

The National MedPeds Residents' Association

Newsletter

Vol. 1, No. 7 Fall 1998

MedPeds Applicants

MedPeds residents were asked in a 1989 survey about residency programs they had inquired about, applied to, or ranked, in addition to MedPeds. Nearly half of all those surveyed had also inquired about Internal Medicine alone, while only about one-third had also inquired about Pediatrics alone. About one-third also inquired about family practice. Interestingly another 9% inquired about other programs. When the final rank list was turned in by those who became MedPeds residents, 28% also ranked Internal Medicine alone, 18% also ranked pediatrics alone, and 14% also ranked family practice. Only 2% also ranked a program not listed above.

Schubiner, H, Schuster B, et al. The perspectives of current trainees in combined internal medicine-pediatrics. Results of a national survey. AJDC. 147(8):885-9, (Aug 1993).

FREE STUFF OF THE MONTH

Harrison's Principles of Internal Medicine

Thanks to a donation by BIAXIN, NMPRA will be giving away a textbook for the best resident essay: *Why I Chose MedPeds?*

Email your submissions to Essay@MedPeds.org

Special thanks to Sean McLean of Abbott Laboratories

What's Happening in your MedPeds Region?

Calendar of Events

We have divided the country into 5 MedPeds regions in the interest of improving communication on a local level.

REGION I:

Virginia, North Carolina, Georgia, Florida, Alabama, Tennessee, (South Carolina)

REGION II:

New York, New Jersey, Delaware, Maryland, District of Columbia, Pennsylvania, Connecticut, Rhode Island, Massachusetts, (Vermont), (New Hampshire), (Maine)

* Residents at U Rochester, Mt. Sinai, and SUNY-Brooklyn are putting together a MedPeds meeting in the New York City area.

REGION III:

West Virginia, Kentucky, Ohio, Indiana, Michigan, Illinois, Wisconsin, Minnesota, (Iowa)

* A MedPeds conference is planned in Toledo, OH March 5, 1999. Contact cmikeb@pol.net for more information.

* The AAP meeting will host the MPPDA meeting in Chicago in April, 1999.

* The Second Annual Chicago Area MedPed meeting and NMPRA will meet in Chicago during the AMA meeting June, 1999

REGION IV:

Texas, Louisiana, Mississippi, Arkansas, Missouri, Nebraska, Kansas, Oklahoma

* The Southern Medical Association will meet Nov 19-21, 1998 in New Orleans. NMPRA will have a booth to promote MedPeds and there will be a meeting for interested MedPeds residents. The SMA offers FREE admission for residents to their conferences.

REGION V:

California, Arizona, Utah, Hawaii, (New Mexico), (Colorado), (Nevada), (Idaho), (Oregon), (Washington), (Montana), (North Dakota), (South Dakota), (Wyoming), (Alaska)

* The recent AAP meeting in San Francisco had several small meeting for MedPeds issues.

(States listed in parentheses do not currently have Med/Peds residency programs)

A MedPed in Family Practice: Part 2

by Norman E. Toy
135 Delaware Ave
MedPeds Recruiter
Buffalo, NY 14202
Global Medical Search, Inc.
(800) 937-5223
gmsinfo@global-medicalsearch.com

Editors Note: This is a continuation of an article from the previous issue.

When I first spoke with William Feldmann, MD, he was in search of a MedPed opportunity in Southeastern New Hampshire. I was able to find him a practice which he was satisfied with, and where he has been working for the last year and a half. We spent some time recently talking about aspects of his search, and the results.

NT: Were you the first, and are you the only MedPed physician within the hospital system that you are a part of?

WF: Yes, and yes.

NT: How did you, and how did the hospital, handle either marketing you, or communicating to the community how your training in the two disciplines could fulfill their need?

WF: How did the hospital do it? Badly!

NT: Really?

WF: Yeah. ...When I initially got here, we were short a doctor, so it didn't make a whole lot of sense, I guess, to advertise this to the public, because we already had more patients than we could handle at the time. But it would have been very helpful had they gone to some effort to educate the other doctors in the area, as to who I was and what I was. ...But they really didn't expend any effort in that direction at all.

NT: Did you make any request, or did you propose any strategy for them?

WF: Unfortunately, [for] most of... the people who finished my year who went out and joined other groups, the hospitals did a significant amount of education in the community. I just assumed they would go ahead and do that. We actually talked about a couple of things, briefly, and to me it just seemed like, Oh, yeah, every hospital that hires you is going to do the advertising, and that didn't happen. ... I'm very clear [now]... when I send out correspondence, like, I'm sending you this patient to evaluate him for such and such. I'm very clear that I sign it William Feldmann, M.D., board certified in Internal Medicine; board certified in Pediatrics. It says that very specifically on my business card because the name of the practice is Salem Family Practice, so it's important. But I would have preferred that [the hospital] sent off some fliers, at least to the other doctors. They're in the process of doing that now, because we're up to full strength.

NT: Do you think the key to MedPeds being successful in a community is, not so much communicating to the patients, but to the other doctors?

WF: ...I think it's both. The way things are right now, some people are changing insurance plans, sometimes yearly, or in some large companies, they're often picking a new primary care doctor. So, getting out the information to them that I do both [Medicine and Pediatrics] is extremely important, and I've had a hell of a struggle getting the insurance companies to understand it. And that's a big deal, because when some one switches and they pick up the book of providers, Family Practice, Internal Medicine and Pediatrics are listed separately. ... Sometimes I'll get on the phone personally and explain it to them, and they'll say, "Well, you can only be listed in one place."

NT: That's going to take a little doing then, for them to comprehend.

WF: It does...but eventually you can explain it to them.

NT: Are there any objectives, or hurdles within your practice that you feel remain to be overcome?

WF: I have a delightful practice. ...We're making a transition from urgent care to primary care, and that requires a different level of support staff, a receptionist, secretary, and that sort of thing. In addition, it has been quite the struggle for me to get them to understand that internist approach things in a different way than family practitioners do. And when we do a complete physical, we do a complete physical. It takes more time. We do more testing. We're looking for more trouble basically. ...I have seen family practitioners book fifteen minutes for a complete physical. And it's in my mind, completely inappropriate, but it's sometimes hard to make them understand that, Yes, I'm working with family practitioners, but I don't do things the same way. And the difficulty is compounded by trying not to offend your family practitioner colleague.

NT: Is there any general advice that you would give to a MedPed resident who is coming out into the job market.

WF: Think very hard about the things you're willing to compromise on, and be accommodating about. ...In residency, we all thought things were going to be golden once we were the attending, once we were private physicians, once we go "out there." It doesn't get easier, it's just a different set of challenges. The other incredibly important thing is, keep up. Don't let yourself fall behind, because it's a long distance to fall. They kept telling us that in residency, and we kept saying, "Yeah, yeah, I'm just trying to survive the days," but you have to keep reading, you have to keep learning, and you can learn something from anybody. Just keep your eyes and your ears and your mind open.

NT: What about if a MedPed physician is considering becoming the first MedPed doctor within a community, or practice, like you did. Is there any general advice that you would give to that person?

WF: Yeah, you have to be sure that during the interview process ...assuming you are going to do what I did, which is, join a family practice group, you have to make very clear to everybody that your interviewing with, how your training is different than theirs. It's important that they understand that you're trained in something different, so that if there's any possibility for

friction between you and the other [doctors] in the area, that it's addressed before you take the job. If the medical community you are joining is not flexible, and not open, you may find yourself banging your head against the wall, and it can be a real problem. I, fortunately, have not had that difficulty. I'm in the department of medicine at the hospital, and the department of pediatrics, but I only take service call for medicine. ...But you have to make sure that the bylaws of the hospital will accommodate this, because a lot of hospitals, their bylaws are very rigid, and there need to be changes to accommodate this.

MedPeds Classifieds

CONNECTICUT

- Med/Peds trained physician (Baystate Medical Center residency grad 1995) working in New Milford, CT (small town environment) seeks a partner to join office practice. Employed position, excellent compensation and benefits. One call night per week and every 7th weekend. Very little hospital-based work and superior primary care support system with affiliation to Danbury Hospital. Ready to start now!

Contact: Marc Legris, MD

E-mail: Marc.legris@danhosp.org

phone: (860) 355-6949, fax: (860) 354-9593

FLORIDA

- Orlando Regional Healthcare System seeks combined internist-pediatrician for medicine-pediatric residency program. Duties include ward and outpatient teaching in medicine and pediatrics. Opportunities for research and practice.

Competitive financial package.

Fax CV to George Everett, MD @ fax 407-841-5101; or call 407-841-5145

ILLINOIS

- Great opportunity for BC/BE MedPed physician. Established group is adding staff to meet the demands of a rapidly growing suburban practice. Group offers an excellent compensation package and opportunities for career advancement.

Contact: Brad Johnson, Healthcare Account Manager

Cornerstone Resources

(800) 687-0480 Ext.132

Email: bjohnson@crokc.com

NEW JERSEY

- A very busy and well established multispecialty group in Hudson County, NJ is looking for a second MedPeds trained physician. The group currently consist of 1 MedPed, 2 ObGyns, 3 Cardiologist, 1 GI, 1 Pulmonologist, 2 Internist, and 2 Family Practice physicians. The group is looking to expand its pediatrics practice while continuing its already large multispecialty adult practice. This is a perfect opportunity for the MedPed who is interested in building and shaping his/her own practice. Be in front lines of direct patient care by caring for patients in the office, hospital, nursing homes, and on housecalls. Competitive salary with full benefits (4 weeks vacation, dues, license fees, health insurance, disability insurance) and potential for partnership. If interested, send your CV to:

Gary Eder, Administrator

Amerimed Physician Health Care

5625 Kennedy Blvd

North Bergen, NJ 07047

or fax (201) 453-1313

OHIO

- An exceptional opportunity is available for an Internal Medicine/Pediatric physician within the OhioHealth Hospital System located 48 miles north of Columbus, Ohio. OhioHealth includes eight Ohio hospitals, 2,500 physicians and more than 2,000 volunteers. An attractive salary of \$140K+, productivity bonus and a full benefit package is being offered. This practice is located in a beautiful, upper middle income area that has a new building with modern facilities and strives to continue the proud tradition of providing patients with high-quality health care. Crawford County is home to Mohican State Park, Mid Ohio Sports Care Auto Racing, snow trails (snow skiing near Mansfield, Ohio), also Clear Fork Ski area, and you are only 50 miles away from Lake Erie.

Contact: Julie Hotchkiss, Physician Recruiting

OhioHealth

E-mail: hotchkj@ohiohealth.com

Phone: (800)368-7548

Fax: (614)566-3646

PENNSYLVANIA

- UPMC Shadyside in association with Children's Hospital of Pittsburgh seeks a Med-Peds trained clinician-educator to join the full-time faculty of our new Med-Peds residency program. Includes academic appointment at Univ of Pittsburgh School of Medicine. If you know anyone who is interested, please send CV to:

Gary Tabas, MD

UPMC Shadyside

5230 Center Ave

Pittsburgh, PA 15232

TEXAS

- Wanted: 2 Med/Peds physicians to practice in our rural health clinic in Hallettsville, TX. Located midway between Houston, San Antonio, and Austin, the hospital is a well funded 32 bed, newly remodeled and expanded facility in the rolling hills of central Texas. Opportunity for great lifestyle and income. Additional income available for extra hospital or ER coverage. Contact me for any further details or questions.

Joe Kraft, MD, Med/Peds 1995

H (512) 798-9193, W (512) 798-3671

E-mail: kraft@cvtv.net

New Residency Programs

PENNSYLVANIA

- The University Health Center of Pittsburg announces its new Medicine- Pediatrics Training Program, taking its first residents July 1999 with interviews beginning this Fall. Participating hospitals are Children's Hospital of Pittsburg, LPMC Shadyside, and UHCP Hospitals. Co-Program Directors are: Gary Tabas, M.D., F.A.C.P. (Medicine), E-mail: garyt@ssh.edu Phone: (412) 623-2476, Carl Gartner, M.D. (Pediatrics), E-mail: gartnej_at_chpcin@chplink.CHP.EDU Phone: (412) 692-5325

NMPRA Lapel Pins

The lapel pins for the National MedPeds Residents' Association are here! The cost of the pins is \$5.00 each, or \$4 each if ordering 10 or more pins (plus a \$3 shipping & handling charge).

Send checks to:

Jeff Bates, MD

34 Beachcomber DR

Belton, TX 76513

The color scheme is red & white with gold trim. Order today for your whole program!

Practice Plans after Residency

In a 1989 survey MedPeds residents were asked to identify their practice plans after residency. MedPeds residents reported that after residency 92% expected to handle inpatient pediatric and 91% expected to handle inpatient internal medicine patients as a part of their practice. In terms of ICU care, 49% planned to handle adults and 38% planned to handle pediatrics. Actual procedures to be performed were also anticipated with 84% expecting to suture, 57% planning to perform neonatal intubations, 51% planning to insert UACs, and 48% planning to float Swann- Ganz catheters.

Schubiner, H, Schuster B, et al. The perspectives of current trainees in combined internal medicine-pediatrics. Results of a national survey. AJDC. 147(8):885-9, (Aug 1993).

[Newsletter Main Page](#)

[NMPRA Home Page](#)

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