On Saturday, April 18, 2009, almost 100 medical students, residents, and attendings from across the country gathered at Christiana Care Health System in Newark, Delaware for the annual Northeast Regional Med-Peds Meeting. A full day of education and camaraderie was enjoyed by all and was sponsored jointly by Christiana Care and the National Med Peds Residents’ Association. In attendance were 33 medical students representing 15 allopathic and osteopathic medical schools from as far as Florida. Also in attendance were 61 residents and attendings, representing about 12 different Med-Peds Residency programs. This included many alumni of Christiana Care’s residency program, from as far as California and Texas, who came back to celebrate the program’s 20 year anniversary.

The Keynote Address was given by Kim Bates, MD, FACP, FAAP, a graduate of Christiana’s Med-Peds Program, and currently a Med-Peds faculty at Ohio State University. During her inspiring and energetic talk on “How to Be a Young Med-Peds Leader” she shared her successes and struggles with starting the local chapter of the ACP Council of Young Physicians in Ohio. Other great talks were given by local faculty from Christiana Care and Nemours/A.I. duPont Hospital for Children, as well as invited faculty from Baystate and Johns Hopkins. Jessica Wilson, MD, NMPRA president, gave us an update on that organization. Several of the talks were video-taped and will be posted on the NMPRA website.

Special thanks go out to Jen Packard, MD, PGY-3, Allen Friedland, MD, FACP, FAAP, Program Director, and Debbie Harris, Program Coordinator for planning this awesome, very successful event. They intend to create a “How-To” manual to share some helpful hints and the obstacles they overcame in order to plan a meeting such as this, which will be made available in the near future.

Tony Bianchetta is the Associate Program Director of Med-Peds at Christiana Care Health System.

C O N G R A T U L A T I O N S  T O  O U R  2 0 0 9 - 1 0  B O A R D !

Kierstin Cates Leslie, MD
President

Jessica Wilson, MD
Immediate Past President

Jennifer McEntee, MD
President-Elect

Chris Sepich, MD
Treasurer

Ashley Rowatt Karpinos, MD
Co-Secretary

Sarah Thornton, MD
Co-Secretary
Dear Med-Peds Colleagues,

As we leave spring behind and eagerly look forward to summer, I want to congratulate everyone – for the interns, congratulations on surviving. To the recently graduated students, your work is just beginning! And to graduating 4th year residents, we look forward to your continued involvement in NMPRA.

As I reflect on my final weeks of presidency in NMPRA, I look back in wonder and amazement at what we have accomplished this year. NMPRA has had many exciting accomplishments, including an extremely successful national meeting in Boston and Northeast regional meeting in Newark, DE, spectacular updates to our website, and a strong commitment to promoting Med-Peds to future residents as evidenced by our presence at the recent AMSA meeting. We are proud to announce the return of the Midwest regional meeting in 2009 and New Southern and Southwest conferences this year in Florida and North Carolina. We also look forward to the Northeast meeting at Bay State this year.

I would like to take time out to thank everyone who made this year possible. Dana Wymer has served as our job board coordinator and works tirelessly behind the scenes. Arlene Chung, this year’s Past-President, was always available to answer questions, make suggestions, and help any way she could. John Ragsdale served as our treasurer this year and set the NMPRA record for fundraising for our national conference and has set the bar high for all future treasurers. Finally, I would like to congratulate the editor and person responsible for all of the NMPRA Perspectives this year, our secretary Janelle Clauser. Most people do not realize that the position of secretary is probably the hardest of the entire executive board. Janelle was also responsible for the majority of our website updates and will remain on NMPRA’s website committee. Cheryl Dempsey is our coordinator and the glue that keeps us together. She is responsible more things than I can list and so I will only say that she is invaluable! Emery Chang is our Travel advisor and is responsible for the luxurious experience of each National conference. He also serves as our financial advisor and is the master price negotiator and I am happy to have him on our side. I can’t say enough about Dr. Allen Friedland, Dr. David Kaelber and Dr. Mike Donnelly, our faculty advisors; their commitment and advice has been priceless in furthering NMPRA’s goals. Dr. Kaelber also serves as our resident computer genius and webmaster. We would like to thanks their families for putting up with us and allowing us to occupy so much of their time.

NMPRA is only as strong as its members. WE NEED YOU!! Please plan to join us at our Regional Meetings and mark your calendars and plan your vacation requests to join us for the 13th Annual NMPRA National Conference in Washington, DC on October 17th, 2009! This will be a monumental event as we celebrate 40 years of Med-Peds. NMPRA is also joining the Med-Peds section of the AAP in a collaborative Med-Peds welcome reception on Sunday, October 18th. To ensure that you leave your mark in Med-Peds history, don’t forget to enter for one of our many award competitions including the clinical case competition, advocacy ward, and several others. See the website for further details. We have extended the deadline for the above awards just to include you so please take advantage!!

Thanks again for taking the time out to read this quarter’s prospective. We are excited to have Kierstin Leslie as our Newest NMPRA president. I have complete confidence that she will continue and improve upon the great work that NMPRA has done.

I look forward to continuing to serve you as this year’s NMPRA Past-President.

Thanks again for ALL your support throughout this year.

Jessica Wilson
The med-peds community is full of happy and well-adjusted physicians with challenging yet satisfying careers. On the other hand, sixteen months of internship in two disciplines can be daunting and exhausting. So how did all our mentors and senior residents make it through? The following covers the smaller facets of a healthy, productive internship.

Be human: The foundation of a physician is a healthy lifestyle. Don’t lose sight of the things you loved prior to residency. Significant others, family and friends have to take priority—there will be an adjustment to your busy schedule, but you’ll still need them as much as they need you. Exercise, read for pleasure and (don’t tell your peds patients) just sit in front of the TV to decompress. Relieve stress in the same ways you used to, but be cautious with alcohol. Sleep is precious, but it can’t be your only recreational activity.

Be humble: “I don’t know” is a sign of strength. Supervising residents and attendings appreciate interns who know their limitations. In the first few months and after the first switch to the other side, ask for help rather than guessing.

Be confident: Know your limitations, but break through them. Nothing builds your repertoire like reading on your patients. When switching for the first time, it may feel like July 1st again, but it’s not. You’ve already have several months experience caring for patients and utilizing resources.

Observe your surroundings: medicine and pediatrics can be complementary. Let your knowledge of each work for the other. You may be the person most familiar with a Fontan on adult cardiology rounds. And you may be the NICU resident who’s treated the most heart failure. Let your strengths shine. This being said, be cognizant that not all the subspecialities are as complementary (oncology is a good example).

Embrace the system: Med-peds interns are likely to be in twice as many hospitals/wards/units/clinics as their categorical counterparts. Frustrating as it is, different systems operate differently. Make your goal on the first day to seek out unit communicators, nurses, radiology and other resources. Talk to your fellow interns before starting a new rotation to get information about rounds and team structure. Tape your computer log-ins to the back of your ID badge. Find the bathroom, call room and cafeteria.

Join the program: Across the country, Med-Peds programs have a uniquely familial bond for many reasons. Regardless of your comfort level within the program, always maintain good communication with your program director, chief resident and colleagues. Med-Peds is a field where you cannot afford to be isolated: too many requirements and too many good people to miss out on.

Always do right by the patient and you won’t go wrong. Good luck!

Stephen Malcolm is a PGY-3 at the Medical College of Wisconsin, Med-Peds program
The Med-Peds Tri-County

With three important med-peds organizations with separate executive committees (or boards of directors) all working to advocate for Med-Peds, is it time to ask for a more coordinated effort to support med-peds nationally? While there is already close communication between the three organizations, it is time to foster even further collaboration.

NMPRA

For starters, we should recognize the efforts within each of the organizations. Let me start with the National Med-Peds Residents’ Association (NMPRA) with its 2,800 members (over 1,200 graduates, 1,600 residents and 50 students). This organization is run by residents who balance their work and home responsibilities alongside NMPRA affairs. Despite these barriers, their accomplishments are broad and diverse! The leadership of NMPRA is also diverse, including women and minorities. If you haven’t noticed, the website is all updated. Soon this site will have more information for “fellows” that have graduated from Med-Peds residency programs in order to provide information and a sounding board for current and future fellows. The Med-Peds bibliography site has a thorough compilation of Med-Peds articles with pubmed links. The match data is accurate and coordinators can even update a program’s information in real time. Programs can post their Med-Peds electives (with a higher match rate into host programs posted on the NMPRA site) and Med-Peds jobs can be posted inexpensively ($250 for a 6 month period). For residents who come from Med-Peds programs that have closed receive membership for free. For others, dues have remained constant at $15 per person or $150 per program with 10 or more residents (no increase in dues despite a downturn in the economy).

Annual meetings are linked with the Med-Peds section of the American Academy of Pediatrics (AAP) each October with NMPRA bringing in over 100 participants and showcasing clinical cases winners (co-sponsored by the Med-Peds Program Directors’ Association), resident advocacy winners and the Dr. Onady and Dr. Schubiner resident awards.

Student membership is free. The website now includes documents to help start a local Med-Peds interest group and students have the ability to download a narrated version of the “speaker’s kit.” NMPRA recently attended the national AMSA fair in March 2009 and Med-Peds was represented in a combined residency panel discussion at this meeting. NMPRA provided “seed money” for new initiatives including a new New York Area Med-Peds interest group where students have been traditionally less exposed to Med-Peds.

For residents, there are documents to help find international electives, a fellowship guide, information on how to create your own regional Med-Peds meeting and to help graduates find a job. Wow, NMPRA has done a lot!!

AAP Med-Peds Section

Next, let us turn to the American Academy of Pediatrics (AAP) Med-Peds section in conjunction with the American College of Physicians. When medical students join the AAP, they now have the chance to join the Med-Peds section! Since recently starting this free initiative, there are now over 200 student members representing all 4 years of medical school. They receive a welcome letter and information about Med-Peds when they join. There are section programs at each national AAP (fall) and ACP (spring) conference. A clinical case competition began last year with 36 submissions. Starting this year, residents can now join the section for free! The section has specific committees and groups each with its own list serve that focuses on practice (ambulatory and hospitalist), academics, residents and students. At the upcoming October 2009 meeting in Washington, D.C., the section is proud to announce a new program focusing on the accomplishments of Med-Peds over its 4 decades as a combined specialty. This program will also give you the opportunity to host your own residency program reunions in the nation’s capital. NMPRA and MPPDA will help co-sponsor the reception. If you know of Med-Peds graduates with special accomplishments, there will be an opportunity to showcase them. Just let me know.

Currently, the section has 3 manuscripts in various stages of development that relate to Med-Peds in procedures, mental health and the impact of combined residents on categorical pediatric residents.
In addition, the section has developed a “PHD program: Pediatrician Health Day” for pediatrician participants who come to the exhibit hall for the October 2009 AAP National Convention and Exhibition. Participants will learn about updated guidelines for their own health promotion and screening in addition to how to find an internist. This unique program will be run by Med-Peds volunteer physicians and residents!!! What a way to demonstrate the value of Med-Peds to the entire AAP membership! Volunteer 1-2 hours to be part of this new initiative.

Currently, there are 731 dual AAP-ACP members. There are now 115 ACP fellows who are Med-Peds trained. In April 2009, Med-Peds celebrated a second Master of the ACP (John Chamberlain, MACP, FAAP). The website has been updated along with “Med-Peds 101” and brochures for patients and employers.

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**MPPDA**

Finally, let me describe the Med-Peds Program Directors’ Association (MPPDA) and its accomplishments. MPPDA now has over 200 members. A curriculum website has been more fully developed for program directors to download curricula to improve programs. Directors can have their accreditation application (Program Information Form) reviewed for style and content by other directors. The MPPDA membership has the opportunity to update the Med-Peds requirements by working with the Residency Committees (RC) for the 2011 update. The MPPDA is working with both boards on a Maintenance of Certification study and will work on a study about initial certification.

Med-Peds is developing its approach to a position of leadership nationally in the transition of youth with special health care needs to adulthood. There is a Med-Peds director or graduate on each of the Association of Program Directors’ in Internal Medicine (APDIM) committees (including the APDIM Council) and on several task forces for the Association of Pediatric Program Directors. Med-Peds is at the table of the Primary Care Organization Consortiums (PCOC) and the AAP Committee of Pediatric Education (COPE), the American Board of Pediatrics Program Director Committee and Residency Committee (RC)- Internal Medicine.

We have worked with the Medical Group Management Association (MGMA) to get better compensation data for Med-Peds physicians. We also have better data about Med-Peds electives, osteopathic graduates and school of origin of Med-Peds applicants. MPPDA had its first poster presentation for Med-Peds faculty and directors in May 2009 with 14 posters.

Leaders from all three organizations now meet face to face at each national and regional event. The purpose is to reduce redundancy and to prioritize strategy and provide focus; an almost unofficial “Association of Med-Peds Organizations.” I see the synergy happening with our determination to work together. It is really exciting. So, would you like to become more involved in the organizations that provide valuable resources across the continuum for Med-Peds? Encourage students, residents and program graduates to do the same.

Happy Birthday Med-Peds, and make sure you join us in October to celebrate 4 decades at the AAP-NCE in Washington D.C.!!

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Dr Allen Friedland is Director of the Med-Peds Residency Program at Christiana Care Health System. He is also faculty advisor to NMPRA.
Environmental awareness has become popular over the past years, but reducing use and being green can save lots of money directly and over the long term. Further, with polar ice caps melting, deforestation, and continued global warming gas emissions, we are out of time to reverse course and must act now. Here are some ideas of what you can do now.

**Electricity.** Idle electronics use up to 10% of a home's background energy. This includes our TVs, DVRs, DVD/CD players, computers, monitors and many other appliances that are in standby mode waiting to be used. Putting these machines on power strips allows you to truly turn off these machines as well as protect them from harmful electricity surges.

**EnergyStar.** Buy appliances that have the EnergyStar rating, which meet strict energy efficiency standards. In 2008, EnergyStar saved the equivalent of gas emissions from 29 million cars and $19 billion in energy savings.

**Heating & Cooling** uses about 56% of the average household’s energy. Having a programmable thermostat, you can set temperatures to save energy during the usual times that you are out of the house. Also, having proper insulation in the roof and walls, double-paned windows, sealed doors and windows all can have a dramatic effect on your electricity bill. Many utilities have programs which have a control to limit use during emergency periods of high demand, usually over summers. They offer often a significant discount if you participate and this reduces the use of more inefficient and dirty sources of power during these peak times.

**Water heaters** set at a cooler temperature, will save money, electricity and be safer. If you are turning on the cold water on during your shower to cool down the temperature, then you're water heater is set too high. Tankless water heaters are significantly more efficient since you are only heating water when you need it.

**Eat less meat.** Eating animal products consumes significant about of energy. In the raising of beef and dairy products, cows produces millions of tons of methane gas into the atmosphere. Further, forests are often cleared for ranch and pasture lands. Reducing the amount of meat and dairy products can reduce the environmental impact of your food and often be more healthy and cheaper.

**Buy local.** Food and water shipped from the other side of the world wastes significant amounts of fuel and loses freshness. Shopping at local farmers markets supports local growers, reduces the carbon footprint of your food, is fresher and often cheaper than the grocery store.

**Reuse** bags, cups, utensils, plates and everything else. Reducing what you use saves money in the long run and of course is better for the environment. Plastic cups, plates and utensils are easily washed or replacing these with china gives a better eating experience. Less goes to the landfill, less expenses for businesses and better for all.

**Gas and mileage.** Of course biking and walking to destinations is healthier and saves gas. But also buying a manual transmission is cheaper and usually get a few miles more per gallon of gas. Hybrids also reduce your fuel use significantly. Consolidate trips and carpool when you can.

**Light bulbs, fireplaces, candles.** These are all inefficient sources of light and heat. Replace incandescent lights with compact fluorescents. Use gas fireplaces over wood burning. Just stop using candles which releases CO2 into the atmosphere.

We have a long way to go to help reverse all the climate changes already in progress. If we don't start now with existing technologies and altering our habits, we'll have drastic costs and loss of quality of life. You can be part of the solution or part of the problem, but there is no true in between. Checkout: [www.energysavers.gov](http://www.energysavers.gov) & [www.energystar.gov](http://www.energystar.gov)

Emery Chang is the NMPRA Travel Advisor and Past Treasurer. He is a Med-Peds attending at UCLA Medical Center.
**AAP Med-Peds Section Corner**

**ATTENTION SECOND YEAR RESIDENTS!**

The Med-Peds Section is looking for a current second year resident to serve as the resident representative for the AAP/ACP Med-Peds Section Executive Committee. This position is a two-year commitment that will start in October 2009 and end in October 2011. The Med-Peds Section is dedicated to promoting and enhancing the practice of physicians trained in both specialties. The Section is also committed to advocacy, education, improving communication, and research related to the practice and training of physicians in combined Internal Medicine and Pediatrics. The resident representative responsibilities include developing and promoting activities to address the needs of medical students interested in Med-Peds, residents and fellows in training programs, and Med-Peds physicians who are within 5 years of completing their residency training. For more information, please contact Jackie Meeks (current resident representative) at Jacqueline.P.Meeks@uth.tmc.edu or visit our section website at: http://www.aap.org/sections/med-peds/

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**CLINICAL CASE COMPETITION**

Med-Peds Clinical Case Competition at the 2009 AAP NCE meeting in Washington, D.C. sponsored by the Med-Peds Section. We will start accepting abstracts during the Spring. However, now is the time to start thinking of cases that you think would be interesting to both internist and pediatricians. Submission details will follow.

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**JOIN THE MED-PEDS SECTION OF AAP!**

Did you know that the Med-Peds Section has a "Job Search Guide" specifically for Med-Peds residents/trained physicians? Did you know that the Med-Peds Section can help you find a mentor who can help you with career goals/plans? The Med-Peds Section exists to serve YOU! As an AAP resident member, the Med-Peds Section (as with all other AAP sections) normally charges residents $10 for section membership. However, for a limited time the Med-Peds Section will be waiving resident membership dues.

Be Involved. Join now for FREE! To join, go to the Med-Peds Section website at:

http://www.aap.org/sections/med-peds/

Just click on the "JOIN" tab. You can return the completed application form via fax/email/mail. For more information, feel free to contact Jackie Meeks at: Jacqueline.P.Meeks@uth.tmc.edu or David Kaelber at david.kaelber@case.edu
Submit applications for:

- Clinical Case Competition Award
- Advocacy/Community Service Award
- Onady and Schubiner Awards

See [www.medpeds.org](http://www.medpeds.org) Residents section for more information

Deadline August 1st, 2009
Celebrating 40 years of Med-Peds

See our website for more information on:

- Hotel Discounts
- Rental Car Discounts
- Airfare Discounts
- How to register

“Where Statesmen Dine”
WHAT’S NEW AT NMPRA?

www.medpeds.org

Check out our website for more information about:

- National Conference October 2009
- Upcoming Regional Meetings
- Jobs board
- Fellowship Guide
- 2009 Advocacy and Clinical Case Competition
- Discounts on car rentals, software, and more
- Medical resources including free PDA downloads
- Med-Peds Bibliography

To celebrate NMPRA’s new international grant which it will be offering for the first time next year, The Perspective will have a quarterly focus on international rotations. If you have done an international rotation and would like to write an article for publication in The Perspective, contact:

secretary@medpeds.org

Other topics are welcome, as well as announcements and information pertaining to the Med-Peds community.

Stay tuned for more information on the joint NMPRA/AAP Med-Peds Section event at the national conference on October 18th!