons for citations, adverse actions and appeals

\*Dr. Gail McGuinness, Chair, Pediatric RRC

**10:15 a.m. - 10:30 a.m. Break**

**10:30 a.m. - 12:00 p.m. War and Peace: The Story of the Relationship Between the Program Director and Program Coordinator**

\*Ms. Marina Dronsky, Program Coordinator, Pediatric Residency Program, University of California-San Francisco and Dr. Robert Kamei, Program Director, Pediatric Residency Program, University of California-San Francisco

**12:00 p.m. - 1:30 p.m. Lunch**

**1:30 p.m. - 4:45 p.m. Tracks I and II**

## Track I

**1:30 p.m. - 4:45 p.m. Preparation for a Successful RRC Site Visit**

Understanding the program requirements, completing the Program Information Form (PIF), anatomy of a visit

\*Dr. Gail McGuinness, Chair, Pediatric RRC and Ms. Mary Alice Parsons, Executive Director, Pediatric RRC

## Track II

**1:30 p.m. - 2:30 p.m. Development and Implementation of Goals and Objectives in a Pediatric Residency Program**

\*Dr. Kenneth B. Roberts, Director, Pediatric Teaching Program, Moses Cone Health System, Greensboro, NC and Dr. Edwin L. Zalneraitis, Pediatric Residency Director, Assistant Dean for Clinical Education, University of Connecticut School of Medicine

**2:45 p.m. - 4:45 p.m. Are You Your CV?: Evidence for Excellence in Education**

\*Dr. Karen Wendelberger Marcdante, Associate Professor and Vice Chair, Education Department of Pediatrics, Associate Dean for Curricular Affairs, Medical College of Wisconsin

**6:00 p.m. - 7:00 p.m. Cocktail Reception**

Advance registration is \$305. For a registration form or more information, please contact:  
Association of Pediatric Program Directors  
6728 Old McLean Village Drive, McLean, VA 22101-3906  
(703) 556-9222 \* Fax (703) 556-8729  
info@APPD.org \* www.APPD.org

**Monday, October 4, 1999**

**7:30 a.m. - 8:00 a.m. Continental Breakfast**

**8:00 a.m. - 8:45 a.m. Fundamentals of Graduate Medical Education Financing**

\*Ms. Karen S. Fisher, Assistant Vice-President, Division of Health Care Affairs, Association of American Medical Colleges

**8:45 a.m. - 9:00 a.m. Welcome to the 21st Century: Novel Ways of Funding Resident Education**

\*Dr. Robert Englander, Associate Program Director and Assistant Professor of Pediatrics, University of Maryland School of Medicine

**9:00 a.m. - 12:15 p.m. Tracks I and II**

## Track I

**9:00 a.m. - 12:15 p.m. Preparation for a Successful RRC Site Visit**

Understanding the program requirements, completing the Program Information Form (PIF), anatomy of a visit

\*Dr. Gail McGuinness, Chair, Pediatric RRC and Ms. Mary Alice Parsons, Executive Director, Pediatric RRC

## Track II

**9:00 a.m. - 10:30 a.m. Strategies for Improving Resident Morale**

\*Ms. Aida Velez, Center for Education, Connecticut Children's Medical Center

**10:45 a.m. - 12:15 p.m. Gathering Ideas and Networking: An Open Forum**

\*Ms. Marina Dronsky, Program Coordinator, Pediatric Residency Program, University of California-San Francisco, Ms. Patricia Schmidt, University of Maryland Medical System and Ms. Aida Velez, Center for Education, Connecticut Children's Medical Center

**12:15 p.m. - 1:30 p.m. Lunch**

**1:30 p.m. - 3:00 p.m. Learning to Be a Supervisory Resident**

\*Drs. Joseph Lopreiato, Susan Roberts, Clifton Yi and Anthony Delgado, Department of Pediatrics, National Capital Military Education Consortium Program

**3:00 p.m. - 3:15 p.m. Break**

**3:15 p.m. - 4:45 p.m. ERAS Problem Solving**

\*Ms. Gwynne Kostin, ERAS Program Director, Association of American Medical Colleges

## WHO SHOULD ATTEND THIS MEETING?

- ◆ New Program Directors and their 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



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

First Class  
US Postage  
PAID  
McLean, VA  
Permit 7085

## NOTES FROM THE MED-PEDS PROGRAM DIRECTORS' ASSOCIATION

---

*Keith M. Boyd, MD, MPPDA President*

Change is something we in medicine have come to expect; no doubt there's more to come. For the Med-Peds Program Directors' Association (MPPDA), the last ten years has brought much *positive* change; we have come a long way since being formed a decade ago.

Active membership in the MPPDA has grown significantly. We are a member of PCOC (the Primary Care Organization's Consortium). We have successfully formed as a subgroup of the Association of Program Directors in Internal Medicine (APDIM). We have held preliminary discussions with the APPD leadership regarding the possibility of becoming a section of the APPD. Along with a number of other individuals and organizations, the MPPDA contributed to the successful lobbying of Congress to provide full Federal funding for all four years of combined Med-Peds training.

Although I am still correcting my father when he refers to me as a "family physician," the average medical student no longer asks, "What is this Med-Peds thing anyway?" Cooperative efforts of the MPPDA, the NMPRA (National Med-Peds Resident's Association), and the Med-Peds Section of the AAP have just begun to tap into the resources and talents of their memberships.

The MPPDA continues to work to advance the educational objectives of combined Med-Peds residents. Training is provided through an integrated program dependent on the two parent departments. For Med-Peds physicians, the whole is greater than the sum of the two parts: pediatric training enhances the practice of internal medicine and internal medicine training enhances the practice of pediatrics.

I won't bore you with lots of statistics except to say combined Med-Peds continues to thrive on a number of fronts. A few facts, however, may surprise you. ❖ Of the pediatric residents nationally, 17% are Med-Peds residents. ❖ Over half the institutions with pediatric residency programs have combined Med-Peds programs. ❖ The average age of Med-Peds programs nationally is now 11 years. ❖ The database of the Med-Peds Section of the AAP includes over 2,200 practicing Med-Peds physicians. ❖ The number of Med-Peds physicians will double in the next 5 years. ❖ We now have the data to prove what we have known all along: the overwhelming majority of Med-Peds physicians care for patients with routine and complex problems over the entire age spectrum in both inpatient and outpatient settings. ❖ Med-Peds graduates score as well on the certifying exams as their categorical counter-parts.

We hope the future brings further cooperative efforts between the APPD and the MPPDA as we advance our common goal to provide outstanding training for all pediatric residents.