



# APPD NEWSLETTER

Winter 2000

Association of Pediatric Program Directors

## EDITOR'S COLUMN

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

Of youth and old dogs...

The week preceding the APPD Fall meeting, my golden retriever of eleven years, had a "spell" in which we found him at the bottom of the stairs, wide awake but prostrate with a head tilt and the most remarkable nystagmus I have ever seen. When I tried to move him, he hugged the floor, vomited and seemed panicked. My pediatric diagnosis . . . Acute paroxysmal vertigo.

I carried Sampson (110 lbs. of lean body weight) to the vet only to hear that I was clearly not a veterinarian diagnostician and that his event carried a benign, even humorous sounding name – "Old rolling dog disease." My amusement quickly abated when the vet said it more closely akin to a stroke in my species. She prescribed metaclopramide for nausea and pleaded for me to allow him 48 hours before I would have him "put-down."

Sammy was syringe fed for 24 hours and could only eat bites of soft canned food for 72 hours and had to be carried outside and suspended to answer nature's calls. Innovation and hard wood floors allowed a sliding mechanism to accomplish "outdoors" without Dad, so I guiltily headed to the meetings.

At the meetings I revisited with old friends and gained many new ones from the new directors, associates and coordinators. It always amazes me what a diverse yet kindred group we are! The meeting was excellent providing great stimulation and distraction! Thank you to Bob, Carol, T Ed and . . . Al — - - (showing my age again?) all the rest of the officers and planners. In addition to learning about evaluation tools, life long learning links, and competency definitions, I gained a greater appreciation of the RRC site visit process. Amazing how one can focus when your program is due! I remembered some great old ideas, gained some great new ideas, and left

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## PRESIDENT'S COLUMN

*Carol L. Carraccio, MD, Program Director, University of Maryland  
Medical System*



Competency, evaluation tools, life-long learning, and networking were just some of the themes at the fall meeting of the APPD.

Dr. Walter Tunnessen opened the plenary with a report from the American Board of Pediatrics and answered questions from many of the new program directors. As always, his thoughtful presentation and open, informed approach established immediate rapport with new directors.

Dr. Gail McGuinness enlightened us all with her overview of the Pediatric Residency Review Committee (RRC). She also introduced the Accreditation Council for Graduate Medical Education (ACGME) Outcomes Project that is a joint effort of the ACGME and the American Board of Medical Specialties (ABMS). This project will initiate a paradigm shift in medical education from content/process-based training to competency-based training.

An innovative learning tool called "PediaLink™", a project of the American Academy of Pediatrics (AAP), was presented to us by Dr. Hank Bernstein. The concept of an on-line CME program for continuing professional development raised a great deal of enthusiasm. With the October unveiling, members of the American Academy of Pediatrics have access to PediaLink™ as a member benefit. This will enable the user to create an individual learning plan, enter questions to be answered in the topic tracker, search for resources to help answer the questions (PubMed, on-line CME, live CME), track CME credits and ultimately document the impact of learning on practice.

Moira Edwards, the Director of ERAS, brought us all up to date on the new software for resident recruitment. She gave us great pearls of wisdom which all found quite helpful.

Workshops included screening intern applicants, orientation for new housestaff, anticipatory guidance for new coordinators and directors, role definition and conflict resolution. This year Dr. Simon, a site visitor for the RRC, joined Dr. McGuinness for a very helpful workshop on preparing for an RRC site visit. Mr. John Nylan, the chief operating officer for ACGME, also joined Drs. McGuinness and Simon, and gave us a preview of the brief

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survey that we will be asked to complete for the ACGME. The survey will be completed on-line and maintained by the ACGME as a secure site. The information will replace some of the data that is now submitted as part of the Program Information Forms at the time of the site visit. Maintaining an updated profile will prevent us from having to generate all this data each time our programs are reviewed.

Additional highlights of this year's program were the introductory dinner with a keynote speaker, Dr. Harvey Aiges, the Program Director and recently appointed Chair for North Shore. Harvey shared insights of his 22 years as Program Director with us. And he did it with his usual style of great wit and charm! We also hosted an open forum led by Dr. Nolan, to discuss upcoming changes in the RRC requirements. This was the most successful forum of this type that I have ever attended. We accomplished much and I would encourage all the membership to keep an eye open for Bob Nolan's upcoming request for individual input.

Overall, the meeting was a great success and we look forward to picking up where we left off at the spring meeting.

#### **MEAD JOHNSON NUTRITIONALS PRESENTS GENEROUS SUPPORT TO APPD**

The Association of Pediatric Program Directors is pleased to acknowledge the receipt of a generous contribution from Mead Johnson Nutritionals in the amount of \$5,000.

The contribution will help the enhancement of the association's work in pediatric resident education.

#### **Association of Pediatric Program Directors Leadership**

**President:** Carol L. Carraccio, MD

**President-Elect:** Edwin Zalneraitis, MD

**Secretary-Treasurer:** Harvey W. Aiges, MD

**Past-President:** Robert J. Nolan, Jr., MD

**Newsletter Editor:** Robert S. McGregor, MD

**Councilors:** Robert S. McGregor, MD;  
Michael E. Norman, MD; Theodore C. Sectish, MD;  
Sara S. Viessman, MD

#### **Coordinators' Executive Committee**

Connie Love; Jan Minges; Melodie Parker;  
Patricia Schmidt; Lucy Thompson; Aida Vélez

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rejuvenated by the energy and enthusiasm of our young, new colleagues. I could even turn on my palm pilot by the end (it had sat in its box getting use to me for four weeks after my birthday.) I learned that the line up of speakers and the potential workshops for the Spring Meeting sound great – by the end of that meeting I may learn to interrupt my interns' infrared communications – who says, “an old dog can't . . .?”

I'm afraid the best part of the meeting was upon my return. Sampson could actually stand unassisted. He now still has a slight head tilt and falls if he runs too fast – but just last night my youngest daughter re-taught him to walk up steps!! It seems both the graying males of the McGregor household may still be able to learn some new tricks.

Looking forward to the synergy of our spring meeting. Hopefully we can all learn to measure competency-based outcomes?

*Happy Recruiting and Happy Holidays!*

**APPD  
2001 ANNUAL SPRING  
MEETING  
in conjunction with  
MPPDA  
*Renaissance Harborplace  
Baltimore, MD  
April 26 - 28***

#### **COORDINATOR'S PROJECT IDEAS NEEDED**

*Aida Vélez, Program Coordinator, Connecticut Children's Medical Center*

The APPD is requesting, from the program coordinators, project ideas for the upcoming year. These projects will be a vehicle to help us keep active in the organization as well as increase and maintain our level of professionalism. Please submit any project ideas to Aida Vélez at [avelez@ccmckids.org](mailto:avelez@ccmckids.org) or call at (860) 545-9973. The Executive Coordinators' Committee will review, select and help manage the participation in the projects.

Send in your ideas by *March 1, 2000.*

## **ASK THE ABP**

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

### ***ABP Approves New Training Pathway***

The Board of Directors of the American Board of Pediatrics recently approved a new training pathway for individuals with MD/PhD or similar research backgrounds. The rationale behind this pathway, to be known as the Pediatric Research Pathway, was proposed to the Board as a way of encouraging research scientists of the future to choose pediatrics as a career. Concern has been expressed by many that there is a paucity of research scientists in pediatrics to lead our discipline into the 21<sup>st</sup> century and beyond.

The pathway will allow approved trainees to spend up to 11 months of their 36 general pediatric residency training as research experiences in the PL-2 and PL-3 years. Their clinical training and research experiences will need to be monitored carefully by a program advisory committee to assure that clinical competence is not compromised. Nineteen months of clinical experience will be prescribed, similar to requirements for medicine/pediatrics and other combined residency trainees. Training requirements for these individuals to be eligible to apply for the certifying examination in general pediatrics will not be met until the individual completes an additional year of clinical experience in the care of children beyond pediatric residency.

It is clear that all residency programs will not be interested in accommodating trainees in this pathway. Funding and scheduling issues need to be considered. The Special Alternative Pathway will continue to accept applicants.

Programs that identify qualified individuals before they begin PL-1 training or in the early months of their PL-1 year must submit a training proposal to the ABP for review and approval. The rationale and general requirements for this pathway have been sent to all program directors and department chairs and are available on the ABP Web site: [www.abp.org](http://www.abp.org).

### **APPD National Headquarters:**

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## **AAP SECTION ON RESIDENTS**

*Scott A. Shipman, MD, Past Chair of AAP Section on Residents, Second-Year Fellow, Robert Wood Johnson Clinical Scholars Program, Johns Hopkins School of Medicine, Baltimore, MD*

As I write this, my last piece for the APPD newsletter, I want to thank Drs. Nolan, Carraccio and Zalneraitis for this ongoing forum for sharing information about the Resident Section with all of you. It strikes me that the link between the national group representing pediatric residents (the AAP Resident Section) and the national group representing pediatric program directors (the APPD) is a natural one. Despite this, my perception is that it is underutilized.

The AAP offers many opportunities for residents, and many of you are dedicated to seeking out such opportunities for your residents. Our section represents the voice of pediatricians in training across the country, reflecting their trends, concerns, strengths, and challenges. The APPD represents the pediatricians charged with molding these trainees into the future pediatric workforce: the practitioners, the researchers, and the teachers of tomorrow. Though a lot of issues confronting residencies are specific to the individual residency, many more are universally relevant. The opportunity for meaningful dialogue is, as they say, a low hanging fruit.

We want as many residents as possible to know about the opportunities we offer, and one of the best ways to do this is through you. I'm happy to report that over this past year, the degree of contact I've had with individual program directors has increased markedly. I hope that the dialogue continues, and continues to grow. Because our section's turnover exceeds even the APPD's, I invite you to actively seek out the local and national resident representatives to the AAP, and work with them to foster this communication link. I think it is a great opportunity for all involved. If you don't know where to start, simply call the AAP at 800-433-9016, and ask for Jackie Burke, the Resident Section staff member.

My term as Past Chair of the Resident Section has drawn to a close, and my RWJ Clinical Scholars fellowship ends in July. While I plan to enter academic medicine, I don't yet know where I'll be headed. However, I am confident that the foundation of training I received in pediatrics coupled with the appreciation I have gained in advocating for children and for our profession, will serve me well regardless of my path. This "foundation" stems from the dedication, support, and examples set by my mentors. The mentorship and direction you provide as residency directors have a profound impact upon the future of pediatrics. You have my deep respect and appreciation.

## **APPD CONSULTATION PROGRAM FUNDED BY PFIZER TO BE PILOTED IN 2001**

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

Through the generous support of Pfizer, Inc. and its Pediatric Team, the APPD will launch its consultative initiative as a pilot program in 2001, offering 10 program consultations for the inaugural year. This initiative provides selected programs with expertise in such areas as program evaluation, implementing RRC requirements, preparing for an RRC visit, curriculum development, and troubleshooting other problem areas encountered by pediatric residency training programs.

For a number of years, Pfizer, Inc. and others have offered "visiting professorship" programs to augment teaching in programs and departments. APPD has indicated a need for a similar program to address difficulties experienced by pediatric residency programs. We realized that we also possess the expertise within our membership to provide the desired input. The Pfizer Pediatric Team, led by Dr. Randall Kaye and Ms. Tracy Valorie, recognize the potential value of the proposed activities and agree to support it with not only their time and expertise, but also with a generous and unrestricted educational grant of \$50,000.

This program will be available to new or established programs in categorical pediatrics. Programs will be asked to submit proposals that clearly define the need for consultation with specific goals and objectives. They will be asked to choose goals and objectives that are likely to be achieved by a site visit from one of our members. Programs may suggest a specific consultant, and our APPD Consultation Advisory Board will identify the appropriate consultant for the issue. Like "professorship" programs, applicants will submit a proposed agenda and budget for the consultation. In addition, programs will identify measures for the impact of the consultation and provide progress reports to demonstrate the outcome for the visits. This is not intended to be an arduous process, and it is expected that programs could put together proposals with a manageable level of time and resource.

Soon you will receive an announcement and applications for the coming year. For the first year, at least, these site visits will be fully funded through Pfizer. We hope to receive a wide variety of proposals from program directors and coordinators, demonstrating the need for ongoing support in the future. These will be reviewed by the advisory committee: Drs. Harvey Aiges, Carol Berkowitz, Carol Carraccio, and Ed Zalneraitis and Dr. Randall Kaye, as an advisor to the process. Programs selected for consultation visits will be announced early next year, so that we can complete our activities in time to plan the subsequent year's consultations and solicit the necessary ongoing support. Please be imaginative and diligent in getting these proposals to the committee. We are counting on our membership to make this initiative a success!

## **SPRING MEETING AND COORDINATORS**

*Sara Viessman, MD, APPD Councilor, Program Director, and Penny Adams-Kraus, Program Coordinator, Pediatric and Med-Peds Residency Programs, University of Missouri-Columbia School of Medicine*

***Whether the program coordinator from your institution is experienced or new, he/she would benefit greatly from attending the spring APPD meetings! WHY?***

- **Networking**

Most weeks program coordinators speak by phone with representatives of one of the major pediatric bodies such as the ABP, the RRC, the AAP or the ACGME. They will be able to hear some of these people speak and meet many others. This face to face contact is helpful in many situations. Program coordinators who meet at the APPD meetings keep in touch by e-mail and phone. They provide each other with valuable information and support.

- **Updates for changes in requirements, documentation and ERAS**

Keeping up with changes is simpler if the program coordinator attends the APPD meeting and hears about them first hand! Discussion among coordinators about how to implement new requirements or new forms of documentation will enhance the coordinators' ability to be efficient and keep the programs up to date.

- **Energy and enthusiasm**

Program coordinators benefit from the same peer support that program directors have found at the APPD. They return to their programs with enthusiasm for their role and a greater sense of pride.

- **Recruiting information and ideas**

Often, they are a reliable source for the real scoop about students from their programs during the recruitment season. These coordinators openly share experiences in recruitment and retention techniques.

- **Interaction with Med-Peds program coordinators**

Spring 2001 and every other year program coordinators from med-peds programs attend this meeting. If you have a med-peds residency or if you are considering starting one, the coordinator from your program should attend this meeting. Coordinating two departments and three groups of residents takes time, commitment, and a PEER GROUP!

### ***How do you finance this?***

Take advantage of the offer from the APPD for scholarships for coordinators and send in your application. Look at your budget and see if you can give your coordinator full financial support or at least partial support. If you still need additional funding, speak with your active pharmaceutical representatives. This has been a very successful route for many programs.

## **A LETTER FROM THE “SPECIALTY SQUAD”**

*Carol L. Carraccio, MD, Program Director, University of Maryland Medical System; Gilbert Liu, MD, University of North Carolina at Chapel Hill; Gail A. McGuinness, MD, Chair, RRC for Pediatrics, University of Iowa Hospitals and Clinics; and Walter W. Tunnessen, Jr., MD, Senior Vice-President, The American Board of Pediatrics*

A paradigm shift in graduate medical education is being spearheaded by the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS). The outcome of this initiative will be the transition in the accreditation process to assessing not only content/process-based training but also competency-based training. The six competencies that have been agreed upon by the ACGME and ABMS are patient care, medical knowledge, practice-based learning and improvement, interpersonal skills and communication, professionalism, and system-based practice. Minimal language regarding these competencies as well as an evaluation component will appear in the next revision of the Requirements for Pediatric Residency Training. The ACGME and the ABMS have formed four member consulting teams called “specialty quads” to help with further development of the language for competencies and evaluation that will appear in the 2006 requirements. Our “quad” is comprised of the Senior Vice-President of the American Board of Pediatrics, Dr. Walter Tunnessen, Chair of the Pediatric Residency Review Committee, Dr. Gail McGuinness, a resident representative, Dr. Gil Liu who is a general academic fellow at University of North Carolina, and Dr. Carol Carraccio as a representative from the APPD. The charge of the “quad” is to work with their organizations to further develop specialty specific components of each competency and the tools to evaluate these competencies. Some of the possible assessment tools suggested by the ACGME and ABMS include chart review, chart stimulated recall, global ratings of live/recorded performances, structured checklist evaluations, an OSCE (observed structured, clinical examination), written/oral examinations, and three hundred and sixty degree evaluations. Our philosophy to date has been to be less prescriptive in developing the language to define and evaluate the components of the 6 competencies in order to maximize the creativity/flexibility of individual program directors. Based on our philosophy, preliminary feedback to ACGME and ABMS has been to incorporate language into the six competencies that reflects the “age-appropriate, developmental, and family-centered” modifiers that are critical to the practice of pediatrics. Again, in terms of the evaluation process, our preliminary feedback has been to suggest a wide array of possible tools thus allowing individual program directors the ability to choose the tools that would be most effective for their program.

As we move forward with this process, we will continue to seek input, both informally and formally, from our mem-

bership. We would encourage everyone to bookmark the ACGME website ([www.acgme.org](http://www.acgme.org)) and visit the “Outcomes Project” on a frequent basis to keep abreast of all updates. The target date for incorporating the specialty specific language for competencies and evaluation tools into the Residency Review Requirements is 2006. Despite the fact that this seems to be so far in the future, much collaborative effort is needed if we hope to have these requirements reflect the essence of what we believe is critical for the education and training of our future pediatricians.

We plan to hold a panel discussion with audience input regarding the ACGME required competencies at our spring meeting. Dr. Nolan will be our moderator and the “specialty quad” for Pediatrics will be part of the panel. Dr. Carol Berkowitz, who is recognized for both her contributions to the APPD as well as the ACGME and the Pediatric RRC, will join the panel. We look forward to your input and a lively discussion from our membership. Please mark your calendars for Friday, April 27<sup>th</sup> in Baltimore!

## **COORDINATORS' CORNER**

*Patricia Schmidt, Program Coordinator, University of Maryland Medical System*

### ***Annual Meeting Scholarships Available***

At the APPD Annual Fall Meeting, the Coordinator’s Executive Committee presented to the APPD Board a request for scholarship funding. The purpose is to be able to offer coordinator’s, whose programs do not support their travel to the APPD annual meetings, an opportunity to attend by offering a small scholarship towards their APPD meeting expenses and travel.

The Board was very agreeable with our request to create a scholarship program in the amount \$5,000. The APPD Board approved our plan to offer 10 scholarships of \$500 each. The Coordinator’s Executive Committee has decided to announce this program in this newsletter. All interested coordinators are encouraged to contact the APPD office to request an application or to print a copy from the website, [www.appd.org](http://www.appd.org).

The Coordinators Executive Committee and the APPD Board Members will review all applications. Deadline for completed applications is **February 23, 2001**. Scholarship recipients will be notified by March 16, 2001.





**APPD**

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## **2001 APPD ANNUAL SPRING MEETING in conjunction with MPPDA Renaissance Harborplace Hotel ~ Baltimore, MD ~ April 26 - 28**

### *Tentative Schedule*

#### Thursday, April 26

11:00am - 1:00pm	Board Meeting
8:00am - 4:00pm	MPPDA Business Meeting
1:00pm - 5:00pm	Small Programs Chief Residents Program Coordinators
5:30pm - 7:30pm	Opening Reception & Guest Speaker

#### Friday, April 27

7:00am - 8:00am	Regional Breakfasts
8:00am - 12:00pm	Plenary Session
12:00pm - 1:30pm	Lunch
1:30pm - 2:30pm	Plenary Session (continued)
2:30pm - 4:00pm	Workshops
4:30pm - 5:30pm	Posters
6:00pm - 10:00pm	Board Meeting

#### Saturday, April 28

9:00am - 12:00pm	APPD SIG
9:00am - 5:00pm	Coordinators
1:00pm - 5:00pm	Subspecialty RRC (tentative)

*~ A Sneak Preview of Confirmed Speakers ~*

**Steven Schroeder, MD**, President & CEO, RWJ Foundation  
**David Leach, MD**, Executive Director, ACGME  
**Lewis R. First, MD**, Professor & Chair, Dept. of Pediatrics, University of Vermont College of Medicine

### *Housing Information*

The *APPD /MPPDA Annual Spring Meeting* precedes the Pediatric Academic Societies' Annual Meeting.

APPD has coordinated with PAS for our members to receive special accommodation rates. Beginning December 1, 2000 through March 27, 2001, hotel reservations may be made by one of the following methods:

**Internet** ~ Use the interactive site at [www.aps-spr.org](http://www.aps-spr.org)  
**Telephone** ~ Call the *PAS Housing Bureau*, 9AM - 5PM, EST, Monday - Friday, 888-465-9805 (Toll Free) or 312-396-2126 (International)

When making a reservation, be sure to mention you are with the PAS meeting to obtain the special rates. There are many hotels under the PAS meeting block:

#### Official Hotels

- |                                    |                              |
|------------------------------------|------------------------------|
| 1. Days Inn Inner Harbor           | front                        |
| 2. Holiday Inn Inner Harbor        | 6. Wyndham Inner Harbor      |
| 3. Hyatt Regency Inner Harbor      | 7. Renaissance Harborplace ★ |
| 4. Baltimore Marriott Inner Harbor | 8. Sheraton Inner Harbor     |
| 5. Baltimore Marriott Water-       | ★ APPD Headquarters Hotel    |

***NOTE: All reservations should be made through the PAS Housing Bureau.***