“Med-Peds rocks!” and “Sustain the gains.” These two phrases summarize the Match information for Med-Peds for 2011. As all of us are aware, it has been a busy season for program directors, but now is the time to reap the rewards. We had an overall fantastic match for our specialty, with 77 Med-Peds programs entering the Match. There were 365 positions offered this year, an increase of 6 (1.9%) positions over 2010. From previous ERAS data, the total # of US applications sent to Med-Peds programs was 500. The rest of the information comes from NMRP. The total # of applicants who submitted a rank to at least one Med-Peds program was 608 (down 8% from 661 last year), of which 402 (66%) were US seniors (recall that someone can apply but never interview, or apply and interview, but choose not to rank). This percentage of US seniors to total applicants ranking Med-Peds in the NRMP is up over past years (50% in 2009, 59% in 2010, and 66% this year). The fill rate information is even more exciting. 362 of 365 (99.2%) positions were successfully filled in the Match. There were two programs (3 positions) which did not fill, but both completed their scramble efforts successfully early in the afternoon on Scramble Day. US seniors are responsible for 309 of the 362 Med-Peds matches, for a US senior fill rate of 84.7%. This is higher than in past years (68.1% in 2009 and 83.3% in 2010).

The information for our categorical colleagues is as follows:

Internal Medicine (Categorical)
The total # of programs was 386 (up from 377 last year), with 5121 positions offered. The total # of applicants was 9403, which decreased 1.6% from 9552 in 2010. The internal medicine US senior fill rate did go up from 54.5% last year to 57.4% this year. The categorical internal medicine overall fill rate of 98.9% is similar to Med-Peds.

Pediatrics
The total # of programs was 188 (down from 209 in 2010) with 2482 positions offered. The total # of applicants was

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Med-Peds Match Synopsis 2011

3634, which is just a bit lower than last year’s 3668. US seniors will occupy 71.2% of these categorical pediatrics positions, up from 70.5% in 2010. The categorical pediatrics overall fill rate is also similar to Med-Peds at 98.2%.

**Family Medicine**
The total # of programs was 453 (similar to 454 last year), offering 2708 positions (up 100). The family medicine success in filling this year was 94.4%, up from 91.4% last year. US seniors account for 48% of the total Family Medicine match positions.

Overall, there were 16893 US allopathic seniors who participated in the match this year, an increase from 16427 last year.

Take-home points about the Match specific to Med-Peds are as follows:

1. There was one less Med-Peds program entering the Match (total # was 77), but 6 more positions offered in 2011 than in 2010.
2. Med-Peds had a slight increase in US senior applicants and a decrease in overall applicants who ranked a Med-Peds program.
4. US seniors made up 84.7% of Med-Peds filled positions this year (a significant increase over 2-3 years ago), compared with 57.4% for categorical internal medicine, 71.2% for categorical pediatrics and 48% for family medicine.

The data for the Med-Peds 2011 Match are very favorable, and collectively we should be very proud of our work. Sustainability from last year’s high fill rate is evident, and more US seniors are considering Med-Peds. As the accreditation process and revision of the Med-Peds requirements evolve, on top of new Duty Hour requirements coming to fruition in July, 2011, we should all pause and reflect upon a job well done.

On Match Day, students were eagerly opening envelopes which indicated where they will spend the next few years, followed by a rewarding career in Med-Peds, wherever that might be. We do make a huge difference, not only for students, but our trainees, and ultimately, our patients. Thanks to all of you for what you do.

Alex Djuricich, MD
President, Medicine-Pediatrics Program Directors’ Association
Welcome to Spring! Although for some of us “Spring” doesn’t really occur until June—when that last flake of snow has finally melted!

**Reviewing AAP Guidelines and Reports: WOW! You (yes YOU!) as a Med-Peds Section have been very active.** Over the last 2 months I sent out a call for reviewers on the Section listserv and had over 30 people respond to these various requests. You as a group reviewed the following guidelines from the AAP during the last few months:

**Scope of Practice Issues in the Delivery of Pediatric Health Care**
**Pediatrician Workforce Statement**
**Prevention of Pediatric Obesity: The Role of the Pediatric Practice**
**Immunizing Parents and Other Caretakers in the Pediatric Office Setting**

Thanks to all of you that have reviewed these; your comments were greatly appreciated by the various committees responsible for writing these guidelines. These committees really do appreciate and value the “Med-Peds” outlook. As we get more of these requests for review, I’ll continue to send out a call for review via the listserve. Residents and young physicians, please feel free to review these—you have a unique perspective on a lot of these topics that we’ll be asked to review!

**Listserve Activity:** Over the last several months we’ve had some interesting chatter on the listserve about international rotations and resident scheduling with new work hour rules—thanks to all of you who participated. Many of us have been watching with interest the Med-Peds Match this year, which looks like it was one of the best years in a long time for Med-Peds. The program directors group (MPPDA) will shed more light on this in the current newsletter.

Congratulations to the following Med-Peds Physicians who will be inducted as ACP Fellows at the 2011 Convocation Ceremony in San Diego: Tony Bianchetta (DE), Thomas Chen (CA), Alan Deckard (IL), David Dungan (IL), Carla Dyer (MO), Jonathon Forncrock (CA), David Kaelber (OH), Kristin Kaelber (OH), Anna Liza Lavedan (NE), Sonny Lee (CA), Pinar Oray-Schrom (CT), Patrick Sarte (CA), Edgard Segura (VA), Shveta Singh (DE), and Nii TeTeh (MA). For those of you not Fellows, being double boarded in Internal Medicine and Pediatrics is a big stepping stone to getting you into Fellowship—so if you are interested in applying let us know! The process is fairly painless.

**Fundraising Results:** Unlike many Sections of the AAP, we do not require dues to be a member of the Section. The section has grown to be the 2nd largest section and I realize that you are already “dues to death” especially if you are trying to continue your ACP membership plus other local, state, subspecialty, or specialty society memberships that you are required to join. Realizing that we don’t want to add to your burden we’ve launched a fundraising campaign to help bring in funds to start positioning ourselves to allow more opportunities for resident and young physician participation in our annual AAP and ACP meetings and the need to help offset travel expenses for these future leaders who are just beginning their careers. With our initial campaign we have raised over $3,000 in just the first 2 months of this fundraising opportunity. The executive committee is grateful to all of you that have contributed and we ask others to consider making a tax-deductible donation to the Med-Peds Section to further future growth in the Section. See the AAP Med-Peds Section website for information on donating.

Enjoy the outdoors and get some fresh air. Hope you all are doing well.

Tommy Cross, MD, MPH, FAAP, FACP
Chair, Med-Peds Section
I have always been a nature enthusiast; one of my majors in college was Environmental Studies and I spent 6 months in Costa Rica studying tropical ecology and sustainable agriculture. This experience really allowed me to appreciate the relationship between nature and individual health and wellness. In 2002 I had the opportunity to serve in Americorps VISTA where I worked for the Texas Department of Public Health on the CDC Healthy People 2010 campaign. My job was to initiate health prevention programs in underserved neighborhoods in Round Rock, Texas. The families that I worked with were from largely Hispanic, single parent, low income households where obesity, diabetes and other chronic conditions were rampant among both children and adults. From talking with families and trying to figure out what public health interventions would be the most effective, I was able to create several programs that addressed chronic health problems.

One of the initiatives in particular that really seemed to make an impression in the community was a community gardening program. This was an easy way for low income families using food stamps to get access to vegetables and fruits without breaking bank. Plus it allowed families to be outside, engage with each other and get a little bit of exercise. After working with lots of children and adults in continuity clinic who also struggle with obesity and poverty, the idea of bringing a community garden to patients here in Durham made sense.

The gardening project in Durham really moved forward once I became friends with Santos Flores, a local environmentalist who is passionate about food justice. Santos works for NC Cooperative Extensions and South Eastern Efforts Developing Sustainable Spaces, Inc.(SEEDS) and is involved with many local community gardens. We identified a site in downtown Durham that would be an ideal area for patients to garden; The Briggs Community Garden. The Briggs Garden is located on a 57 acre tract of land that was donated to NC State University in 2003 through the Landscapes of Opportunities Program. The property is meant to be used for environmental education and conservation activities so it is perfect for our project. I was able to organize a workday in November where almost 40 volunteers came out to help construct garden beds. With everyone’s help, we were able to put down about 40 new garden beds.

We are currently in the process of recruiting patients to come out and garden. We have designed flyers and posters that will be distributed to clinic patients in pediatrics, internal medicine and family medicine clinics. There are several gardening workdays that will take place this spring. We are hoping to incorporate this project into the Community Pediatrics rotation at Duke so that it can be sustained over time. One of the pediatrics residents is creating a garden based curriculum to teach health and nutrition to children and adults at the garden site.

Working on this project has been a wonderful journey so far and has reinforced my belief that anything is possible with a little bit of dedication and passion. At the last workday, there were residents, community members and Home Depot employees who came out on their day off eager to shovel, build, break a sweat for a larger cause, to help those in need. These simple acts of goodwill and kindness are humbling and inspiring.

There are so many factors that influence an individual’s health beyond what we do in clinics or on the wards. By thinking outside of the box and being creative, we as physicians should strive to build healthy communities that can nurture well being and facilitate a healthy, happy, peaceful existence.

Sima Pendharkar, MD, MPH
PGY-3, Duke
GET INVOLVED!

**NMPRA Executive Committee**

Nominations are now open for the 2011-12 NMPRA Executive Committee. Positions include President, Treasurer, 2 Co-Secretaries, and Webmaster. President is a three year commitment while all other positions are one year commitments. Deadline is May 17th for nominations. Submit your CV and a short essay to president@medpeds.org.

**International Grant**

Earn $500 towards an international elective or project. Submit your proposed project/elective by July 31st to president@medpeds.org. Winner is expected to discuss experience at the Annual National Meeting in Boston in October.

**Advocacy Grant**

Earn $1000 towards a community service or advocacy project. Submit your proposed project by July 31st to president@medpeds.org. Winner is expected to write an article for The Perspective describing their project.

**Fellowship Guide**

Available at Med-Peds.org
AAP Releases Culturally Effective Care Toolkit for Practicing Pediatricians

The US Bureau of the Census estimates that by the year 2050 that nearly 50% of the United States’ population will be a race other than white, and 24.4% (US Census Bureau, 2008) of the population will consider themselves Hispanic (regardless of race). Racial and ethnic minority children in the United States experience multiple disparities in medical and oral health, access to care, and use of/access to services.

What Practicing Pediatricians Can Do

It is likely that more and more children in a given practice panel or location will belong to a racial or ethnic minority group, calling on all pediatricians to optimize their knowledge, skills, attitudes, and behaviors in working and communicating with diverse children and families. The AAP defines culturally effective care as “the delivery of care within the context of appropriate physician knowledge, understanding, and appreciation of all cultural distinctions leading to optimal health outcomes.” (Committee on Pediatric Workforce, 2004).

The AAP recognizes that resources developed specifically for practicing pediatricians that are accessible and easy-to-use in the office are key to implementing culturally effective care practices. The Culturally Effective Care Toolkit, available on Practice Management Online, was developed using significant input from practicing pediatricians and child health providers across the United States. The Toolkit is a practical, hands-on resource containing information and tools to help practicing pediatricians and their office staff provide culturally effective care to their patients and families. Mary Brown, MD, FAAP, AAP Board of Directors, District VIII Chair explains “This Culturally Effective Toolkit with its’ electronic access on the PMO Web site will be useful to every pediatrician. It consolidates tools and resources into one place and addresses most issues relating to cultural competency. “

Topics featured in the Toolkit were identified by practicing pediatricians, and include:

• Health beliefs and practices
• Nutrition, feeding, and body image perspectives
• Interpretive services
• Literacy and health literacy
• Behavior and child development
• Medical education
• Implementing culturally effective care in practices
• Continuing medical education opportunities

Health Equity as a Universal Principle at the AAP

Essential to achieving the mission of the organization as a Universal Principle on the Agenda for Children, the American Academy of Pediatrics (AAP) has numerous programmatic, advocacy, educational, collaborative, and research activities that incorporate concepts of health equity into them. Examples of recent activities related to health equity at the AAP include:

• Principles to Reduce Disparities and Promote Equity in Children’s Health Care serve to communicate AAP commitment to reducing disparities and promoting equity in children’s health care, as well as guide work in this area.
• Health Equity and Children’s Rights policy statement outlines the need for reducing pediatric health disparities and increasing pediatric health equity; and presents recommendations for clinical practice and for the AAP.
• Supplement to Pediatrics on health disparities and health literacy presents papers that conceptualize and present potential ways to address child health disparities and highlights current information and research about the importance of health literacy in caring for children and families.
• Health literacy PediaLink course assists residents in meeting the competencies surrounding culturally-effective interpersonal and communication skills and systems-based practice.
AAP President-elect Candidate Insights

As part of the election campaign for AAP President-elect, the candidates, Drs. Thomas McInerny and Mary Brown, have been requested to respond to a question specifically for use in chapter and section newsletters. The AAP Election for national offices will be on-line only beginning September 1 and conclude October 1 with announcement of results on October 3.

WHAT WOULD YOU SAY TO GENERAL PEDIATRICIANS AND PEDIATRIC SUBSPECIALISTS WHO LOOK AT THE COST OF MEMBERSHIP AND WONDER WHETHER BEING A MEMBER OF THE AAP IS REALLY WORTH IT?

Mary P. Brown, MD
Bend, OR

The AAP influences politics and society as no single pediatrician can. Sixty thousand voices can and do make a difference for children and for pediatricians! For the individual generalist, there is the support of a large organization, information regarding the specifics of practice management, and educational materials providing current medical information. For the specialist membership is a win-win relationship--the specialist wins because the AAP adds strength to the voice of their smaller numbers, and the Academy wins because of the expertise the specialist brings to the organization.

For both generalists and specialists many health policy decisions are made at the state level (each state with its’ own political atmosphere). The Academy has a staff dedicated to following and understanding these individual challenges and supports the chapters as they work to promote child health. On the state and federal level the Academy is active in advocating for access, quality, appropriate payment, and funding for pediatric practice, education and research.

The AAP provides the most extensive pediatric educational information available anywhere in the world. CME, scholarly journals, review courses and Pediatric Care Online give useful point-of-care information relevant to generalists and specialists. With PediaLink-on-line an individualized CME is available and Member-Choice allows personalization of benefits.

Pediatric Research in the Office Setting provides the standard for office-based research and gives pediatricians the opportunity to participate in large scale research. The AAP advocates for fair payment and provides tools to measure quality meeting maintenance of certification requirements.

The Academy staff is dedicated to the health and well-being of children (and pediatricians). During my six years on the Board of Directors I have come to appreciate their knowledge and support. The AAP may be the only organization of its size in which each member is valued and can influence change.

Our membership fee is a bargain for the advocacy, education, research, service and practice improvement tools it makes available to the practitioner or academicians--generalist or specialist--both during training and throughout years of practice. The Academy gives much to its members (including life-long friendships), but also gets much in return.

(3/2011)

Thomas K. McInerny, MD
Rochester, NY

It is best to think of the cost of AAP membership as an investment with a high return rate (ROI, in business terms) of many times that of your dues expenses. This return is in the form of real dollars based on better payment rates from public and private payers which improve your practice’s bottom line as a result of the AAP working hard for you and improved healthcare for our nation’s children. Even a casual review of the AAP Website amply illustrates the many activities of the AAP on behalf of children and pediatricians.

First is advocacy for children and children’s healthcare at the national and state (chapter) levels. The Committee on Federal Government Affairs and the AAP’s Washington Legislative Office have successfully persuaded Congress and the Administration over the years to pass important measures such as SCHIP, the strengthening of Medicaid, and inclusion of many important child healthcare measures in the Affordable Care Act. Similarly the Committee on State Government Affairs and chapter and district leadership have successfully implemented child healthcare programs at the state level which have provided high quality health insurance to over 30% of our nation’s children who would be otherwise uninsured.

Continued Page 8
Secondly, the Academy has been a strong advocate for pediatricians’ needs as they endeavor to deliver high quality healthcare. The Committee on Child Health Financing and the Private Payer Advocacy Advisory Committee have worked hard to ensure that pediatricians are appropriately paid for their services by both public and private payers and that plan benefit designs enable high quality healthcare for children. Similarly, the over 30 Pediatric Councils at state and local levels are meeting regularly with insurers to ensure that processes and procedures are in place to facilitate pediatricians’ efforts to provide good care for their patients.

Thirdly, the AAP provides numerous educational activities for pediatricians, both primary care and specialists, through conferences, seminars, webinars, Pedialink, EQIPP, Practice Management Online, Pediatric Care Online, textbooks, and publications such as “Pediatrics”, “AAP News”, “AAP Grand Rounds”, “Pediatrics in Review” and PREP. In addition the Academy provides many authoritative educational materials for parents.

Plan to attend the 2012 Peds-21 Symposium, during the 2012 NCE in New Orleans, which will feature speakers about child health disparities! For questions and additional information about health equity at the Academy, please contact Regina Shaefer, MPH, Manager, Council on Community Pediatrics at rshaefer@aap.org.

References

Upcoming Med-Peds Talk at AAP
Boston, MA
October 2011

Office-Based Motivational Interviewing (patient-centered communication) for the Treatment of Childhood Obesity

Ronald J. Williams, MD, FAAP, FACP
Penn State Hershey, Med-Peds Program Director

Robert P. Schwartz, MD, FAAP
Wake Forest University Baptist Medical Center
The 2011 Med-Peds Clinical Case Competition Program is open. This year, submissions are open to all members of the Med-Peds Section, residents and non-residents. We expect to select more than two abstracts for presentation this year and will continue to have two $500 travel grants for resident presenters.

Applications for the 2011 Med-Peds Clinical Case Competition Program can be submitted until April 15th through the AAP’s regular NCE abstract submission process (http://aap.confex.com/aap/2011/cfp.cgi). Appropriate cases are any cases that have a relatively unique Med-Peds twist either from a diagnostic and/or therapeutic approach.

This year, the Med-Peds Clinical Case Competition Program is being chaired by Kimberly Tartaglia, MD, FAAP (kimtartaglia@gmail.com). Feel free to contact her if you have any questions regarding the Med-Peds Section Clinical Case Competition Program. We look forward to even more great submissions this year.

Did You Know?

The Academy Travel Office is here to serve your travel needs Monday thru Friday from 8:00am till 4:30pm CST. Receive air discounts to AAP meetings and car discounts through Avis and Hertz. We also offer reservations through RESX on line, for those who prefer to book their own travel. If taking a vacation is what you are looking for then contact Elizabeth Harrison for air, cruises or land packages. Our toll free number is 888-227-1772.

PedJobs is an interactive website for both pediatricians and prospective employers. Pedjobs.org is a secure website that replaces the online classified ad sections of Pediatrics and AAP News. It is free of charge to AAP members and subscribers of Pediatrics and AAP News.
Med-Peds and International Medicine

Along the path of becoming a physician, some of us have been given the opportunity to work with communities abroad. For those who are called to serve, they often work with the disadvantaged to make sustainable improvements in their overall health and daily living. This is often challenged by the lack of simple amenities such as routine health care, education, and basic nutrition. In addition, as many recent catastrophic events and natural disasters have devastated entire countries, physicians are increasingly called upon to play a vital role in the relief efforts. The chance to provide care to those who are largely underserved, combined with the exposure to diverse cultures and humanitarian aid awaits those who consider participating in international medicine. At the State University of New York at Stony Brook University Medical Center, our Med/Peds residents have had unique opportunities over the past year to give back to those in need. These experiences affirm that as Med/Peds residents, our training enables us to truly provide global assistance.

On January 12, 2010 at 4:53 pm, an Earthquake struck Haiti leaving millions of people in need of emergency aid. Relief from many organizations and support groups across the world responded to the emergency that was caused by this natural disaster. In addition to financial support, the people in Haiti needed numerous volunteer and medical staff to treat its critically ill. Many groups and hospitals across the Nation, participated in missions to help those in this crisis. Dr. Janice Desir, currently a 4th year Internal Medicine and Pediatrics Resident at SUNY Stonybrook, was one of those volunteers.

Within a week of the earthquake, she had joined a medical mission with the New York chapter of NOAH (The National Organization for the Advancement of Haitians) to volunteer her time, compassion and medical knowledge to those in need. Upon arrival, no words could describe the magnitude of this massive earthquake and its after effects. When asked what her initial thoughts of what was witnessed firsthand she said “Watching the devastation on television did not do justice to bearing witness to the damage first hand”. On arrival, the team set up a makeshift hospital in Tabarre at an abandoned children’s amusement park near the American Embassy. Daily activities included triage, wound and surgical care, and the management of critically ill patients. Given her dual training in Medicine and Pediatrics, Dr. Desir helped largely with the triage of critical patients and in treating both adult and pediatric cases. “When we first arrived, it was only myself and another med/peds resident that had training in pediatrics, so that served to be our initial focus. With the arrival of more volunteers, we became more globally utilized in seeing a wide spectrum of cases.” When asked what a typical day was like she stated “We would wake up around 5:30-6:00am and work until dark. As people learned of our volunteer efforts, we would see up to 250-300 patients daily and we also participated in mobile medical missions in the city of Port-Au-Prince. As a Haitian-American, my role was to translate, treat wounds, and assess those who were critical and in need of a higher level of care. Ultimately, this was done as a team effort and I worked collaboratively with my fellow colleagues and volunteers.” Upon returning to the University Hospital back in New York Dr. Desir described her overall experience as “an experience
beyond words. The humanism of the fellow volunteers who gave their services to the people of Haiti and the spirit of the people through such hardship will always stay with me.”

Following along the track of Dr. Desir, I also had a unique opportunity to join a multi-subspecialty team in a mission to Zambia, Africa. Currently, I am a third year Resident in the combined program, and participated in this medical mission during my second year. The volunteer journey took me from town to town in a city of Kitwe. Based near the Kitwe Central Hospital, I was one of the few volunteers who was able to travel to the various communities of Kitwe and saw many people in need of routine medical care. With the lack of resources for the local members in these small and poor towns, hundreds of people would stay in line with anticipation of seeing a physician and hopefully receive treatment for their various ailments.

For common medical problems, such as uncontrolled hypertension, diabetes, Grave’s disease and many more, myself and the other team members offered medications and counseling. With so many people suffering from pain due to chronic illnesses, even a simple supply of Tylenol and ibuprofen was received with great satisfaction and gratitude.

Exposure to patients with untreated malaria and parasitic infections was one to remember. Mothers who were dehydrated, yet still having to breastfeed their infants showed how vital some simple medications and fluid hydration could be more than enough to save the lives of an entire family. From the common infections worldwide to the rare complications of untreated anesthesiologists were able to provide corrective surgeries for a variety of conditions, such as, cleft lips and palates to obstructive goiters and much more. Ultimately, the volunteer Mission to Africa provided me with a sense of appreciation for the humble nature of people, and added further to the perception of purity and innocence of children worldwide.

Training in a Combined Internal Medicine and Pediatric program offers physicians the opportunity to cover all patient age populations: “From small to tall.” Moreover, in these times of natural disaster, a Med/Ped trained physician can truly be utilized, as we bear an exceptional ability to work with a varied population. These resident experiences are just an example of how Med-Peds can give back to the community. Traveling and volunteering abroad gives a modest outlook on life and will truly be an experience of a lifetime. One not only opens their eyes and minds to new perspectives on life and health, but also opens their hearts to the diversity of humanity.

Sanjay Godhwani, MD
PGY-3 SUNY Stony Brook
On Saturday, December 4th, 2010, the UAB Combined Internal Medicine-Pediatrics residency program joined forces with Birmingham Habitat for Humanity to help build a home for the Howard family. Habitat for Humanity is an international organization that builds quality, affordable housing and revitalizes existing houses that encourages family stability and promotes self-sufficiency, educational achievement and responsible citizenship. The organization receives approximately 3,200 requests for housing assistance each year and the Howard family was one of the select few to be chosen for a new home. Lakia Howard, single mother of two kids, Damari (6yo) and Damien (3yo), has been in need of affordable and safe housing and is extremely grateful for our efforts. Lakia says, “Thank you! There are no words to explain how happy my family will be to have our home.

Having affordable housing and our own space will be amazing.”

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 quarterly 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.

Shawna Reshard, MD
PGY-2, UAB

“Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around.”
~Leo Buscaglia
FROM THE DESK OF THE NMPRA PRESIDENT

Happy Spring! As the flowers are blooming and the days are getting longer, Med-Peds celebrates another successful match. Congratulations to the first year Med-Peds residents... the light at the end of the tunnel can be seen, as your replacements will soon be on board, and welcome to the newly matched Med-Peds class. As we look forward to the new class of Med-Peds residents, we are also seeing numerous opportunities arise for our soon-to-be graduating fourth year Med-Peds colleagues. We are excited for our graduating colleagues but are also sad to see them leave.

It is a quite an exciting time of year! As we are coming out of our winter hibernation, we have a very busy and exciting spring ahead of us. This year, we have been privileged to have four great programs sponsor Med-Peds regional meetings. The regional meetings allow residents from the same regions across the country to gather and celebrate our specialty. These meetings also provide us with opportunities to network and participate in scintillating discussions regarding our future careers while receiving CME credits and updates on hot Med-Peds topics. Thank you to Indianapolis (03/26/2011), Baylor/UT Houston (04/16/2011), UCSD (04/30/2011), and Columbia (05/07/2011) for sponsoring/hosting our Midwest, Southern, Western, and Northeastern regional meetings respectively. Please contact us or see our website for additional information regarding these great opportunities – it is not too late to sign up for the three later regional meetings. Also, if you or your program is interested in hosting a regional meeting next year, please contact me and we can make this happen!

In addition, to the regional meetings highlighted above, NMPRA has been busy planning ahead for next year. It has been one amazing opportunity and such a privilege to work with the NMPRA Executive Board this year. We would like to encourage other Med-Peds residents who may be interested in applying for the 2011/2012 NMPRA Executive Board to discuss the different positions with the current board members and start the application process now. The deadline for all applications is May 17th, 2011. It is also that time of year to start the submission process for our annual case competition, international travel grants, advocacy grants, and the Onady and Schubiner Awards.

Please check your email and our website (www.medpeds.org) for further updates.

I just recently returned from Miami where NMPRA presented at the Med-Peds Program Director’s Association’s (MPPDA) annual meeting. It was an honor to share the weekend with the Med-Peds Program Directors and to see their continued dedication and commitment to NMPRA, their residents, and to preserving the future of the Med-Peds Specialty. While in Miami, I had some time to reflect on my career decision and residency choice. What I continuously realize is how thankful I am to be in Med-Peds and to be constantly surrounded (locally, regionally, and nationally) by such hardworking, empathetic, and competent colleagues who are dedicated to serving and providing the best medical care to BOTH adults and children. I am sad to see this year coming to an end but I look forward to continuing my work and service with NMPRA and the Med-Peds community. Thank you again for your constant support and inspiration. I hope you have a great spring, and I look forward to seeing many of you at the upcoming regional meetings and the national meeting in Boston on October 15th, 2011.

As always, please feel free to email me at president@medpeds.org with any suggestions, questions, or concerns. I look forward to your emails and wish you all a great week!

Jennifer McEntee, MD
NMPRA President
UPCOMING NMPRA MEETINGS!

Southern Region
Houston, TX
April 16th
www.mpsouthconf.com

Western Region
San Diego, CA
April 30th
www.ucsdmedpedswestconf2011.org

Northeast Region
New York, NY
May 7th, 2011

National Meeting
Boston, MA
October 16-18, 2011
www.aapexperience.org

MARK YOUR CALENDARS!