

2007-2008 ANNUAL REPORT OF SECTIONS

Submission Deadline: August 15, 2008

Name of Section: Residents
Chairperson: Jennifer Linebarger, MD

Section Founding Date: 1989
Staff Manager: Julie Raymond

Membership

Number of Full, Active Members (i.e., do not include members dropped for nonpayment of dues:	Number of Affiliate Members:	Increase/Decrease from Previous Year	Reported Market Share (for medical specialist or surgical subspecialist sections)	% of section members who attend section business meetings	% of section members who return election ballots	% of section members who return surveys
2007-2008: 10,442	2007-2008: 769	2007-2008: 425	2007-2008:	2007-2008: 3%	2007-2008: one resident per training program votes in elections 2006-2007: 2005-2006: 2004-2005: 2003-2004: 2002-2003: 2001-2002:	2007-2008: N/A
2006-2007: 10,017	2006-2007: 522	2006-2007: (279)	2006-2007:	2006-2007: 4%		2006-2007: 3%
2005-2006: 10,289	2005-2006: 529	2005-2006: 3020*	2005-2006:	2005-2006: 3%		2005-2006: 7%
2004-2005: 7269	2004-2005: 668	2004-2005: (69)	2004-2005:	2004-2005: 3%		2004-2005: 21%
2003-2004: 7338	2003-2004: 320	2003-2004: (112)	2003-2004:	2003-2004: 3%		2003-2004: 2-8%
2002-2003: 7450	2002-2003: 310	2002-2003: (947)	2002-2003:	2002-2003: 4%		2002-2003: N/A
2001-2002: 8397	2001-2002: 377	2001-2002: 2866	2001-2002:	2001-2002: 5%		2001-2002: N/A

Recruitment activities undertaken this year:

The section re-established the medical student subcommittee this year. They have been doing a lot of work around recruitment of medical students into the section, as well as providing them with additional section benefits.

Leadership

Please list the name, city, state, district, and term of each core Executive Committee Member.

Jennifer Linebarger MD
 Rochester, NY
 District II
 Term: 10/28/07 – 10/11/08
 Chairperson

Christopher Strother, MD
 New York, NY
 District II
 Term: 10/28/07 – 10/11/08
 Immediate Past-Chairperson

Amy Jost, MD
 Boston, MA
 District I
 Term: 10/28/07 – 10/11/08
 Vice-Chairperson

Melissa Pujazon-Zazik, MD, MPH
Cleveland, OH
District V
Term: 10/28/07 – 10/11/08
Secretary

Patrick Dolan, MD
College Point, NY
District II
Term: 10/28/07 – 10/11/08
District Coordinator

Olanrewaju Omojokun, MD
Arlington, VA
District III
Term: 10/28/07 – 10/11/08
Assistant District Coordinator

Peace Madueme, BS, BPHE, MD
Cincinnati, OH
District V
Term: 10/28/07 – 10/11/08
District Coordinator

Elizabeth Newell, MD
Iowa City, IA
District VI
Term: 10/28/07 – 10/11/08
Assistant District Coordinator

Capt. Renee Matos, MD
San Antonio, TX
District VIII
Term: 10/28/07 – 10/11/08
District Coordinator

Caroline Castleforte, MD
Los Angeles, CA

Capt. Devon Kuehn, MD
Washington, DC
District I
Term: 10/28/07 – 10/11/08
District Coordinator

Thomas Hermann, MD
Buffalo, NY
District II
Term: 10/28/07 – 10/11/08
Assistant District Coordinator

Stephen Pont, MD
Nashville, TN
District IV
Term: 10/28/07 – 10/11/08
District Coordinator

Norah Ledyard, DO
Toledo, OH
District V
Term: 10/28/07 – 10/11/08
Assistant District Coordinator

Rachel Dawkins, MD
New Orleans, LA
District VII
Term: 10/28/07 – 10/11/08
District Coordinator

Kathy Anderson, MD
Honolulu, HI
District VIII
Term: 10/28/07 – 10/11/08
Assistant District Coordinator

Sarosh Batlivala, MD
Gainesville, FL

Ashley Brunelle, MD
Lebanon, NH
District I
Term: 10/28/07 – 10/11/08
Assistant District Coordinator

Tyler Smith, MD
Baltimore, MD
District III
Term: 10/28/07 – 10/11/08
District Coordinator

Denise Aronzon, MD
Charlottesville, VA
District IV
Term: 10/28/07 – 10/11/08
Assistant District Coordinator

Daniel Schumacher, MD
Madison, WI
District VI
Term: 10/28/07 – 10/11/08
District Coordinator

Julie Conlon, MD
Houston, TX
District VII
Term: 10/28/07 – 10/11/08
Assistant District Coordinator

Mana Golzari, MD
San Francisco, CA
District IX
Term: 10/28/07 – 10/11/08
District Coordinator

Jessica Kirk, MD
Mobile, AL

District IX
 Term: 10/28/07 – 10/11/08
 Assistant District Coordinator

District X
 Term: 10/28/07 – 10/11/08
 District Coordinator

District X
 Term: 10/28/07 – 10/11/08
 Assistant District Coordinator

1 st executive committee meeting this fiscal year	2 nd executive committee meeting this fiscal year (if applicable)	Dates of newsletter publication	Was the Section represented at the Section Forum (SF) meeting? By whom?	Describe how the executive committee remained in touch with the membership on issues of importance.
Date: 10/28/07 Location: NCE – San Francisco, CA Quorum*? Yes Staff present? Yes Minutes filed? Yes	Date: 2/8-10/08 Location: Chicago, IL Quorum*? Yes Staff present? Yes Minutes filed? Yes	Fall 2007 Spring 2008	Yes – Jennifer Linebarger, MD, Section Chairperson	Two bi-annual newsletters, 10 resident district newsletters, executive committee listserv, 10 resident district listservs, 10 program delegate listservs, annual business meeting at the NCE & in February, YoungPeds Network web site

Were bylaws followed? If no, please describe.

Yes, the bylaws were followed.

How were new Executive Committee members/officials oriented?

The Section Chairperson and Section staff person conducted new executive committee member orientation at the NCE following the section’s election. Further instruction is given at the Section’s long range-planning meeting. The orientation includes review of the Academy’s structure, how a resident member fits within the organization, and how to accomplish the goals of the Section. The Section also created an orientation flashdrive for all new officers that included most information needed to serve as district/assistant district coordinator for the year.

Describe strategies the Section Chairperson uses to:

- (a) ensure the workload is evenly distributed to all Executive Committee members, and**
- (b) communicate effectively/share the workload with staff.**

The Section has three subcommittees that reflect the overarching goals of the Section’s strategic plan. Each Executive Committee member is assigned to a subcommittee and each subcommittee has a chair to oversee the work of that particular subcommittee. In addition, the Chair, Vice Chair, and the AAP staff person have conference calls to review tasks, timelines, updates on work, etc. Regular updates are given to the entire Executive Committee via the Executive Committee listserv. The Section has a written job description for: chair, vice chair, secretary, district

coordinator, assistant district coordinator, and program delegates

Section-Sponsored Educational Programs

Accepted programs conducted during designated year (sessions proposed for the 2008 NCE should be held for the 2008-2009 report):

Year	Title	Venue (NCE, CME, PediaLink, etc)	Type of Session (plenary, small group, workshop, etc)	Attendance	Audience (section members, general pediatricians, other)
2007-2008	Personal and Professional Development for Future Pediatricians Breakout sessions: Career Development & Stress and Balance	NCE	Section Program	300+	Residents, Medical Students & Post Residency Training members
2006-2007	Meeting the changing needs of children and adolescents Breakout sessions: Education – motivational interviewing and oral health Advocacy – international health and legislative advocacy	NCE	Section Program	325	Residents/Medical Students
2005-2006	Pediatrician as Leaders: Making a Difference in Our Communities Breakout sessions: Leadership and Community Advocacy	NCE	Section Program	192	Residents/Medical Students
2004-2005	Leadership and Advocacy for the 21 st Century Breakout session: Leadership Training And Legislative advocacy	NCE	Section Program	154	Residents
2003-2004	Understanding the Role of the	NCE	Section Program	205	Residents

	Pediatrician in Public Health (Keynote) Utilizing Evidence-based Medicine Techniques in a Day- to-Day Setting in the Clinic and on Rounds (Breakout) Safe and Supportive Domestic Violence Screening and Reporting (Breakout)				
2002-2003	Pediatric Workforce: A Look to the Future (<i>Keynote</i>) Fellowships (<i>breakout session</i>) Practice Management (<i>breakout session</i>)	NCE	Section Program	240	Residents

Programs proposed but not accepted for presentation during designated year (sessions proposed for the 2006 NCE should be held for the 2006-2007 report):

Year	Title	Venue (NCE, CME, PediaLink, etc)	Type of Session (plenary, small group, workshop, etc)	Audience (section members, general pediatrics, other)
2007-2008	None			
2006-2007	None			
2005-2006	None			
2004-2005	None			
2003-2004	None			
2002-2003	None			

If no programs were conducted in a given year, please explain:

Fundraising

Year	Outside funding obtained for:	Source of outside	Amount of funding	Were AAP
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		funding (sponsor):	obtained – Did this amount cover all expenses?	Guidelines followed? (Yes/No)
2007-2008	Resident Report Newsletter	McNeil	\$29,430 – YES	YES
	Minority Medical Student Outreach Program	McNeil	\$15,000 – NO	YES
	2007 NCE Travel Grant Program	Dyson Foundation	\$60,000 – YES	YES
	NCE Resident & Medical Student Reception & Poster Display	Johnson & Johnson (Aveeno Baby)	\$10,000 – YES	YES
	International Elective Travel Grant Program	SORe/SOICH Non-core & Individual Donors	\$6,000 – YES	YES
	Anne E Dyson Child Advocacy Awards	Dyson Foundation Endowment	\$7,000 – YES	YES
	Residency Scholarships	McNeil	\$100,000 – YES	YES
	Chapter Outreach Program (residents)	FOC	\$20,000 – YES	YES
	Resident Initiative Fund Program	Abbott Nutrition	\$25,000 - YES	YES
2006-2007	Resident Report Newsletter	McNeil	\$29,430 – YES	YES
	Minority Medical Student Outreach Program	McNeil	\$15,000 – YES	YES
	2006 NCE Travel Grant Program	Ross	\$10,000 – NO	YES
	NCE Resident & Medical Student Reception & Poster Display	Aveeno Baby (J&J)	\$8,000 – YES	YES
	International Elective Travel Grant Program	SORe/SOICH Non-core & Individual Donors	\$6,000 – YES	YES
	Anne E Dyson Child Advocacy Awards	Dyson Foundation	\$7,000 – YES	YES

	Residency Scholarships	Endowment McNeil	\$100,000 – YES	YES
2005-2006	Resident Report Newsletter	McNeil	\$29,430 – YES	YES
	Chapter/Clerkship Director Medical Student Outreach Program	Friends of Children Fund	\$14,600 – YES	YES
	Minority Medical Student Outreach Program	McNeil	\$15,000 – YES	YES
	2005 NCE Travel Grant Program	McNeil	\$51,000 – YES	YES
	NCE Resident & Medical Student Reception & Poster Display	Friends of Children Fund	\$8,000 – YES	YES
	International Elective Travel Grant Program	Johnson & Johnson Consumer Products Company	\$11,000 – YES	YES
	Anne E Dyson Child Advocacy Awards	SORe/SOICH Non-core & Individual Donors	\$7,000 – YES	YES
	Residency Scholarships	Dyson Foundation Grant	\$100,000 – YES	YES
	Hurricane Katrina Resident Relief Grants	McNeil	\$38,400 – YES	YES
	Young Member Portal	McNeil	\$30,000 - YES	YES
		Friends of Children Fund		
		Friends of Children Fund		
2004-2005	Resident Report newsletter	McNeil	\$20,000 – YES	YES
	Medical Student Outreach and Pediatric Career Support Program	Friends of Children Fund	\$33,000 – YES	YES
	Minority Medical Student Outreach Program	McNeil	\$15,000 – YES	YES

	2004 NCE Travel Grant Program	FOC	\$100,000 – YES	YES
	International Elective Travel Grant Program	Individual Donor	\$1,000 – NO	YES
	Anne E Dyson Child Advocacy Awards	Community Pediatric Training Initiative Grant	\$7,000 – YES	YES
	Residency Scholarships		\$100,000 – YES	YES
	Resident Research Grants are now managed by the Research Department and therefore not mentioned in this budget section.	McNeil		
2003-2004	Resident Report newsletter	McNeil	\$20,000 – YES	YES
	Medical Student Outreach and Pediatric Career Support Program	Friends of Children Fund	\$33,000 – YES	YES
	Minority Medical Student Outreach Program	McNeil	\$15,000 – YES	YES
	2003 NCE Travel Grant Program	Pfizer	\$100,000 – NO	YES
	International Elective Travel Grant Program	Individual Donor	\$1,000 – NO	YES
	Anne E Dyson Child Advocacy Awards	Anne E Dyson Foundation	\$7,000 – YES	NO (Why)
	Residency Scholarships		\$100,000 – YES	YES
	Resident Research Grants are now managed by the Research Department and therefore not mentioned in this budget section.	McNeil		
2002-2003	Resident Report	McNeil	\$20,000 – YES	YES
	Medical Student Outreach and Pediatric Career Support Program	Friends of Children Fund	\$15,710 – NO	YES
	Minority Medical Student Outreach Program	McNeil	\$15,000 – YES	YES
	NCE Travel Grant Program	Pfizer	\$100,000 - YES	YES

Section-Sponsored Awards

Year Established	Name of Award	Award Eligibility Criteria	How does the Section seek award candidates?	How is the recipient chosen from the field of candidates?
2000	Anne E Dyson Child Advocacy Award	<p>This award celebrates the outstanding efforts of pediatricians-in-training as they work in their communities to improve the health of children. Any resident-sponsored and/or resident led project that seeks to advocate on behalf of children is eligible for this award. The award is determined solely on the award application. Applicants are asked to:</p> <ul style="list-style-type: none"> • Provide a general description of the child advocacy project, including the community need being addressed by the project • Provide a short history of the project - How long has the project been in existence? How did it get started? By whom? • Describe the roles of residents in the project. • Describe the roles of faculty in the project. • Describe any funding from other sources for this project. • Describe what plans (if 	An advertisement of the award is emailed to all members of the Section and the application is posted on the YoungPeds Network.	The recipient is chosen from a review committee appointed by the AAP Resident Section Executive Committee

		<p>any) have been made for the continuation of the program after the resident graduates.</p> <ul style="list-style-type: none"> • Attach any material related to the project that you feel would be useful to the selection committee. • Attach a letter from your faculty sponsor or program director in support of the application. 		
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Publishing

Year	Title	Type of Publication (Policy Statement, Brochure, Manual, etc)	Distribution
2007-2008	Pediatrics 101	Pediatric career guide for medical students	Medical student inquiries to AAP, several medical student national meetings, AAP call center, pediatric clerkship directors, AAP Chapters
	Resident Section brochure (revised in 2006)	Section Membership brochure	Each year, the brochure is distributed to the new PL-1 classes and at medical student conferences

	<p>YoungPeds Network (www.aap.org/ypn) w/ monthly email blasts of the “What’s New” content</p> <p>District Newsletters</p> <p>Resident Report Newsletter</p>	<p>Web site – launched December 2006</p> <p>Quarterly e-mailed updates to all Section members</p> <p>Section newsletter is published professionally twice a year</p>	<p>Detailed information about the Resident Section programs, services, resident issues, as well as information about the overall AAP</p> <p>All residents included on the listservs</p> <p>Distributed to all 10,000 resident and medical student members twice a year</p>
2006-2007	SAME		
2005-2006	SAME		
2004-2005	SAME		
2003-2004	SAME		
2002-2003	SAME		

GOALS/OBJECTIVES

Status of Top 5 Goals/Objectives for 2007-2008

Goal is a brief, yet broad statement, that describes a desired endpoint or state e.g. Advance Child Health, Increase Member Satisfaction.

Objective is a clear, concise statement of a measurable outcome e.g. Increase Membership by 5%, Achieve 90% immunization rates in 50% of states.

Goal/Objective	Related Activities	Status	Comments/Issues
Create and <u>maintain</u> a state-of-the-art web site for residents	YoungPeds Network at www.aap.org/ypn was developed at a one-stop portal of information for medical students, residents, and young physicians	Launched December 2006	This was a coordinated effort between the Sections on Residents, Young Physicians and all departments across the Academy, orchestrated through the Membership and IT Departments.

Engage in an annual child advocacy campaign	Resident Section led advocacy effort to educate resident members, pediatricians, and legislators on the Mental Health Parity and resources.	Presentation made at the 2007 NCE Resident Assembly, to include a CD that was given to program delegates to assist in presentations at their programs.	Coordinated with the Division of State Government Affairs, the Department of Federal Affairs, and the mental health staff
Stimulate resident delegate involvement	<p>Created an AAP orientation CD for program delegates.</p> <p>Get program directors involved in the selection of program delegates early in the year.</p> <p>Involving program delegates in Resident Section advocacy project</p>	<p>Distributed to program delegate at the 2007 NCE.</p> <p>Request sent to program directors in May 2008 to fill out online form identifying program delegate & chief resident</p> <p>Advocacy information was shared with program delegates at the 2007 NCE Resident Assembly</p>	Program Delegate Orientation CD has been a success in educating the program delegates about the Academy and the Resident Section.
Provide educational opportunities for residents outside of the traditional residency curriculum	<p>Continue to offer non-traditional educational breakout sessions during the NCE Resident Assembly.</p> <p>Continue Case Studies Program.</p>	<p>The 2007 NCE Resident Assembly scheduled to had breakout sessions on career development and stress and balance</p> <p>Program has 2 co-chairs; each holds a 2 year term that overlap the others term</p>	

Partake in the development of an AAP Resident Agenda	The Resident Section Executive Committee provided input and feedback into the resident strategic plan. The Resident Section is organized in subcommittees to align with the 3 domains of the plan.	Currently implemented 07/08 resident strategic plan successfully, planning and implementation for the 08/09 plan is underway.	The Resident Section plans to assist in the implementation of the top 3 priorities of the plan from year to year.
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Budget/Administration

Year	Core Variance	Non-Core Profit/Loss (If the Section does not have a non-core fund, please state this.)	Reserve Fund Balance	Explain significant variances/loss (over \$1,000).	Describe status of plans for using reserve funds.
2007-2008	+\$755.51	-\$8,018.07	\$37,545.30	Final grant payment was not accrued. Will be deposited in non-core account to cover the variance.	Keep the money as a reserve to cover Resident Report, in case funding is lost
2006-2007	\$1782.77	+ \$7951.68	\$26,315.79	Income from J&J for reception	Keep the money as a reserve to cover Resident Report, in case funding is lost
2005-2006	+\$307.90	-\$2699.63	\$18,364.11	Non-core: Long Range Planning Meeting exceeded budget	Keep the money as a reserve to cover Resident Report, in case funding is lost
2004-2005	- \$1,283.89	\$975.84	\$21,063.74	Travel and meal costs exceeded budgeted line items.	No plans for use of reserves at this time.
2003-2004	- \$763.77	+ \$2265.39	\$31,627.30		The Section will continue to provide programs and services for medical students with non-core funds.
2002-2003	+\$1342.20	-\$35,518.90	\$29,361.91	In the non-core budget, the Section spent \$6,100 on the new Pediatrics 101. The Section also transferred	The Section will continue to provide services to medical student members with non-core funds.

				\$22,000 to the AAP Department of Education for providing electronic access of PREP, PIR and AAP News to medical student members.	
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Miscellaneous

List other section activities:

AAP Residency Scholarship Program – in June 2008, the Committee on Residency Scholarships (CORS) met and awarded scholarships to 59 of the 143 applicants. Scholarships ranged from \$1,000 to \$5,000.

International Elective Travel Grant Program – in 2007, a total of 15 \$500 travel grants to be given to members of the Resident Section.

Resident Research Grants (Managed by AAP Department of Research)

The Section drafts and votes on **resolutions** at the NCE resident assembly, which are then voted upon by the Section on Residents Executive Committee and forwarded onto the Annual Leadership Forum in the spring. All of the resolutions submitted by the Section on Residents were voted on favorably at the ALF. One of the resolutions made the top 10 list.

A handful of residents from the Resident Section Executive Committee are partaking in the **PediaLink Resident Center/Program Director Center workgroup** working to redesign both areas of the web site.

Amy Jost, MD (Vice-Chairperson of the Resident Section) spoke at the **Association of Pediatric Program Directors**.

The Section was involved in the development of an **Academy Resident Agenda** that included the attendance at the **Resident Planning Day** in February 2008.

Top three initiatives of the 07/08 plan are:

1. Leadership/Advocacy Domain: Enhance opportunities to apply and recognize advocacy skills in partnership with AAP entities
2. Education/Quality Domain: Evolve PediaLink Resident Center / Program Director Center to version 2.0
3. Professional Home: Maintain & enhance YoungPeds Network

The Section submits quarterly articles for the **Association of Pediatric Program Directors newsletter**.

The Section has a **clinical case studies program**. The top 10 interesting cases are presented at the NCE by resident authors. The top case is published in Index of Suspicion. In 2007, the program was opened to Medical Students.

The Section has a **Section Contributing Author to Grand Rounds**.

The Section updated a **flash drive to give to all new officers** that includes all the information they need about the Section, AAP, and the Chapters to begin their role as District/Assistant District Coordinator. An orientation CD was also developed and disseminated to program delegates specific to their roles and responsibilities. The YoungPeds Network site also includes a page for program delegates that includes all the information found on the CD.

The Section partook in the **Chapter Outreach Grant Program**. In 07/08 this program was also done collaboratively with the Section on Young Physicians. A total of 19 grants were given out for chapters to do outreach types of activities to medical student, residents and young physicians. Evaluation of the program is ongoing.

This year the Section launched the **Resident Initiative Fund Program**. This program provides money to residents who would like to do outreach and/or advocacy around one of the Academy's national child health priorities.

Collaboration with other organizations:

The Section has several liaisons to other organizations within and outside the Academy. The Section is able to gather information on resident-related issues through these relationships and in many instances, provide feedback to these organizations. These collaborations include: Section on Administration and Practice Management (SOAPM), Residency Review Committee (RRC), Section on Internal Medicine and Pediatrics (SOIMP), Section on Adolescent Health (SOAH), Section on Home Care, (SOHCa), Committee on Federal Government Affairs (COFGA), American Medical Association Resident Fellow Section (AMA-RFS), Council on School Health (COSH), American Medical Student Association (ASMA), Council on Community Pediatrics (COCP), Section on Epidemiology (SOEp), Section on International Child Health (SOICH), Section on Child Abuse and Neglect (SOCAN), Subcommittee on Resident Research Grants (RRG) of the Committee on Pediatric Research (COPR), Community Access to Child Health (CATCH) – 2 liaisons, Section on Early Education and Child Care (SOEECC), Pediatric Review and Education Program (PREP), Committee on Residency Scholarships (CORS), Council on Clinical Information Technology (COCIT), Section on Hospital Medicine (SOHM), the Canadian Pediatric Society (CPS) Resident Section, Committee on Pediatric Education (COPE), the AAP Steering Committee on Oral Health and the Section on Dentistry (SOPD), the Childhood Immunization Support Program (CISP), and the Section on Breastfeeding (SOBr).

Chairperson's Report

Please comment on the activities of your section for 2006-2007 to the extent they are not covered above. Listed below are some general guidelines for your report. Please limit comments and concerns to issues not satisfactorily addressed by your section manager or COSMAN representative.

Strengths and weaknesses of your Section and how you have addressed weaknesses identified

As noted over the years, one of our strengths is our membership size. As the largest section of the AAP we have the potential to support and broaden the activities of the AAP.

Our size is also our greatest weakness for two reasons: communication among members is difficult. To address the communication concerns we have intervened at many levels:

- Program directors: Improved communication through the Director's Digest, as well as updates in their quarterly newsletter and at their annual meeting

- Individual level: Residents are reached through monthly “What’s New” emails, quarterly Resident District Newsletters, and biannual Resident Reports.
- Program level: For the past two academic years we have strived for early identification of a program delegate. In this way, the delegate is selected before new interns arrive and can help to orient the interns to the role of the AAP. They can also schedule/plan appropriately for attendance at the NCE.
- Chapter level: Communication at this level remains our greatest struggle. We remain hopeful that the Chapter Outreach Grants will help address this concern. We also created a job description for a chapter delegate and hope to further evolve this position to address chapter communication with residents.
- District level: This year we clarified the role of the District Coordinator and Assistant District Coordinator in hopes of improving communication between the Academy and the residents as well as between the residents and the Districts.

Membership Issues (i.e. difficulties or successes in recruitment / retention)

Resident membership is at record highs, and remains so through the great efforts of 97% of the pediatric residency programs. Many of our membership issues are related to the trainees pre- and post-residency, the medical students and fellows in-training. We hoped to increase the inclusion of these groups by increasing awareness. A first step was our proposed section name change to the Section on Medical Students, Residents, and Fellows in-training (SMRF). We also worked to increase the value of membership for our medical student members through the 6-member Medical Student Subcommittee.

This year we also paid particular attention to membership retention upon training completion. In these efforts we have worked with the Committee on Membership and the Section on Young Physicians to propose a “bridge packet” for the transition of resident to candidate fellow status.

Accomplishments of your Section / Impediments to your activities

Many accomplishments continue to encourage and energize the Section. Specifically we remain very enthusiastic about the Young Peds Network (YPN website), the inclusion of residents within AAP sections, committees, councils and workgroups, and continued development of the Resident Planning Team.

The continued success of the YPN website has increased communication and awareness among residents. Efforts to enhance the medical student and chief resident information available will further increase the utility of the website.

Partnerships with other Academy efforts has been a great accomplishment: work with the Committee on Membership regarding the bridge packet; work with the PediaLink team for resident input to the redesign; work with the government affairs committees on our advocacy project and on economic hardship loan deferment; and work with other sections to better define the role of the resident within their activities.

As in the past, the work of the Resident Planning Team is a true example of many groups coming together with a common goal and has allowed us coordination, focus, and prioritization with the central office.

Impediments to our activities include the already mentioned communication concerns and the ever-present financial burden. We are appreciative of the AAP’s awareness of these impediments and efforts, such as their portion of the Resident Travel Grants to our Annual Assembly and Peds21.

Efforts to encourage collaborative relationships with local AAP chapters... Have these efforts been successful?

Collaboration with the local AAP chapters remains a challenging priority. Efforts to improve this relationship include:

- Delineation of the resident chapter representative role so that there is an identified communication path between residents and the chapters. Ideally chapters would identify a Fellow member to help coordinate this communication as well.

- Resident Initiative Grants are designed as a way for residents to apply their leadership and advocacy skills, and promote AAP child health priorities. Ideally, this activity is design and implemented in collaboration with their chapter.
- Chapter Outreach Grants are a way for the chapters to reach out to medical student, resident, fellow in-training and young physicians.

How can the AAP better support the needs of you Section?

In general, we are incredibly grateful for the support of the Academy. We strive to improve resident resources (such as the website and PediaLink), resident communication, and resident involvement to show resident members the value of the AAP (which in turn should improve member retention after training). The continued use of dedicated office staff for our section and inclusion of residents at all levels of the Academy's work will allow us to do even more for children and the AAP.

Other comments