

# The National MedPeds Residents' Association

## *Newsletter*

Vol. 1, No. 8 Spring 1999

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### **The State of the Union:**

### **NMPRA accomplishments**

The National MedPeds Residents' Association has been in operation for 18 months. The following is a list of our accomplishment and assets to date

- Organized MedPeds Residents at 75% of the 107 programs with a resident representative to NMPRA
- Represented MedPeds at the National Meetings of the:
  - American Medical Association (AMA)
  - American College of Physicians (ACP)
  - American Academy of Pediatrics (AAP)
  - MedPeds Program Directors Association (MPPDA)
  - Southern Medical Association (SMA)
  - National Consortium of Resident Physician Organizations (NCRPO)
- Promoted the term *MedPeds* and the slogan *Specialist for Adults and Specialist for kids* with the production and distribution of over 800 lapel pins
- Improved Communication between MedPeds residents and practitioners with the distribution of 8 issues of the NMPRA Newsletter
- Improved Communication with the construction of a user friendly comprehensive website [www.MedPeds.org](http://www.MedPeds.org)
- Improved Awareness of other Physician Organization MedPeds with the NMPRA display at the National Meetings of the:
  - Southern Medical Association (SMA)
  - American College of Physicians (ACP)
  - American Academy of Pediatrics (AAP)
- Established ties with the Southern Medical Association including free space at their annual meeting for a MedPeds display and funding for Board Members to travel to other meetings
- Established an Annual National MedPeds Conference
- Created an organizational infrastructure with a Board of Directors, Resident Representatives, a Coordinator, an Advisory Staff and a Liaison to the MPPDA
- Promoted MedPeds with "What is MedPeds?" an article in *Southern Medicine* and a MedPeds ad in the *Southern Medical Journal*

### **Taking the Next Step**

With the wonderful success of NMPRA in the last 18 months, the Board of Directors has agreed to take the next step as a National Organization. We are currently in the process of incorporating as a non-profit organization. This will allow us to raise money for resident scholarships, pay a part time non physician coordinator to keep the many details of the

organization running, and to pay for the website and the Newsletter. To help accomplish this and we will implement a dues structure with a very reasonable charge of \$15/resident/year. It is anticipated that the MedPeds Program Directors will endorse MedPeds programs paying their resident's dues. This approach has been used by the Emergency Medicine Residents' Association and has been very successful. We will also be setting up drug company sponsored tele-conferences which include unrestricted educational grants to help individual programs raise money for this and other projects.

## NMPRA

### Board of Directors

#### *President*

Jeff Bates, MD

Texas A & M Univ./Scott & White Hospital

#### *President-Elect*

William Grella, MD

St. Joseph's/Mt Sinai, NJ

#### *Non Resident Advisor*

Gary Onady, MD

Wright State Univ., OH

#### *MPPDA Liaison*

Tommy Cross, MD

LSU/Shreveport, LA

#### *Appointed Resident Advisory Group*

Moira Ogden, MD, LSU/New Orleans

Stuart Pickell, MD, Univ. of Mississippi

Munish Khaneja, MD, SUNY Brooklyn

Jennifer Koestler, MD, Mt. Sinai, NY

Michael Visick, MD, Univ of Rochester, NY

John Schietler, MD, East Carolina Univ, NC

Mike Brown, MD, MC Ohio

## What's Happening in your MedPeds Region?

### *Calendar of Events*

We have divided the country into 5 MedPeds regions in the interest of improving communication on a local level.

**REGION I:** Virginia, North Carolina, Georgia, Florida, Alabama, Tennessee, (South Carolina)

**REGION II:** New York, New Jersey, Delaware, Maryland, District of Columbia, Pennsylvania, Connecticut, Rhode Island, Massachusetts, (Vermont), (New Hampshire), (Maine)

**The First Annual Northeastern Regional Medicine Pediatrics Conference** and NMPRA will meet Saturday June 12<sup>th</sup> at Mount Sinai (100th St. and Madison Ave) New York, NY.

For more info contact:

Jen Koestler, MD

koestler@worldnet.att.net

or NMPRA@aol.com

**REGION III:** West Virginia, Kentucky, Ohio, Indiana, Michigan, Illinois, Wisconsin, Minnesota, (Iowa)

***The 3<sup>rd</sup> Annual National MedPeds conference and The 3<sup>rd</sup> Annual NMPRA business meeting*** is March 24 & 25, 1999 in Toledo, Ohio.

For more info contact:

Nanette Drain

(419) 383-3687

or NMPRA@aol.com

***The 2nd Annual Chicago Area MedPed meeting*** and NMPRA will meet in Chicago during the AMA meeting June 19, 1999. A FREE dinner is planned.

For more info contact:

NMPRA@aol.com

#### **REGION IV: Texas, Louisiana, Mississippi, Arkansas, Missouri, Nebraska, Kansas, Oklahoma**

***The Southern Medical Association*** will meet Nov 10-14, 1999 in Dallas. NMPRA will have a booth to promote MedPeds and NMPRA will meet. The SMA offers FREE admission for residents to their conferences. A FREE dinner is planned.

**REGION V:** California, Arizona, Utah, Hawaii (New Mexico), (Colorado), (Nevada), (Idaho), (Oregon), (Washington), (Montana), (North Dakota), (South Dakota), (Wyoming), (Alaska)

***The MedPeds Program Directors*** will meet April 29-May 1 in San Francisco. Jeff Bates, MD will speak on behalf of NMPRA.

## **The National MedPeds Conference**

by C. Mike Brown, MD  
Medical College of Ohio  
Toledo, Ohio

The Medical College of Ohio in Toledo was honored to host the second national meeting for the NMPRA. Over the weekend of March 5-6, 1999 our residency hosted representatives from programs across the country at a conference that has started what we hope will grow and become a cornerstone for MedPeds residents, physicians and NMPRA.

The idea for the conference came during the AAP meeting in San Francisco. While attending the conference, I met Jeff Bates and William Grella along with several other MedPeds residents. During the week-long conference we were frustrated by the lack of representation and organization for MedPeds residents. Our MedPeds program at MCO sponsors an annual one-day conference for residents and community physicians each spring. We thought it would be easy to combine efforts and host a national meeting for MedPeds residents in conjunction with our annual conference.

Unfortunately, even though we send copies of the brochure to all the programs listed in the green book, advertisement for the conference was late in getting out. Nonetheless, we had representatives from U Connecticut, St. Joseph's Hospital in New Jersey, Akron, Wayne State in Detroit, Wright State in Dayton, Rush in Chicago and Texas A&M. The conference was also well attended by local physicians.

On Saturday Gary Onady, MD, Program Director from Wright State gave a national update on how well MedPeds physicians and residencies are doing across the country. Data from his talk can be found in the April edition of Contemporary Pediatrics. Gary was followed by Keith Boyd, MD, Program Director from Rush, and President of the MedPeds Program Directors Association, who spoke on the history of MedPeds, the direction it is taking, and problems/solutions residency programs around the country are facing.

Jeff and William concluded the conference with a summary of NMPRA's conception, an update on current status including new associations with SMA, AAP, AMA and MPPDA. Goals and objectives for the upcoming year include a developing a dues structure, establishing a budget, continuing to network with other groups, planning the next national conference, and continuing to solidify the NMPRA as a viable, workable entity.

## Post Call Auto Accidents

by Bertrand Bell, MD

I have for many years commented upon the very common occurrence of post-call automobile accidents. In fact I am aware of two deaths and of many instances of serious injury. However, I have not kept a register and when I talk about these cases I get the usual palaver from program directors that "this is anecdotal". Last Fall one of the residents at our hospital was killed in a single auto accident post-call. His car went off the road and hit a tree. This is a preventable horrific tragedy. While most normal people are aware that sleep deprivation is a cause of auto accidents, I suppose it is time to collect data and then insist that program directors have in place measures to deal with post call driving (e.g. in New York City utilizing taxi cab services). I would be interested in information on similar documented cases, your thoughts on a national questionnaire and on measures to deal with this awful situation. [bbell@aecom.yu.edu](mailto:bbell@aecom.yu.edu) *Note: Dr. Bell is previously know for the Bell Commission Ruling in NY requiring no more than an 80 hour work week for residents in NY.*

## MedPeds Fellowships

NMPRA is compiling a list of MedPeds graduates who have completed fellowships. We would like to have a list of all of them but we are especially interested in those folks we have been able to combine Internal Medicine & Pediatric subspecialty requirements leading to subspecialty boards in both. If you know anyone or even heard their name, forward it to us. This project is being headed up by Marisa Turner, MD, PGY-2 LSU-Shreveport. [NMPRA@aol.com](mailto:NMPRA@aol.com) or fax 254-780-1216

## Med-Peds in the Physician Workforce

by Gary Onady, MD  
MedPeds Program Director  
Wright State Univ  
Dayton, OH

Medicine/Pediatrics Physicians are rapidly entering the physician workforce, which reflects the growing number of residents completing training. There are now over 2,000 Med/Peds physicians that practice in all 50 states. Residents should be interested in the variety of career options available as they begin to interview and choose their own practice environment. We begin with asking the question, "What are my options?"

Med/Peds residents are probably aware of earlier data demonstrating 64% - 75% of Med/Peds physicians choose primary care practices in which 87% see both adult and pediatric patients. More recent data from a survey of over 900 Med/Peds graduates conducted by the American Board of Internal Medicine and the American Board of Pediatrics expands on the practice style in these settings. The majority, 90%, of Med/Peds physicians practice in multispecialty group settings that includes general internists (52%), general pediatricians (43%), family physicians (40%) and Med/Peds physicians (38%). Another 28% of Med-Peds physicians are in practice with subspecialty internists and 21% with subspecialty pediatricians. This spectrum represents the greatest range of practice options among primary care physicians as only 20% of family practice physicians practice in multispecialty group settings.

The Boards also surveyed the spectrum of care provided by Med-Peds physicians. A nearly identical majority of Med-Peds physicians provide for inpatient adult (70%) and pediatric (69%) care. Medical intensive care coverage is provided by 52% of Med/Peds graduates with Coronary Care Unit coverage provided by 38% of physicians surveyed. Level I/II Neonatal Nursery care is provided by 42% of Med/Peds physicians and 20% of physicians surveyed provide for Pediatric Intensive Care.

With the wide spectrum of care provided by Med-Peds physicians, it has been demonstrated that these physicians provide a significant proportion of family care. Outcome measures have demonstrated a Med-Peds practice style in which 33% - 40% of medical care is provided to families with children, which compares to 15% - 27% for family physicians. Outcome measures indicate that Med-Peds physicians provide for a higher level of illness visits, but additionally provide more health

maintenance care across all ages when compared to family practice physicians. The frequency and spectrum of ambulatory based procedures (gynecological, orthopedic and minor surgery) provided by Med-Peds and Family Practice Physicians are nearly identical. A more relevant question asked by Med-Peds residents is, "How easy is it to find a job?" The above database suggests a favorable employment outlook for Med-Peds physicians and this perspective has been backed up by the physician workforce database that is maintained by the American Medical Association. The answer is Med-Peds physicians have the lowest unemployment rate among all the primary care physicians at 0.7%. Only 2.5% of Med-Peds physicians stated having some difficulty finding a position which is lower than either parent specialty of internal medicine or pediatrics. Between 15 & 18 Med-Peds physicians have chosen full time academic careers; however, 48% of all Med-Peds physicians have some academic affiliation within their practice setting, (Table I).

Table I " Employment Statistics Among Primary Care Specialties

Percentages	Med/Peds	Fam Med	Internist	Peds
Unemployed	0.7	1.0	1.3	2.5
Difficulty Finding Job	2.5	1.8	6.6	4.9
Full Time Academic	18	5.0	13.7	8.1
Affiliated Academic	48	9.3	18.8	13.3

"OK, so you convinced me there are jobs out there, but how happy will I be in the workforce?" would be the next logical question a resident would ask. The American Medical Association has an additional database that addresses this perspective. A large majority of Med-Peds residents (96.1%) practice greater than 30 hours per week. Another interesting statistic from the AMA is that 49% of Med-Peds physicians practice in towns with a population under 50,000. When asked how happy Med-Peds physicians were with their practice environment, 76.5% of Med-Peds physicians replied that practice expectations had been met. In addition 22% of Med-Peds physicians stated they receive higher salaries than expected. Table II compares this data among Primary Care Physicians.

Table II " Workforce Measures Among Primary Care Specialties

Percentages	Med/Peds	Fam Med	Internist	Peds
> 30 Hrs/Wk	96.1	93.3	95.3	89.8
Town < 50K	49.0	45.0	30.8	23.3
Expectations Met	76.5	77.4	62.9	74.0
> Salary than expected	22	17	9	11

So what does all this mean? Keep your options open. If there are no other Med/Peds physicians in an area of interest, although that scenario is becoming less frequent, you have the option to practice with internists and/or pediatricians (our brothers/sisters). And yes Virginia, there is another myth to dispell, Med/Peds physicians do care for families, so you may even want to practice with family physicians. In areas that are unfamiliar with the Med-Peds practitioner, educate the HMO's and Hospital CEO's as to what you can offer to the community. Supply these administrators with an article that describes the Med-Peds physician workforce, such as the March 1999 edition of *Contemporary Pediatrics* (no bias here). Make your life easier and choose the best practice style for your needs. The optimal practice is out there and you will find it.

## MedPeds Classifieds

(offering FREE ads)

**THREE MEP/PEDS NEEDED**

Excellent opportunity in beautiful medium-sized community near one of North Carolina's desirable metro areas. I placed the first Med/Ped in this community and now they want to hire three more. Very competitive compensation with comprehensive benefit package.

I am a MP RECRUITER with opportunities throughout the country. Visit our website for a more comprehensive listing.

For immediate consideration for the above, or other MP opportunities, call:

**Norman E. Toy**

**MedPeds Recruiter**

**135 Delaware Ave**

**Buffalo, NY 14202**

**Global Medical Search, Inc. (800) 937-5223Fx (716) 856-2176 [www.global/medicalsearch.com](http://www.global/medicalsearch.com)**

**Email: [gmsinfo@global-medicalsearch.com](mailto:gmsinfo@global-medicalsearch.com)**

**TEXAS - Wanted:** A Med/Peds physicians to practice in our rural health clinic in Hallettsville, TX. Located midway between Houston, San Antonio, and Austin, the hospital is a well funded 32 bed, newly remodeled and expanded facility in the rolling hills of central Texas. Opportunity for great lifestyle and income. Additional income available for extra hospital or ER coverage.

Contact me for any further details or questions.

Joe Kraft, MD, Med/Peds 1995,

H (512) 798-9193,

W (512) 798-3671,

JoeDoc@cvtv.net

## **MedPeds Lapel Pins**

The lapel pins to promote MedPeds are available. The cost of the pins is \$5.00 each, or \$4 each if ordering 10 or more pins (plus a \$3 shipping & handling charge). Send checks to: Jeff Bates, MD 77 Arrowhead Pt RD Belton, TX 76513

The color scheme is red & white with gold trim.

Order today for your whole program!

## **Newsletter Editorial Board**

**publisher - Jeff Bates, MD**

**managing editor - Annette Gonzales**

**consultants - William F. Grella, MD**

**(The views expressed in this newsletter are those of the authors and not necessarily those of NMPRA)**

NMPRA Newsletter Editor

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**Attn: Program Coordinator/NMPRA Rep - Please post, copy, and distribute to your Med/Peds Residents.**

**Thanks!**

**Visit us on the Web at: <http://www.MedPeds.org>**