
APPD NEWSLETTER

Winter

Association of Pediatric Program Directors

1996-97

EDITOR'S COLUMN

Robert Kamei, MD

I just bought a computer for my 6 year old son. It took him only a few moments to figure out how to get around and use the computer like an old pro.

So what am I getting at? Right before writing this column, I asked the APPD office how many Program Directors have given us email addresses. The answer was somewhere around 50% of the programs. I know, I know. Like foreign languages, kids pick up how to use a computer much easier than adults. However, for those program directors who are not yet using email, let me tell you how wonderful it is. Information can be disseminated quickly, easily and cheaply. And you can get a reply just as quickly, easily and cheaply. For large organizations spread all over the country, like the APPD, email will allow us to communicate and "meet" in ways previously impossible. And it really isn't that hard to figure out how to do it.

Sure your work productivity might just go down after your friends all over the world learn of your presence on the Internet, and start writing you little notes. But for your role as a Program Director, plan on email as a way of keeping yourself in the information loop. As the APPD continues to grow, email will undoubtedly be an important part of how we communicate with each other. It would be great if it occurs sooner rather than later.

So, get an account. Send me a note letting me know you have started to use it. You'll love it. Don't be afraid of the Internet, you can't break the whole system down. And if by chance you do, just ask around for help. Most likely any first grader will do.

PRESIDENT'S COLUMN

Carol D. Berkowitz, MD

The APPD continues to work on implementing a number of programs that were initially discussed during our spring 1996 Council meeting. At the fall Council meeting the following projects were proposed:

Program Coordinators: The APPD Council met with two individuals who were active with the Program Coordinators, Catherine Root from St. Christopher's Hospital for Children, and Linda McNelis from The Children's Hospital of Philadelphia. In addition, we have exchanged correspondence with Jeri Whitten, Administrative Associate/Residency Coordinator from Robert C. Byrd Health Sciences Center of West Virginia University. The Program Directors were helpful in their prompt response by returning postcards listing the name of the Program Coordinators from their institutions. Our plan is to invite a committee from the coordinators to attend the Spring meeting of the APPD, and have the opportunity to develop some organizational structure for their group. Additionally they will be able to attend our plenary and workshop sessions, as well as put on a workshop. In the fall, 1997, we will sponsor a meeting of the Program Coordinators in conjunction with a meeting for new program directors.

New Program Directors Meeting: In the past, individuals who were new program directors had the opportunity to attend a dinner meeting on the night before the plenary session. This meeting gave the new program directors the opportunity to hear from the leaders of the three major pediatric organizations dealing with resident education: the AAP, ABP, and RRC. In addition, "pearls of wisdom" were offered by program directors from a variety of programs. The plan this year is to put on a conference that would be completely devoted to new program directors. This orientation session for new program directors will be held separately but at the same time as the Coordinators' Conference (Sept. 14 & 15, 1997) to facilitate the use of guest speakers.

Committee Development: The Council proposed the development of a number of committees to address the expanded role of the APPD. Such committees would not only allow for access to new ideas, but would also increase the involvement of additional members in the operation of the organization. Potential new committees included: planning for Fall (new program directors and program coordinators)

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RESIDENT SECTION UPDATE

*Michael R. Anderson, MD, Chair, Resident Section
American Academy of Pediatrics*

A "hot topic" that has been the focus of much attention by our organization recently is the Pediatric Resident Procedural log book.

It is clear that documentation of procedural proficiency is a very important element of the evaluation of residents in a pediatric training program. The mechanical means to document this proficiency is less clear cut. Many questions and issues are raised when a log book is developed. First and foremost, who will develop this book? (the Resident Section has taken the lead with this), what procedures should be documented? (i.e. performing an LP as well as counseling teenagers about under-age drinking) and who will attest to a resident's proficiency? (i.e. is a Senior Resident qualified?). Finally, there are other confidentiality and, yes, managed care issues that are raised about who will have access to a particular physician's log book. Thus, although many parties agree that a log is necessary, the design and implementation will take a great deal of work and consensus.

The good news is a great deal of work has already been done. The Resident Section formed a subcommittee last year that has been working on a preliminary version of the log. We will next seek input from organizations such as the APPD to help implement the log. Look for more information and updates at the APPD/Pediatric Societies meeting next May and in future issues of this newsletter.

Editor's note: it will certainly be easier for Program Directors to implement this new RRC requirement if the program comes from the Residents themselves!

Association of Pediatric Program Directors Officers and Councilors

President: Carol D. Berkowitz, MD

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Past-President: Kenneth B. Roberts, MD

Newsletter Editor: Robert Kamei, MD

Councilors: Bradley J. Bradford, MD;
Robert Kamei, MD; Richard A. Moriarty, MD;
Timothy R. Schum, MD

PRESIDENT'S COLUMN *(continued from front page)*

meeting; membership, handbook, etc. The committees would meet on Friday morning, May 1, 1997, before the meeting of the APA Program Directors Special Interest Group which will be held in the afternoon.

Regional Activities: In the past the APPD sought to foster an interest in Regional activities by grouping program directors from the same region together at lunch time. We hope to expand and encourage activities at the Regional level. Part of our proposal includes setting time aside for regional activities on Friday morning.

NRMP: I had the opportunity to attend a session at the AAMC on Saturday, November 9, 1996, discussing the proposal to change the algorithm used to match residency applicants with a training program from one that is program-based to one that is applicant-based. The NRMP hired an outside consultant, Professor Alvin Roth, a mathematician/economist, who analyzed the difference in the outcome of the match over the last 5 years had it been applicant versus program run. Out of the 20,000 applicants per year, 20 would have been affected by the change. Approximately 2/3's-3/4's would have been matched to a program they had ranked higher, and 1/4-1/3 would have been matched to a program they had ranked lower. This represents about 0.1% of the applicants. Programs would have been affected in the converse way. There seems to be a strong interest on the part of the students (as expressed through AMSA) that the algorithm be applicant based. The attendees at this session were the leaders of the organizations of the major training programs (pediatrics, internal medicine, family medicine, psychiatry, some surgical specialties). The consensus of the group was that such a change was acceptable to all who were present, but that we would discuss the issue with our Boards, as well as receive input from our members. No change will be made until each organization has had an opportunity to discuss the issue. The earliest any change will be implemented is 1998. I look forward to hearing from you on this topic.

PROGRAM COORDINATORS UPDATE

The First Annual Program Coordinators Meeting will take place Sunday, September 14 and Monday, September 15, 1997 at the Ritz-Carlton Hotel in Tysons Corner, Virginia. The Program Coordinators will meet concurrently with the new program directors. More information will follow, but please be sure to mark your calendars for this exciting event!

PRIMARY CARE ORGANIZATION'S CONSORTIUM (PCOC) UPDATE

Tim Schum, MD

The Primary Care Organization's Consortium (PCOC) met in Atlanta on October 20th, 1996. PCOC has three working groups that are planning one day meetings in the next six months. The Leadership/Faculty Development subgroup is developing a partnership between academic medicine and managed care officials for training teachers in managed care environments. The Primary Care Research subgroup plans to set priorities for primary care research. The Multidisciplinary Curriculum group intends to apply lessons learned from the Interdisciplinary Generalist Curriculum project to other education programs integrating the primary care disciplines. They hope to characterize the teaching that occurs in ambulatory sites and the role of students in those settings.

Representative Slaughter has sponsored a bill "The Primary Care Promotion Act of 1996 (HR4271)" to provide funding for the fourth year for residents in approved combined primary care residencies e.g. Med/Peds. At this time, the first three years are covered as a full FTE, while the fourth year of this program is funded at 0.5 FTE. PCOC tabled an endorsement of this bill to allow member organizations to discuss it with their respective boards. APPD has enthusiastically voted to support HR 4271.

The HCFA rules on physician reimbursement for supervision of residents have been problematic for pediatric programs. Two major questions were discussed: 1. Do these rules apply for health maintenance visits? 2. What about attendings supervising residents in community sites away from academic medical centers? These questions are presently unanswered, since HCFA's intentions with these rules are unknown at this time.

WHAT'S NEW IN THE RRC

Carol D. Berkowitz, MD

The new RRC requirements will go into effect as of February, 1997. The RRC is appreciative of the wise counsel offered by the APPD during the revision process. The APPD has in the past had the opportunity to learn about the revision process and to know what changes were to be forthcoming. While each program may have to restructure its curriculum individually to be in

compliance with the requirements, some programs have specifically inquired about ways to reach the requirement that 50% of training occur in the ambulatory setting. Below are some ways to provide the trainees with half of their training in the ambulatory setting. There should still be sufficient time for the trainees to have their appropriate intensive care experience.

Calculate week as ten 1/2 day sessions (40 hour week)
Calculate training as 33 months, Ambulatory time therefore must be 16.5 months.

Continuity Clinic: 1/2 day continuity/week = 10% and 10% of 33 months = 3.3 months toward 16.5 month total. Increase amount if more time in continuity clinic.

Emergency/Acute Care Experience: 4 months, 4 months toward 16.5 month total.

Other Experiences: Normal/Term Newborn - 1 month; Behavioral/Developmental - 1 month (min., block); Adolescent medicine - 1 month (min., block); = 3 months toward 16.5 month total Community Pediatrics.

Calculate time in ambulatory clinics from either longitudinal or block experiences, including subspecialty experiences.

Finally, carefully assess for other time spent in the outpatient department: number of clinics, office hours, consults to out patient: Add toward total time in ambulatory experience.

LOGO CONTEST

The APPD needs a logo!!

We're asking members to start their creative juices flowing and submit BY FEBRUARY 28, 1997 proposed designs to Julia McMillan, CMSC 2-124, Johns Hopkins Hospital, 600 N. Wolfe Street, Baltimore, MD 21287-3224. The officers and councilors will select a winner.

APPD is managed by Degnon Associates:
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ANNOUNCEMENTS

Regional Activity

Rocky Mountain Regional Group Update

The Rocky Mountain Regional Group of the APPD met on October 19-20, 1996 in Phoenix, Arizona, for the inaugural meeting of this group outside of the national meeting. Program directors from Arizona, New Mexico, Colorado, and Nevada participated.

The agenda included a discussion of each residency program, and comments on resident recruitment. Increased numbers of applicants, both US students and FMG's, are being seen by all programs. Problems related to the numbers include the continued poor quality of most Dean's letters, the date that the Dean's letters are available, and the legality/ethics of how to deal with FMG applications.

We also discussed issues related to integrating non-pediatric residents into our clinical services, the new RRC guidelines and how various program directors are implementing the guidelines, and issues of documentation of procedures and diagnoses.

All who attended thought the meeting was extremely valuable. We plan to meet as a group at the national meeting, and we will plan a meeting for the fall of 1997 at that time.

Bay Area Pediatric Program Directors Report

Bay Area Pediatric Program Directors, and Program Coordinators (representing East Bay Childrens Hospital, Stanford, UC Davis, UCSF-Fresno, UCSF) met in November before the start of this year's intern recruiting season. There was much excitement generated by the program coordinators meeting together for the first time. The Program Directors shared their program's ideas on screening and interviewing intern applicants, while the Coordinators met separately and discussed how they might work together in the future. Other joint activities were planned including a guest lectureship program, combined educational programs for residents, program coordinators and directors.

We plan to start rotating our regional meeting to other residency sites, and will meet again at the Western Regional Pediatric Societies' meeting in Carmel, California, on the morning of February 8th. At that meeting we plan to discuss the different ways that we evaluate our residents. All program directors are invited to attend, for further information, please speak to Bob Kamei (kamei@itsa.ucsf.edu)

Northeast Pediatric Program Directors Update

The Northeast Pediatric Program Directors (NEEPD) is a regional group of 15 program directors that meet twice yearly. The programs represented are those of: Albany Medical College, Vermont School of Medicine, Dartmouth Medical School, Maine Medical Center, Bay State Medical Center, University of Massachusetts Medical School, Tufts Medical School, Massachusetts General Hospital, Children's Hospital of Boston, the Urban Track of Children's Hospital (Boston University), Brown University Medical School, Yale University School of Medicine, Bridgeport Hospital, Waterbury Hospital and the University of Connecticut School of Medicine. Our meetings have always included chief residents from the participating programs, and starting this past Autumn, also included program coordinators.

Our September meeting, hosted by Dr. Lynne Karlson and the program of Tufts University, consisted of separate morning sessions for program directors, chief residents and program coordinators. After lunch, there was a plenary session for discussion of issues and mutual interest between the three groups. The addition of a coordinators meeting was discussed. The coordinators felt that it was valuable to meet each other and share common problems and solutions, but also to gain perspective on the issues as viewed by the program directors and chief residents. Problems surrounding recruitment, evaluation and feedback and morale in the face of changes associated with managed care; evoked some of the more interactive discussion.

Attendance and participation remain high, and the group agreed to meet again in the Spring for the combined program directors meeting, chief resident retreat, scholarly presentations, and coordinators meeting.

The program directors meeting addressed a variety of common issues including: curricular changes related to the RRC revision, costs and benefits of resident entitlements, and the role and job description for program director/associate director. Dr. Ed Forman from Brown University, introduced a draft of a survey that could gather information on the latter. The group discussed the possibility of Ed using this format to survey regionally and nationally. Collective concern was raised about creating resident benefits that do not result in improvement in the resident experience. Curricular focus was on areas of change: intensive care, practice, ethics etc. *Editor's note: Other regional groups are invited to send reports for publication in future Newsletters.*

Behavior/development subspecialties

To clarify some information regarding Behavior and Development subboards there will be separate subspecialties: one in Neurodevelopmental Disabilities—to be a jointly approved subboard between Pediatrics and Neurology/Psychiatry, and a separate subboard in Child Behavior to be accredited by the ABP alone. The development of subspecialists accredited in child behavior should help our training programs as we move to comply with the RRC requirement for experiences in behavior, but the accreditation process will not be complete for several years.

New Program Directors

Donald L. Batsky, MD

Medical College of Ohio at Toledo

Philip C. Biagnell, MD

East Tennessee State University

Julie Hauer, MD

University of Minnesota

Stephen Wadowski, MD

SUNY Health Science Center at Brooklyn

Dan West, MD

University of California at Davis

QUESTIONS/ANSWERS COLUMN

Walt Tunnesson, MD, Senior Vice-President, American Board of Pediatrics

Question: We have a resident entering our program who has been fully trained in Pediatrics in Argentina, and has completed a neonatology fellowship here in the United States. She wishes to become Board Eligible in Pediatrics. What should I be taking into account as I consider what rotations to schedule for her? How many years of training will I need to provide for her?

Answer: Let me answer the last question first. The Board policy on non-accredited pediatric training, (training in programs that are not accredited by the Residency Review Committee for Pediatrics of the Accreditation Council for Graduate Medical Education in the United States or the Royal College of Physicians and Surgeons of Canada) is as follows: an individual who can provide documentation of at least three years of core, general pediatric non-accredited training may petition the Board to allow the waiver of 1 to 2 years of accredited training. If the petition is accepted, the

individual must complete one full year at the PL-3 level in an accredited program and must pass a screening examination with a score acceptable to the Board early in the PL-3 year, in order to be eligible to apply for the General Pediatrics Certifying Examination. Beginning with the 1999 Certifying examination, the individual will need to complete two full years of accredited training, including one at the PL-3 level, but a screening examination will no longer be required.

This means that the timing of application to take the certifying examination is important. If the individual completes her PL-3 year in 1997 or 1998, and has passed the screening examination, she may apply for the certifying examination in those years. If she delays application until 1999, or she does not complete her accredited pediatric training until 1999 or thereafter, she will be required to complete two years of accredited training in order to be eligible to apply for the examination. The screening examination for waiver of accredited training by the non-accredited training route will no longer be offered after 1997. Keep in mind also that the decision as to what level an individual in this pathway should begin training is entirely up to the program director. Just because the ABP will allow waiver of training to be eligible to apply for the certifying examination does not mean that the program must accept the full waiver. If the capabilities of the individual are unclear, the program may want the individual to start at the PL-1 or PL-2 level. The Board will support the decisions on training of the program directors.

To answer your first question, about what rotations should be scheduled, the ABP does not have a set policy. We rely, as we do for so many aspects of pediatric residency training, on the program director's judgment of what is best for the individual to assure that she receives the broadest exposure to general pediatrics. The year should be equivalent to the PL-3 year in your program. Since this individual recently completed a neonatology fellowship, the NICU rotations would not be warranted. Supervisory experience should be assured. The Board relies on your assessment of the candidate's clinical competence, and, ultimately, reassurance to the public that this physician has attained the skills necessary, as a general pediatrician, to care for children.

Please send ABP questions for the next Newsletter to the editor: Bob Kamei, MD, Director, Pediatric Residency Program, UCSF, Box 0110, M691, San Francisco, CA 94143 or Email: kamei@itsa.ucsf.edu

MEDICINE-PEDIATRIC PROGRAM DIRECTORS' ASSOCIATION UPDATE

*Mary Ciccarelli, MD, President, Medicine-Pediatrics Program
Directors Association*

The Medicine Pediatrics Program Directors Association has continued to formalize its organization by achieving provisional status as a subgroup of the American Program Directors of Internal Medicine in the past academic year. This approval has allowed us to create an operating budget through the collection of annual dues from our members. According to our by-laws, members and/or their parent institution must continue to participate in both APDIM and APPD to allow the institution's representative a vote within MPPDA. Annual association meetings will continue to alternate between the annual meetings of both parent organizations, APPD and APDIM. The 1997 APPD meeting in Washington, D.C. will host this year's MPPDA meeting.

Another organizational milestone is the approval of MPPDA as a voting member of the Primary Care Organization Consortium (PCOC). Carole Lannon, M.D., M.P.H., University of North Carolina is the long-term representative from MPPDA to PCOC. Each year's current MPPDA president will also attend the meetings and collaborate with Dr. Lannon.

The Health Care Finance Administration's (HCFA) new ruling to decrease direct medical education funds to combined residency program residents will decrease the fourth year funding in medicine-pediatric programs to 0.5 FTE. An informal survey of the MPPDA membership tallied results from fifty percent of current programs and in the coming year only one program expressed the intent to decrease the size of its incoming internship class due to this ruling. Clearly the impact of this ruling may have more significant long term effects on the ongoing development of medicine-pediatrics. We await the discussion of a new bill, the "Primary Care Promotion Act of 1996" proposed by Representative Louise Slaughter (D-NY) which would repeal this ruling for "primary care" combined programs and fund them for the entire residency period. The MPPDA has appreciated the support of the APPD through their comments to HCFA and Congress. We hope to ask for this support again, as this new bill is proposed in the early months of the next Congress.

The Medicine-Pediatrics Physicians Association has held multiple interest groups at both the American College of Physicians and the American Academy of Pediatrics annual meetings and has recently published its first newsletter. The organization is now awaiting board approval as a provisional section of the AAP. Its formative goals are to establish a forum for communication between med-peds physicians and to provide advocacy for medicine-pediatric graduates to the public and other national organizations. John Chamberlain, M.D. is the chairperson of the steering committee. Communication to this organization may be sent via Jim Couto, MA, Division of Sections, American Academy of Pediatrics, 141 Northwest Point Blvd., Elk Grove Village, IL 60007.

New guidelines have recently been published by the American Board of Pediatrics and the American Board of Internal Medicine, primarily in response to the latest RRC changes for Pediatrics. In addition, the boards have initiated a new process in which they have requested curriculum outlines from existing programs.

In the past year, MPPDA has increased its intra-association communication through the creation of a listserver, maintained by Brian Kan, M.D., Cedar Sinai Medical Center. Subscription requests may be addressed to "mailserv@CSMC.EDU". Postings may be sent to "M_P-Directors@CSMC.EDU"

New Program Directors Orientation Program

Sunday, September 14 &
Monday, September 15, 1997
Ritz-Carlton Hotel
Tysons Corner, VA

**Pediatric Program
Coordinators Conference**
Sunday, September 14 &
Monday September 15, 1997
Ritz-Carlton Hotel
Tysons Corner, VA

VOLUNTEERS WANTED FOR COMMITTEES

Richard Moriarty, MD

The number of activities in which the APPD is involved has grown rapidly. We provide a Newsletter to inform members, meetings to train and educate program directors and program coordinators, legislative efforts to support funding for graduate medical education, liaisons with other national organizations, to name just a few services. In an effort to involve more members in our organization and improve our efficiency and effectiveness, the APPD Board of Directors has voted to establish several committees. It is expected that the committees will meet once yearly at the time of the Annual APPD Meeting and may meet on additional occasions by conference call as needed. We are looking for interested and enthusiastic volunteers to serve on these committees. Listed under each committee are the issues that the committee would be addressing:

Annual Meeting Program Committee

- ♦ review evaluation forms from annual meeting program and seminars
- ♦ canvas members via newsletter or website for suggestions for future meetings
- ♦ review abstracts for workshops submitted by members
- ♦ recommend topics and speakers for plenary session and workshops

Membership Committee

- ♦ update membership lists nationally and by regions
- ♦ provide lists of new member to newsletter and website
- ♦ maintain membership lists for program directors and program coordinators

Regions Committee

- ♦ survey regions to determine if current grouping serves the members' needs
- ♦ collect topics/problems/issues from each region for inclusion in newsletter
- ♦ develop a council of regional representatives

New Program Director Orientation & Training Committee

- ♦ review evaluation forms from new Program Directors' training programs
- ♦ survey program directors for areas of training felt to be useful for new program directors
- ♦ develop plans for New Program Directors' seminar
- ♦ recommend speakers/topics for New Program Directors' seminar

Handbook Committee

- ♦ revise Program Directors' Handbook periodically
- ♦ recommend additional items for inclusion in Handbook
- ♦ provide Handbook-related items of interest for Newsletter and website

Communications Committee - Newsletter & Web Site

- ♦ canvass members for new items of interest to PD's and Program Coordinators
- ♦ serve as Newsletter Editor by collecting and collating items in Newsletter format
- ♦ serve as webmaster/editor for website

Coordinators Committee

- ♦ review issues faced by program coordinators
- ♦ collate a data base of program coordinators
- ♦ provide items of interest for newsletter and web-site
- ♦ develop training programs for coordinators for annual meeting
- ♦ develop training program for new program coordinators

Members interested in serving on one or more of these committees, please contact Richard Moriarty, MD by phone at 301-295-4916 or by e-mail at rampeds@erols.com or Robert Kamei, MD by phone at 415-476-9185 or by e-mail at kamei@itsa.ucsf.edu. We will publish a list of the committee members in our next newsletter and will arrange for the committees to gather at our Annual Meeting this spring.

The 1997 APPD Annual Meeting will take place Wednesday, April 30 and Thursday, May 1 at the Renaissance Washington, D.C. Hotel in Washington, DC. Registration information is scheduled to be mailed next month.

**Association of Pediatric Program Directors
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PEDIATRIC SCIENTIST DEVELOPMENT PROGRAM

Margaret K. Hostetter, MD, Program Director, University of Minnesota

The Pediatric Scientist Development Program provides two to three years of basic research training and career development support for pediatricians committed to careers in academic medicine. Funding is derived from a unique collaboration between the National Institute of Child Health and Human Development and numerous private agencies, with the goal of augmenting the cohort of pediatric investigators competent in basic research at the postdoctoral level (after the completion of residency training). Of the 34 fellows graduating during the first 5 years of the program (1987-1992), 65% have successfully competed for NIH support.

Applicants must be nominated by the chairperson of the medical school pediatric department in which the applicant is completing residency training. The applicant must also be sponsored by a pediatric department (either the nominating department or a department at a different medical school) that will support the duration of subspecialty training required for board eligibility (typically, one year of clinical subspecialty training) and two years in a junior faculty position. The years of basic research may be undertaken either at the beginning of subspecialty training or after the year of clinical fellowship, but must be continuous and without interruption by clinical responsibilities.

Interested candidates are encouraged to contact the administrative offices of the Pediatric Scientist Development Program at the University of Minnesota: Karen Larsen - Administrative Assistant - 612-625-7490 or larse008@maroon.tc.umn.edu. Programmatic questions can be directed to Margaret K. Hostetter, M.D. - Program Director - 612-624-1112