

# AAP Section on Residents

## District VI News

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### Loan Deferment Option at Risk

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 repayment 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 reinstated the 20/220 pathway.

The AAP and many other physician organizations sent a letter to Congress March 12, 2008, urging incorporation of the 20/220 pathway (or an equivalent) into the Higher Education Act Reauthorization due on March 31, 2008. In this letter it was noted, "medical residents rely on the 20/220 pathway to help defray their high debt burden," and "Borrowers with high loan debt may be deterred from entering public health service, practicing medicine in underserved areas, starting a career in medical education or research, or practicing primary care medicine."

Negotiators will meet again April 14 before the Department publishes draft regulations in the Federal Register for public comment.

As discussions about this issue continue, take the time to let Congress know how important the opportunity for economic hardship deferment is for residents.

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## **Progress made for Residents at 2008 AAP Annual Leadership Forum**

**“The progress made on this issue (fellowship application process), proves the importance of continued vocal resident involvement in the AAP.”**

The 2008 Annual Leadership Forum of the AAP was held in March in Schaumburg, Illinois. At this meeting, leaders from AAP chapters, committees, councils, and sections gather to develop recommendations to the AAP Board of Directors about needed policy. The executive committee of the Resident Section attends annually and represents Pediatric Residents in communicating our concerns and goals to the rest of the AAP. The top ten resolutions from the annual Resident section meeting at the NCE are presented to AAP leadership at this meeting.

The ten resident resolutions that were presented at the ALF included: 1. Report Card of Legislators on Child Health. 2. Thirty Minutes of Physical Activity for All School Children in Grades K-12. 3. Fellowship Application Standardization. 4. Appropriate Fellowship Stipends. 5. 36 Week Continuity Clinic. 6. Resident Education Loan Deferment. 7. Computerized Certifying Exam. 8. Childhood Obesity Awareness Month. 9. Encouraging Resident Participation in AAP Section by Waiving Dues. 10. Reduced Resident Fees for NCE.

The only resident resolution that did not pass at the ALF was that addressing 36 Weeks of Continuity Clinic. The intent of this resolution was to increase flexibility in meeting the requirement of 36 weeks of continuity clinic. Due to the many competing demands on residents, our section has proposed that the requirement be changed to 36 continuity clinic days that do not necessarily have to occur in 36 different weeks. This would mean that 2 half days of continuity clinic within one week would count toward the overall requirement. Because clinics currently have to occur in 36 different weeks, a resident may be prevented from doing an international elective or an elective at another institution, and is required to have post call continuity clinics. The Resident Executive Committee argued strongly that this resolution be supported at the ALF, but the resolution ultimately was defeated. AAP members felt that continuity experiences would be jeopardized and that residents would not learn the concept of medical home. Clearly, more discussion will be needed regarding this issue. Ultimately, creative solutions will be needed to ensure

residents have continuity experiences within their clinics, but that this does not limit other important opportunities.

Despite hitting a roadblock on the issue of continuity clinic requirements, resident priorities were successfully presented and well received at the ALF. Many resident concerns such as the need for standardization of the fellowship application process, moving to a computerized board exam, and loan deferment were strongly supported and will be passed on to the AAP Board of Directors. Much progress has been made recently in standardizing the fellowship application process and is outlined in a following article by Jenni Linebarger, Resident Section Chair. The progress made on this and other resident issues, proves the importance of continued vocal resident involvement in the AAP.

## Standardization of Fellowship Application Process

At the 2003 National Conference and Exhibition, the Resident Section approved a resolution which resolved to “examine the feasibility of developing a uniform fellowship 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 a broad exposure to the options or completing interviews at other programs.

Four years and a lot of effort later, the recommendations are official as summarized below.

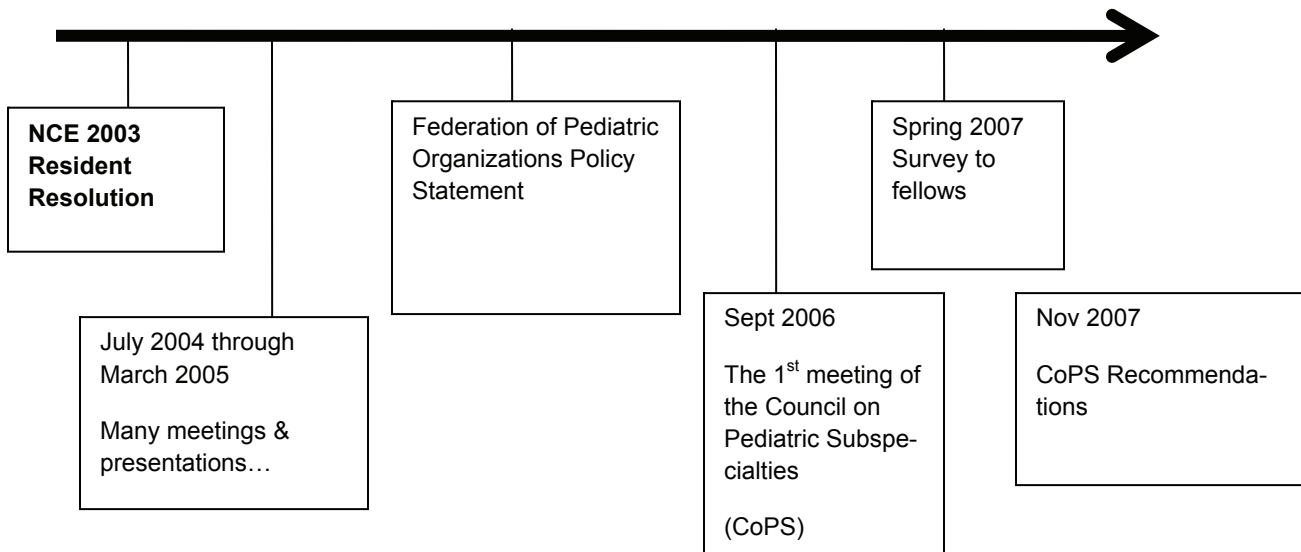
All Pediatric Subspecialties should utilize ERAS. Each subspecialty would choose the best ERAS application release date (either July 15<sup>th</sup> or December 1<sup>st</sup>) for their group. The goal is that all eligible subspecialties would utilize ERAS by the 2010 cycle

In order to allow flexibility for subspecialties and enhance fairness to the applicants, recommendation to utilize a match, but suggest two match dates from which subspecial-

ties could choose. These dates would be in the late spring and late fall.

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.

See below what the AAP Resident Section accomplished!



## Curbing Tobacco in Movies: Child Advocacy Goes to Hollywood

Each year, the resident section of the AAP chooses one main advocacy topic to focus on. For 2008-2009, that topic will be tobacco use prevention, a topic that coincides with the greater AAP's recent efforts.

Hollywood movies deliver billions of tobacco impressions to young audiences annually, and this poses one of the gravest threats to U.S. teens. On-screen tobacco recruits 390,000 new teen smokers each year in the United States alone, and U.S. films take in 58 percent of movie box office sales globally, so this toxic tobacco content is also causing harm around the world. The AAP recently joined many other health groups in calling on the movie industry to stop toxic tobacco content in films and make youth-rated movies smoke free.

"On-screen tobacco is an enormous risk to our kids," says Renee Jenkins, MD, FAAP, president of AAP. "Movies with tobacco help to recruit one-third to one-half of young smokers in the U.S., and studies overseas find similar effects on young people there."

U.S. films with tobacco imagery, 75 percent of all U.S. releases, have delivered an estimated 44 billion tobacco impressions to theater audiences in the United States alone, one quarter of these to children and adolescents. Studio policies thus far have not led to substantial changes in mainstream PG-13 tobacco content, and analysis by the University of California-San Francisco in the first six months of 2007 found that Hollywood's tobacco profile was unchanged during that time. An astonishing thirty-six percent of G and PG movies, 69 percent of PG-13 movies, and 86 percent of R-rated movies during this period contained

tobacco.

For years, leading United States health groups and the United Nations World Health Organization have urged Hollywood to take voluntary steps to reduce teen exposure to tobacco imagery on screen without much success. The AAP recently urged the entertainment industry to immediately adopt four Smoke Free Movie policies:

1. **Rate new smoking movies "R."** Any film that shows or implies tobacco should be rated "R." The only exceptions should be when the presentation of tobacco clearly and unambiguously reflects the dangers and consequences of tobacco use or is necessary to represent the smoking of a real historical figure.
2. **Certify no payoffs.** The producers should post a certificate in the closing credits declaring that no one in the production received anything of value (cash money, free cigarettes, free publicity, interest-free loans, or other free gifts) from anyone in exchange for using or displaying tobacco in the movie.
3. **Require strong anti-smoking ads.** Studios and theaters should require a genuinely strong anti-smoking ad (not one produced by a tobacco company) to run before any film with a tobacco presence, in any distribution channel, regardless of its MPAA rating.
4. **Stop identifying tobacco brands.** There should be no tobacco brand identification nor the presence of tobacco brand imagery (such as billboards) in the background of any movie scene.

"It is critically important that there

be genuine, proven effective, anti-tobacco messages to help protect youth from the influence of media promotion of smoking," says Gil Fuld, MD, FAAP, Chair of the AAP Council on Communications and Media. "The AAP recently asked the five largest DVD retailers (Wal-Mart, Target, Best Buy, Blockbuster and NetFlix) to call for inclusion of effective anti-tobacco spots, hazard labels on DVD packages, and display posters to help alert parents to the hazard of tobacco imagery in movie DVDs."

For more information and related resources visit the website of the AAP's Richmond Center, a national center of excellence dedicated to the elimination of children's exposure to tobacco, at [www.aap.org/richmondcenter](http://www.aap.org/richmondcenter).



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Contact your delegate for information regarding the AAP Section on Residents.

## Call to Graduating Residents

As the last month of residency approaches, don't forget to stay in touch with the AAP. As you move on to new endeavors, the AAP can continue to serve as your professional home providing important journals, email updates, and networking opportuni-

ties. For residents moving on to fellowships, you can continue to belong to the Section of Residents and Fellows for \$88 per year. Residents moving on to practice, have other opportunities such as joining the Young Peds Network. This is a great way to commu-

nicate with other young physicians who have recently started practice. Make sure to update your information at <http://www.aap.org/moc/> to stay in the AAP loop.