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AMERICAN ACADEMY OF PEDIATRICS
Section on Medical Students, Residents and Fellowship Trainees (SOMSRFT)
Long Range Planning Meeting
February 20-22, 2009
Chicago, IL

MINUTES

MEMBERS PRESENT:

Amy Jost Starmer, MD, Chairperson
Joshua Smith, MD, Vice Chairperson
Shawn Batlivala, MD, Secretary
Ashley Brunelle, MD, DC District I
Melissa Grageda, MD, ADC District II
Lanre Omojokun, MD, DC District III
Jennifer Wolford, DO, ADC District III
Jennifer Williams, DO, DC District IV
Katie Snyder, MD, ADC District IV
Stephen Patrick, DC District V
Meghan Keaton, MD, ADC District V
Dan Schumacher, MD, DC District VI
Clara Filice, MD, ADC District VI
Ann Thyssen, MD, ADC District VII
David Tayloe, Jr, MD, DC District VIII
Kathy Anderson, MD, ADC District VIII
Caroline Castleforte, MD, DC District IX
Christina Robinson, MD, ADC District IX
Sara Slovin, MD, ADC District X
Jessi Kirk, MD, DC District X
Jennifer Linebarger, MD, Immediate Past Chairperson

MEMBERS EXCUSED:

Olive Eckstein, MD, ADC District I
Hina Talib, MD, DC District II
Julia Conlon, MD, DC District VII

GUESTS PRESENT:

Henry Lin, MD, AMA-RFS Liaison
Renee Matos, MD, COM Liaison

STAFF PRESENT:

Julie Raymond, Manager Young Physician Initiatives
Mariann Stephens, Newsletter Editor – Resident Report (P/T)
Judy Dolins, Director Dept of Community, Chapter, and State Affairs (P/T)
Anne Gramiak, Manager Strategic Planning (P/T)

WELCOME & INTRODUCTIONS

Dr Jost Starmer began the meeting at 2:10pm on February 20, 2009. Introductions were made by those present at the meeting.

The following operating agreements were established for this meeting:

- Utilize parking lot
- Keep side conversations to a minimum
- Show each other respect
- Follow agenda

CONFLICT OF INTEREST DISCLOSURES

The Committee reviewed the Academy's policy on Conflict of Interest and Voluntary Disclosure. Members were given an opportunity to disclose any direct or indirect financial interests, or any personal, family or other relationships that conflict (or could have the appearance of conflicting) with their duties, responsibilities, or exercise of impartial and objective judgment with respect to the meeting's agenda.

There were no disclosures

SECRETARY'S REPORT

Dr Batlivala reviewed the schedule for the Fall 2009 issue of Resident Report. Ms Stephens was present to take notes and assist with the conversation around articles, topics and authors. The following decisions were made for the next issue:

Point/Counter Point: Topic - Universal health care; Authors – Dr Robinson (pro) and Dr Wolford (con)

Career Corner: Topic - Child abuse & neglect; Author – Dr Snyder

Angles on Advocacy: Topic: Recap tobacco cessation campaign, smoke-free conference, JACHO new requirements and how to reinforce smoke-free; Author - Dr Williams

Practice Management: Topic - Sailing into Practice article; Author – Dr Grageda

Education Update: Topic - ABP maintenance of certification, state license upkeep requirements (clarification on what need and when); Author - Dr Kirk

Creative Learning: Topic – Simulation; Author – Dr Snyder's co-chief will write the article since she is currently doing research on this topic

ACTION: All authors need to submit their article by April 1st, 2009 to Dr Batlivala.

VICECHAIRPERSON REPORT

Dr Smith reviewed the 08/09 liaison grid which shows the new liaisons that came on in January 2009. He also summarized all the reports, which showed a common theme of wanting to increase their resident membership.

ACTION: Ms Raymond will follow up with the resident liaisons to see if there is interest in writing articles for our newsletter.

ACTION: Ms Raymond will follow up with staff from the Council on School Health (COSH) to find out what benefits they have for residents that they would like to share.

Dr Smith suggested putting an article in the district newsletters with information on how residents can contact their Resident District CATCH Facilitators to help them put together a grant application.

ACTION: Ms Raymond will follow up with CATCH staff on an article for district newsletters which would include commonly asked questions and answers.

AMA-RFS Liaison Report

Dr Lin stated that the AMA is currently trying to get more medical students and residents involved in their organization. He feels that the overall quality of the resolutions that residents are submitting should improve.

There are two key issues that are being raised right now. They are:

- 1) Economic hardship deferment: The 20/220 pathway will no longer exist, which will make it harder for residents to pay back their loans. As of July 1, 2009 there will be a new repayment program. He feels we really need to do a letter writing campaign and be talking to our own legislators. Having more residents on board would help. With the new plan the options are to 1) apply for economic hardship deferment which would allow for residents to avoid making payments for up to 3 years (this only applies to Federal loans and most residents wouldn't qualify and 2) go under forbearance with high interest.
- 2) Cover the uninsured which involves improving the public's attention on health care system reform.

ACTION: Dr Lin will send the executive committee information on how the AMA is looking at the cover the uninsured initiative from a pediatrics perspective, as well as seek the executive committee's feedback.

Dr Lin struggles with being able to represent residents of the AAP on certain resolutions within the AMA. There needs to be a communication vehicle that would allow for Dr Lin to easily get feedback from residents. Dr Lin is looking for 1) what the voice of the AAP residents are on certain issues and 2) an idea of what resolutions to put forth at the AMA.

ACTION: Dr Lin will put together a proposed communication plan for working with the AMA-RFS on resolutions.

COM Liaison Report

Dr Matos is the resident liaison to the Committee on Membership. Her term is ending and we are looking for a new liaison. Dr Matos stated that there are more women are going into pediatrics and there are more working part-time. There is a shift with practicing pediatricians in that more are going into group practice rather than private practice. The subspecialty membership numbers are gradually decreasing. Currently 97% of residents are paid members of the AAP. The AAP is quite impressed with resident attendance at the NCE. Currently 46% of residents drop their membership after graduation. The Academy's membership is holding steady at 60,000 members, but not really showing much growth. The associate membership category currently only allows pediatric dentists. There has been a lot of discussion over this topic and possibly opening up membership to allied health professionals. It was decided to parking lot this issue.

ACTION: Ms Raymond will let the COM know that Dr Robinson will be their next liaison to the SOMSRFT.

CHAIRPERSON'S REPORT

Planning for 09/10 Advocacy Campaign

Ms Dolins gave a presentation on advocacy and suggested a few ideas for the advocacy topic for next year. She stated that the AAP Advocacy Guide will be coming out this spring. It will be available online and in print. It will also have advocacy training curriculum modules within it, as well as a trainer's guide, PowerPoint presentations, and case studies. There will be two workshops held at the PAS utilizing the residency curriculums.

ACTION: Ms Raymond will provide a link on the YPN to the Advocacy Guide once it is made available.

ACTION: Ms Raymond will make sure the "AAP Resources" slide in Ms Dolins presentation has those resources listed and linked on the YPN.

The following were topics suggested for the 09/10 advocacy campaign:

- Obesity – as a whole
- Media - screen time
- Violence in the home (include foster care)
- Alcohol in teenagers
- Early Brain Development
- Breastfeeding
- **Immunizations** – resident education, resources, etc.

ACTION: Ms Raymond will work with the advocacy subcommittee chairs and AAP staff to put together an initial call to discuss the immunizations advocacy project.

Update on 08/09 Advocacy Campaign

Dr Batlivala gave an update on the 08/09 advocacy campaign on tobacco cessation. This project has been one of the best yet, which has much to do with the partnership with the Richmond Center. There is also an evaluation component this year with program directors and program

delegates submitting responses. It was noted that putting an article in the chapter newsletters was highly effective in promoting the project.

Medical Student Update

Dr Schumacher explained that we are looking at having a special breakout for medical students at this year's SOMSRFT assembly at the NCE. Some of the medical student dues collected can go to support the breakout and lunch. It was noted that it may be helpful for the medical students to join their district breakout for networking purposes. The executive committee should also try to introduce the medical students at the district breakfasts Sunday morning. Dr Schumacher mentioned that we are also looking at doing a medical student to resident bridge packet. We currently have two liaisons to the Council on Medical Student Education in Pediatrics (COMSEP). The Pediatric Interest Group (PIG) resource guide was developed this last year. We are now developing a list of PIG contacts with the help of COMSEP. They sent a message out on their listserv to help facilitate this for us.

ACTION: Drs Snyder, Robinson, Thyssen, Linebarger, Slovin and Tayloe agreed to help with the Medical Student to Resident packet.

ACTION: The DCs and ADCs will utilize their program delegates to contact their program's clerkship directors/medical schools to invite the medical students to the NCE.

STRATEGIC PLANNING WORK

Ms Gramiak attended the meeting to assist the executive committee with this year's strategic planning. They reviewed the Vision 2020 survey results from the residents and young physicians.

Ms Gramiak asked the executive committee what they would like to see in the future, as a backward imaging exercise:

- More residents as leaders in the AAP and community
- A centralized fast response system
- Residents as better teachers – with medical students, other residents and parents
- More liaisons to other sections
- Better communication
- Follow up with those that apply for positions to help with other projects/initiatives
- More educational offerings – curriculums (advocacy, community pediatrics, child abuse/neglect, practice management, etc.)
- Medical student representation on the executive committee
- Work/life balance – being able to eat healthy and workout during residency
- Providing resources for fellowship trainees related to advocacy/research
- Getting more support from staff
- Partnering/mentorship with chapters
- Web-based educational resources – parent handouts, summaries for policy and position statements
- Key contacts for educational purposes
- Formalize roles for DCs and ADCs to include information on what to do when and best practices

- How to get out of debt workshop at NCE
- Set aside time for PREP during 80 hour work week
- Advocacy rotations - encourage programs to have an advocacy rotation, as well as an advocacy coordinator at every program
- Interpretation training module – sell to hospitals to train them on being interpreters
- Have Web-based resources in a variety of languages that can be handed out
- Continue to support the month long international elective for residents
- Collaboration between adult leadership and residents at district and chapter levels
- Promote resident mental health
- Reorganize the AAP Member Center
- Target professionalism – confront ownership of the patient, duty/sleep hours, etc.
- Workshops to help programs/residents to deal with time management, stress, and tragedy
- Help residents after graduation with loan repayment, basic business principles, etc.
- Monthly advocacy learning opportunities
- Improve handover between liaisons and DCs/ADCs
- AAP membership is providing true value to residents
- Immunizations - educate patients and parents without alienating them
- How to know what PREP courses are helpful
- Help residents get more comfortable dealing with their legislators and the media
- Improve the program delegate new intern orientation presentation

Ms Gramiak then asked why it would be important to provide all of the above. The executive committee responded with:

1. To have more people stay involved in the AAP
2. To improve the overall impact of the section
3. To start habits early
4. To be better pediatrics
5. To foster leadership early
6. To know how to use and access AAP resources
7. To improve overall health and reduce stress
8. To build the workforce of the future

What is the activity that would make the most impact:

1. Effective systems of communication
2. Brand awareness of AAP in resources more (of what is the most needed/useful)
3. Organize resources for easier access
4. Building the infrastructure of the SOMSRFT

Ms Gramiak reviewed the logic model. This is the process and format that will be used for the resident strategic plan this year.

REVIEW AND APPROVAL OF MINUTES

Dr Jost Starmer asked for any changes to the October 2008 minutes. There being no changes the minutes were unanimously approved as written. Action items from the meeting were reviewed for current status.

REVIEW SUBCOMMITTEE ASSIGNMENTS

Ms Raymond reviewed the subcommittee assignments for the afternoon. Each subcommittee is responsible for reviewing the YPN, their portion of the strategic plan and their individual subcommittee projects. The Lead/Advocate subcommittee is responsible for the development and implementation of the next advocacy campaign, the Education/Quality subcommittee is responsible for assisting with the next NCE assembly schedule, and the Professional Home subcommittee is responsible for development and implementation of the new professional networking site.

SUBCOMMITTEE REPORTS

Lead/Advocate:

The 2009 advocacy campaign will be on immunizations. The co-chairs of the project will be Drs Snyder and Slovin and the other subcommittee members are Drs Patrick, Filice, Tayloe, Williams, and Batlivala.

The subcommittee began discussion on past efforts. They will begin working on the campaign's PowerPoint slides. Ideas should be emailed to Drs Snyder and Slovin. Google PowerPoint can be used to share documents and add content and pictures.

The ideas for the campaign are as follows:

1. Educate on efficacy
2. Residents on SE
3. Myths vs. truths
4. Common anti-vaccine arguments with appropriate responses
5. Vaccine public health impact
6. How do they make the vaccines, where do they make them, what is in them
7. How do you deal with refusal in the office
8. Could there be a print out discussion guide
9. Consider a poster in the exam room
10. Effective persuasion strategies - does it work to discuss
11. Getting personal stories of those who chose not to vaccinate
12. Using the media to effect the community
13. Web sites that are reliable and can be given to parents (CDC, AAP)
14. Legislative component - what is covered by individual companies, and which vaccines are required by state/schools
15. Any vaccines that private PMDs are not getting paid for?
16. Mandates for insurance to cover vaccines, reimbursement should be adequate for PMDs
17. How could we partner with FAAPs
18. Local media to be more responsible for reporting
19. Parent Teacher Association (PTA) is a good resource
20. Consider seeking money for poster
21. Chief at CHOP wrote a book countering Bob Sears method (lots of specific tips on how)

Ideas on how to organize the information are as follows:

- Clinical Practice Tools - poster, FAQs, myths vs. truth
- Education of Residents - SE, adverse event reporting, alternative vaccine schedules, history, what is in them, how made, persuasion, poster
- Education of Parents - handouts for parents on the above
- Legislative/State - Medicaid, reimbursement, state department of health
- Community Impact - PTA, letter to editors, TV doctors, going to communities to give flu vaccine, education of home school families
- Quality Improvement - percentage of vaccinated children, consider suggesting projects for resident programs
- National media - who can we recruit to help speak out
- Writing a collective letter to the New York Times, AMA, CDC, "we as future pediatricians are concerned..."

The subcommittee discussed the work assignments and who would do what. Dr Tayloe volunteered to work on the education aspect as it relates to alternate vaccine schedules, persuasion strategies, QI project (design) and vaccination rates. Dr Slovin will work on the links to vaccines sites, how they are made and what is in them. Dr Williams will work on parent stories and the community impact of the PTA, local TV, radio, schools, and home school families. Dr Patrick will work on writing a letter to the editor of the New York Times, as well as work on the myths versus truths and responses to parents. Dr Filice agreed to work on the historical perspective and on public health posters for the offices. Dr Snyder will address contradictions to vaccines. Dr Batlivala will contact COSGA and COFGA to discuss the impact of current vaccine legislation at the state and federal levels.

They also discussed the need for state immunization registries. They want to make sure that each state has a registry by providing resources and grass roots information. There is an international medicine component. The focus could be on the impact of vaccines on international populations. World Health Organization (WHO) may be a resource, especially if a pediatrician is taking care of children from other countries.

As for evaluation and surveying of residents, the subcommittee feels there should be a pre and post questionnaires prior to the NCE to the different programs vs. residents vs. private pediatricians.

The subcommittee gave a deadline of June 1st to submit the materials to Drs Slovin and Snyder.

ACTION: Ms Raymond will follow up with the immunizations staff on ideas for the SOMSRFT advocacy campaign.

ACTION: Ms Raymond will send the old DC/ADC job description and timeline to Dr Robinson for her to update.

YPN Web site changes were submitted to Ms Raymond.

Education/Quality:

The Education/Quality subcommittee was responsible for assisting the vice chair in planning for the 2010 NCE, for reviewing and discussing the medical student initiatives and reviewing their selected pages on the YPN.

The 2010 NCE SOMSRFT Assembly will be titled “How to Take Yourself to New Heights: Riding the AAP Balloon”. It was suggested to have the keynote address on the meaning of medicine and the mind/body connection. The following breakouts were suggested:

- Breakout: SO YOU WANT TO STAY SMART?
 - AAP offerings
 - CME
 - Self directed learning
 - What resources are out there
 - Preparing for the boards
- Breakout: SHOW ME THE MONEY: How to do research in your residency and beyond
 - Funding-from AAP
 - External
 - Mentors
 - CATCH
 - Sustainability
 - PROs
- Breakout: HOW TO PIMP MY RIDE: How to talk about you (in paper and in person)
 - Cover Letter
 - CV writing
 - Interviewing skills
- Breakout: SMURF to YP
- Breakout: HARNESSING RESOURCES: Empowering your patients
 - Link to advocacy project
- Breakout: LEADERS IN HEALTHCARE
 - Where reform has gone
 - Where are physician leaders
 - COF/SA
 - Where should we be going

Other suggested topics were:

- How to disagree
- How to Feedback to different levels- constructive (G. Prazar)
- Palliative Care

- Debt

The subcommittee then discussed the medical student session to be held during the district breakout meetings. Suggested topics were:

- Applying for residency
- Personal statement
- Interview skills
- Advocacy
- Getting involved

The subcommittee also discussed new initiatives for medical students.

- Resource for all med students on pediatric clerkships
- Easier access to Policy/Consensus statements
 - Summary statement
- On-Line Curriculum
 - Advocacy
 - Abuse
- Quality: Promoting Healthy Exercise/Eating for Residents
 - Healthy conference foods
 - Time to exercise
 - Access to healthy food
 - Online diet resources
 - Deep breathing

ACTION: Ms Raymond will follow up with the AAP Federal Affairs staff on residents going to the Hill on the Monday of the NCE.

Professional Home:

The Professional Home first discussed the professional networking site that will be called the YPConnection. They went through the configuration document and provided feedback on how they would like to see the site setup and what type of content should be initially filled in on the site.

They also discussed how to give medical students more funding opportunities. They suggested that a great way to involve medical students would be to have them team up with a resident to work on grant/application (e.g. Resident Initiative Fund).

ACTION: Ms Raymond will remove the interviewing information on the Starting in Practice page on the YPN.

All other YPN Web site changes were submitted to Ms Raymond.

CONT. CHAIRPERSON'S REPORT

Dr Jost Starmer continued with the Chairperson's Report Sunday morning, February 22, 2009. She reviewed the action items from the NCE, as well as the Annual Leadership Forum (ALF) agenda. The new intern orientation PowerPoint presentation needs to be updated.

ACTION: Ms Raymond will work with the SOMSRFT executive committee to update the intern orientation PowerPoint presentation.

ABP R3P Steering Committee Representation

Dr Jost Starmer reviewed the letter sent from the ABP R3P Steering Committee regarding the need for a resident to continue on their workgroup. The SOMSRFT executive committee needs to decide how this position will be chosen. There were many questions about whether or not there could be 2 residents with staggered terms in order to provide continuity to the group. Other organizations are submitting 3 names and the ABP chooses who is selected, therefore the SOMSRFT executive committee may want to submit 2 names and then they can choose. The 2 submitted names would need to come from the current executive committee, but doesn't have to be anyone within the leadership of the executive committee (e.g. chair, vice chair, immediate past chair).

Vision of Pediatrics 2020

Dr Jost Starmer will share more information on the Vision 2020 Task Force as they meet over the coming months.

Pediatric Milestones Project

The Pediatric Milestones Project is a collaborative effort between the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Pediatrics (ABP). The ACGME outcomes project (since mid 2001) is in phase 3 now. They are further integrating competencies and strength competency learning. This is happening within every medical specialty. The project consists of an eight person working group of program directors and ACGME/ABP leadership and Dr Schumacher as the resident representative. The group is looking at whether or not there are milestones that every resident should be accomplishing and how much supervision residents need at different stages of their training. They are also focusing on patient care and better health for children. ACGME is going to start to change the way they accredit programs. Accreditation is current every 5 years and will be changing to every 10 years; however programs are going to be assessed every 6 months on their milestones. There will be a report out by March 2010.

Budget

There was a lot of discussion about how to budget the non-core funds for 09/10. If the SOMSRFT paid for the COM liaison to attend one of their two meetings, the cost would be \$1200. Many felt that medical students should be at the executive committee meetings. There was some discussion of what meetings to bring them to and how many. Ms Raymond will look at budget and do worse case and best case scenarios for additional funding for medical students. Some of the options discussed were to: 1) bring a medical student to LRPM, 2) bring the medical student subcommittee to the NCE meeting, and 3) have a medical student breakout lunch at the

NCE. The Medical Student to Resident packet would cost approximately \$600-800 to design. It can then be available in pdf on the YPN.

ACTION: Ms Raymond will review the non-core budget to determine what funds are available for the medical student initiatives.

The executive committee then discussed paying for one day registration for the NCE to help with costs for the International Elective Award recipients to have a poster at the SOMSRFT reception. The executive committee unanimously agreed that they would rather pay for two more residents to get an International Elective Award than to come to the NCE. They feel that most programs will help when they get invited to present poster. It was suggested to copy the program director on the invitation to present a poster at the SOMSRFT reception.

DISTRICT REPORTS

District 1: They have been getting a great response from Canadian members of district. Their last district newsletter went well. The tobacco cessation campaign went over well at some residency programs and not so well at others. At their district meeting they talked about district wide advocacy projects, but that is currently on the back burner.

District 2: They have had a slow start because they are both new to the executive committee. It was helpful to meet with Dr Strother for dinner to explain their roles and responsibilities a bit more. They also went to their district meeting with Dr Strother, which was also very helpful. They would like ideas on how to communicate better with the program delegates. Dr Linebarger suggested talking with the district leadership and the chapter executive directors to see if they have ongoing conference calls. Dr Slovin stated that her chapter funds district conference calls. In another district, they have time before the district conference call to have resident time and then the residents listen in on district business. There is also free conference call information online, such as Freeconferencecall.com.

ACTION: Ms Raymond will look into free conference call options and send the information out to executive committee.

District 3: They have a district wide FAAP leadership conference this coming weekend. Their focus will be on immunizations. There are six residents attending from their district. The DC/ADC will try to get a report from those residents. A couple of years ago their district started a district wide advocacy project. Last year it was on a bone marrow drive and this year their focus is on oral health. They are going to try to get each resident chapter representative active as a chapter advocate for this issue. There's been an overall positive response to the tobacco cessation campaign. They feel we still need to figure out how to increase accountability and evaluation. Their district has monthly district conference calls, with the hour before dedicated to residents. The residents are then allowed to stay on for the FAAP call. There are currently 1-2 residents at the chapter meetings. They feel the chapter executive directors are the best contacts. At the NCE SOMSRFT assembly, they started their district lunch breakout by asking everyone to say who they are, where they are from, and what advocacy project they are working on right now. This method worked well with follow up to these residents and for keeping them involved

and responding to emails. Dr Wolford received a Community Pediatrics Training Initiative (CPTI) Award.

District 4: They feel that mass emails do not get a good response and that personal emails work much better. They have had great success with the tobacco project in their district. There was a policy team and a clinical team that submitted applications to go to the Anaheim conference. They were chosen and now are promoting the project around the state. They are hearing from many FAAPs throughout the state who are very interested in how to use the models in their own programs. This all came together and stemmed from the launch of the SOMRFT campaign. They hear from about half of the residency programs in their district that said they had given the presentation. The other eight programs have said that the plan to give the presentation in the near future. They are doing a smoke free walk in May. The Tennessee Chapter is sending Dr Williams to the AAP Legislative Conference. The young physicians have also gotten involved around this campaign in the Tennessee Chapter. There are residents coming to district board meetings now. Dr Snyder stated that the Kentucky Chapter recently passed the car seat/belt law. There are also residents speaking at press conferences at the Kentucky State Capital. She stated that the University of Kentucky would like to work on advocacy and so she is working with them to get their group up and running. Many of the residents in their district want to know the latest on IOM duty hours report and want to help with 20/220 pathway legislation.

ACTION: Dr Williams will email some of the tobacco cessation handouts/tools that they are using in their morning reports and noon conferences to the executive committee.

District 5: On the PediaLink resident board they put posts about advocacy projects, but no response as of yet. They have contacted the program delegates in their district, however only 2 programs have responded. The district leadership has been really responsive and have involved them on their conference calls. They feel that monthly SOMSRFT executive committee calls would help the new DCs/ADCs, especially in those districts that have complete turnover.

ACTION: Ms Raymond will look into setting up monthly SOMSRFT executive committee conference calls.

District 6: Their District Vice Chair (DVC) is great and is very interested in young physicians and residents. They don't have a communication method in their district as of yet. They know of five residency programs currently doing the tobacco project. They too have a hard time getting a response back from the program delegates.

District 7: Their district consists of five states/chapters. One of the Mississippi residency program is closing. They have heard from programs in Texas that given the tobacco presentation. They are unsure as to where to take it from here with regards to following up with the programs. They have had health tomorrows projects and CATCH projects in their district. There was a large list of community service opportunities in their last newsletter. They do have conference calls with their district leadership. They are excited about resident involvement and the resolution coming from their district. There is a resident on the Texas Pediatric Society (TPS) board. The Galveston residency program was hit by a hurricane. They have let those residents spread out to do their rotations. The AAP and TPS have helped out with funds. They are gong to

call the chief residents at the programs to find out what is going on. The medical students are pretty vocal in TPS. They will try to include them more in SOMSRFT activities.

ACTION: Ms Raymond will work with the SOMSRFT executive committee in communicating dates of chapter meetings and other opportunities for residents to get involved in their chapters.

District 8: They are focusing on two cities/programs per newsletter. They have found out some interesting information about these cities, residency programs and advocacy. They usually get some sort of response from the program delegates. New Mexico and Arizona are way ahead with advocacy. Colorado is still trying to get an advocacy curriculum going. Most programs have either presented or have plans to present the tobacco cessation campaign. There was one resident who wrote a CATCH grant around tobacco. Communication is the biggest struggle in their district, being so spread out. They have been in touch with Montana Chapter Vice President. They would like to reach more residents, not just the program delegates, and get them involved in the AAP. They like the idea of having a program delegate per residency level. They also like the idea of putting an article in the district newsletter from a FAAP in their district.

District 9: They too are having issues with lack of communication and response from the program delegates. They feel the residents get fired up at the NCE and then come back to their busy lives and lose touch. They try to get together about once a month and do dinner/drinks. They are starting to coordinate social events with the young physicians. The young physicians are funding them through the chapter outreach grant they received. They are trying to incorporate educational pieces, such as talking with the media, life planning, career options, etc. into those gatherings. Their district does not have conference calls due to funding.

ACTION: Ms Raymond will setup Google docs for the SOMSRFT executive committee with a general username and password.

District 10: They are currently working on a safety belt campaign. They may or may not do a residency day in Tallahassee this year. They did an initiative on car seat safety and gave away 200 booster seats. The Miami Children's residency program did an initiative on helmet safety. They struggle to get everyone involved as a district. They are good about interacting with state chapters, but not as a district. Puerto Rico continues to implement the CPTI grant they received two years ago. Their chapter's subcommittees try to get residents involved.

ACTION: Ms Raymond will make sure that the first monthly conference call will address the parking lot issues from this meeting.

Respectfully submitted,
Julie Raymond, Manager Young Physician Initiatives.