

District V Residents' Section Newsletter

April 2008



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



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The American Academy
of Pediatrics

Legislative Conference...

The 18th Legislative Conference just concluded in Washington DC on April 1st and it was an eye opening experience. The conference began with an explanation of the basic rule of politics – everyone's goal is to be re-elected.

The conference was divided up into numerous workshops about "Burning Issues" such as Child Mal-treatment, School Health, Medical Home and Reimbursement Issues. Each one of these sessions alone was enough to motivate even the most complacent person into action. The greater aim, however, was how each of these programs will be affected by proposed Medicaid cuts.

Sessions included

'Building Blocks for Advocacy,' 'Coalition Building,' 'Media Training,' and 'Crafting your Message.'

These sessions were great because they were hands-on. The 'Coalition Building' session taught us how to pull together a group to support our goals. Additionally, we learned specifics about group dynamics, the leadership role, and working around disruptive group members. 'Crafting your Message' was designed to help participants devise a fact sheet about an important issue. It was here that I worked with a group of five other physicians to develop a fact sheet about the 20/220 proposal that is threatening to become fact soon. Few

By Bea Zepeda, M.D.

physicians in the group were even aware of the issue, but after learning more, all were supportive of our cause.

The second day of the conference was helping each of us prepare to act as a lobbyist. We were armed with information about impending legislation which will affect children's health and access to healthcare. Topics included the S-CHIP Reauthorization Act of 2007 and *Medikids* Health Insurance Act of 2007. *Medikids* would provide health insurance for every child in the United States.

We moved to Capitol Hill on our third day. Each physician had visits set up with his or her respective Senator and Representative.

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Urgent!! Student Loan Legislative Changes May Make You Poor!

In September 2007, the College Cost Access and Reduction Act was eliminated (effective in fall 2008). This act was important because it was responsible for the "20/220 pathway" used by 2/3 of all residents.

The 20/220 pathway allowed residents to defer re-

payment of school loans if their debt burden was greater than 20% of their income and their income minus debt burden was not greater than 220% of the federal poverty level.

Initially, the Department of Education agreed to work on a compromise to keep the

20/220 pathway intact, but they have since decided against that plan. The Senate and the House of Representatives have each passed bills which address lender transparency, consolidation, and 'financial literacy', but have not re-instated the 20/220 pathway.

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Negotiating Contracts for the New Pediatrician!

By Benson Hsu, M.D. (SOAPM Liason to Resident Section)



You've finally graduated from your residency or fellowship program. Great wealth awaits you. After you've interviewed and found the perfect place for you to practice, you receive a document filled with words that your training did not prepare you for.

Welcome to the world of contracts.

Although the particulars can bog you down, the key is to know the foundation and go from there with people you trust. Here is some advice to get you started:

—Know your worth. Knowing what you are worth requires research on your part. There are numerous documents such as the US Department of Labor Bureau

of Labor Statistics which will tell you the average salaries in your region / experience. Having well researched numbers helps you determine where to start from.

—Know your priorities. There will be aspects of the contract that require compromise. The key is to know what you can and cannot compromise on. Knowing this ahead of time lets you hone in on aspects of the contracts that must be addressed. It seems a lot to think of during the first contract but this establishes the tone of how you are approaching the practice and how the practice sees you.

—Know the contract. Read it and when you are done, re-read the contract. As Dr. McAbee,

member of the AAP Committee on Medical Liability noted, there are many important aspects such as: non-compete agreements, medical liability insurance, termination, and benefits. Knowing each will help you avoid some common pitfalls.

This is a legal document. You should have an attorney read over the contract with you and help with appropriate wording changes. Every communication should be done officially in writing, the clearer the better.

For more information regarding contracts and negotiations, pediatricians can access the PMO (Practice Management Online) of the AAP.

—Practice.aap.org—

Resident Executive Committee Update...

The Resident Executive Committee collaborated this February in windy (bitter-cold) Chicago for their bi-annual Exec. Committee Meeting & Resident Planning day. While my most memorable moment encompasses the 80's rock and bad dancing at 'Howl-at-the-Moon Saloon,' there was certainly productivity during the daylight hours!

On Friday afternoon Julie Raymond reviewed scholarships/grants/awards given to residents in 2007. This includes 31 CATCH grants, 58 Residency Scholarships, 9 Resident Research Grants, and 15 International Travel Grants. All Residency program delegates also received \$200 travel grants to last year's NCE. (Those interested in becoming this year's program delegate should expect a moderate increase in the 2008 travel grant.)

The residents then selected smoking education as their 2008/2009 SORe (Section on Residents) advocacy project. We brainstormed ideas for carrying out this initiative and a select few of our resident leaders will be developing this campaign!

The final portion of our meetings focused on reviewing and directing Resident Section resources within three different areas: Leadership/Advocacy, Education/Quality,

and Professional Home.

The top resident initiatives were chosen as priorities for our section. These include:

1. Increase and promote resident leadership within the AAP structure.

2. Increase involvement in AAP programs and product development.

3. Communicate the values of continued AAP membership beyond residency.



*Resident Executive Committee In
Chicago*

By Norah Ledyard, D.O.

Some actions which should accomplish these goals include a complete redesign of PediaLink with an anticipated roll-out date of fall 2008 and efforts to encourage more involvement in our local AAP chapters. Additionally, the Academy has devoted funds to developing a Bridge-to-Candidate member package to be sent out to residents as they complete their training programs.

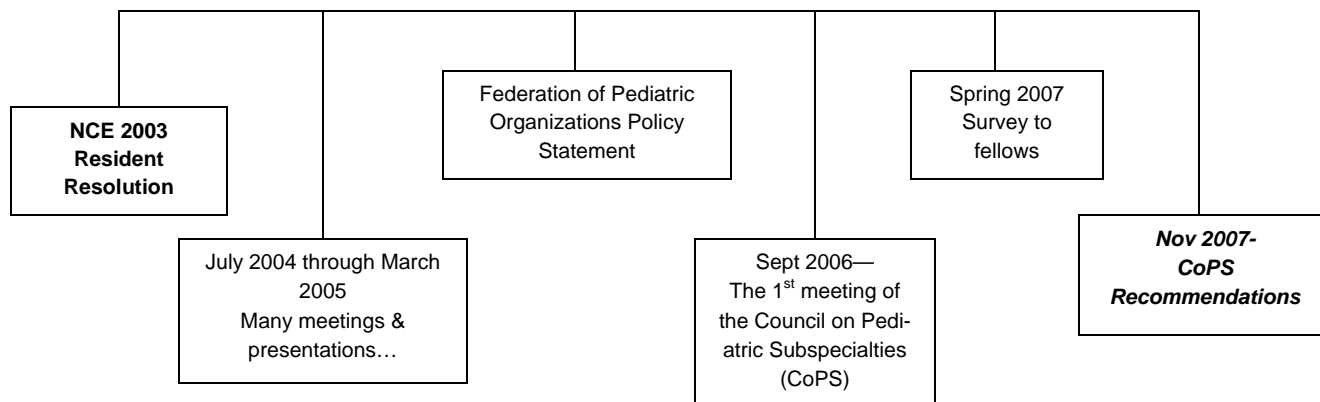
Last, but not least—the resident section has submitted a request to change our section name to "Section on Medical Students, Residents, and Fellows-in-training" (SMRF). It is felt these groups reflect a common theme (regarding education) and connecting them more formally will provide a 'home' within the AAP infrastructure for each group.

Resident Fellowship Timeline Changes...

By Jenni Linebarger, MD

At the 2003 National Conference and Exhibition, the resident section approved a resolution which resolved to “examine the feasibility to develop a uniform application and application date one year prior to the start of fellowship [rather than the usual two years].” The concerns that prompted the resolution included the complexity of the process (each subspecialty has a different timeline and often each institution required a separate application) and the pressure residents felt at making a career choice prior to (1) a broad exposure to the options or (2) completing interviews at other programs.

Four years and a lot of effort later, the recommendations are official. Here is a brief overview of what the AAP Resident Section set into motion (accomplished!!!) with their resolution.



Link to the Federation of Pediatric Organizations policy statement:

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics:114/1/295>

Summary of the CoPS recommendations:

- Recommend that all Pediatric Subspecialties utilize ERAS:
 - Each subspecialty would choose the best ERAS application release date (either July 15th or December 1st) for their group.
 - Goal: All eligible subspecialties would be encouraged to utilize ERAS by the 2010 cycle
- In order to allow flexibility for subspecialties and enhance fairness to the applicants, we recommend utilizing a match, but suggest two match dates from which subspecialties could choose. These dates would be in the late spring and late fall.
 - These suggested dates would dovetail with the ERAS release dates:
 - 3rd week in May (13 1/2 months prior to starting fellowship) to coincide with a December application ERAS release date
 - 1st week in December (7 months prior to starting fellowship) to coincide with a July ERAS application release date.
 - If a subspecialty is currently utilizing a match date different than the two suggested above, they do not have to change.
- The evolution of this process will be reassessed by CoPS on a yearly basis by communication with ERAS, NRMP, and surveys of fellows and program directors. Results of the yearly assessment will be made available to the entire subspecialty community.



PediaLink online learning course free for all residents. Go to PediaLink Online Center and select Online CME!!!

Residents Taking Initiative: The Power of One...

Resident Establishes a Business Curriculum!

With the complexity of running a successful medical practice becoming more and more difficult, it is a daunting thought that we will soon be out in practice trying to take care of our patients, while having to worry about keeping our business afloat at the same time. I often hear from attending physicians how little they knew about the business side of medicine when first starting out in their practices, and after hearing this warning one too many times, I began to wonder why a structured business curriculum is not routinely integrated into our medical training.

Family practice has been the frontrunner in this area, with the American Academy of Family Physicians (AAFP) even having a recommended curriculum guideline for Practice Management. This is used nationally by Family Practice programs to ensure that their residents enter the work force well prepared to run a thriving practice.

Believing that business know-how is a necessary component to any resident's tool kit, I worked with my program faculty to design and implement a Business of Medicine curriculum for pediatric residents at the University of Toledo. We are currently more than halfway through the new rotating 18-month curriculum. With one Business of Medicine lecture per month integrated into our traditional pediatric curriculum, residents are getting a good overview of basic business skills important for managing a medical practice, training in advance for the challenges we will face after residency.

The American Academy of Pediatrics' Practice Management website has a wealth of information available to those wanting to learn more about this topic. I encourage readers to be a catalyst within your own program to organize a structured business curriculum for residents, if one does not already exist. Perhaps if enough programs begin to show a value to business education in residency, the AAP may commit to creating a recommended curriculum for residents similar to the one the AAFP has in place.

http://www.aafp.org/online/etc/medialib/aafp_org/documents/about/rap/curriculum/practice_management.Par.0001.File.tmp/Practice_Management.pdf

<http://www.aafp.org/online/en/home/practicemgt.html>

<http://practice.aap.org/>

Amber Patterson, MD—PGY2

University of Toledo

CATCH Grant Awarded to District V Resident!

**Medical Homes for Cleveland's Homeless Children.
Kee Thai Yeo, MD: Rainbow Babies & Children's
Hospital, Cleveland, Ohio**

Why did you apply & how was the application experience?
We serve quite a number of families with children, who are living in shelters, here at our hospital and became interested in designing interventions that would encourage the establishment of comprehensive medical homes for these children. After getting in touch with our community partner (Project ACT) and parents at a local shelter, we felt that it was important to get the parent's opinion on barriers that may be affecting their child's healthcare. For someone who has not done any grant applications, the application for the CATCH grant was a good educational experience. The CATCH website and the district resident CATCH Liason was specially helpful in writing up the grant. We were also fortunate to have encouraging faculty advisors.

Abstract: 'According to local data, almost half of all children in Cleveland are living below the poverty level. There is limited information on the potential barriers to the establishment of medical homes for Cleveland's homeless children. This project will create an interview survey and focus groups conducted amongst parents living in the largest family shelter in downtown Cleveland and also homeless families presenting to Project ACT. Together with our community partners, we hope to use the data obtained from the surveys and focus groups to guide us in developing interventions that might overcome some of the barriers preventing the establishment of a comprehensive medical home for homeless children in Cleveland.'

**CATCH Cycle to begin in May,
2008...**

Community Access to Child Health (CATCH) grants are available to all residents. In the most recent cycle, 39 residents submitted proposals and 22 were awarded funding.

First time applicants are encouraged to contact Holly Noteboom-Griffen by email at hnoteboom@aap.org with a description of the project, applicant's name and AAP ID number. Holly will be able to provide technical support and advice.

Around the District



Santokh Dhillon, MD, PGY2 explains his poster about SIDS education. In the foreground is Dima Altaany, MD, PGY1. Both are from Mich. State U.



Some of the Beaumont residents at one of their relaxing dinners!

2008 Annual Leadership Forum News

Annually during the month of March, the Annual Leadership Forum takes place in Chicago, home of the AAP. This year was no different and a productive session was held March 13 - March 16th in Schaumburg, IL.

The Annual Leadership Forum (ALF) serves in an advisory capacity to the Board of Directors of the American Academy of Pediatrics. It provides the primary communications link among chapters, committees, councils and sections and the AAP Board of Directors, who create policy. As such, pediatric concerns are brought forward and eventually are presented to the Board in the form of "Resolutions". The purpose

of the resolutions are to provide a formal mechanism by which members of the Academy can give input concerning Academy policy and activities. Resident representation is provided by the resident section, made up of your representatives (District Coordinators and the Executive Council).

This year, over 80 resolutions were brought forth and efficiently voted upon to either "pass" or "fail" as active duties for the Academy to pursue. The "Top Ten" list of resolutions to be tackled by the AAP were as follows:

1. *Marketing Immunizations to Parents*

2. *Thirty Minutes of Physical Activity for All School Children in Grades K-12*
3. *Health Care for All Children Includes Immigrant Children*
4. *Medicaid and SCHIP Payment Rates*
5. *Appropriate Payment for Cognitive Services*
6. *Reducing Administrative Barriers to Medicaid and SCHIP Enrollment for Eligible Children*
7. *Payment for Developmental Screening*
8. *Anticipatory Guidance*
9. *Strategic Planning and AAP Taskforce on Early*

Peace Madueme, M.D.

Brain and Child Development

10. *AAP Policy Development on State Mandated Universal Vaccine Purchase*

Resolution #2 was brought forth by our own resident section!

Other Academy business included the first introductions of the new president elects, Dr. Colleen Kraft and Dr. Judith Paltrey. They are two very qualified individuals seeking to make a difference in pediatric care.

Visit www.aap.org for further details about them, or about other AAP activities that are bridging the horizon.

If you have ideas,
pictures, up-
dates, or would
like to contribute
an article for the
fall newsletter,
please email
Norah.Ledyard@
utoledo.edu

The Hospital For Sick Children's Pediatric Residency Program provides a home for fun but also is doing great things for children in Ontario.

Yearly residents participate in a staff vs. resident baseball game, "Women in Medicine" dinner at an attending's home, and attend an annual Spring Party. These provide times for fun and relaxation!!

There is also time for advocacy including ongoing projects at resource-poor public schools (Church Street School & Rosedale Heights Secondary School). This initiative recently received a \$25,000 grant from the Canadian Pediatric Society!



The residents at Sick Kids having good times together this year!!!

Legislative Conference continued from page #1...

There were four physicians from Michigan and we visited the office of Senators Levin and Stabenow together. We met with the legislative aide from each office and spoke about specific patient cases that would be affected by the cuts in Medicaid. It was very empowering to know that each of us can make an impact, not just with the individual patients we care for in our clinics, but with access to health care for every child across the country.

In short, each of us has the power to make a difference. We have to take ten minutes and write our senators and congressmen and let each of them know about issues that are important to us.

Each resident needs to send a letter to his/her respective representatives about the 20/220 proposal by April 14th. There is a drafted letter available through your program delegate, fill in the blanks, those with families and other circumstances add those to the drafted letter and send it to your senators and congressmen.

By Bea Zepeda, M.D.- GRMERC Pediatrics Resident

Recipient of Scholarship to Attend the 2008 Legislative Conference in Washington D.C.

Make a date to

Attend:

-2008 N.C.E.-

-Boston, MA-

October 11-14, 2008

Hynes

Convention Center

District V Standouts:

Contributed by Program Delegates

NATIONWIDE CHILDREN'S—Columbus, OH

Ben Kopp, PGY2 and Liz Zmuda, PGY3 both welcomed new babies to their families
Maggie Somple, PGY3 is recently engaged and will be married in September. Tabitha Jones, PGY2 had her poster on torticollis and plagiocephaly accepted for the American College of Osteopathic Pediatricians spring conference.
Jenn Dotson, PGY2 had an abstract accepted for a poster at the upcoming Digestive Disease Week conference in May and will be attending the annual AAP Legislative Conference in Washington DC.
Nate Brady, PGY3 will be attending the spring conference for ACOP in

Savannah, GA as a member of the executive board.

CINCINNATI CHILDRENS—Cincinnati, OH

Residents met with Miami University students and Dr. Terry Barber to help them establish a Pediatric Interest Group, hoping to better involve them in activities around the State, and within the AAP. Residents are also working on local action with regards to both SCHIP and GME with our legislative folks here in Cincinnati.

MICHIGAN STATE UNIV.

Michigan State University/Wayne State University held their Pediatric Research Day on Friday (3/28)- several residents presented posters.

UNIV. OF TOLEDO—Toledo, OH

Amber Patterson, PGY2 was awarded the American Academy of Allergy Asthma & Immunology Odyssey scholarship to attend AAAAI '08 Annual Meeting in Philadelphia in March. Many residents enjoyed the Lights at the Toledo Zoo over the holiday season!

Top 5—to do list:

1. Check out the new **AAP Pediatric Coding Newsletter™**. This is published by the American Academy of Pediatrics (AAP), with review by the AAP Coding Publications Editorial Advisory Board. For more information on this coding resource, visit <http://coding.aap.org>.
2. **Complete 'Oral Health Risk Assessment Training' CME (for free)**. <http://www.aap.org/commpepd/dochs/oralhealth/cme>
3. **Resident Section Clinical Case Competition**

The Resident Section of the AAP has held an annual "Clinical Case Competition" since 2003. Residents submit abstracts of interest-

ing cases they have come across in training through the Academy's online abstract submission process. The abstracts are judged by a committee of resident leaders and the top ten authors are invited to present their case in poster format at the annual National Conference and Exhibition (NCE). In addition the winners are awarded free one-day registration for the conference as well as travel reimbursement. The first place winner is announced that night by the Editor-in-Chief of *Pediatrics*

in *Review (PIR)*, who will publish the case in *PIR* as an "Index of Suspicion" article. **The deadline for submission is April 11, 2008.**

4. Sign up for the PediaLink® online learning course, **Covering the Bases, Adolescent Sexual Health** has been selected to be offered free to residents. Participants in this course will learn to eliminate barriers to communicating with adolescent patients about HIV and STD. Residents can register for free at www.pedialink.org.
5. **HAVE SOME FUN!!!!**



Program Delegates

Kenneth Remy—Univ. Hosp of Cleveland

Loan Kline—MetroHealth

Catharine Symmonds & Olivia Wenger—Akron/NEOUCOM

Kai Wicker—Children's Hosp. of Michigan

Nate Brady—Nationwide

Children's

Andrew Beck—Cincinnati Children's

Ian Chen—Cleveland Clinic

Bea Zepeda—GRMERC

Sowmya Balasubramanian—U. of Toronto

Shatha Yousef—Hurley Medical Center

Jinny Lavezzi—Indiana University

Kelli Dodson—M.S.U./Kalamazoo

Janice Tijssen—McMaster Children's Hosp.

Michelle Randall—Mich. State University

Leah Bartlett—Queen's U. / Kingston G.H.

Scott Schachinger—St. John's

Rebecca Northway—U. of Mich.

Norah Ledyard—U. of Toledo

Colleen Bryzik—William Beaumont Hospital

Candace Percival—Wright State University