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
by Lenore DePagter, DO

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 treasurer 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
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

1626 Industry St
New Orleans, LA, 70119
Phone (504) 568-7884; Fx (504) 568-7885
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 demands on one's 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 resident's salary without doubling his work load. While money is 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 subspecialty backup. However this is not true for most moonlighting residents. 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
- 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.

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  Temple, TX 76505

Visit our All New Website at:
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