From the Chair in the Corner

Tommy Cross, MD
Chair, AAP Section on Med-Peds

From the Chair in the Corner… Wow, Winter is over and spring has come? Did it ever happen? This is my tenth winter in Colorado and I’m not sure I can recall shoveling the drive-way more than 3 times? It just seemed that the trees lost their leaves and the grass turned brown and then…nothing happened. In my household, we are gearing up for springtime graduations from college and high school and we will become empty nesters this Fall. It is really hard to believe that I’m as old as well, my father seemed to be. Time marches on. I’m about to recertify for the 2nd time in Internal medicine as well (maybe my last time?? (YEA!) If the portfolio can redeem itself before the next time in 10 years?). For some of you, you are about to start your first “real” job, about to start your family, take your first Board exam, or contemplate taking that first vacation “alone” without your baby. For others of you, you are thinking about what can I get out of my next 10-20 years as I enter retirement?

I wrote this nearly 3 years ago for the Summer AAP 2009 newsletter: “Many of us have been preoccupied with trying to figure out what exactly health care reform will really mean for us and what potential turmoil might loom in

Continued on page 2...

WANT TO BE A MED-PEDS HOSPITALIST?

Weijen W. Chang, MD, FACP, FAAP, SFHM
Health Sciences Associate Professor of Medicine, UCSD School of Medicine

When choosing to pursue training in a combined Medicine-Pediatrics residency program (or “Med-Peds”), trainees may have a variety of potential careers in mind. At the outset, becoming a hospitalist may not be high on this list of career options. Med
Hmmm, I’m not sure we still know what will happen until after the Supreme Court decision. All this worrying and anxiety and we really don’t know where we are yet, do we?? I reiterate that I think Med-Peds is situated to ride the waves of change pretty well—hopefully you’re doing ok—I know many of you are, but a few of you aren’t—for you, try and seek out those who can help you; ask for help from trusted advisors if you need it. We’ve always been a very unique and diverse group from the day we chose to learn and succeed in two very different disciplines. Most of us are very good at “adapting” and learning how to navigate through new experiences and obstacles. Most of us have learned to persevere against some pretty good odds. Hang in there! Here’s a big pat on the back for doing such a great job when many times you felt unappreciated or overwhelmed.

I hope many of you were able to take break and made it to the AC-P’s Internal Medicine Meeting in New Orleans this year. New Orleans is doing well and the city was vibrant and renewed.

I hope you have a prosperous Spring and can reacquaint yourself with what is meaningful and important in your life,

Tommy
Chair, AAP Section on Med-Peds

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**ACHD Subspecialty Certification**

**Curt Daniels, MD, FACC**
**Director, Columbus Ohio Adult Congenital Heart Disease (COAH) and Pulmonary Hypertension Programs**
**Nationwide Children’s Hospital and The Ohio State University**

The adult congenital heart disease (ACHD) Subspecialty Certification is an initiative in response to consensus within the congenital heart disease community, that the United States is facing an issue of how to best care for this new and rapidly growing adult congenital heart disease patient population. This petition is part of an effort to develop a comprehensive approach and provide the highest quality care for the one million adult patients with congenital heart disease through ACHD sub-specialty certification.

The 32nd Bethesda Conference, October 2000, and subsequently published in JACC 2001, introduced the concepts of the need for ACHD sub-specialty training and the roadmap to build a workforce. However it wasn’t until January 2008, a pivotal meeting was held at the American College of Cardiology Heart House in Washington DC with key stakeholders and it was then decided to move forward with a petition to create ACHD sub-specialty certification.

To date, the ABIM and the ABP have approved the petition to move forward, and in September 2011, the ABIM submitted an application to the Committee on Certification, Sub-certification and Recertification (COCERT) for consideration. If approved, the first ACHD board certification exams could take place in 2-4 years.

What does this mean for the MEDS/PEDS residents?

In the past those interested in ACHD training may have been able to apply and choose from several non-accredited programs, and as such, curriculum was not unified, training varied in length and there was no certification exam to qualify the expertise of the trainee. Creating a board certification process, will, at it’s core, improve the quality of care for ACHD patients through a standardized process of training and examination.

MED/PEDS residents, by the nature of their training, fit perfectly with the concepts of ACHD care: Provide life-long continuous high quality care for every patient born with CHD. MED/PEDS residents would be eligible to apply for ACHD fellowship after either IM cardiology or pediatric cardiology training.

To help better understand your potential interest in ACHD, a survey will be emailed to you shortly if not already.

**ACHD Training Directors**

We recently held our biannual ACHD TD meeting at ACC12. There was solid attendance with good interaction at the meeting with a few new programs making their first appearance with interest in starting ACHD fellowship. We continue to encourage program directors to start the process NOW for developing an ACHD Training Program – it may take a couple of years to lay the groundwork and put the pieces in place for a successful fellowship program. Throughout this process, we recognize that real and intense questions will arise and we plan to keep everyone in the CHD community informed and updated as the process moves forward. On behalf of everyone involved in the certification process, here’s to a busy and successful next couple of years!
-Peds residencies expose trainees to ample inpatient and ICU rotations due to ACGME requirements. Med-Peds residents soon find that they are well-prepared to become hospitalists.

Those Med-Peds residents who become interested in hospital medicine (HM) as a career soon find, however, that the overwhelming majority of hospitalist job openings are either in only adult HM or pediatric HM. But is it possible to “live the dream” and be a combined Med-Peds hospitalist?

According to the 2010 Med-Peds Job Search Guide, published by the AAP and ACP, this is a foolhardy thought. An excerpt states, “Hospitalist programs in the country would prefer a full-time hospitalist rather than a hospitalist who covers 50% of his/her time in the pediatrics wards and the other 50% in the internal medicine wards, unless the hospital itself supports a Med-Peds hospitalist who wished to practice both given the need of the hospital at the time of hire.”

But increasingly, the latter situation has developed in abundance, with a variety of HM options for Med-Peds physicians in a number of different settings. Some of these options are straightforward and “off-the-shelf,” while others require more creativity and “maintenance work.”

Community Med-Peds Hospitalists

While community hospitalist groups have flourished in adult medicine for some time, the same groups have increasingly been asked by administrators to expand into pediatric services. The drivers for this move away from inpatient care for community pediatricians are similar to those for internists. Med-Peds hospitalists have seemed to be a natural fit in these groups, providing pediatric inpatient care while also being able to fill in coverage “holes” for adult care.

Elliot Hospital, in Manchester, NH, currently employs three Med-Peds trained hospitalists. With pediatric hospitalists, they provide coverage of the inpatient pediatric ward at Elliot, along with some NICU coverage. Another community hospitalist program now expanding into pediatric coverage is Hospitalists of Northern Michigan, based in Traverse City, MI. Both groups suffer from a patient mix weighted on the adult side, due to the existing demand for adult inpatient services in the community.

“Things are weighted heavily toward IM, given that our program is rather new,” says Dr. Jacques-Bret Burgess, a Med-Peds hospitalist with the Hospitalists of Northern Michigan. But expanding pediatric volume for their hospitalists can also involve non-traditional inpatient services. “We would like to expand peri-operative practices, establish a sedation service, and continue to expand our service line,” adds Dr. Burgess.

Academic Med-Peds Hospitalists

As the Med-Peds “movement” in a geographic area often centers around a Med-Peds residency program, it is natural to think that Med-Peds hospitalists would flourish in academic centers. The territorial nature of academic centers, however, often limits the possibilities for the creation of a combined Med-Peds hospitalist service. Dr. Allen Liles, director of the UNC Inter-
For the even more ambitious, putting together a combination of inpatient and outpatient work is possible. This often occurs in medical centers, either community or academic, which are large enough to be able to utilize a physician part-time in more than one area. This jigsaw puzzle approach can allow physicians to put together parts of each discipline they like the best, such as inpatient adult medicine and pediatric urgent care.

Dr. April Kranz is a primary care physician with Family Health Centers of San Diego, but also does some work for UCSD in the Hospital Medicine division. This combination allows her flexibility in pursuing other interests, such as international medicine.

Building the perfect beast

So how does one attack the Med-Peds hospitalist job hunt? Often a geographic restriction is the first “cut,” but if the world is your oyster, then deciding on community versus academic work may be the first decision. Deciding between an established group or being the first Med-Peds pioneer of a hospital or large physician group may also be a consideration. Depending on your personality, and of course the outcome, building a Med-Peds hospitalist program can be exciting or disastrous.

Dr. Jacques-Brett Burgess is a Med-Peds trained hospitalist for Hospitalists of Northern Michigan, in Traverse City, MI. He is establishing a pediatric hospitalist program within HNM at this time. He warns Med-Peds physicians looking for jobs to be wary of administrators and physician group leaders unfamiliar with Med-Peds.

“When looking at a practice, get to know the perception of Med-Peds in the community,” says Dr. Burgess. “I am not convinced categorical disciplines understand that a combined resident really does accomplish both disciplines and sits for both sets of boards.” He also advocates for carrying the flag for Med-Peds in a community.

“Please pursue some leadership, because with you there is change for those that follow,” says Dr. Burgess.

Pitfalls and warning signs

Other issues to be aware of include and can be overcome: (1) possible lower salaries for combined hospitalists (2) duplication of credentialing, privileging, and medical records (3) delayed academic promotion due to “diluted” QI/research product (4) lack of schedule coordination, leading to excessive call/ nights/weekends.

In the end, getting to a steady-state combined Med-Peds hospitalist career can be hugely satisfying in either community or academic settings. But getting there requires Med-Peds physicians to do their homework during the job hunt and also put in more time maintaining their patient mix compared to their “straight” colleagues. Adjusting and refining one’s job description is also an ongoing challenge and opportunity for Med-Peds hospitalists. Dr. Allen Liles, director of the UNC Hospital Medicine program, advises Med-Peds graduates to be flexible.

“Don’t stress about finding the ‘perfect job,’ advises Dr. Allen Liles. “Make good decisions with what is available and show yourself useful and be open to changes. Jobs can morph into what you want to do.”

<table>
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<tr>
<th>Type of Med-Peds Hospitalist Position</th>
<th>Examples</th>
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<tr>
<td>Academic / single administration-leadership</td>
<td>UNC, Hopkins,</td>
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<tr>
<td>Academic / multiple administrations-leaderships</td>
<td>UWMC-Seattle Children’s, UCSD-RCHSD Christiana Care</td>
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<tr>
<td>Community / single administration</td>
<td>Elliot Hospital (Manchester, NH), Hospitalist of Northern Michigan (Traverse City, MI), Providence St. Vincent (Portland, OR)</td>
</tr>
<tr>
<td>Community / multiple administrations-leaderships / multiple settings</td>
<td>Larger physician groups and health care centers</td>
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UAB Med-Peds and UASOM Med-Peds Interest Group Join Forces to Help Rebuild Alabama

Shawna Reshard, PGY-3
University of Alabama Med-Peds

As many of you know, April 27th, 2011, will be a day never to be forgotten for people in Alabama, as thousands of lives were changed forever. A deadly tornado caused thousands to lose homes and loved ones. Habitat for Humanity, individuals, other non-profit organizations and companies such as Bank of America have joined together to help rebuild Alabama. On November 5th, UAB Med-Peds and UASOM Med-Peds Interest Group joined together with Habitat for Humanity to help Wanda Naylor who was displaced by the tornado.

Habitat for Humanity is an international organization that builds quality, affordable housing, and revitalizes existing houses that encourages family stability and promoted self-sufficiency, educational achievement and responsible citizenship. The organization receives approximately 3,200 requests for housing assistance each year and this year there has been an overwhelming need due to the devastation from April 27th.

The UAB Med-Peds program has had a desire to get involved in the Birmingham community as there is a huge need that each of us witnesses on a daily basis in our interactions with patients and their families in clinic or in the hospital. The program's goal is to volunteer on a regular basis and to develop a long-term relationship with Birmingham Habitat for Humanity. All of the volunteers grew so much from this rewarding experience and it truly brought us together as a program.

NMPRA Elections

It is time again for our annual officer elections. Each year at this time we accept applications for President-elect, Secretary (2 positions) and Treasurer. After the applications are received the officers will be elected via popular vote from the NMPRA members. This is a great opportunity to get involved at a national level. NMPRA is an outstanding organization for residents run by residents. By becoming an officer, you also get the opportunity to work with other key Med-Peds organizations including the AAP and MPPDA (Med Peds Program Directors Association). This is your chance to make a difference for your fellow med peds colleagues. We are currently accepting applications!

Deadline is May 28th!

President-elect: The first of a 3-year term. The best time to apply is during your intern or 2nd year. Residents are elected to the president-elect and serve to assist the president in planning the yearly national meeting, attending regional NMPRA meetings, attending regular conference calls and providing valuable assistance to the board. The president-elect then becomes the president of NMPRA the following year and is responsible for planning the national meeting, facilitating regular NMPRA conference calls, coordinating with other national med-peds organizations as well as the working to keep NMPRA running smoothly. Following the year as president, the resident will become the immediate past president and providing advice and assistance where it is needed.

Secretary: There are 2 positions available. 1-year-term Duties are divided between 2 secretaries and include keeping minutes during NMPRA conference calls and meetings, coordinating with NMPRA program representatives and compiling the quarterly newsletter, The Perspective, with NMPRA and the AAP Med-Peds section. The secretaries are also play a crucial role in national NMPRA meeting with design of the program and surveys as well as assisting in any way needed.

Treasurer: 1 year-term
The treasurer works closely with the NMPRA Coordinator to manage NMPRA funds. They work closely with advertising for the national meeting and facilitating funding through sponsors. Also a voting member of the board, the treasurer plays an integral role regular conference calls and other important decisions at the national level.

To apply:

1. Email your application to president@medpeds.org or apply on the NMPRA website at www.medpeds.org
2. Please include a short (less than 250 word) description of why you would be good for the position
3. Please attach an updated CV
4. Letter of good standing and recommendation from Program Director

We welcome your applications! Now is your chance to get involved at a national level!
Med-Peds Community Launches New Website to List PubMed Articles Written by Med-Peds Physicians

Launched in December of 2011, the Med-Peds Authors Bibliography is an ongoing collaborative project of the Med-Peds Program Directors’ Association (MPPDA), the American Academy of Pediatrics Section on Med-Peds, and the National Med-Peds Residents’ Association (NMPRA).

The goal of the Med-Peds Authors Bibliography project is to compile a list of peer-reviewed literature by Med-Peds trained physicians.

This is a service provided by the Med-Peds community for those inside and outside the Med-Peds community looking to find research published by Med-Peds physicians. Because of the inability to search PubMed by the clinical training of the author, this list is not designed to be inclusive of all literature published by Med-Peds physicians. It is a list compiled by Med-Peds physicians based on their own publication and publications that they know of other Med-Peds physicians.

We are always looking to add peer-reviewed, PubMed cited publications to add to this list.

Peer-reviewed, PubMed cited publication can be added to this list as follows:

1. Find the references in PubMed
2. Select "Send to"
3. Select "File"
4. Select "MEDLINE" format
5. Select "Create File"
6. Save the file as "pubmed_result (LASTNAME).txt"
7. Email the file to bibliography@medpeds.org.

The Med-Peds Authors Bibliography is .txt files containing peer-reviewed, PubMed cited references in MEDLINE format. We chose this approach for the Med-Peds Authors Bibliography so that MEDLINE format text (.txt) file could them be downloaded and imported into standard reference manager software such as EndNote, RefWorks, ReferenceManager, etc.

If you have questions, comments, or contributions regarding the Med-Peds Field Bibliography, please email bibliography@medpeds.org.

More information about this project and the current Med-Peds Authors Bibliography file can be found at http://www.medpeds.org/resources/biblioauthors.asp.

2012 Internal Medicine-Pediatrics Match Synopsis

Scott Holliday, MD, FACP, FAAP
President, MPPDA

The 2012 Main Residency Match for Med-Peds turned into somewhat of a roller-coaster ride this year. The season started off red-hot out of the gate with the mid-September number of applicants comparable to our awesome 2011 match numbers. However, by mid-November, it was clear that we were seeing two phenomena that would affect our match outcome: earlier applications and applicants applying to more programs. As a result of applicants applying to more programs, there were more cancellations later in the season as well as a false sense of security for program directors with “usual” numbers of scheduled interviews. The lack of applications late in the year prevented programs from filling some of those cancellation spots.

The numbers for this year’s match show 77 Med-Peds programs participated in the match, unchanged from 2011. There were 362 positions, comparable to 365 last year. On the applicant side, there were 560 total applicants (342 U.S. allopathic seniors) who applied to at least one Med-Peds program. This was an 8% decline from 2011 (15% decline in US seniors). Of the 362 spots offered, 344 were filled in the regular match (18 unfilled spots) giving a 95% fill-rate. Comparatively, the 2011 fill rate was 99.2% with only three unfilled spots. Nationally, 76.2% of all Med-Peds positions were filled with US seniors.

For Internal Medicine, there were three more programs for 2012, with 398 programs offering 5,277 intern positions. There were 51 unfilled spots nationally at 21 individual programs. The overall match rate for internal medicine was 99% with 55.7% of matches coming from US seniors. These numbers are very similar to the 2011 match in which there was 56 unfilled spots at 18 individual programs and an overall fill rate of 98.9%. The fill rate with US seniors in 2011 was 57.4%.

In Pediatrics, there were two more programs offering intern positions for a total of 190. All together, 2,475 pediatric PL1 positions were offered, down 7 slots from 2011. The Pediatrics fill rate was 98.7% with 32 unfilled positions in a total of 12 programs across the country – also comparable to 2011 numbers. 70% of filled positions came from US seniors.

The Family Medicine match data for 2012 shows a growth of 4 programs for a total of 457 programs with 2,740 intern positions being offered in the match – an increase of 32 positions. There was a 94.6% fill rate with 149 unfilled positions at 66 programs. This was a slight gain over the 2011 fill rate of 94.4%. US seniors made up 48.2% of the filled positions in Family Medicine.

There was a decreased percentage of primary care positions offered this year. While the total number of primary care slots stayed pretty flat, the total number of overall residency slots offered increased some. Monitoring student interest in primary care is crucial in predicting our applicant numbers. With projected shortages of primary care physicians, we will need to be part of the “sales force” for primary care. Overall, the 2012 Med-Peds match data largely resembles our 2009 match data in total applicants and position fill rates, with one difference, the percentage of positions filled by US seniors remains significantly higher than match data from 2009 and the several preceding match years, when that percentage was consistently in the 60-68% range.

The last two years showed significant increases in Med-Peds residency applicants. In fact, last year the total numbers of quality applicants greatly exceeded the number of available positions. In order to resume those successes of recent years, our focus needs to be on encouraging students to continue in our specialty while ensuring that adequate training slots exist for the masses pursuing Med-Peds.
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