National MedPeds Residents' Association

Newsletter

Vol. 1, Number 1

October 1997

Anyone Interested in a Forum for Med/Peds Residents?

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By way of introduction, I am a resident in Internal Medicine/Pediatrics at St. Joseph's Hospital & Medical Center in Paterson, NJ. A colleague and good friend from medical school, Jeff Bates, came up with the concept of this newsletter in order to interact with other Med/Peds (**MP**) residents across the country. When we began the search for a medical specialty, we had a great deal of difficulty finding out information about **MP** programs and we would like to make it a little more accessible to those following us. We would also like to establish a network of residents already involved in programs to share ideas. Before starting in my residency I couldn't locate any residency requirements for **MP**. To date it is still difficult to find this information (and getting harder to interpret what guidelines we have). The one thing that I can honestly say helps in making a decision to follow this path is doing a clerkship in a hospital that has a program. However, not all medical students have this luxury. Fortunately we happened to do clerkships in university hospitals in the NE (Seton Hall and Mount Sinai) that had **MP** programs. We convinced each other to go into **MP** without knowing anyone else already in the field or planning to apply. There were no pamphlets, journals, or organizations that we could find who published necessary information for this decision making. Recently we have found that there is **M**ed/**P**eds **P**rogram **D**irector's **A**ssociation (**MPPDA**) and there is a new and currently provisional, **MP** section under the **A**merican **A**cademy of **P**ediatrics (**AAP**).

This newsletter is a first attempt to determine if any other **MP** residents would be interested in an informal, non-political newsletter and possible association for residents. This would give us a forum to communicate with our peers in the other programs throughout the country. It could be started simply with a monthly newsletter with minimal expense ($0.32/person/issue) and wouldn't require any annual meetings (assuming some of us may be a little busy). This could also serve as primary care for what appears to be one of the greatest problems with **MP** residencies: **Drop Outs**!

This association could help the residents that often feel they don't belong. With Medicine on one side and Pediatrics on the other, the **MP** residents can often feel lost in the middle. Those most at risk are the second and third year residents at small programs. When they see their friends in straight Medicine or Pediatrics getting ready to finish, more than one **MP** resident has gotten cold feet and bailed out of the program to do one or the other. If you haven't heard, this happens over and over at many programs; as much as 33% by some accounts. Fortunately there have been others transferring in to keeping the numbers up. Those who have created the **AAP MP** section came up with three goals that we too, could address in our own informal way:

- ***Networking***. "A forum to communicate with other Med/Peds physicians, including a directory and listings of job opportunities, and the opportunity to exchange ideas pertinent to training and practice."

- ***Advocacy*.** "An organization to support Med/Peds physicians and to represent them to other organizations, including academic organizations, the Boards, insurers, hospitals regarding privileges, and health care policy."

- ***Exposure*.** "A public relations campaign to increase awareness of Med/Peds among the general public, patients, medical students and other physicians."

Chamberlain JK. How we got to where we are. The Provisional Section on Med/Peds Newsletter. AAP. 1996, 1:1-2.

Study shows we are mostly Primary Care

A new survey of the **MPPDA** shines the light on all those questions about what we are going to do after residency. Seventy-four program directors provided information on their 708 **MP** graduates from the years 1987 to 1993, which showed that 68% of **MP** graduates *are* practicing as generalists. You can reassure all those doubters that 85% do practice *both* internal medicine and pediatrics. Another 7% found their nitch in the ER and 21% entered subspecialty training. Of the subspecialists, half continue to see *both* adults and pediatric patients. If you were wondering how we compare with other programs, it seems that only 35-45% of internal medicine graduates and 67% of pediatric graduates go on to practice primary care. Family practice holds out with 95%, but that argument is another article in itself.

Schubiner H. Current positions of graduates of internal medicine-pediatrics training programs. Arch Pediatr Adolesc Med. 1997; 151:576-579.

HOSPITALISTS:

The Specialty Made for Us

An article in the *New England Journal of Medicine* last year described a new type of practice: Hospitalist. These physicians are specialists in inpatient medicine; primary care physicians who prefer to be in the hospital. *(Can you actually get to a point where you miss your residency days of wards and call?)* Such specialists, while rare in the U.S., have been common in Canada and Great Britain for many years. With managed care rewarding those who are most efficient in their practice, an outpatient specialist would never have to leave his office to drive across town to the hospital(s). The hospitalist would also excel as he could see the inpatients more than once in a day and could expedite studies and hospital stays without worry about getting back to the office.

This brings up a very important nitch for **MP** physicians. Say you move into a small-to-medium sized community with a few family practitioners -- maybe even a pediatrician or an old time internist with a nice quiet practice. A **MP** physician could take care of the ward service in the community hospital for all of these colleagues and, most importantly, do it well.

Wachter RM, Goldman L. The Emerging Role of "Hospitalists" in the American Health Care System. NEJM 1996; 335:514-517.
Moore, JD Jr. The inpatient(s) best friend. "Hospitalists" specialize in managing care of the very ill. Modern Healthcare 1997; 27:54-62.

Looking at a Successful

Med/Peds Practice

Is it really possible to set up a practice in both Medicine and Pediatrics? What would it look like? Two MP physicians set up a practice in 1985 in a suburb of Albany, NY. The practice grew so rapidly that, after two years, it was closed to new patients. The patients were generally seeking a pediatrician for their children and 41% were happy to enlist for their own health care. As a result, they developed a large number of young children and young adults as patients with a biphasic age distribution peak. Ages less than 2 (24%) and ages 2-5 (13%) made up 37%. Ages 18-39 (34%) comprised the other major

group of patients. It was noted that the patients were looking for a pediatrician (53%) or an internist (33%) and only 12% were looking for a "doctor for the family".

Sorum P. Evaluating whether a combined internal medicine-pediatrics practice was successful. Academic Medicine 1991; 66:353-358.

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Last Updated March 5, 1999 by Jeff Bates