SECTION ON YOUNG PHYSICIANS
Guide to the American Academy of Pediatrics

The American Academy of Pediatrics (AAP) was founded in 1930 as a not-for-profit organization. The founding members, a group of 60 physicians who specialized in children’s health, chose the name to reflect their commitment to the interests of children and the pediatric specialty. The action demanded that the medical community acknowledge the difference between adult and child care.

Since 1930, the AAP has grown to a membership of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists.

As a young physician, it may be difficult at first to see where you fit in to the AAP. That is where this guide comes in. In the following pages you will find vital information that will not only help you navigate the AAP, but also provide you with useful tools as you continue on your career path.
TABLE OF CONTENTS

Navigating the American Academy of Pediatrics (AAP) .................................................................4
AAP Membership: Benefits That Follow Your Career Path ..........................................................4-5
AAP Structure and Where You Fit In .................................................................................................6-9
Section on Young Physicians—Who We Are ..............................................................................10-11
YoungPeds Network—Online Portal for Young Physicians .............................................................12
YoungPeds Connection—Networking Site for Young Physicians ..................................................12

The Business of Pediatrics ..............................................................................................................13
Practice Management Online ..........................................................13
Coding and Billing Resources ..........................................................14
Contracts ..........................................................................................................................15
Insurance ..........................................................................................................................15
State Requirements for Licensure .................................................................................................16-18
Board Certification Requirements ...............................................................................................18

Work/Life Balance ........................................................................................................................19
AAP News .................................................................................................................................19
Pediatrics ................................................................................................................................19
www.aap.org ............................................................................................................................19
Women in Pediatrics ...................................................................................................................20
Physician Reentry .......................................................................................................................20
Finding a Family-Friendly Workplace .........................................................................................20

Managing Your Career ................................................................................................................21
Mentoring ................................................................................................................................21
PedJobs ...................................................................................................................................21
Workforce Data ..........................................................................................................................21
Research ...................................................................................................................................22

Your Lifelong Learning ................................................................................................................23
Division of Continuing Medical Education ..................................................................................23
Division of E-Learning ................................................................................................................23
Division of Scholarly Journals and Professional Periodicals .........................................................23
AAP Policy ................................................................................................................................23
Division of Life Support Programs ...............................................................................................24
Maintenance of Certification .........................................................................................................24

How to Get Involved ...................................................................................................................25
Getting Started ..........................................................................................................................25
Network With Other Young Physicians .......................................................................................25
Find Funding for Your Project ......................................................................................................25
Advocacy ................................................................................................................................25
Your Chapter ...............................................................................................................................26-29

Member Spotlight .......................................................................................................................30-31

Special Project ............................................................................................................................32
AAP Membership: Benefits That Follow Your Career Path

The AAP is 60,000 members strong. Seventy-seven percent of our members are board-certified pediatricians and more than 40% of our members are younger than 40 years.

The AAP has membership categories tailored to fit your needs as you move ahead in your career. These include:

- Medical students
- Residents
- Fellows-in-training (post-residency training members)
- Pediatricians waiting to take boards (candidate members)
- Board-certified pediatricians (Fellows)
- Specialty members for subspecialists

In addition, the AAP offers a wide variety of opportunities for involvement within the organization on the state and national levels. These opportunities allow young physicians to develop leadership skills, participate in the development and implementation of child health policy nationally and at the state level, and establish mentor relationships with experts in child health advocacy and career development.
If that’s not enough, here are 5 more good reasons to be a member.

1. ADVOCACY
   • The AAP Department of Federal Affairs in Washington, DC, giving members a voice in congress
   • State chapters working with state legislators and giving AAP members a voice on the state level
   • Policy statements on quality of care

2. EDUCATION
   • Continuing medical education (CME)—conferences, Pediatrics Review and Education Program (PREP®), Pediatrics in Review, PediaLink
   • Free subscription to Pediatrics—largest circulation of any pediatric journal
   • Free subscription to AAP News—award-winning monthly magazine
   • Complimentary copy of Red Book®

3. RESEARCH
   • Pediatric Research in Office Settings (PROS)—network for the standard for office-based research
   • Periodic surveys—to gather information from members on issues affecting everyday practice
   • Outcomes research (eg, asthma)
   • Center for Child Health Research

4. SERVICE AND BENEFITS
   • Networking with other young physicians, colleagues, and experts on the state and national levels via the YoungPeds Connection
   • Timely updates on policy statements and recommendations via e-mail and the AAP online Member Center
   • Complimentary copies of select AAP manuals and samples of patient literature
   • Member discounts on all CME meetings, services, and AAP products, including more than 500 items in the AAP Publications Catalog

5. IMPROVING PRACTICE AND HEALTH SYSTEMS
   • Up to 12 manuals offered free of charge (once elected Fellow)
   • Tiered dues structure—portion of national dues are subsidized while you are starting your career
   • Flexible dues payment options (for Fellows)
   • Pediatrics Insurance Consultants group insurance plans
   • GEICO car insurance
   • Bank of America Platinum Plus or Gold MasterCard
   • Bank of America professional services account
   • Rental car discounts—Avis and Hertz
   • Career development—PedJobs.org (job search site)

   • Advocacy for fair reimbursement on the state and national levels
   • Programs, tools, and techniques to thrive within managed care
   • Practice Management Online (PMO), tools and resources through networking, Section on Administration and Practice Management, and AAP publications
   • Community Access to Child Health (CATCH), a pathway to community involvement
AAP Structure and Where You Fit In

The AAP is a nonprofit 501(c)(3) organization headquartered in Elk Grove Village, IL. The AAP is governed by a Board of Directors consisting of the president, president-elect, and chair from each of the AAP districts. AAP membership is divided into 10 geographic districts composed of 66 chapters (57 US state chapters, 7 Canadian provinces, and 2 uniformed services chapters).

The mission of the AAP is to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. To accomplish this mission, the AAP supports the professional needs of its members.

A core values statement lists an organization's beliefs. This statement is essential because organizations like the AAP function in a competitive and complex environment. When an organization comes to a fork in the road or even loses its way, the core values serve as a map, a lighthouse in the fog, so the leadership can find its way back home.

**CORE VALUES**

We believe
- In the inherent worth of all children.
- Children are our most enduring and vulnerable legacy.
- Children deserve optimal health and the highest quality health care.
- Pediatricians are the best qualified to provide child health care.
- The AAP is the organization to advance child health and well-being.

**VISION**

Children have optimal health and well-being and are valued by society. AAP members practice the highest quality health care and experience professional satisfaction and personal well-being.

- Special health care needs
- Oral health
- Immunizations
- Foster care
- Mental health
AAP SECTIONS AND COUNCILS
The AAP is 60,000 members strong. Seventy-seven percent of our members are board-certified pediatricians and more than 40% of our members are younger than 40 years.

The AAP has membership categories tailored to fit your needs as you move ahead in your career. These include:
- Medical students
- Residents
- Fellows-in-training (post-residency training members)
- Pediatricians waiting to take boards (candidate members)
- Board-certified pediatricians (Fellows)
- Specialty members for subspecialists

In addition, the AAP offers a wide variety of opportunities for involvement within the organization on the state and national levels. These opportunities allow young physicians to develop leadership skills, participate in the development and implementation of child health policy nationally and at the state level, and establish mentor relationships with experts in child health advocacy and career development. If that’s not enough, here are 5 more good reasons to be a member.
SECTIONS
More than half of the AAP membership belong to one or more sections. Sections were developed within the AAP for members who share a pediatric subspecialty, surgical specialty, special area of interest, or stage of life. Sections cultivate ideas and develop programs within their subspecialty or special interest that improve the care of infants, children, adolescents, and young adults. Although their primary goal may be education of colleagues, sections are also involved in policy development, public education, and advocacy for children. As a section member, you will have the opportunity to share ideas with and learn from colleagues who share your specific interests or subspecialty background.

COUNCILS
Councils represent one of the newer opportunities within the AAP—the evolution of sections and committees working in the same field into a new, integrated structure. Each council is the primary source of expertise in a given field within the AAP. An executive committee of elected leaders governs each council. Although councils fulfill the functions traditionally held separately by national committees and sections, their scope as a single entity is expanded to encompass a broader vision and wider array of activities. Councils generate policy, create educational programming and resources, develop and promote advocacy initiatives, support translation of policy and education into practice, and integrate and evaluate these efforts to maximize effect. The council structure is designed to give members a strong voice in policy development and other council activities.

For more information about the development of councils, see the council fact sheet at and “Councils formed from merged AAP committees, sections,” from AAP News (Korioth T. AAP News. 2005;26[6]:7).

Sections and councils have an executive committee and subcommittees, so leadership opportunities are bountiful. Members are eligible to join multiple sections and councils that are of interest to them based on their member type and the membership criteria established by the section or council.

For information on specific sections and councils, visit their home pages, which are listed at www.aap.org/sections/shome.htm
SECTIONS
- Administration and Practice Management
- Adolescent Health
- Adoption and Foster Care
- Allergy & Immunology
- Anesthesiology and Pain Medicine
- Bioethics
- Breastfeeding
- Cardiology and Cardiac Surgery
- Child Abuse & Neglect
- Clinical Pharmacology & Therapeutics
- Critical Care
- Complementary, Holistic, and Integrative Medicine (Provisional)
- Dermatology
- Developmental & Behavioral Pediatrics
- Osteopathic Pediatricians (Provisional)
- Early Education and Child Care (Provisional)
- Emergency Medicine
- Endocrinology
- Environmental Health (Nexus)
- Epidemiology
- Gastroenterology and Nutrition
- Genetics and Birth Defects
- Hematology-Oncology
- Home Care
- Hospital Medicine
- Injury, Violence, and Poison Prevention
- Infectious Diseases
- International Child Health
- Medicine-Pediatrics (Med-Peds)
- Nephrology
- Neurological Surgery

Neurology
Ophthalmology
Orthopaedics
Otolaryngology/Head & Neck Surgery
Pediatric Dentistry and Oral Health
Pediatric Pulmonology
Perinatal Pediatrics
Plastic Surgery
Radiology
Resident
Rheumatology
Senior Members
Surgery
Telephone Care
Transport Medicine
Uniformed Services
Urology
Pediatric Urology Nurse Specialists
Young Physicians

COUNCILS
- Children With Disabilities
- Clinical Information Technology
- Communications and Media
- Community Pediatrics
- School Health
- Sports Medicine & Fitness

OTHER
- Section Forum
- Surgical Advisory Panel
Section on Young Physicians—Who We Are

The Section on Young Physicians (SOYP) was organized in 1999 as a provisional section and gained full section status in 2001. Members must be 40 years or younger, or within their first 5 years of practice.

As young physicians, we are part of a unique group within the AAP, a growing demographic with our own specific issues—68% of us are women, many of us are interested in working part-time, and many of us have young families and have placed a priority on being able to balance our work and family life. We are encountering issues related to the ever-changing world of managed care, many of which were not extensively addressed in residency training. We are a highly mobile group, with many of us changing jobs within 2 years. We embrace technology and how it can improve the practice of medicine, yet we welcome the idea of having a mentor to help us through the early years of practice.

It is these issues, and more, that the SOYP is dedicated to addressing.
GOALS AND OBJECTIVES
The SOYP has identified several initiatives to address the growing needs of young physicians within the AAP. These include:

1. Identify key AAP committees, councils, sections, task forces, and other groups where young physician input is critical.
2. Continue to expand the young physician section of the YoungPeds Network with easily accessible and relevant information for young physicians.
3. Build an online mentoring program.
4. Offer representation in the further design and oversight of PedJobs.
5. Identify young physicians in each of the state chapters and make chapter leaders aware of these physicians. Help chapters develop programs and services for their young members.

HOW THE SECTION CAN BENEFIT YOU
The SOYP seeks to involve, promote, and support young physicians within the AAP. Here’s how it can benefit you.

• Provides access and input into AAP young physician initiatives.
• Free subscription to the section newsletter (published 3-4 times per year) e-mailed to all section members (a new SOYP green initiative).
• YoungPeds Network Web site dedicated to providing information specific to young physicians.
• Section CME programs at the AAP National Conference & Exhibition (NCE).
• Reduced fees for educational programs (as a Candidate Fellow or Post-Residency Training Fellow).
• Networking with other young physicians via the YoungPeds Network.
• Young physician representation in the American Medical Association and other organizations.
YoungPeds Network—Online Portal for Young Physicians

As young AAP members continuously strive for success in their personal and professional lives, so does their Web site within the AAP, the YoungPeds Network. This Web site is specifically designed to connect the newest generation of pediatricians with the resources they need at this stage of their careers. It’s an exciting time to be a young member of the AAP with many new benefits on the horizon. All of the newest programs and services of interest to medical students, residents, and young physicians can be found at www.aap.org/ypn.

YoungPeds Connection—Networking Site for Young Physicians

For the members of the SOYP, the challenge of staying connected in a hectic, varying world is now a little bit easier. YoungPeds Connection is a networking site focused on the needs of the young pediatrician. Here are some of the innovative ways this site can help you connect with one another.

- NETWORKING. Use the search option to find other young pediatricians in your city, by type of career or by professional and personal interests.
- BECOME INVOLVED. Create an event, invite other members, and view upcoming events with the calendar feature.
- REACH OUT. Join groups specific to your professional situations such as young physicians in academics or solo practices and women in pediatrics.
- BE HEARD. Whether it is with the forum or blog features of the site, members have the opportunity to speak out about issues that affect them daily.

The goal of YoungPeds Connection is to offer a cohesive home for AAP young physicians with the purpose of networking with peers. For more information, please check out the YoungPeds Network at www.aap.org/ypn.
Practice Management Online

To assist physicians in the business of pediatrics, the AAP developed PMO, the online home for the best pediatric practice management information, tools, and resources for pediatricians and their office staff in one easily accessible Web site.

PMO supports pediatricians in running a practice that is fiscally sound and efficient and provides quality health care to children and families. PMO offers resources and tools on a wide variety of practice management topics such as practice basics, finance and payment, office operations, quality improvement, and patient management. On the site, users are able to browse newsletters, manuals, fact sheets, commentaries, sample forms and documents, and more. Users are also able to stay informed by signing up for e-mail alerts (including breaking news), finding related articles on their topics of interest, or sending important links to friends and colleagues. PMO provides a simple and clear word search function and brief, descriptive annotations for each document to make it easy for pediatricians to find the information they need. This online tool is free to all AAP members and has invaluable information on:

- Practice basics with valuable information on starting or enhancing your practice
- Finance and payment with a wide array of resources related to the financial aspects of practice management
- Office operations, which includes tools and resources to support pediatricians making decisions about the administrative aspects of their offices
- Quality improvement resources that include theoretical and practical content as well as applicable tools that can be incorporated into improving the quality of care
- Patient management tools and resources needed to deliver quality of care to children

For additional information on PMO, contact Trisha Calabrese at tcalabrese@aap.org or 800/433-9016, ext 7124.
Coding and Billing Resources

One of the most important and challenging but least taught skills in medicine and pediatrics is the skill of coding appropriately for the services we provide. The AAP has several online resources as well as resources you can purchase in the AAP online Bookstore. There are coding fact sheets for commonly encountered problems as well as a coding hotline to directly ask questions of the experts. In addition, PMO has coding resources.

The following are some resources available from the AAP Bookstore:

**AAP Pediatric Coding Newsletter™**
Developed by the AAP with review by the AAP Committee on Coding and Nomenclature, this monthly newsletter provides broad coverage of coding for pediatric primary care and subspecialty services. Includes peer-reviewed, AAP-endorsed coding solutions, alerts on upcoming coding developments, and exclusive insights from experienced practitioners.

**Coding for Pediatrics**
A comprehensive guidebook focused exclusively on pediatric coding, this includes pediatric-specific, AAP-endorsed, peer-reviewed coding solutions; convenient access to all new and updated Current Procedural Terminology (CPT®) and International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) pediatric codes; and much more.

**Pediatric ICD-9-CM Coding Flip Chart**
This convenient tool couples the spiral-bound print flip charts with superfast PDA access to the most commonly used pediatric codes. All current changes to ICD-9-CM are indexed by diagnosis and organized alphabetically for easy code identification. The PDA version streamlines code lookup with an innovative diagnosis speedlist search function.

**Quick Reference Card for Pediatric Coding and Documentation**
Laminated for durability, this tool puts the most common pediatric CPT codes right at your fingertips.
Contracts

Contract negotiation is a challenge all pediatricians face. The AAP has gathered several articles that discuss contract negotiation on the PMO Web site.

Insurance

The AAP Committee on Medical Liability and Risk Management (COMLRM) provides guidance to young physicians on medical liability insurance in several ways. The primary vehicle is the manual *Medical Liability for Pediatricians*. It is in its 6th edition and can be purchased from the AAP online Bookstore.

The manual contains a comprehensive explanation of medical liability insurance, how it works, the difference between claims-made and occurrence policies, and how that affects nose and tail coverage. It also provides practical information on how to evaluate a policy, evaluate a carrier (insurer), and detect potential gaps in coverage. Pediatricians seeking employment in large practices are given tips on slot coverage in group medical liability policies and things to think about when negotiating employment contracts (e.g., who will pay for tail coverage when you part ways with the practice). It discusses state requirements for medical liability insurance coverage and patient compensation funds.

An in-a-nutshell version of what to consider when buying medical liability insurance is available on PMO. This also comes from the COMLRM. Members of the COMLRM have contributed articles to the SOYP newsletter annually (even more frequently when possible). These articles often address questions about medical liability insurance.

The “Pediatricians and the Law” column in *AAP News* is a monthly source of information on medical liability insurance, malpractice claims, and risk management. It is one of the most widely read features in *AAP News*. These articles are archived on the *AAP News* Web site and by topic on the PMO Web site.
## State Requirements for Licensure

State medical societies are useful resources for information on licensure, CME, practice management, and more. Many state medical societies also have specific sections or committees dedicated to the issues that face young physicians. The following chart provides links to each state medical society and indicates what types of information you can find there:

<table>
<thead>
<tr>
<th>STATE</th>
<th>YOUNG PHYSICIAN INFORMATION?</th>
<th>PRACTICE MANAGEMENT</th>
<th>WORK/LIFE MANAGEMENT</th>
<th>CAREER MANAGEMENT</th>
<th>CME</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALASKA STATE MEDICAL ASSOCIATION</td>
<td>No</td>
<td>Yes</td>
<td>Yes (mental health)</td>
<td>No</td>
<td>Yes</td>
<td>Lists committees only.</td>
</tr>
<tr>
<td>MEDICAL ASSOCIATION OF THE STATE OF ALABAMA</td>
<td>Yes—sections for medical students, residents, and young physicians</td>
<td>Yes</td>
<td>Yes (mental health)</td>
<td>No</td>
<td>Yes</td>
<td>Online information and links</td>
</tr>
<tr>
<td>ARKANSAS MEDICAL SOCIETY</td>
<td>Yes—information on examination and licensing</td>
<td>Yes</td>
<td>No</td>
<td>Yes (jobs)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>ARIZONA MEDICAL SOCIETY</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes (jobs)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>CALIFORNIA MEDICAL ASSOCIATION</td>
<td>Yes—sections for medical students and residents</td>
<td>Yes</td>
<td>Yes (mental health)</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>COLORADO MEDICAL SOCIETY</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Monthly magazine may include these topics.</td>
</tr>
<tr>
<td>CONNECTICUT STATE MEDICAL SOCIETY</td>
<td>No</td>
<td>Yes</td>
<td>Yes (mental health)</td>
<td>Yes (jobs)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes (jobs)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>MEDICAL SOCIETY OF DELAWARE</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Site under construction</td>
</tr>
<tr>
<td>FLORIDA MEDICAL ASSOCIATION</td>
<td>Yes—sections for medical students, international medical graduates, residents and fellows, and young physicians</td>
<td>Yes</td>
<td>No</td>
<td>Yes (jobs)</td>
<td>Yes</td>
<td>Members-only area may have information on these topics.</td>
</tr>
<tr>
<td>MEDICAL ASSOCIATION OF GEORGIA</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Members-only area may have information on these topics.</td>
</tr>
<tr>
<td>HAWAII MEDICAL ASSOCIATION</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes (jobs)</td>
<td>Yes</td>
<td>Members-only area may have information on these topics.</td>
</tr>
<tr>
<td>IDAHO MEDICAL ASSOCIATION</td>
<td>Yes—section for medical students</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>ILLINOIS STATE MEDICAL SOCIETY</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Members-only area may have information on these topics.</td>
</tr>
<tr>
<td>INDIANA STATE MEDICAL ASSOCIATION</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes (Jobs)</td>
<td>Yes</td>
<td>Members-only area may have information on these topics.</td>
</tr>
<tr>
<td>IOWA MEDICAL SOCIETY</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>KANSAS MEDICAL SOCIETY</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Members-only area may have information on these topics.</td>
</tr>
<tr>
<td>KENTUCKY MEDICAL ASSOCIATION</td>
<td>Yes—sections for residents, fellows, and young physicians</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>STATE</td>
<td>YOUNG PHYSICIAN INFORMATION?</td>
<td>PRACTICE MANAGEMENT</td>
<td>WORK/LIFE</td>
<td>CAREER MANAGEMENT</td>
<td>CME</td>
<td>COMMENTS</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>---------------------</td>
<td>-----------</td>
<td>-------------------</td>
<td>-----</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>LOUISIANA STATE MEDICAL SOCIETY</td>
<td>Yes—sections for medical students, residents, and young physicians</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Members-only area may have information on these topics.</td>
</tr>
<tr>
<td>MAINE MEDICAL ASSOCIATION</td>
<td>Yes—student loan information</td>
<td>Yes (coding)</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Members-only area may have information on these topics.</td>
</tr>
<tr>
<td>MEDCHI: THE MARYLAND STATE MEDICAL SOCIETY</td>
<td>Yes—sections for medical students, residents and fellows, young physicians, and International Medical Graduates (IMGs).</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>MASSACHUSETTS MEDICAL SOCIETY</td>
<td>Yes—member sections for medical students, residents and fellows, young physicians, IMGs, and women</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes (Jobs)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>MICHIGAN STATE MEDICAL SOCIETY</td>
<td>Yes—areas on site for medical students, young physicians, residents, IMGs, and women</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>MINNESOTA MEDICAL ASSOCIATION</td>
<td>Yes—sections for medical students and residents or fellows</td>
<td>Yes</td>
<td>No</td>
<td>Yes (Jobs)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>MISSISSIPPI STATE MEDICAL ASSOCIATION</td>
<td>Yes—young physician section</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Members-only area may have information on these topics.</td>
</tr>
<tr>
<td>MISSOURI STATE MEDICAL ASSOCIATION</td>
<td>Yes—sections for medical students, young physicians, and IMGs; foundation for loans and scholarships</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes (Jobs)</td>
<td>Yes</td>
<td>Members-only area may have information on these topics.</td>
</tr>
<tr>
<td>MONTANA MEDICAL ASSOCIATION</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes (Jobs)</td>
<td>Yes</td>
<td>Members-only area may have information on these topics.</td>
</tr>
<tr>
<td>NEBRASKA MEDICAL ASSOCIATION</td>
<td>Yes—sections for students and residents, resident discussion forum; foundation for loans and scholarships</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Members-only area may have information on these topics.</td>
</tr>
<tr>
<td>NEVADA STATE MEDICAL ASSOCIATION</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Members-only area may have information on these topics.</td>
</tr>
<tr>
<td>NEW HAMPSHIRE MEDICAL SOCIETY</td>
<td>Yes—endowment for medical students</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes (Jobs)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>MEDICAL SOCIETY OF NEW JERSEY</td>
<td>Yes—area on site for residents</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes (Jobs)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>NEW MEXICO MEDICAL SOCIETY</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>MEDICAL SOCIETY OF THE STATE OF NEW YORK</td>
<td>Yes—sections for medical students, residents and fellows, IMGs, and young physicians</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>NORTH CAROLINA MEDICAL SOCIETY</td>
<td>Yes—sections for medical students, residents and fellows, IMGs, and young physicians</td>
<td>Yes</td>
<td>No</td>
<td>Yes (Jobs)</td>
<td>Yes</td>
<td>Members-only area may have information on these topics.</td>
</tr>
<tr>
<td>NORTH DAKOTA MEDICAL ASSOCIATION</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>OHIO STATE MEDICAL ASSOCIATION</td>
<td>Yes—sections for medical students, residents, and fellows; loan consolidation program</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Members-only area may have information on these topics.</td>
</tr>
<tr>
<td>STATE</td>
<td>YOUNG PHYSICIAN INFORMATION?</td>
<td>PRACTICE MANAGEMENT</td>
<td>WORK/LIFE</td>
<td>CAREER MANAGEMENT</td>
<td>CME</td>
<td>COMMENTS</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>------------------------------</td>
<td>---------------------</td>
<td>-----------</td>
<td>-------------------</td>
<td>-----</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>OKLAHOMA STATE MEDICAL ASSOCIATION</td>
<td>Yes—groups for medical students, residents, IMGs, and women</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Members-only area may have information on these topics.</td>
</tr>
<tr>
<td>OREGON MEDICAL ASSOCIATION</td>
<td>Yes—resident and student sections</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes (Jobs)</td>
<td>Yes</td>
<td>Members-only area may have information on these topics.</td>
</tr>
<tr>
<td>PENNSYLVANIA MEDICAL SOCIETY</td>
<td>Yes—sections for medical students, residents and fellows, IMGs, and young physicians</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Members-only area may have information on these topics.</td>
</tr>
<tr>
<td>RHODE ISLAND MEDICAL SOCIETY</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>SOUTH CAROLINA MEDICAL ASSOCIATION</td>
<td>Yes—sections for medical students, resident, and young physicians</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Members-only area may have information on these topics.</td>
</tr>
<tr>
<td>SOUTH DAKOTA STATE MEDICAL ASSOCIATION</td>
<td>Yes—sections for medical students, residents, and young physicians</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Members-only area may have information on these topics.</td>
</tr>
<tr>
<td>TENNESSEE MEDICAL ASSOCIATION</td>
<td>Yes—sections for residents, fellows, and young physicians; information on student loan consolidation</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Members-only area may have information on these topics.</td>
</tr>
<tr>
<td>TEXAS MEDICAL ASSOCIATION</td>
<td>Yes—sections for medical students, residents and fellows, IMGs, and young physicians</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes (Jobs)</td>
<td>Yes</td>
<td>Members-only area may have information on these topics.</td>
</tr>
<tr>
<td>UTAH MEDICAL ASSOCIATION</td>
<td>Yes—information on student loan consolidation</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Members-only area may have information on these topics.</td>
</tr>
<tr>
<td>VERMONT MEDICAL SOCIETY</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>MEDICAL SOCIETY OF VIRGINIA</td>
<td>Yes—sections for medical students, residents and fellows, and women</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes (Jobs)</td>
<td>Yes</td>
<td>Members-only area may have information on these topics.</td>
</tr>
<tr>
<td>WASHINGTON STATE MEDICAL ASSOCIATION</td>
<td>Yes—information for IMGs and women</td>
<td>Yes</td>
<td>No</td>
<td>Yes (Jobs)</td>
<td>Yes</td>
<td>Members-only area may have information on these topics.</td>
</tr>
<tr>
<td>WEST VIRGINIA STATE MEDICAL ASSOCIATION</td>
<td>Yes—sections for medical students and residents</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Members-only area may have information on these topics.</td>
</tr>
<tr>
<td>WISCONSIN MEDICAL SOCIETY</td>
<td>Yes—sections for medical students, residents and fellows, IMGs, and young physicians</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes (Jobs)</td>
<td>Yes</td>
<td>Members-only area may have information on these topics.</td>
</tr>
<tr>
<td>WYOMING MEDICAL SOCIETY</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Members-only area may have information on these topics.</td>
</tr>
</tbody>
</table>

**Board Certification Requirements**

The American Board of Pediatrics (ABP) offers certification in general pediatrics as well as a number of pediatric subspecialties. The general pediatrics certifying examination is administered once a year, usually in the fall.

The ABP Web site offers a wide variety of important information on the various training pathways, requirements, and policies that lead to certification in general pediatrics.
WORK/LIFE BALANCE

Young physicians today are acutely aware of the importance of finding ways to balance their careers with the rest of their lives. More than just the latest workplace buzzwords, “work/life balance initiatives” means taking active steps to make sure your work enhances your life and does not overtake it.

The AAP is dedicated to helping young physicians find that balance and offers valuable information on well-being for physicians, part-time employment issues, and issues specific to women in pediatrics. This information can be found on the YoungPeds Network.

Here is a list of other work/life balance resources you might find helpful.

**AAP News**

AAP News is the official newsmagazine for the AAP. It is a great source of information on the latest news and views of the AAP, its members, and the practice of pediatrics. Archives of back issues are also available. For a sample of an article on work/life balance from AAP News, see “Balancing act: physicians can help each other balance work, personal lives” (Sherman HB, American Academy of Pediatrics Division of Health Care Finance and Practice. AAP News. 2005;26[4]:34.

**Pediatrics**

Pediatrics is the official journal of the AAP. It includes peer-reviewed scientific articles to keep you up-to-date and on the cutting edge of pediatrics. Samples of work/life balance articles from Pediatrics include the following:


**www.aap.org**

The AAP Web site is also a great source of information on work/life balance issues. The YoungPeds Network is your portal to information for physicians such as yourself. The AAP Department of Research also has information you might find useful, such as the following:

- “Periodic Survey #54: Pediatricians’ Personal Health Behaviors, Sense of Work-Family Balance and Counseling Patients on Lifestyle/Self-care Issues”
Women in Pediatrics

The AAP Committee on Pediatric Workforce (COPW) addresses issues and activities that pertain to the influence of gender on the pediatric workforce. The COPW examines existing data and generates new data on gender-specific workforce issues on topics ranging from career choices of third-year pediatric residents to practice patterns of women physicians. It ensures that the prominent and dynamic role of women in pediatrics is reflected in AAP physician workforce policies.

Included in this area of www.aap.org are articles and resources on:

• “Federation of Pediatric Organizations: Report of the Task Force on Women in Pediatrics”

• Power Point presentations on
  − Women Leaders in Pediatrics
  − Flexible Careers for Pediatricians
  − Physician Workforce: Part-Time Employment
  − Pediatric Residents’ Attitudes about Part-time or Reduced-Hours Positions

Physician Reentry

Physician reentry into practice can be defined as returning to professional activity or clinical practice for which one has been trained, certified, or licensed after an extended period. This is an issue that cuts across genders and specialties. It may have particular relevance for pediatrics as anecdotal evidence indicates that reentry into the workforce will affect women more often than men. Although there is a paucity of data on this complex topic, many agree that it is an issue that is gaining in prominence.

To that end, the AAP has developed a special area on its Web site dedicated to issues surrounding reentry. This Web page will serve as a forum for the many organizations and individuals that are participating in this collaborative project. At present, it is not designed to serve as resource for the individual physician seeking to reenter the workforce, but we hope to address this in the future.

Finding a Family-Friendly Workplace

One factor many young physicians find extremely important when choosing a place of employment is how family-friendly the workplace is. This includes such workplace aspects as compensation, child care, flexibility, time off and leaves, family-friendly programs, and company culture.
Mentoring
The SOYP recognizes the importance of mentorship in medicine. It is dedicated to helping young physicians build healthy and fruitful mentoring relationships within the AAP and in their specific career track. The SOYP has extensively researched mentoring programs for young physicians, including a thorough investigation of existing programs in other medical organizations.

PedJobs
The AAP PedJobs Web site is a free resource for the job seeker. It provides access to the best employers and jobs in pediatrics. PedJobs also offers the most targeted advertising for pediatric job openings. Employers can reach members of the AAP and subscribers to Pediatrics and AAP News.

Workforce Data
The COPW manages issues pertaining to the supply, requirements, demographics, and geographic distribution of general pediatricians, pediatric medical subspecialists, and pediatric surgical specialists. Topics and trends that shape the pediatrician workforce include:
- Funding of graduate medical education
- International medical graduates
- Culturally effective care
- Workforce diversity
- Women pediatricians in the workforce

The COPW uses its analyses of these issues as a basis for formulating AAP workforce policy as well as AAP responses to government agencies, regulatory bodies, and health care organizations on physician workforce issues.
Research

COMMITTEE ON PEDIATRIC RESEARCH
The Committee on Pediatric Research (COPR) makes policy recommendations to the AAP Board of Directors on various aspects of child health research such as identifying major research questions, promoting funding for pediatric research, and monitoring the status and practice of including children in federally sponsored research studies. The COPR develops and collaborates with other committees on policy statements, publishes peer-reviewed research articles, assists in developing testimonies and legislation, and maintains liaison relationships with many national pediatric associations and federal agencies that have a strong interest in promoting child health research. The COPR maintains and disseminates to federal agencies a list of pediatrician researchers and other child health researchers that are qualified to serve on federal study sections.

PROS
PROS is a practice-based research network that has reached hundreds of pediatric practitioners from practices located all over the United States, Puerto Rico, and Canada since its launch in 1986. The mission of PROS is to improve the health of children and enhance primary care practice by conducting national collaborative practice-based research.

Since its inception, PROS has studied diverse child health topics that have generated new knowledge that has led to changes in the clinical guidelines of the AAP and other organizations. For more information on the studies currently being worked on by PROS or how your pediatric practice or clinic can join, go to www.aap.org/pros.

COMMUNITY PEDIATRICS
The following AAP programs are included under community pediatrics:

- CATCH
- Healthy Tomorrows Partnership for Children Program
- Community Pediatrics Training Initiative
- Council on Community Pediatrics

Community pediatrics also includes general resources such as

- State resource pages
- Funding opportunities
- Grant/project search
The AAP Department of Education produces a wide range of professional and educational products and publications to support you throughout your lifelong learning.

More information about lifelong learning opportunities can be found at www.pedialink.org/cmsfinder or www.aap.org (click on Professional Education & Resources).

Division of Continuing Medical Education

Your practice is hands-on, which is why live AAP educational activities are a great choice for direct, interactive learning and building connections.

• NCE
• Practical Pediatrics CME Courses
• PREP The Course
• Future of Pediatrics Conference
• Section/subspecialty courses
• Local CME conferences sponsored in conjunction with the AAP

Division of E-Learning

• PediaLink provides busy pediatric professionals with key resources right at your fingertips. PREP Self-Assessment, Education in Quality Improvement for Pediatric Practice (eQIPP), hot topics, discussion boards, and more are available. You can track your learning, access CME activity information, and print your transcript. New courses are available now at www.pedialink.org.
• The online AAP CME activity for quality improvement, eQIPP modules provide participants with the opportunity to learn about the management of clinical topic areas (eg, attention-deficit/hyperactivity disorder, asthma, nutrition), identify areas for improvement, access practice tools and strategies for improvements, and learn from colleagues. For more information, call 800/433-9016, ext 7919; e-mail eqippadministrator@aap.org; or visit http://www.eqipp.org.

Division of Scholarly Journals and Professional Periodicals

Stay current with the latest peer-reviewed articles, multimedia continuing education, and lifelong learning.

• Pediatrics—the flagship journal of the AAP

• Pediatrics in Review—compelling review articles and real-life cases
• AAP News—the official newsmagazine of the AAP
• AAP Grand Rounds—literature reviews and evidence-based medicine
• NeoReviews—online journal featuring the latest and best in neonatology
• NeoReviewsPlus—neonatology-specific self-assessment plus access to NeoReviews
• PREP The Curriculum—comprehensive review and education program including an annual subscription to Pediatrics in Review and the PREP Self-Assessment
• PREP Self-Assessment—peer-reviewed questions and critiques distributed in print, online, and on CD-ROM
• PREP Audio—expert panel discussions on critical pediatric topics
• PREP Reference—interactive library of self-assessment content, articles, and media covering 10 years of past Pediatrics in Review articles and 5 years of PREP Self-Assessment questions and critiques
• PREP ICU—new critical-care–specific online self-assessment

AAP Policy

Get the answers to your questions about the latest approved AAP policy statements, clinical practice guidelines, and technical and clinical reports.
**Division of Life Support Programs**

Life support programs include the Neonatal Resuscitation Program, Advanced Pediatric Life Support, Pediatric Education for Prehospital Professionals, and Pediatric First Aid for Caregivers and Teachers, as well as the latest additions to the life support continuum—Babysitter Lessons and Safety Training and Infant CPR Anytime™ (a self-directed learning product that allows families, friends, grandparents, siblings, and others caring for infants to learn the core skills of infant CPR and relief of choking in just 22 minutes).

SimNewB, a new human patient simulator, marks the start of a dramatic shift in the future of life support education as it transitions to simulation-based training that will focus on team behaviors and communication. SimNewB displays realistic anatomic features and physiologic parameters that change in response to the actions of the professionals undergoing training.

Also available are the Perinatal Continuing Education Program (PCEP) materials. PCEP is an outreach education program for regional medical centers to offer community hospitals in their geographic regions or network. All materials have been updated and are consistent with the 2005 CPR and emergency and cardiovascular care guidelines.

**Maintenance of Certification**

We all painfully remember when the Accreditation Council for Graduate Medical Education moved to the 6 competencies. Those physicians who are working in academics can probably recite all 6—patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. These are supposed to apply not only to physicians in residency or fellowship training, but also to physicians in practice.

In response, the American Board of Medical Specialties created the 4-part model now used by multiple specialties for maintenance of certification. These 4 parts were initially addressed in the article “Demystifying the Boards Recertification Process (or ‘2010, is that a Stanley Kubrick film?’)” in the winter 2006 SOYP newsletter.

- **Part 1**—Evidence of Professional Standing (maintaining an unrestricted medical license)
- **Part 2**—Evidence of Lifelong Learning and Self-assessment
- **Part 3**—Evidence of Cognitive Expertise (the secure examination)
- **Part 4**—Evidence of Satisfactory Performance in Practice

Parts 1 and 3 are fairly obvious and the only current requirements for those recertifying before the dreaded 2010. In 2010, all 4 parts will be required to maintain certification in pediatrics. That said, there are ongoing changes to these parts, and new changes seem to be announced yearly.

Part 2 is worth the trip to the Web site alone (www.abp.org). Once at the Web site, you need to log in to access your physician portfolio. Once in your portfolio, you can track your progress and access Part 2. It currently contains the Knowledge Self-assessment (KSA) and Decision Skills Analysis (DSA). The KSA is a great tool for studying for recertification—it contains 200 board-style questions, you can start and stop at your leisure, and it will even track your progress and provide a score that can be used to predict the likelihood of passing the secure examination. The DSA contains 50 clinically based scenarios complete with history, physical examination, and laboratory or radiology findings. Several other AAP educational activities have been approved by the ABP to satisfy requirements for Part 2, including PREP Self-Assessment (a Part 2 activity for PMCP-G) and NeoReviews (a Part 2 activity for PMCP-S).

Part 4 involves quality improvement activities and patient or peer feedback. Currently, the AAP eQIPP is the only accessible activity. The ABP newsletter reports that there will be other quality improvement activities. This part seems quite daunting to those of us who are administrators or not in active patient practice. The ABP newsletter continues to promise to address this.

The changes (and more come yearly it seems)

- The current cycle requires completion of all 4 parts over 8 years, for those recertifying in 2010. Now, the examination (Part 3) will occur every 10 years (after 2010) and the other parts will need to be completed every 5 years.
- The latest ABP newsletter reports that sometime after 2008, Part 2 will contain at least 18 online self-assessments.
- The maintenance of certification will also move to a menu-driven, points-based system enabling physicians to pick from a menu of activities to complete parts 2 and 4.
There are many ways to get involved with the AAP. Sections and committees cover almost any area of pediatrics, from patient advocacy to physician support or large subspecialty topics to newer hot topics such as obesity or alternative medicine. You can become involved at the local, state, or national level. And you can choose your level of activity in each of these areas.

**Getting Started**

Our advice is to start locally and with some area of pediatrics that interests you. Your chapter is your first resource. Chapter leaders have their finger on the pulse of pediatrics and children close to your home. Many chapters are organized with members at large who might work closer to where you are. They can help direct you to members who may have your same interests. If you are interested in school health, for example, your chapter leaders can introduce you to local school health leaders who may also be active on the national Council on School Health.

**Network With Other Young Physicians**

- **SOYP**
  - This national section focuses on networking and young physician support.
- **Chapter Young Physicians Committee**
- Find out if your chapter has a young physicians committee; get to know other young physicians in your state or area and find out how they are getting involved.
- **Start a young physicians committee in your chapter.**
  - *PediaLink* and NCE 2008 offer leadership training.

**Find Funding for Your Project**

The AAP offers grants in various areas. If you have an idea, make it reality by using these grants.

- **CATCH grants** are available for projects that improve access to care. Support is available for training and support as well as the grant money.
- **Mentorship Technical Assistance Program grants** are available for projects that may include education of physicians. Specialists can be brought to your area to fill an educational need.
- **The AAP offers annual Recruitment and Retention Grants for Young Physicians** for chapter projects that encourage young physician activity in the AAP.

**Advocacy**

You can be an advocate for children on many levels.

- **The first step is to be informed.** Make sure you are on the Federal Advocacy Action Network list for updates on national legislation. Find out how your chapter communicates with its state government (often through a state government affairs committee). Know who your representatives are at the state and national levels (knowing which party your legislators are affiliated with also helps).
- **The second step is to take action from home.** Write letters or e-mails to your congress people or senators when important legislation comes up.
- **The next level of involvement is to make testimonies.** Your state government affairs leaders may already have a system to notify you if your testimony is needed to support or reject a piece of legislation. Legislators do listen to you! Your training alone makes you much more of an expert than the lawmakers in congress. Simply telling your story can often sway a vote.
- **Finally, you can become a leader by joining your state government affairs or local advocacy committee.** Some physicians have helped author legislation; some have helped organize campaigns for or against legislation.
- **The AAP offers a legislative conference every spring.**
## Your Chapter

<table>
<thead>
<tr>
<th>AAP CHAPTER</th>
<th>WEB SITE</th>
<th>CONTACT</th>
<th>YOUNG PHYSICIAN PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALABAMA</td>
<td><a href="http://www.alchapaap.org">http://www.alchapaap.org</a></td>
<td>Linda P. Lee, APR <a href="mailto:llee@aap.net">llee@aap.net</a></td>
<td>Young Pediatricians Representative</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>eff Tamburin, MD, FAAP</td>
</tr>
<tr>
<td>ALASKA</td>
<td></td>
<td>Janice Tower <a href="mailto:jtower@alaska.com">jtower@alaska.com</a></td>
<td></td>
</tr>
<tr>
<td>ALBERTA</td>
<td></td>
<td>Tom Paton, MB, ChB, FAAP <a href="mailto:tpaton@telusplanet.net">tpaton@telusplanet.net</a></td>
<td></td>
</tr>
<tr>
<td>ARIZONA</td>
<td><a href="http://www.azaap.org">http://www.azaap.org</a></td>
<td>Sue Braga <a href="mailto:sue.braga@azaap.org">sue.braga@azaap.org</a></td>
<td></td>
</tr>
<tr>
<td>ARKANSAS</td>
<td></td>
<td>Aimee Berry <a href="mailto:berryaimee@sbcglobal.net">berryaimee@sbcglobal.net</a></td>
<td></td>
</tr>
<tr>
<td>ATLANTIC PROVINCES</td>
<td></td>
<td>Peter G. Noonan, MD, FAAP <a href="mailto:pgn1991@msn.com">pgn1991@msn.com</a></td>
<td></td>
</tr>
<tr>
<td>BRITISH COLUMBIA</td>
<td></td>
<td>Stephanie Hudson <a href="mailto:shudson@cw.bc.ca">shudson@cw.bc.ca</a></td>
<td></td>
</tr>
<tr>
<td>CALIFORNIA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHAPTER 1</td>
<td><a href="http://www.aapca1.org">www.aapca1.org</a></td>
<td>Beverly Busher <a href="mailto:aapbev@sbcglobal.net">aapbev@sbcglobal.net</a></td>
<td>Young Physician Committee Dana Weintraub, MD,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>and Christina Tanguay, MD</td>
</tr>
<tr>
<td>CHAPTER 2</td>
<td><a href="http://www.aapca2.org">www.aapca2.org</a></td>
<td>Kathleen Shematek <a href="mailto:kshematek@bresnan.net">kshematek@bresnan.net</a></td>
<td></td>
</tr>
<tr>
<td>CHAPTER 3</td>
<td><a href="http://www.aapca3.org">www.aapca3.org</a></td>
<td>Meredith Kennedy, MPH <a href="mailto:mkennedy@aapca3.org">mkennedy@aapca3.org</a></td>
<td></td>
</tr>
<tr>
<td>CHAPTER 4</td>
<td><a href="http://www.aapca4.org">www.aapca4.org</a></td>
<td>Dian Milton <a href="mailto:dianmilton@sbcglobal.net">dianmilton@sbcglobal.net</a></td>
<td>Young Physicians Committee Angela DangVu, MD,</td>
</tr>
<tr>
<td>COLORADO</td>
<td><a href="http://www.coloradoaap.org">www.coloradoaap.org</a></td>
<td>Carol A. Goddard <a href="mailto:carol@goddardassociates.com">carol@goddardassociates.com</a></td>
<td>and Nivedita More, MD</td>
</tr>
<tr>
<td>CONNECTICUT</td>
<td><a href="http://www.ct-aap.org">www.ct-aap.org</a></td>
<td>Jillian Wood <a href="mailto:jwood01@snet.net">jwood01@snet.net</a></td>
<td></td>
</tr>
<tr>
<td>DELAWARE</td>
<td></td>
<td>Katie Hamilton <a href="mailto:katiehamilton@juno.com">katiehamilton@juno.com</a></td>
<td></td>
</tr>
<tr>
<td>DISTRICT OF</td>
<td><a href="http://www.aapdc.org">www.aapdc.org</a></td>
<td>Maya Garrett <a href="mailto:mgarrett@dckids.org">mgarrett@dckids.org</a></td>
<td>Young Physicians Section Danielle Dooley, MD</td>
</tr>
<tr>
<td>COLUMBIA</td>
<td></td>
<td></td>
<td><a href="mailto:ddooley@unityhealthcare.org">ddooley@unityhealthcare.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mark Minier, MD <a href="mailto:miniermd@yahoo.com">miniermd@yahoo.com</a></td>
</tr>
<tr>
<td>FLORIDA</td>
<td><a href="http://www.fcaap.org">www.fcaap.org</a></td>
<td>Dawn Pollock, CAE <a href="mailto:info@fcaap.org">info@fcaap.org</a></td>
<td></td>
</tr>
<tr>
<td>GEORGIA</td>
<td><a href="http://www.gaaap.org">www.gaaap.org</a></td>
<td>Richard W. Ward, CAE <a href="mailto:rward@gaaap.org">rward@gaaap.org</a></td>
<td>Young Physicians Section Kyendra Banks, MD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><a href="mailto:kellogbanks@yahoo.com">kellogbanks@yahoo.com</a></td>
</tr>
<tr>
<td>HAWAII</td>
<td><a href="http://www.hawaiiaap.org">www.hawaiiaap.org</a></td>
<td>Kathryn Sthay <a href="mailto:aaphawaii@hawaiiantel.net">aaphawaii@hawaiiantel.net</a></td>
<td></td>
</tr>
</tbody>
</table>
## Your Chapter (continued)

<table>
<thead>
<tr>
<th>AAP CHAPTER</th>
<th>WEB SITE</th>
<th>CONTACT</th>
<th>YOUNG PHYSICIAN PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDAHO</td>
<td><a href="http://www.idahoaap.org">www.idahoaap.org</a></td>
<td>Sherry Iverson, RN <a href="mailto:iversons@slrmc.org">iversons@slrmc.org</a></td>
<td></td>
</tr>
<tr>
<td>ILLINOIS</td>
<td><a href="http://www.illinoisaap.org">www.illinoisaap.org</a></td>
<td>Scott Allen <a href="mailto:sallen@illinoisaap.com">sallen@illinoisaap.com</a></td>
<td></td>
</tr>
<tr>
<td>INDIANA</td>
<td><a href="http://www.inaap.org">www.inaap.org</a></td>
<td>Carolyn Downing <a href="mailto:cdowing@ismanet.org">cdowing@ismanet.org</a></td>
<td>Resident Representative Marcia McCann, MD</td>
</tr>
<tr>
<td>IOWA</td>
<td></td>
<td>Abby Taylor <a href="mailto:abby@abbytaylormarketing.com">abby@abbytaylormarketing.com</a></td>
<td></td>
</tr>
<tr>
<td>KANSAS</td>
<td><a href="http://www.aapkansas.org">www.aapkansas.org</a></td>
<td>Chris Steege <a href="mailto:kansasaap@aol.com">kansasaap@aol.com</a></td>
<td></td>
</tr>
<tr>
<td>KENTUCKY</td>
<td><a href="http://www.kaap.org">www.kaap.org</a></td>
<td>Mary York <a href="mailto:kypedsociety@isp.com">kypedsociety@isp.com</a></td>
<td></td>
</tr>
<tr>
<td>LOUISIANA</td>
<td><a href="http://www.laap.org">www.laap.org</a></td>
<td>Sandra Adams <a href="mailto:scadams1@aol.com">scadams1@aol.com</a></td>
<td></td>
</tr>
<tr>
<td>MAINE</td>
<td><a href="http://www.maineaap.org">www.maineaap.org</a></td>
<td>Aubrie Gridley Entwood <a href="mailto:aentwood@roadrunner.com">aentwood@roadrunner.com</a></td>
<td></td>
</tr>
<tr>
<td>MANITOBA</td>
<td></td>
<td>Milton Tenenbein, MD, FAAP <a href="mailto:mtenenbein@hsc.mb.ca">mtenenbein@hsc.mb.ca</a></td>
<td></td>
</tr>
<tr>
<td>MARYLAND</td>
<td><a href="http://www.mdaap.org">www.mdaap.org</a></td>
<td>Katie Franklin <a href="mailto:katefranklin@verizon.net">katefranklin@verizon.net</a></td>
<td></td>
</tr>
<tr>
<td>MASSACHUSETTS</td>
<td><a href="http://www.mcaap.org">www.mcaap.org</a></td>
<td>Cathleen Haggerty <a href="mailto:chaggerty@mms.org">chaggerty@mms.org</a></td>
<td></td>
</tr>
<tr>
<td>MICHIGAN</td>
<td><a href="http://www.miaap.org">www.miaap.org</a></td>
<td>Linda Long <a href="mailto:mcaap@msn.com">mcaap@msn.com</a></td>
<td></td>
</tr>
<tr>
<td>MINNESOTA</td>
<td><a href="http://www.mnaap.org">www.mnaap.org</a></td>
<td>Ann Ricketts, MS, MPH <a href="mailto:ann.ricketts@mnaap.org">ann.ricketts@mnaap.org</a></td>
<td>Resident Section</td>
</tr>
<tr>
<td>MISSISSIPPI</td>
<td><a href="http://www.aapms.org">www.aapms.org</a></td>
<td>Gretchen Mahan <a href="mailto:msaap@integrity.com">msaap@integrity.com</a></td>
<td></td>
</tr>
<tr>
<td>MISSOURI</td>
<td><a href="http://www.moaap.org">www.moaap.org</a></td>
<td>Jan Frank <a href="mailto:jkfrank@MOAAP.ORG">jkfrank@MOAAP.ORG</a></td>
<td></td>
</tr>
<tr>
<td>MONTANA</td>
<td><a href="http://www.mtpeds.org">www.mtpeds.org</a></td>
<td>Jan Donaldson <a href="mailto:sweeneycrik@aol.com">sweeneycrik@aol.com</a></td>
<td></td>
</tr>
<tr>
<td>NEBRASKA</td>
<td><a href="http://www.nebraska-aap.org">www.nebraska-aap.org</a></td>
<td>Kris Morrissey <a href="mailto:ne_aap@yahoo.com">ne_aap@yahoo.com</a></td>
<td></td>
</tr>
<tr>
<td>NEVADA</td>
<td><a href="http://www.nevadaaap.org">www.nevadaaap.org</a></td>
<td>Beverly A. Neyland, MD, FAAP <a href="mailto:neyland@unr.edu">neyland@unr.edu</a></td>
<td></td>
</tr>
<tr>
<td>NEW HAMPSHIRE</td>
<td><a href="http://www.nhps.org">www.nhps.org</a></td>
<td>Catrina Graves <a href="mailto:catrina.graves@nhms.org">catrina.graves@nhms.org</a></td>
<td></td>
</tr>
<tr>
<td>NEW JERSEY</td>
<td><a href="http://www.aapnj.org">www.aapnj.org</a></td>
<td>Debbie Hart <a href="mailto:dhart@hq4u.com">dhart@hq4u.com</a></td>
<td>Job Board</td>
</tr>
</tbody>
</table>
### Your Chapter (continued)

<table>
<thead>
<tr>
<th>AAP CHAPTER</th>
<th>WEB SITE</th>
<th>CONTACT</th>
<th>YOUNG PHYSICIAN PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW MEXICO</td>
<td><a href="http://www.nmpeds.org">www.nmpeds.org</a></td>
<td>Erin Damour <a href="mailto:nmpeds@yahoo.com">nmpeds@yahoo.com</a></td>
<td></td>
</tr>
<tr>
<td>NEW YORK CHAPTER 1</td>
<td><a href="http://www.ny1aap.org">www.ny1aap.org</a></td>
<td>Nancy Adams <a href="mailto:nadams@mcms.org">nadams@mcms.org</a></td>
<td></td>
</tr>
<tr>
<td>NEW YORK CHAPTER 2</td>
<td><a href="http://www.ny2aap.org">www.ny2aap.org</a></td>
<td>Jessica Geslani <a href="mailto:jgeslani@aap.org">jgeslani@aap.org</a></td>
<td>Young Physicians Committee Vipin Agarwalla, MD, and Shetal Shah, MD</td>
</tr>
<tr>
<td>NEW YORK CHAPTER 3</td>
<td><a href="http://www.ny3aap.org">www.ny3aap.org</a></td>
<td>Jessica Geslani <a href="mailto:jgeslani@aap.org">jgeslani@aap.org</a></td>
<td></td>
</tr>
<tr>
<td>NORTH CAROLINA</td>
<td><a href="http://www.ncpeds.org">www.ncpeds.org</a></td>
<td>Steve Shore, MSW <a href="mailto:sshore@aap.org">sshore@aap.org</a></td>
<td>Young Physician Interest Group</td>
</tr>
<tr>
<td>NORTH DAKOTA</td>
<td><a href="http://www.ndaap.org">www.ndaap.org</a></td>
<td>Kylie Behm <a href="mailto:kbehm@medicine.nodak.edu">kbehm@medicine.nodak.edu</a></td>
<td></td>
</tr>
<tr>
<td>OHIO</td>
<td><a href="http://www.ohioaap.org">www.ohioaap.org</a></td>
<td>Melissa Arnold <a href="mailto:marnold@ohioaap.org">marnold@ohioaap.org</a></td>
<td>Young Physicians Committee Raj Donthi</td>
</tr>
<tr>
<td>OKLAHOMA</td>
<td><a href="http://www.okaap.org">www.okaap.org</a></td>
<td>Reta Crotzer <a href="mailto:rcrotzer@aap.org">rcrotzer@aap.org</a></td>
<td>Resident Relations Committee</td>
</tr>
<tr>
<td>ONTARIO</td>
<td></td>
<td>Joseph Telch, MD, FAAP <a href="mailto:joseph.telch@utoronto.ca">joseph.telch@utoronto.ca</a></td>
<td></td>
</tr>
<tr>
<td>OREGON</td>
<td><a href="http://www.oregonpediatricsociety.org">www.oregonpediatricsociety.org</a></td>
<td>Alicia Philpot <a href="mailto:aphilpot@onlinenw.com">aphilpot@onlinenw.com</a></td>
<td></td>
</tr>
<tr>
<td>PENNSYLVANIA</td>
<td><a href="http://www.paaap.org">http://www.paaap.org</a></td>
<td>Suzanne Yunghans <a href="mailto:syunghans@paaap.org">syunghans@paaap.org</a></td>
<td>Online Jobs</td>
</tr>
<tr>
<td>PUERTO RICO</td>
<td><a href="http://aap.prped.googlepages.com/home22">http://aap.prped.googlepages.com/home22</a></td>
<td>Cindy Calderon, MD, FAAP <a href="mailto:calderon.cindy@gmail.com">calderon.cindy@gmail.com</a></td>
<td>Committee on Pediatric Workforce</td>
</tr>
<tr>
<td>QUEBEC</td>
<td></td>
<td>Maurice Bouchard, MD, FRCP, FAAP <a href="mailto:maurice.bouchard@ped.ulaval.ca">maurice.bouchard@ped.ulaval.ca</a></td>
<td></td>
</tr>
<tr>
<td>RHODE ISLAND</td>
<td><a href="http://www.riaap.org">http://www.riaap.org</a></td>
<td>Frank Donahue <a href="mailto:brandon62@aol.com">brandon62@aol.com</a></td>
<td>Resident Section</td>
</tr>
<tr>
<td>SASKATCHEWAN</td>
<td></td>
<td>Vicki Lee Cattell, MD, FAAP <a href="mailto:cattell57@hotmail.com">cattell57@hotmail.com</a></td>
<td></td>
</tr>
<tr>
<td>SOUTH CAROLINA</td>
<td></td>
<td>Debbie Shealy <a href="mailto:debbie@scmanet.org">debbie@scmanet.org</a></td>
<td>Resident Section Julie R. Gooding, MD</td>
</tr>
<tr>
<td>SOUTH DAKOTA</td>
<td></td>
<td>Jerome M. Blake, MD, FAAP <a href="mailto:catblake@yahoo.com">catblake@yahoo.com</a></td>
<td></td>
</tr>
<tr>
<td>TENNESSEE</td>
<td><a href="http://www.tnaap.org">http://www.tnaap.org</a></td>
<td>Catherine Fenner <a href="mailto:tnaap@aol.com">tnaap@aol.com</a></td>
<td>Young Physicians Committee Michele Fiscus, MD, and Andrew Gregory, MD</td>
</tr>
<tr>
<td>TEXAS</td>
<td><a href="http://www.txpeds.org">http://www.txpeds.org</a></td>
<td>Mary Greene-Noble <a href="mailto:mary.greene-noble@txpeds.org">mary.greene-noble@txpeds.org</a></td>
<td>Resident Section</td>
</tr>
<tr>
<td>AAP CHAPTER</td>
<td>WEB SITE</td>
<td>CONTACT</td>
<td>YOUNG PHYSICIAN PROGRAM</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----------------------------------------------</td>
<td>----------------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>UNIFORMED SERVICES EAST</td>
<td><a href="http://www.useastaap.org">http://www.useastaap.org</a></td>
<td>LCDR Erin Kristen Balog MD, FAAP</td>
<td>For Trainees</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:ebalog@usuhs.mil">ebalog@usuhs.mil</a></td>
<td></td>
</tr>
<tr>
<td>UNIFORMED SERVICES WEST</td>
<td><a href="http://www.uswestaap.org">http://www.uswestaap.org</a></td>
<td>Elina H. Ly</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:Elina.Ly@med.navy.mil">Elina.Ly@med.navy.mil</a></td>
<td></td>
</tr>
<tr>
<td>UTAH</td>
<td><a href="http://www.ips-uaap.org">http://www.ips-uaap.org</a></td>
<td>Cathy Oyler</td>
<td>Resident Representative</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:coyler@ips-uaap.org">coyler@ips-uaap.org</a></td>
<td>Laurie Pulver, MD</td>
</tr>
<tr>
<td>VERMONT</td>
<td><a href="http://www.aapvt.org">http://www.aapvt.org</a></td>
<td>Stephanie Winters</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:swinters@vtmd.org">swinters@vtmd.org</a></td>
<td></td>
</tr>
<tr>
<td>VIRGINIA</td>
<td><a href="http://www.virginiaapediatrics.org">http://www.virginiaapediatrics.org</a></td>
<td>Jane B. Davis</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:JDavis@ramdocs.org">JDavis@ramdocs.org</a></td>
<td></td>
</tr>
<tr>
<td>WASHINGTON</td>
<td><a href="http://www.wcaap.org">http://www.wcaap.org</a></td>
<td>Leena DerYuen</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:administrator@wcaap.org">administrator@wcaap.org</a></td>
<td></td>
</tr>
<tr>
<td>WEST VIRGINIA</td>
<td><a href="http://www.aapwv.org">http://www.aapwv.org</a></td>
<td>Jeri Whitten</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:jwhitten@hsc.wvu.edu">jwhitten@hsc.wvu.edu</a></td>
<td></td>
</tr>
<tr>
<td>WISCONSIN</td>
<td><a href="http://www.wisaap.org">http://www.wisaap.org</a></td>
<td>Kia K. LaBracke</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:wisaap@wi.rr.com">wisaap@wi.rr.com</a></td>
<td></td>
</tr>
<tr>
<td>WYOMING</td>
<td></td>
<td>Susie Pouliot</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:susie@wyomed.org">susie@wyomed.org</a></td>
<td></td>
</tr>
</tbody>
</table>
Mary E. Groll, MD, FAAP
Children’s Memorial Hospital, Chicago, IL

From the time I was a young girl, I can remember wanting to be a doctor. I recall being the one everyone came to at sleepaway camp for help, as I would pack a first aid kit along with my clothes and fishing pole. My desire was to be a doctor to the underserved and homeless and maybe even run a free clinic. During medical school at Northwestern, that desire for patient advocacy was refined as I volunteered at a free clinic and in the Cabrini Green Youth Outreach, which provided tutoring and advocacy for children in one of Chicago’s most notorious housing projects under the help of Karen Sheehan, MD, MPH, FAAP of Children’s Memorial Hospital.

My first child was born during medical school, which was exciting but easily manageable with my blossoming career. As my residency wore on, the desire to add to our loving family grew stronger and my second child was born in the beginning of my third year. The stress of long hours at work and guilt over leaving my children became overwhelming. My career goals set in childhood and medical school began to melt away under the relentless pressure on a resident trying to raise young children while attempting to excel in her program.

My first job out of residency was that of a full-time hospitalist, in attempts to balance my job with my family life. When our second child was born I was certain my goals and dreams to help the underserved, while being a good mommy, were all but abandoned. There was no way to balance my career and family, or so I thought. I resigned from my position as a pediatric hospitalist and thought the only role I could successfully fill was that of a full-time mom.

Enter Sapna Gupta, MD, FAAP, a friend from residency who was looking for help in the blossoming Urgent Care Department of Children’s Memorial Hospital. I expressed my frustration over balancing career and medical school began to melt away under the relentless pressure on a resident trying to raise young children while attempting to excel in her program.

I am a blessed woman, a mother, and a physician who has found a place where career and family have met and found to be friends. I look forward to the synergy of my contributions in the field of pediatrics and to the lives of my 3 little boys.

Armando D. Garza, MD, FAAP
La Cantera Pediatrics, San Antonio, TX

I am a young general pediatrician in San Antonio, TX. I just opened up my solo practice La Cantera Pediatrics on the northwest side of San Antonio. I had previously worked for 2 practices in the 2½ years I have been out of residency.

It definitely has been a whirlwind and roller coaster ride! I began the process in January 2007. I started seeing patients out of a colleague’s office while I constructed my current office. It went up quickly and it is beautiful!

I had a success story that found me recently. When I started private practice 2½ years ago, one of my first patients on the first day was an 8-week-old girl. I noticed there was something definitely wrong with her head. I looked at her growth chart and either the nurse had marked her head circumference incorrectly or her head had grown quite significantly! I remeasured immediately and sure enough, she had macrocephaly. Not knowing anyone at the office yet or how the referral process was done at this office, I immediately went into the referral office and started taking action. We got this infant girl to a neurosurgeon that same afternoon and she had surgery for hydrocephalus that same day!

After that, I lost track of her when I moved to a different office. However, the girl continued to be seen at the office where I had seen her initially. Two years later, I got a call from a mom who said she had been looking for me for 2 years. When she told me her child’s diagnosis and that I had seen her 2 years ago, I remembered her right away. She set up an appointment with me for a 2-year-old checkup and I did not recognize her at all. Standing before me was a very healthy young girl with normal development as beautiful as could be. The mom attributes me with saving her daughter’s life, but I think I was just doing my job, what I was trained to do! This case reinforced the decision I made more than 5 years ago to become a pediatrician.
Nathaniel S. Beers, MD, MPA, FAAP
Children’s National Medical Center
Washington, DC

I am the medical director of the Children’s Health Center at Children’s National Medical Center in Washington, DC, and the deputy director of policy and planning for the Community Health Administration of the DC Department of Health. I am a general and developmental-behavioral pediatrician and continue to practice both specialties.

I have been an active part of the AAP since my residency. I started by becoming the assistant District III coordinator for the Resident Section in 1996. I moved on to become the District III coordinator and then vice-chair and chair of the section. In the role of vice-chair, I worked to establish the resident Anne E. Dyson Child Advocacy Award, which continues to flourish today. I met my wife, Lee Savio Beers, at the Chapter Forum in 1998, while we were both serving on the Resident Section Executive Committee.

I have continued my involvement with the AAP since leaving the Resident Section. I currently serve on the Committee on Membership as the District III representative and will be chair of this committee starting July 2008. I have served on the DC Chapter board and currently serve as the vice president and president-elect of the DC Chapter. I have represented the DC Chapter on committees such as the Universal Health Certificate Committee (which converted the 8-page school form to a single page), ABCD Screening Initiative (which is increasing the use of standardized developmental screening tools in primary care practices), and Children’s Advocacy Roundtable (a collaboration of child advocates in DC). I also cochair the Child Health Quality Council for the DC Chapter and have obtained funding for the DC Chapter to hold the first citywide Childhood Obesity Summit.

I am a graduate of the DC public school system. I completed my undergraduate education at the University of Rochester and my medical school education at George Washington University. I remained in DC to complete my residency at Children’s National Medical Center. I completed the Anne Dyson Child Advocacy fellowship at Children’s Hospital of Boston and was the chief fellow for the Division of General Pediatrics. While in Boston, I completed a master’s in public administration at the John F. Kennedy School of Government at Harvard University.

I have been actively involved in the formation of the DC Partnership to Improve Children’s Healthcare Quality (DC PICHQ). The DC PICHQ has worked to establish standardized medical record forms to allow Medicaid to document that children were receiving the appropriate well-child care as outlined by the Early Periodic Screening, Diagnosis, and Treatment guidelines. The DC PICHQ successfully negotiated the implementation of these forms with a pay-for-performance metric to encourage participation and allow for appropriate training. In addition, I have worked to develop an obesity learning collaborative that will be run by the DC PICHQ on behalf of the Medicaid Managed Care Organizations in DC.

I joined the DC Department of Health part-time in December 2007. I have been working on developing a citywide plan for obesity as well as initiatives for children with special health care needs (Title V). I will also be overseeing the integration of multiple data systems to create better communication among programs and increase our capacity to serve clients more thoroughly.

I continue to work with medical students, residents, and other young physicians to provide mentorship on how to become engaged in the AAP and advocacy in general. I also serve my community as chair of the Board for Neighbors’ Consejo, a nonprofit organization dedicated to providing mental health, social services, and addiction services to the homeless Latino population in Washington, DC.

My wife and I live in Washington, DC with our daughter, Charlotte (who has not missed an NCE since her conception). We live 6 blocks from where I grew up. My wife works at Children’s National Medical Center as the director of the Healthy Generations Program, a teen mom program, and serves on the Committee on Residency Scholarships. She is also a regular columnist on issues for young physicians for Pediatric News.
Pennsylvania—American Academy of Pediatrics
Educating Practices in Community Integrated Care Project
Pennsylvania Medical Home Program

Educating Practices in Community Integrated Care (EPIC IC) is a medical home development project funded by the federal Maternal and Child Health Bureau and the Pennsylvania Department of Health. The project is a collaborative effort of the Pennsylvania Department of Health, Division of Special Health Care programs (DOH Title V); family organizations (Family Voices, Parent to Parent); and the PA Chapter of the AAP. The EPIC IC medical home project is based on the Educating Physicians In Their Communities (EPIC) model. The EPIC IC is a statewide provider of education and quality improvement programs, using office-based change as the key to improving the care provided to children and youth with special health care needs (CYSHCN).

The mission of EPIC IC is to enhance the quality of life for CYSHCN through recognition and support of families as the central caregivers for their child, effective community-based coordination, communication, and improved primary health care. This mission is consistent with the Healthy People 2010 goals and initiatives for children with special health care needs. A medical home is not a building, house, or hospital, but rather an approach to providing health services in a high-quality and cost-effective manner. The EPIC IC project facilitates the provision of medical homes to CYSHCN throughout Pennsylvania. However, similar to other quality improvement projects, we want to measure strengths, weaknesses, outcomes, and successes of the project. It is essential to recognize areas to foster spread of the project and the medical home locally and nationally.

As such, more than 60 practices have been trained in medical home implementation. Currently, 38 practices are involved in enhanced quality improvement activities with a variety of data collection efforts around patient registries, medical home index, family surveys, transition, cultural competency, and parent partners. The program has grown steadily since inception in 2001 and is working on a statewide network of parent partners and partnering with policy makers for CYSHCN.

For more information, contact Renee M. Turchi, MD, MPH; Molly Gatto; and Deb Walker at 484/446-3039 or visit www.pamedicalhome.org.