The MedPeds *News*

The official Newsletter of the National MedPeds Residents' Associatgion

Vol. 3 No. 1 ***sponsored in part by Weatherby Health Care*** **Summer 2001**

Welcome to NMPRA-L

by David Kaelber, MD/PhD

NMPRA-L is the National MedPeds Residency Association (NMPRA) listserver. This electronic email list was created in May of 2000 if an effort to enhance communication among members of NMPRA. As of July 1, 2001 over 150 members had subscribed to NMPRA-L.

For those of you not familiar with a listserver it is simply a list of email addresses on a computer, similar to an email alias. Whenever an email is addressed to the list and sent to the listserver computer, the email message is automatically sent to all of the email addresses subscribed to the list.

To subscribe to NMPRA-L, send a message to:
majordomo@po.cwru.edu.

The body text of the message should only include the message:
approve nmpra2000 subscribe nmpra-l your_email@address

(with your email address substituted for your_email@address)

When you subscribe to NMPRA-L you will automatically receive an email FAQ (Frequently Asked Questions) providing you with a basic introduction to the listserver.

To send (post) a message to NMPRA-L, send your message to:
nmpra-l@po.cwru.edu

We hope to have at least 500 MedPeds residents subscribed to NMPRA-L by June 2002, but need your help. Please subscribe and encourage other MedPeds residents to subscribe.

NMPRA-L has been set up as a monitored list which means that every message sent must be approved by the list administrator before being automatically forwarded. This eliminates any spam emails.

Appropriate items to send to NMPRA-L could include:
a) information about NMPRA issues and activities
b) general MedPeds resident questions, concerns, and issues
c) job opportunities
d) rotations available at other institutions
e) MedPeds newsletter
f) information about professional meetings
g) miscellaneous MedPeds topics

If you have additional questions about NMPRA-L, please direct them to me:
NMPRA-L list administrator
Case Western Reserve University
MetroHealth Medical Center MedPeds program
Cleveland, Ohio
dck3@po.cwru.edu.

NMPRA Elects a New President

A recent meeting of the Board of Directors saw the passing of the torch from Moira Ogden, MD to Lenore DePagter, DO. Lenore was raised in the Lower Rio Grande Valley of Texas, in the city of McAllen. She earned a Bachelor's degree in Biology with a minor in Chemistry from Southwest Texas State University. She is a 1998 graduate of the University of North Texas Health Science Center at Fort Worth, were she earned the degree of Doctor of Osteopathy. A PGY-4 and chief resident at Texas A&M University - Scott & White Memorial Hospital. Lenore has shown her dedication and commitment to NMPRA and you will recognize her name from her work as NMPRA treasure 1999-2000.

President's Corner

by Lenore DePagter, DO

We have made great progress with the presence of our organization in the few years since its conception. We have forged strong relationships with other organizations such as the MedPeds Program Directors' Association, the American Academy of Pediatrics, and the American College of Physicians. We have set up two annual scholarships to recognize outstanding MedPeds residents. A list serve and outstanding web site have been created to improve communication with our members and relay information to the public. More and more, our organization is being recognized as the representative group for the best residents in the country: *MedPeds Residents!*

The upcoming year will prove to been a very exciting and challenging one for NMPRA. We are developing a new membership and dues structure and are trying to overcome the difficulties of meeting with a membership which is so geographically diverse and living on such strict time constraints. A MedPeds pamphlet is under development to further educate the public about our chosen specialty. While we will continue to maintain our current database of MedPeds residents across the country, identifying and increasing our membership remains a priority.

My vision for the National MedPeds Residents' Association is to continue the great precedence that has already been set while increasing our membership and presence in the medical community. I am very proud to represent this organization and will cherish my experiences. I would like to have a chance to exchange ideas with as many members as possible and would like to hear from you. Please contact me at NMPRA@hotmail.com. Thank you and I hope to hear from you soon.

NMPRA scholarships awarded

This years MedPeds Scholarships awards were recently announced and we would like to congratulate them. This month we recognize

Brian Zimmerman, MD
winner of the 2001
Gary Onady Award
Dr. Zimmerman will also receive $1000 courtesy of
Weatherby Health Care

for application for next years awards please see our website

NMPRA
Board of Directors

President
Lenore DePagter, DO
Texas A & M University - Scott & White Hospital
Temple, Tx

Past-Presidents/Advisory Board
Moira Ogden, MD 2000
John Scheitler, MD 1999
Jeff Bates, MD 1998

Treasure
David C. Kaelber, MD, PhD
Case Western Reserve Univ -MetroHealth Medical Ctr
Cleveland, OH

Non Resident Advisor
Gary Onady, MD
Wright State Univ., OH

What's Happening in MedPeds?

NMPRA National Meeting
in conjunction with the
American Academy of Pediatrics
National Conference and Exhibition
Sunday October 21, 2001
2:00 p.m. - 4:00 p.m.
Marriott/Moscone Center
San Francisco, CA

NMPRA National Meeting
in conjunction with the
MedPeds Program Directors Assoc
in assoication with APDIM and the
ACP-ASIM Annual Session
Sunday April 8-14, 2002
Philadelphia, PA

NMPRA Annual Meeting

The annual NMPRA National Meeting will be held this year in conjunction with the American Academy of Pediatrics (AAP) National Conference and Exhibition, (formerly AAP Annual Meeting) in San Francisco on Sunday, October 21, 2001.

The meeting will provide you with the opportunity to:

- Learn the history of NMPRA
- Hear directly about NMPRA activities
- Voice issues of concern to NMPRA
- Help direct the future of NMPRA and MedPeds
- Meet the NMPRA Officers
- Network with other MedPeds residents
- Elect officers (TBA)

By holding our meeting in conjunction with the AAP, you will also have the opportunity to participate in all of the educational and professional activities offered by the AAP during their conference from Saturday, October 20 through, Wednesday, October 25. Please note that the AAP block rate for rooms at the Marriott is only good for reservations made through September so make your plans now.

In the past the AAP has made funds available to help defray the cost of travel to this meeting (please contact them for details).

Pediatricians Go To Capitol Hill

by Katharine L. Hurst, M.D.
Temple, Texas

The American Academy of Pediatrics (AAP) held its Thirteenth annual Legislative Conference on June 3-5 at the Ritz-Carton Hotel in Washington D.C. The attendees of the conference were 180 pediatricians from around the country, including several members of the AAP-Committee of Federal Government Affairs (COFGA), pediatricians in private practice and a handful of residents like myself. The Academy established its presence in Washington D.C. in 1970 to ensure that children's needs would be addressed by the federal government. It has become a respected, and trusted voice in the federal government arena for infants, children and young adults. The Department of Federal Affairs, also known as the Washington office, has 15 full time staff covering many complex child health related issues. The Washington office also regularly meets with the staff of various federal agencies, including the Department of Health and Human Services, the Centers for Disease Control and Prevention, and the Federal Communications Commission.

The focus of this year's conference was on addressing the issue of health insurance coverage for children. "More than nine million children are uninsured in this country, we need a healthcare system that provides consistent insurance and quality services for children," said Steve Berman, M.D., AAP president. The AAP has developed a plan to provide health care insurance for every child and adolescent regardless of family income. A bill entitled "Medikids Health Insurance Act of 2001" was introduced to the U.S. House of Representatives on May 3, under the sponsorship of Senators Jack Reed, D-RI and Jay Rockefeller D-WV, and is endorsed by the AAP.

Participants of the conference were enlightened on such issues as how to lobby Congress, coalition building and media training. Highlights of the conference included a trip to the Newseum, an interactive museum about the history of news, and a trip to Capitol Hill to put our newly acquired skills to work. I highly recommend the conference. I suggest you look for the flier next spring. Next year's agenda is anticipated to be a CAMPAIGN FOR TOBACCO-FREE KIDS. Pediatricians can join the Federal Advocacy Action Network (FAAN) coordinated by the AAP, at 1-800-336-5475, to receive legislative alerts and become more involved in child advocacy. The AAP Washington office can also be reached at **kids1st@aap.org**

Wanted: NMPRA Officers

If you or someone you know is interested in becoming involved in NMPRA as an elected or appointed officer, please contact us at:

NMPRA@hotmail.com

NMPRA Announces New Coordinator

NMPRA would like to announce the addition of a new member to the team: Renee Gaines. Renee is based out of New Orleans, and has experience working with MedPeds residents. She will be doing much of the foot work which needs to be done contacting programs and updating resident contacts in addition to collecting dues and handling NMPRA correspondences. She will also serve as a contact person between NMPRA members, Program Representatives and the Board of Directors. If you have any questions about NMPRA, want to become a member or Program Representative, or want to purchase a NMPRA lapel pin, please contact her: Rgaine@lsuhsc.edu

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Moonlighting 101

by Jeff Bates

What is moonlighting?
Moonlighting is a term used by physicians to describe additional work they do outside of their regular job. While it does occur in private practice after residency it is primarily an issue for residents. Depending on the specialty of residency and the remands on ones time as many as half of the 3rd year residents have moonlighting jobs.

Why moonlight?
Money is the primary motivation. Moonlighters can make from 20-$150/hr but average about $60/hr. This can easily double a residents salary without doubling his work load. While money is often the first reason to moonlight there are many additional benefits. Most residents report that they gain valuable experience not obtained in their residency training. Many argue that independent decision making can't be learned any other way and if not learned during moonlighting, will start at their first job after residency. Often attending physicians report that they can tell the difference in residents who have been moonlighting. Additionally, moonlighting provides different working environments and will help crystallize the needs for the first job after residency.

Who should moonlight?
The first year of any residency is spent trying to learn to function at the basic level of a physician. Usually by the middle of the 2nd year or in the 3rd year most residents have competent skills to moonlight. It comes as no surprise that those with higher debt burden are more likely to moonlight. It has been reported in some surveys that ER residents feel that they are better trained than other residents to moonlight in emergency rooms. While there is some validity to that argument in large volume ER's with full sub-specialty backup. However this is not where most residents moonlight. With 85% of ER visits primary care in nature a primary care resident can usually handle most cases. In fact, trauma is a surgical disease and cannot be cured in the ER by an ER resident any more than by a primary care resident, Similarly. Psychiatry and OB case are handled by their sub-specialties. The role of the ER doctor in these cases is to stabilize and consult the appropriate services. Many of the skills of the primary care physician come in to play with admitting decisions, referrals, and even following patents admitted to the hospital until the primary provider has seen them.

Moonlighting Reference Books

-Tarascon Pocket Pharmacopoeia, 2001
-Emergency Medicine: A comprehensive study guide,Tintinalli, Judith E., 2000, McGraw Hill
-Emergency Radiology, Schwartz DT, Reisdorf EJ,2000, McGraw Hill
-The 5 minute pediatric consult, Schwartz, MW, 1997, Williams and Wilkins
-Adult Emergency Pocketbook, 1999 (Tarascon)
-Pediatric Emergency Pocketbook, 1999 (Tarascon)

When will you find the time?
It is usually easier to determine the months that you absolutely cannot moonlight. ICU months and ward months are usually impossible even without extra curricular activities, however many elective months and call free months still exist. Some residents even use their vacation time to moonlight. While some residents may work more than 100 hours a month the average is closer to 25 hrs a month The trick is to balance moonlighting with residency so as not to get bored and disinterested in residency and lose sight of your priorities. Rather use the experiences moonlighting to stimulate and direct the remainder of your residency training.

Visit our All New Website at:
www.MedPeds.org

Where?
Historically the most common places that residents moonlight is in Emergency Rooms located near their residency training program and opportunities within the program itself. While a few residents still have these internal opportunities, recent RRC rulings have caused most programs to stop this practice. If you have these options-Great, but know that they are drying up quickly. Also note that ERs are not all created equal. ER volumes range from 2000 patients visits a year to 100,000, with most in the range of 10-30,000. For perspective, on average, 1 patient an hour is 8760/yr, 2 is 17,520/yr, and 3 is 26,280. With fewer patients presenting between 1am and 6am often 1 patient an hour usually means a good chance of sleep at night and 2 patients an hour during the day. Most ERs with volumes over 10,000/yr require board certification and probably even ER board certification. Needless to say that the slower paced ER is the best place to get your feet wet. In general the slower the ER the less money. Some residents have found that if the volume is low enough one can spend many more hours moonlighting and have still have lots of free time while at work. For example at ER #1 you can make $60/hr and see 30 patients in 12 hours but can only work 12 hours at the time because of the demands or because of scheduling for a total of $720. However ER #2 only pays $40/hr but you can work 48-60 hrs over the weekend and see only 20 patients for a total of $1920-2400. You get more sleep and have a slower pace to learn as you go.

How?
Basic requirements when one has no ER experience include the ACLS and PALS training that you probably already have. Additionally you should make an effort to get trained in ATLS (advance trauma life support). Having books on hand is also a given. Most residents take a full book-bag with them to moonlight. You will need a good ER text and a radiology text at the minimum. Other useful books are the ones already have from residency. The standard recommendations are include below (Table A). In addition to books it is important to know who the local admitting physicians in the community, what are your referral sources, and where are the helicopters and trauma centers located. Also, do they have a system to have radiology read questionable x-rays and All CT scans? A final back up mechanism most resident make use of is there backup systems from their residency programs. It is often easy to get a Urology, Orthopedic or Ophthalmology resident on the phone to help you sort things out. You can return this favor one night too. Additional good and supportive faculty who are on call for the teaching service at your residency can also be helpful.

What about Liability?
Some reports are that 1-3%of resident moonlighters are sued. Standard malpractice coverage is $1,000,000 per act and $3,000,000 per policy. Prices vary considerable by region but for a moonlighting resident this may cost $4000/yr. Most ER staffing companies have policies to cover you. Something to look out for is "tail" coverage. This is to cover you for things in the past once you move on to greener pastures. Remember that pediatrics patients can usually sue until a few years after they turn 18. This means twenty years of tail coverage for infants.

Li J, Tabor R, Martinez M: Survey of Moonlighting Practices and Work Requirements of Emergency Medicine Residents. American *Journal of Emergency Medicine* 18: 2000.

Chisholm C: Editorial, Survey of Moonlighting Practices and Work Requirements of Emergency Medicine Residents. American *Journal of Emergency Medicine* 18: 2000.

Berlin L: Liability of the Moonlighting Resident, *American Journal of Roentgenology* 171:565-7, 1998