

# The Med-Peds Perspective

The Official Publication of the National Med-Peds Residents' Association

## Med-Peds Accreditation: Navigating a Clear Way Forward

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When we think of the challenges facing med-peds trained physicians, the list usually includes keeping current with two sets of literature, negotiating through a challenging residency program, or finding the perfect combined practice or specialty to meet your needs. Licensure, credentialing, and hospital or insurance company privileges have long been assumed to be a paperwork hassle but little else. With the increasing requirements of each particular agency, and the unification of ACGME accreditation as the standard for residency program evaluation, residents completing a training program that is not ACGME certified are facing a harder time obtaining these basic requirements for practice. For med-peds, this means we must become ACGME accredited.

The ACGME has a plan for this, and the first steps are currently underway. In late December, the ACGME released the *Addendum to the Program Requirements for Residency Education in Internal Medicine and Pediatrics*, the first major revision in many years. After an initial comment period, the revised requirements have been sent to the internal medicine and pediatric Residency Review Committees (RRC) for review and consideration of comments.

After both sides agree on final language, the requirements will be sent to the ACGME for consideration and approval.

What does that mean for us? Let's look at the changes these requirements address, as well as the response from MPPDA. One of the first critical issues MPPDA addressed with ACGME is the requirement for

each med-peds program to have a single medicine and pediatric sponsor. Med-peds programs developed uniquely in each sponsoring institution, and in a few cases, some very successful programs have either two sponsoring institutions or have a single children's hospital that sponsors two med-peds programs (both not allowed in

this revision). At this time, it is unclear what will happen to these programs should the ACGME keep this language. It is important to remember that no one currently in practice is a graduate of an ACGME accredited program, and that the ACGME has already agreed to have a letter posted for those graduates *potentially affected* by these rules explaining their circumstance. And perhaps most important, all programs *potentially affected* will be allowed to operate until all current residents have completed training.

Another significant change is the support of the (continued page 2)



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- **Nominate your favorite med-peds resident for a NMPRA award. See page 7.**
- **Find out how to join the NMPRA Board on page 6.**

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**Don't miss the Northeast Regional Med-Peds Meeting: Saturday, April 22!**



## Navigating a Clear Way Forward, Continued

med-peds program director. In the revised requirements, the ACGME defined the importance of having a med-peds program director, the working relationship between categorical program directors, and the salary support needed to do the job right. This is a major improvement for med-peds as it addresses how med-peds fits into categorical programs and who has responsibility for decision-making. The ACGME focus on collaboration and consensus will be both helpful and supportive of all programs and their leadership.

Continuity clinic is a unique aspect of med-peds training that offers both opportunity for diverse experiences and potential pitfalls in equating med-peds clinics with categorical counterparts. The revised requirements explicitly describe continuity clinic including patient numbers, options for training (combined or single-discipline), and number of sessions per year. While these are very reasonable and broad enough to include virtually all clinic models, MPPDA was hoping to replicate the categorical program language of 144 clinics over 4 years (instead of 36 per year) to allow more flexibility in when clinics occur over time.

As we all know, life is unpredictable. When a resident's circumstances change for unforeseen reasons, sometimes even the best residents in the best programs need to make a change. Resident transfer is something that has been tightly controlled for med-peds residents. In the proposed requirements, resident transfer is again specifically addressed. Given the rotation requirements and standardization across programs, MPPDA respectfully requested that the internal medicine and pediatrics RRC requirements be followed to allow med-peds residents to transfer between accredited med-peds programs in their first or second year and to transfer into med-peds from an accredited categorical program at a different institution.

NICU, NICU, NICU. The proposed requirements again reinforce the need for three months (or two months and 200 hours of call) of service in the neonatal intensive care unit. Both MPPDA and the American Academy of Pediatrics (AAP) Med-Peds section raised the concern about an abundance of NICU experience potentially at the expense of other valuable pediatric skills. While everyone agrees that NICU is essential to being a pediatrician, how much NICU is a point of contention. The American Board

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of Pediatrics (ABP) has taken a consistent stand on this and has supported it for many years. And while we feel it is important to keep having the discussion, it is highly unlikely that service time in the NICU will decrease for Med-Peds residents.

The proposed ACGME requirements also include many "activities of daily living" issues that help define our identity and maintain our organizational efficiency. One that has generated discussion includes

the need for program leadership and for all med-peds residents to meet monthly. Another proposes that categorical and combined program leadership should meet with combined residents on a quarterly basis. While these are certainly great ideas, there was much discussion over whether existing meetings would meet these new requirements. Overall, everyone agrees that more communication is better. Concerns center around ensuring compliance with both the letter and the spirit of these requirements.

There are two things that everyone is absolutely in agreement on: Med-peds needs to be ACGME accredited to move forward, and change (even needed, desired change) is scary. Assuming the boards and ACGME approve the requirements in their current form, how they will be implemented remains to be seen. There are many good questions out there everyone is asking. How will we be reviewed? Which RRC will we be reviewed under? Will I be assigned to one department or the other? What will the med-peds Program Information Form look like? How will this affect me if everyone after me is accredited but I'm not? What if medicine or peds at my institution has a bad review and comes under warning?

The great news is that ABP, the American Board of Internal Medicine (ABIM), ACGME, Association of Programs Directors in Internal Medicine (APDIM), Association of Pediatric Program Directors (APPD), MPPDA and the National Med-Peds Residents' Association (NMPRA) are all working together to ensure the development of an efficient process that meets the needs of trainees, programs, institutions, and governing bodies. As we learn more, we will continue to look to NMPRA to make sure that the needs of med-peds residents remain the center of everyone's attention and effort.

## Money Matters: Credit Scores

Emery H. Chang, NMPRA Travel Advisor

The infamous credit scores can be confusing and seem inordinately complex. There are three companies (Equifax, Experian and TransUnion) that compile financial information and calculate a score for each individual. As you know, lenders, insurance agencies, utilities, landlords and many companies use these scores to evaluate your ability to pay your bills as well as to offer better deals to those with more favorable credit histories.



### What is a credit score?

The credit score is a number generally between 300-850. The higher the score, the less risky you are to a creditor. Each company has a slightly different model to determine your score and its exact components are guarded trade secrets. However, about 35% of your score is based on your payment history, 30% is based on how much money you owe, 10% for the number of new inquiries and accounts you have recently opened, 15% for the length of your credit history, and the last 10% is for the balance of types of credit you have (e.g. student loans vs. credit cards).

### What's a good score?

Generally, a score above 680 is considered to be prime and scores below 540 will be denied credit. Bankruptcy lowers your score by about 200 points and stays on your record for up to 10 years. Delinquent accounts can lower your score by about 100 points.

### How does our student debt affect our score?

Yes, the more you owe, the more it can lower your scores. However, as long as your loans are not delinquent (e.g. deferred, in forbearance, or repayment), it does not further affect your score.

### Check the information for accuracy

We are entitled to a free copy of our credit report from each of the companies every 12 months. To request your copy, go to [AnnualCreditReport.com](http://AnnualCreditReport.com) or call 1-877-322-8228. Regularly checking your report can catch mistakes and make sure that you have not been a victim of identity theft. One survey revealed that 29% of credit reports had significant errors. To catch such errors review your credit report about 6 months before you make significant transactions such as purchasing a mortgage. This gives time to correct any incorrect information and will give the most accurate credit score when it counts the most.

As always, NMPRA and myself are not financial experts. Please consult your tax and finance professionals to see how this information can affect you.



## Northeast Regional Med-Peds Conference Coming Soon!

Register Now to Attend

The annual Northeast Regional Med-Peds Conference will be held on Saturday, April 22, 2006 at The University of Medicine and Dentistry of New Jersey – The New Jersey Medical School – located in Newark, New Jersey. This conference is open to all attendings, residents, and medical students interested in Med-Peds. Topics of discussion include transitioning care from the pediatric population to the adult population, tuberculosis, humanism in medicine, genetics across the ages, and oncology in the pediatric and adult populations. There will also be panel booths geared towards medical students and residents on Med-Peds residencies and careers beyond residency.

Please contact [medpedconference2006@gmail.com](mailto:medpedconference2006@gmail.com) with questions or to obtain registration information and materials. There is no registration fee. The registration deadline is April 10, 2006.

### Schedule of Events:

- **8:30-9:00 am** – Registration and Breakfast
- **9:00-9:15 am** – Welcome: Stefanie Brown, MD – UMDNJ Med-Peds Clinic Attending, Assistant Professor of Medicine
- **9:15-10:00 am** - STATE OF MED/PEDS
  - Allen Friedland, MD, FACP, FAAP – Immediate Past President Med-Peds Program Director's Association; Program Director, Christiana Care Health System Med-Peds
- **10:00-10:45 am** - TRANSITIONING CARE FROM CHILDREN TO ADULTS
  - Mary Cantey, MD – UMDNJ Med-Peds Clinic Attending, Assistant Professor of Medicine
  - Soma Mitra, MD – UMDNJ Med-Peds Resident PGY4
- **10:45-11:00 am** – BREAK – Coffee and Refreshments in Vendor Area
- **11:00 AM – 12:00 pm** – Tuberculosis
  - George McSherry, MD – UMDNJ Assistant Professor in Pediatrics, Pediatric Infectious Diseases
- **12:00-1:00 pm** – Lunch
- **1:00-1:30 pm** – Panel/Booths
  - Residencies in Med-Peds – geared towards medical students
  - Fellowships in Med-Peds
  - Private Practice in Med-Peds
  - Academic Medicine in Med-Peds
- **1:30-2:00 pm** – Humanism
  - Dorian Wilson, MD – UMDNJ Assistant Professor of Surgery, Division of Surgical Transplantation
  - Jennifer Goralski, MD – UMDNJ, Med-Peds Residents PGY-3
- **2:00-2:30 pm** – Cultural Competency
  - Debbie Salas-Lopez – UMDNJ Associate Professor of Medicine; Chief of the Division of Academic Medicine, Geriatrics and Community Programs; Medical Director of FOCUS Community Health Center in downtown Newark.
- **2:30-2:45 pm** – BREAK – Coffee/Refreshments in Vendor Area
- **2:45-3:15 pm** – GENETICS
  - Helio Pedro, MD – UMDNJ Assistant Professor in Clinical Genetics
- **3:15-3:45 pm** – MED/PEDS ONCOLOGY – Stephen J. Thompson, MD – Chief, Pediatric Neuro-Oncology Program, Department of Pediatrics, The Joseph M. Sanzari Children's Hospital, Hackensack University Medical Center
- **3:45-4:15 pm** – NMPRA Update
- **4:15-4:30 pm** – Closing Remarks

## Updated Med-Peds Fellowship Guide Now Online

David Kaelber MD, NMPRA Past President

You are in the end of your second or third year of your four-year Med-Peds residency. You have made the decision to choose a subspecialty career. The question now comes up- should I do a combined fellowship or pursue categorical subspecialty training?

The *Med-Peds Fellowship Guide* will help you think through this process and decide if a combined fellowship is something you want to pursue. Granted, this is a difficult decision. Ultimately, the key to these questions is that we are all individuals, and this *Guide* will answer some of your questions but also may stimulate you to come up with other questions that do not have any "exact" answers.

If you ask people who have completed combined fellowships why they chose this route, you will receive a multitude of answers. For some it was simple – "because it was there."

But for others it was because they wanted to continue their combined training and not narrow their focus to a single age range. Some saw it as a great way to move up the academic ladder very quickly- a quadruple-boarded person has great marketability! Others did it for the challenge. Others state it is a unique opportunity to provide continuity of care or conduct research on a population of patients with chronic diseases from infancy to adulthood.

In saying all that, however, it must be noted that a majority of Med-Peds residents choose either a categorical internal medicine or pediatrics fellowship and forgo the combined fellowship route.

This has become a common path for many Med-Peds specialists. For most of the nonprocedural fields, it is quite easy to do an adult fellowship and spend elective time (which may be up to a year) in pediatric subspecialty training. In doing this, you do not qualify for the American Board of Pediatrics certifying exam in that specialty but you certainly have previous training in pediatrics (you are a Board-Eligible Pediatrician) and there is a certain amount of overlap between the two subspecialties across all fields.

So, this has become a viable option for many people. It eliminates the need for extra time in training and eliminates the costs associated with certifying and recertifying, but still you are essentially seeing adults and kids with subspecialty problems. Many Med-Peds trained physicians take this route with regard to taking care of special populations. For example, completing a pediatric pulmonary fellowship but then taking care of cystic fibrosis (CF) patients, including adult CF patients, which your Med-Peds background enables you to. For the procedural oriented subspecialties this is more difficult to do, mainly due to difficulties obtaining credentialing in hospitals for privileges like pediatric cardiac catheterizations or chemotherapy on kids, etc. Despite these challenges, many view this route as more sensible in the era of prolonged training times for combined fellowships.

With this background, this *Med-Peds Fellowship Guide* is an attempt to collate information about Med-Peds Fellowships in one document. This *Guide* contains the following:



- 1) General information about Med-Peds Fellowships.
- 2) A list and description of Med-Peds Fellowship options.
- 3) A list (incomplete) of specific programs known to support combined fellowships.
- 4) A list of people who have completed, or are completing, combined fellowships and who have agreed to be contacted by others with questions about their particular post-residency training path.

The *Med-Peds Fellowship Guide* is a must for anyone considering combined Med-Peds fellowships and will be helpful for anyone thinking of single fellowship work as a Med-Peds physician as well. Non-traditional Med-Peds Fellowships, such as Medical Genetics, Medical Informatics, Med-Peds Generalist Fellowships are also discussed.

The *Med-Peds Fellowship Guide* is published annually on the Med-Peds website. If you have comments, questions, or suggestions for future editions of the *Med-Peds Fellowship Guide* email [fellowships@medpeds.org](mailto:fellowships@medpeds.org).

***The 2006 Med-Peds Fellowship Guide is now available on the NMPRA website at <http://www.medpeds.org/fellowships.htm> This Guide, now in its 4th year, provides a description of over 20 Med-Peds fellowship options. Over 60 specific institutions offering programs and over 60 contacts are listed.***

## Lead NMPRA Into the Future: Join The Board Of Directors

**Ranya Sweis MD, NMPRA President**

It is that time of year again - NMPRA Elections! NMPRA has had a productive year in furthering the cause of Med-Peds and working on projects to help all Med-Peds residents. This was due to the work of the 2005-2006 NMPRA officers and Program Representatives. The four resident officers that comprise the current NMPRA Executive Board are:

President- Ranya Sweis, MD of the University of Michigan

President-Elect-Ken Remy, MD of University Hospitals of Cleveland/Rainbow Babies and Childrens' Hospital

Secretary- Rohini Harvey, MD of Baystate Medical Center/Tufts University

Treasurer- Scott Oberhoff, MD of Tulane University.

We are accepting nominations for the offices of President-Elect, Secretary, and Treasurer for the 2006-2007 academic year.

Nominations can be submitted by e-mail at [elections@medpeds.org](mailto:elections@medpeds.org) until Monday, May 15th, 2006 at midnight. Additional election details and the nomination forms can be found on-line at: <http://www.medpeds.org/elections2006.htm>

Below is a description of each office, along with email contact information for the current office holder. Feel free to contact the current officer holder if you have additional questions about a position.

### **President-Elect**

When the President is absent, is unable to act, or refuses to act, the President-Elect performs the President's duties. When the President-Elect acts in the President's place, the President-Elect has all the President's powers and is subject to all the restrictions upon the President. The President-Elect performs other duties as assigned by the President or Board. The President-Elect will serve as President upon the completion of the President's term and then as Immediate Past President once his or her term is completed as President.

*Current President-Elect: Ken Remy ([presidentelect@medpeds.org](mailto:presidentelect@medpeds.org))*

### **Treasurer**

The treasurer has charge and custody of and is responsible for all of NMPRA's funds, receives and gives receipts for moneys due and payable to NMPRA, deposits all moneys in the name of NMPRA, writes checks and disburses funds to discharge NMPRA's obligations, maintains NMPRA's financial books and records, and prepares financial reports at least annually. The treasurer is responsible for preparing the yearly NMPRA budget.

*Current Treasurer: Scott Oberhoff ([treasurer@medpeds.org](mailto:treasurer@medpeds.org))*

### **Secretary**

The Secretary gives all notices as provided in the bylaws, takes minutes of the meetings of the Board and members and keeps the minutes as part of the corporate records. The Secretary is responsible for coordinating the preparation and publication of *The MedPeds Perspective*, the official NMPRA quarterly bulletin.

*Current Secretary: Rohini Harvey ([secretary@medpeds.org](mailto:secretary@medpeds.org))*

Please feel free to email the NMPRA President at [president@medpeds.org](mailto:president@medpeds.org) if you have any additional questions about the election process.

## Nominations Open for NMPRA Awards

Rohini Harvey MD, NMPRA Secretary

***Do you know outstanding med-peds residents who have made a difference for our unique specialty? If so, let us all know by nominating them for the annual NMPRA awards.***

**For application information and details, please see <http://www.medpeds.org/awards.htm> The deadline for submissions is April 15, 2006.**

### **The Howard Schubiner Award**

This award honors a resident physician who has made an outstanding, lasting contribution to the success of NMPRA and Med-Peds on the state or local level. It is named for Howard Schubiner, MD, for his notable, extraordinary dedication to Med-Peds.

In the words of Dr. Schubiner this award honors "a resident who exemplifies the highest standards for excellence in Med-Peds, including exemplary clinical care of patients, compassion and humanism in relationships with patients and with colleagues in medicine and hospital co-workers, involvement in community activities, and contributions to the field of Medicine-Pediatrics."

### **The Gary Onady Award**

This award honors a resident physician who has made an outstanding, lasting contribution to the success of NMPRA and Med-Peds at the national or regional level. It is named for Gary Onady, MD, for his notable, extraordinary dedication to Med-Peds.

In the words of Dr. Onady "The resident recipient will have made a contribution that has moved the Med-Peds specialty to the forefront of medical care policy, curriculum or contributions to the quality of medical care, encompassing the spectrum of training reflected by the Med-Peds specialty."

**Each winner receives a \$250 educational stipend and a \$250 travel grant to the NMPRA National Meeting in October 2006. Awards sponsored by *National Med-Peds Residents' Association***

## NMPRA Announces New At-Large Board Members

Ranya Sweis MD, NMPRA President

### **Payel Gupta MD** Rush University Medical Center

Dr. Gupta was originally born in Kenya and raised in East Lansing, MI. She attended the University of Michigan in Ann Arbor and graduated with majors in Religion and Biopsychology. She began her medical career at Michigan State University College of Human Medicine and is currently in her second year of her Med-Peds residency. Her career so far has included many opportunities for volunteering and she has traveled to Ecuador, Honduras, India and Malawi. She has been actively involved in smoking cessation research and education. Dr. Gupta hopes to pursue a fellowship in Allergy and Immunology. She enjoys travel, dance and golf.

### **Kitty O'Hare MD** University of Pennsylvania/ Children's Hospital of Philadelphia

Dr. O'Hare was raised in Weston, Massachusetts. She attended College of the Holy Cross where she graduated with a Biology major and a Music minor during which she had the opportunity to sing with the Boston Pops. She then attended the University of Pennsylvania Medical School and learned about Med-Peds! She is currently a PGY2 at the University of Pennsylvania. Dr. O'Hare is interested in pursuing a fellowship in preventive medicine and is interested in research work on childhood obesity. Her hobbies include choral music, cooking and knitting.

### **Rupesh Raina MD** Metro Health Medical Center/ Case Western Reserve University

Dr. Raina obtained his Bachelor of Medicine degree from King George's College in India. After that, he pursued post-graduate work in hospital management from the Institute of Health Care and Administration in India. He then traveled to the United States where he became a very productive research fellow. In 2003, he joined the Metro Health Medical Center Med-Peds program where he is now a third year resident.

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Association**



**www.medpeds.org**

**Not a NMPRA member?**

**To join go to [http://www.medpeds.org/Membership/Membership\\_New.htm](http://www.medpeds.org/Membership/Membership_New.htm)**

***The Med-Peds Perspective***

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