The MedPeds News

The official Newsletter of the National MedPeds Residents' Association

Vol. 3 No. 2 **Summer 2002**

President's Corner

by Lenore DePagter, DO

As my term as NMPRA President comes to an end, I would like to take a moment to review the events of the past year. We have accomplished a great deal this year. NMPRA is off to a good start and has a secure future.

NMPRA was officially incorporated last fall. New bylaws were adopted that outline changes in the structure of the organization, including the creation of Program Representatives, and the offices of President-Elect and Secretary. NMPRA membership has increased, and we have created a more detailed and accurate database of our members. The NMPRA Annual Meeting in October, in conjunction with the AAP meeting in San Francisco, was a great success. Our website was remodeled and updated, with a new online membership application that facilitates joining our group. The job listings on our website have been current and have been heavily utilized by employers and job seekers. The NMPRA list-serve continues to be a rapid, effective tool for communication. An informational pamphlet about MedPeds was created and is available on our website.

Despite these gains, there is still much to be done. There are still many MedPeds residents that are not yet NMPRA members. The goal of 100% enrollment on our listserve has not yet been attained. A new dues structure must be put in place for the 2002-2003 year. NMPRA is also in the process of attaining tax-exempt status.

I cannot complete this term as NMPRA President without offering some words of appreciation to my fellow members of the NMPRA Board of Directors for their excellent leadership this year. They put a lot of time and effort into improving this organization. Our Coordinator, Renee Gaines, has also been a great asset. I would also like to recognize all of you, our membership. I am proud to have represented you as NMPRA President, and will continue to be active in this group in any way I can.

NMPRA WEBSITE REVISED (http://www.medpeds.org)

by David C Kaelber, MD/PhD

As you may have seen, the NMPRA website has been dramatically updated and revised. Check it out! The site is now broken into 4 sections for easier navigation. The webpages of each section contain updated and/or new information. The sections include:

- **About NMPRA** *(lists of NMPRA Board and NMPRA Program Representatives, background about NMPRA, membership application, NMPRA Bylaws)*
- **About MedPeds** *(background about MedPeds and people in MedPeds, Introduction to MedPeds pamphlet, links to other MedPeds information)*
- **Especially for Residents** *(job opportunities, job search guide, job pamphlet, scholarship information, nmpra-l, on-line medical search and journals)*
- **Especially for Medical Students** *(list of MedPeds programs, Guide to MedPeds, match information, MedPeds program guidelines)*

New webpages include a new Job Search Guide designed to help MedPeds Resident in their job search guide. This guide was prepared in conjunction with the American Academy of Pediatrics - MedPeds Section. We have also developed new on-line electronic individual and group membership applications.

In addition, we have posted the comparing three residency options article that appeared in the *American Journal of Medicine* in 1998 objectively comparing Family Medicine, Internal Medicine, and MedPeds training. Finally, we have updated and expanded the MedPeds job opportunities page. This page lists over 20 currently open MedPeds job opportunities around the US and is continuously updated.

We are always striving to improve the NMPRA website. If you have suggestions or contributions and/or would like to help in the upkeep of the NMPRA website please contact me at:

webmaster@medpeds.org

Getting Involved with the AAP's Med-Peds Section

by Kim Bates, MD

Being a Med-Peds resident sometimes seems like a good excuse to get twice as many journals, twice as much mail, join twice as many organizations and spend twice as much money, right? And with the MICU, NICU, general peds floors in the winter and your continuity patients who sometimes seem sicker than the people you left in the hospital, you're not sure what all these affiliations are doing for you. Or why you should take the time to become a member of the Med-Peds section. I mean, it's not like anyone from the Med-Peds section is going to take call for you.

But, the Med-Peds Section of the AAP has been busy during our many sleep-deprived hours taking care of things on a national level on our behalf. Since its inception, the Section has done much for Med-Peds residents. First of all, the executive committee has always insured that residents had a voice in the section by establishing a liaison position for a member of the resident section to the Med-Peds section as a non voting member. They have been the first AAP section to take this one step further by dropping the liaison position and allowing one resident Med-Peds section member to be a full member of the executive committee with voting rights and responsibilities (which is, by the way, the position I currently hold). The Section also has a connection with the National Med-Peds Residents' Association, which will only become stronger. The Section has also regularly published a newsletter, which usually has some information directly pertaining to residents.

If you have been attending either the national AAP or ACP-ASIM meetings, you can attest to the Med-Peds forums that the Section holds at these meetings. Having attended two forums myself, I found them extremely helpful with information regarding career paths, contract negotiations, practice management and other specifics regarding finding a job in Med-Peds. From an advocacy standpoint, the Section was instrumental in introducing and passing the Primary Care Promotion Act of 1997. For those of you who like to be paid at least some money during residency, you'll be happy to know that this piece of legislature protects the funding for the 4th year of Med-Peds training. If they've done this much without resident participation, just imagine what we could do together!

Aside from the abovementioned, as a member of the Med-Peds Section, you would become an active member of an organization dedicated to the support of Med-Peds residents and practitioners. You would be able to network with the hundreds of Med-Peds
practitioner members via the Med-Peds listserve. The Section is also in the process of implementing a set of FAQ's (frequently asked questions) in Med-Peds and a combined fellowship database.

So, like Uncle Sam, we're looking for a few good "residents" to become a part of the Med-Peds section. Your mission, should you choose to accept it, is to fill out the section membership form (disregarding the area that asks for sponsorship…..this is not required for residents) and send in a one time fee of $10, payable to the AAP. This $10 fee actually allows you to join the half dozen other sections that also now allow resident membership as well as any others which may be approved for resident membership in the future. If your program pays for your AAP membership, they may also be willing to pay for your section membership as well (Talk with your program director). You can also access the membership application online at:

www.aap.org/sections

If you have any questions or issues for me, please e-mail me. I look forward to hearing from you and welcome you to the section.

k_carterbates@hotmail.com

Wanted: NMPRA Program Representatives

If you or someone you know is interested in becoming involved in NMPRA as a Program Representative, please contact NMPRA at: NMPRA@medpeds.org

NMPRA Program Representatives act as liaisons between their MedPeds Program and NMPRA.

What's Happening in MedPeds?

NMPRA National Meeting

in conjunction with the

American Academy of Pediatrics

October 19-23, 2002

Boston, MA

NMPRA Awards

The 2000-2001 MedPeds Awards were recently announced and we would like to congratulate them. This month we recognize

Shana Hart, MD

winner of the

Howard Schubiner Award

Current Issues in Work Hours of House Staff Physicians

By Maurice Sholas, MD, PhD

Historically, physicians in training were unwed and resided in the institution that trained them. Thus, they were called residents or in-house staff. As the practice of medicine has modernized, expanded, and become more comprehensive, medical education has also grown. Therefore, the age-old issue of excessive work hours remains a very relevant one. High profile incidents, like the Libby Zion case in New York, have brought the reality of 70 to 130-hour workweeks for house staff into public focus. In this 1984 case, a young woman died after presenting to an emergency room. In the wrongful death lawsuit, a factor pursued by the plaintiff regarding the errors made by the house staff was the contribution of fatigue from excessive work hours. Questions about the effects of this system on patient care and on the physicians in training continue to be asked in many forums.

Excessive work hours contribute to the larger problem of a sub-optimal work environment. Extrinsic and intrinsic forces are responsible for this phenomenon. Fiscal constraints are the chief incarnation of the former. Intrinsic reasons that resident work hours are problematic relate to the rights of passage institutionalized within medical education. Organized medicine must find a way to train good physicians yet underscore patient safety, prioritize the welfare of the house officer and emphasize education equal to service in the course of residency and fellowship training.

At its interim meeting in December 2001, the American Medical Association House of Delegates passed a resolution to allow the organization to more actively provide leadership in producing policy affecting the resident work environment. Modification of existing AMA policy now allows legislation to be drafted, opposed or supported to address the dilemma of resident work hours. Thus, the AMA can shape policy on a national level to better conditions for a significant portion of its membership. But other groups have grown impatient. The American Medical Student Association (AMSA), the Committee of Interns and Residents (CIR) -- a labor union representing interns and residents -- and Public Citizen, a consumer advocacy group, petitioned the Occupational Safety and Health Administration (OSHA) in April of 2001 to request that resident work hours be regulated. OSHA has taken the matter under advisement and has not yet issued a response.

In August of 2001, the AMA's Resident and Fellows Section (RFS) and the CIR convened a meeting of 42 resident and medical student leaders who represented 12 specialty societies and 14 organizations to address the problem. Groups that have not had a history of dialogue began to exchange potential approaches to the problem.

September 2001 saw the formalization of an Accreditation Council on Graduate Medical Education (ACGME) work group charged with crafting a response to the issue of resident work environment. In October, the American Academy of Sleep Medicine (AASM), the Sleep Research Society (SRS), the AMA, the National Center for Sleep Disorder Research (NCSDR), and the Agency for Healthcare Research & Quality (AHRQ) sponsored a meeting entitled "Sleep Fatigue in Medical Training." It reviewed relevant literature in medical education regarding sleep deprivation and its effects on the individual and the system, as well as comparable literature from other professions that have strict limits on work hours. The summary report is pending.

Finally, in November, U.S. Rep. John Conyers introduced House Resolution. 3236 to amend the Social Security Act to address resident work hours. The legislation borrows heavily from the OSHA petition scripted by AMSA and CIR. It would:

- Cap the work hours per week at 80
- Limit shifts to 24 hours
- Require 10 hours between shifts
- Provide 1 day off in 7 and provide one weekend off per month
- Limit emergency department house staff to 12-hour shifts
- Limit on-call frequency to every third night

This effort represents several good faith attempts to solve this dilemma, however several problems are created by the guidelines.

First, limiting work hours without addressing the work environment risks further compromising medical education in favor of providing only service. Second, the resident who wishes to serve his or her community via volunteering at local sporting, cultural, or community events may find such activities violate the work hour requirements. Third, residents who seek to broaden their educational exposure by using off-hour time to gain experience in an area lacking in their formalized training may find their opportunities curtailed. Fourth, there would be a

serious hardship for specialties that require a minimum number of relatively rare procedures to meet Specialty Board Eligibility requirements. Finally, the absolute wording of workweek limits makes palatability of and compliance with these regulations much less for many medical specialties than guidelines that allow compliance based on average hours worked per week. A good solution must be tenable in the real world across many diverse environments.

A reasonable solution lies in capitalizing on existing organizations. The ACGME certifies residency and fellowship training programs in the United States. Training programs are very responsive to most requirements. However, the ACGME has limited power to force compliance because it has no ultimate jurisdiction over academic center or hospital funding. Legislation or amendments that link work hours compliance to indirect funding of graduate medical education will immediately get the undivided attention of the groups that control the current residency work schedule -- academic departments and teaching hospital administrators. Additionally, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) could be an effective tool for designing work environment specifications that ensure the presence of ancillary staff at levels sufficient to reduce the non-medical workload of residents to a more reasonable one. Additionally, each of these entities has medical student and house staff representation as voting and/or ex-officio members. These solutions require that the ACGME and JCAHO resist pressure from special interests and take a tough and enforceable stand to protect the vulnerable. It is crucial that uniform standards, without loopholes, be stated in terms of items that *must* and *will* be adhered to as opposed to standards that are simply *recommended* or *should* be applied. If the ACGME and JCAHO fall short in this matter, with the explicit or implicit approval of organized medicine, the cost in credibility for the Councils and the AMA as a whole is extraordinarily high.

All proposed solutions should be based on evidence instead of conjecture and emotion. Thus, the AHRQ should continue to study the impact of any intervention undertaken and commission studies to organize pilot programs to explore parallel and competing options. In the end, everyone involved should recognize that there is a problem and resist the temptation to react without forethought rather than respond, and make themselves part of the solution rather than the problem.

(Dr. Sholas is a PGY-4 Resident in rehabilitation medicine at The University of Texas Health Science Center at San Antonio. He represents interns, residents and fellows as a member of the Governing Council for the American Medical Association's Resident and Fellows Section and as an Alternate Delegate to the AMA House of Delegates.)

MED/PEDS ALUMNI

We'd like to keep in contact with Med/Peds alumni and would be happy to continue sending the NMPRA newsletter to them after graduation. Please forward us the names and addresses of your program's graduates to NMPRA@medpeds.org. Let us know if any went on to fellowships and where they are.

NMPRA Awards

2 NMRPA Awards will be given in the fall in conjunction with the NMPRA Annual Meeting, to be held in as part of the American Academy of Pediatrics, on October 20, 2002. The 2 awards, the Gary Onady and Howard Schubiner Awards will be given to residents who have made outstanding contribution to MedPeds generally and/or NMPRA specifically.

All NMPRA members are encouraged to apply. Application information will be posted on the NMPRA website by the end of the summer and will appear in the next MedPeds Newsletter.

NMPRA Election Results 2002-2003

President

David C Kaelber, MD, PhD

Case Western Reserve Univ. - MetroHealth Medical Center
Cleveland, OH

President-Elect

David Kendrick, MD

Tulane University
New Orleans, LA

Secretary

Annie Chang, DO

Scott & White -Texas A & M University
Temple, TX

Treasurer

Emery Chang, MD

Tulane University
New Orleans, LA