Dear Med-Peds Colleagues,

Congratulations to all those who have matched in Med-Peds and now will be joining our Med-Peds family! We wish you a smooth transition into life as an intern and hope that you will become active in your program and NMPRA.

As our graduating 4th years prepare to also make their transition into the “real” world, we hope that you will remain active in the Med-Peds community by mentoring medical students and residents and joining the AAP Med-Peds Section. Best wishes and congratulations to the Med-Peds Class of 2008!

Our new NMPRA website was unveiled last fall to rave reviews. We continue to make updates to the information and our new web resource pages focusing on international health, transitional care, hospitalist medicine will be coming soon! If you are interested in contributing to our website, please contact me at arlene.chung@alumni.duke.edu.

This year we are holding our Second Annual Advocacy/Community Service Grant competition. Do you have a great idea for a way to serve the adult and pediatric patients in your community? If so, start planning as we will be awarding one to two $1000 awards in July-August. Keep an eye out for future reminders.

Also, do you have an interesting clinical case? Don’t forget to apply for our annual NMPRA Case Abstract Competition to qualify to present at our 12th Annual NMPRA National Meeting. Look for email reminders at the end of June.

Finally, don’t forget to put in those schedule requests to attend the American Academy of Pediatrics National Conference and Exhibition and our annual meeting! I hope to see all of you in Boston on October 11th at our 12th Annual NMPRA Meeting!

Arlene Chung, MD, MHA
A Year in the Life of a Med-Peds Resident: Third Year
Rebecca Northway, MD

I am a third year Med-Peds resident. I have survived intern year with brutal call, switch anxiety, and the difficulty of knowing all your categorical peers as well as you would like. As a second year resident, I felt like it finally all came together. By the middle of the year, I could honestly say, “Wow, I really do know both medicine and pediatrics” as I worked both inpatient services as a senior resident. With third year, though, I feel there is a mix of emotions, and for me in many ways, it is more difficult than being an intern or second year.

As I wrote this article, I was on the medicine night team at the University hospital. I was on with a second year categorical medicine resident. It was an awkward meeting at first as I introduced myself as a “Med-Peds resident, third year.” She hadn’t ever met me before, and I really did not know her. We came to bond though over the two weeks. However, when she spouted off the latest trials, knew the intricacies of the hospital better than I did, and knew all the interns names by heart, it only built on my already anxious personality. See, it was near the end of my third year, and unlike my categorical counterparts, I did not have “senioritis”. Instead, I had sheer anxiety over feeling as if I did not know enough information and the realization that I had just one year and a couple of months left to learn everything about Medicine and Pediatrics.

In my program, the more senior you become, the less in-service senior months you have. By third year, you have about 4 in-service months in total and 2 weeks of nights on both medicine and pediatrics. There are a few weeks or months of ER scattered in, but the rest are electives, which are great as you can continue (or for some start) to catch up on the various journals and articles that have been pushed aside. But, being 2 years away or more from intern year, I feel as though my skills of inpatient medicine and triaging are somewhat rusty.

I always second guess my responses. My mother still tells me, “Go with your first answer.” Easier said than done. That was the usual feeling I had as I was on nights. I would get the call from the ER, triage the patient to the correct team, and work them up with the interns. I would be asked questions left and right. My gut responses were usually correct, but at 2am, I often still had in the back of my mind, “when and were did you read that and does it apply to adults or just pediatrics?” As Med-Peds, I find that we are often looked at in a different way. We often supply information used on the peds side that is not customarily used on the adult side or vice versa. Our social history on an adult is always slightly more extensive. But, I think we all have an ongoing turmoil of not knowing enough, not being up to date on every journal or article. I often cannot quote articles or studies as my categorical counterparts can and I must admit, have usually barely skimmed the abstract. I wonder if anyone has ever looked at the time needed to read all the journals and studies that apply to Medicine and Pediatrics? I am certain we would never be able to sleep.

But as I mentioned, third year to me has been a roller coaster of emotions. With this anxiety comes a sense of calm, when night after night, you start practicing the art of medicine not just the science and algorithms. The scenario you weren’t really sure how to handle turned out fine under your supervision, and, in the morning, the attending agreed with your management. You did indeed did find the procedure cart in the depths of the hospital corridor. And you really did start the person on the right antibiotics.

A great thing about being a third year, or any senior for that matter, is that you have time to step back and see the larger picture, especially with fellows and attendings. We have a large group of both pediatric and medicine hospitalists who are a great backup system for the residents in many ways. When I was at the end of a work up or algorithm for a specific problem while working nights, I would go over my thoughts and plan of care thus far with the hospitalists. We would then pow-wow about other differential diagnoses, possible interventions, or various treatments. They would provide me with pearls, share their experiences, and direct me to helpful sources or journal articles. They also enjoyed it and I had many follow-up with me on patients we had discussed but
whom they were not directly caring for. Even better, they would also ask me questions when they too had reached the end of working up a patient, but still had not reached the outcome they had expected.

I have now completed my night team and moved on to other rotations. I have no doubt, even into my fourth year, I will have moments of sheer anxiety followed by boosts of confidence. But in my fourth year, I will not have my original categorical counterparts, and this is the sadness of third year. Those that we entered in with as interns in both Internal Medicine and Pediatrics are moving on. Some are staying to be attendings or complete fellowships, but others will be moving away to start careers. We will be attending graduations for those with whom we developed as physicians, but not moving on with them.

So my advice to you as you become a third year resident is as follows. First, remember that anxiety is good in appropriate doses, but do not doubt yourself. Find those that can help you build your confidence and relish in the time you have to engage in collegial discussions with your peers (attendings are included in this term). Keep up on your knowledge, because it will only be one year until residency training concludes. Continue to form bonds with your third year categorical counterparts, but start to get to know the interns and especially second years. These will be the people that you turn to for help and support in the next year. Finally, enjoy having easier months and being more “senior,” hopefully without gray hair!

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Announcing...
The Second Annual Practical Med-Peds Symposium on Cape Cod Hosted by Baystate Medical Center Occurring on: September 19-21, 2008

The course will provide updates in adult and childhood:
Dermatology
Sports medicine
Travel medicine
Psychiatry
Urgent Care
Eating disorders and Obesity
Food Allergy
Contraception
Transitional Care

Find out more at: www.baystatehealth.com/learn
On a recent sunny Wednesday afternoon I was simultaneously seeing two patients. The first, a crisply manicured elderly woman, simply did not feel well. She cried as she told me that she could not bear to be around her rather cross husband of sixty years, but neither she nor I could discount her very real physical symptoms. Separated from her by only a patterned hospital curtain was my second patient, a four month old infant who was having difficulty breathing. He cried as his teen mother undressed him, and in the background I heard my elderly patient talking to her daughter. I reviewed her labs just before looking at his chest film. I transferred her to the hospital, and the baby was discharged home.

Almost one year ago I drove out of the resident parking lot for the last time, and shortly afterwards I started working in a med-peds urgent care. I did not seek out this job, and like many med-peds graduates I did not know that urgent care was a potential career option. I came across this position by chance: I knew someone who knew someone at the urgent care. The clinic was in the right city, based at an academic medical center, and was looking for physicians to see adults and children. Because it met my three most important criteria, I thought I would check it out.

Our urgent care clinic is part of a major health system in Massachusetts, and the facility occupies the first floor of a large ambulatory care building nestled between the commuter train tracks to Boston, and a Burger King. I work with a group of med-peds physicians, a few internists, and some nurse practitioners. From seven in the morning when the doors open to seven in the evening when they close, anyone needing non-emergency medical care can walk in to be seen. As is typical in urgent care, there are no appointments. In our waiting room, the young sit next to the old, entire families come to have their rashes or sore throats evaluated, and exaggerated Boston vowels mix with Spanish…

“Urgent care centers play a unique role in relieving patient overflow from both primary care offices, since patients can be seen the same day, and from emergency departments, where patients may have to wait hours to be seen.”
No special training is required for urgent care, and because of our flexibility, med-peds physicians are uniquely suited for the field. Once I had decided on this job in urgent care as a fourth year resident, I went out of my way to seek out procedures such as suturing and joint aspirations. Even if I had not done this, there are more than enough opportunities to learn on the job. For those who want formal training, there is an urgent care fellowship, currently available at two medical centers, and urgent care boards, which are not currently recognized by the American Board of Medical Specialties. If you are interested in urgent care you can check out the websites of the Urgent Care Association of America (www.ucaoa.org) and the American Academy of Urgent Care Medicine (www.aaucm.org), or contact me at rharvey@partners.org.

Keep Your Eyes Peeled for the Following Upcoming NMPRA Event!

The Annual NMPRA Meeting will be held in Boston on October 11, 2008. Check out our website for details and information on how to register: www.medpeds.org
I Have to Take How Many Exams??
or
Preparing for the Boards

Tommy Cross, MD

When it comes to Boards preparation, I come with some experience in these matters. First, I took both the internal medicine and pediatrics boards in 1992 after finishing my Med-Peds residency; then I completed a Med-Peds combined ID fellowship and subsequently took both the Adult and Peds ID boards. Since finishing residency and fellowship I have re-certified in all 4 (some for the 2nd time) so I guess you can say I’m very familiar with the Boards <Grin>. Additionally for 8 years, I served as the Program Director for the LSU-Shreveport Med-Peds residency program. Since 2002, I’ve been employed by MedStudy Corporation, a Board Review and CME provider for physicians. This is my disclosure—I obviously have strong feelings about certain Board products but will mention my biases here upfront and hopefully will present a balanced view.

1. Why take the Boards in the first place?
In today’s marketplace, hospitals and practice groups will allow you to remain on staff as Board-Eligible (meaning you’ve finished your residency and you are waiting to take or pass your Boards) for 3-5 years. After 3-5 years most will require you to be Board-Certified or they may not allow you to remain “on staff.” Also, most insurance companies now require you to be “Board-Certified” to be on their insurance plans. Here’s the rub: For Med-Peds folk we have 2 Boards to take.

2. When are the Boards and how do I apply?
Let’s start with the Internal Medicine examination—it is “orchestrated” by the American Board of Internal Medicine (ABIM). I use the term “orchestrated” on purpose—it is a well run machine and the examination process is very streamlined. Last year the Boards changed the initial certification exam to a 1 day exam and it is now totally computer based (no #2 pencils or paper). It will be given in 2008 and 2009 on multiple dates in August. You register for it during your 4th year and remember to register before February 1st. The registration period begins December 1 through February 1! Don’t be LATE. There is a late fee of $400 and you only have until March 1st for this late registration date. You ABSOLUTELY cannot register after March 1st! More information about dates can be found at www.abim.org Note: this website has a lot of very helpful and useful information about the ABIM exam! Please, please, please do the tutorial online to see how the exam is presented to you and how you must answer questions. The first thing though you have to do is to apply on-line at www.abim.org

It is important to apply as quickly as possible—this will ensure that you get your 1st choice for the examination date and site! Be sure that you keep the ABIM apprised of any email or address changes between the time you apply and the time you take your examination!

NOTE: YOU NEED 2 FORMS OF ID!! One must be from a government agency like driver’s license or passport. The secondary ID must include your signature, but does not have to be a photo ID—most people use a credit card or ATM card.

For the Pediatrics Examination—it is orchestrated by the American Board of Pediatrics (ABP). You can get information about it at www.abp.org. To apply you fill out an on-line application. For 2008, the general Peds exam is October 27th. Registration is December 3, 2007 through February 28th, 2008 for the 2008 examination. Again don’t be late! Late fees are $260 for February 29th-May 1, 2008. (For future exam dates, regular registration usually ends the end of February for an October Exam date.) Also, there are fewer sites for the Peds boards so be sure to get your request in early for the exam also.

3. How much do Boards cost?
Unfortunately Boards cost a heck of a lot. The ABIM exam costs $1170 (2009) while the ABP cost $1460 (2008). Currently Med-Peds residents do not get a discount on these UNTIL you re-certify. The Med-Peds section of the American Academy of Pediatrics (AAP) and the Med-Peds Program Director’s Association (MPPDA) have repeatedly tried to work with the Boards to get this discount passed on to the first time takers—However, those of us involved with this have been “trying” for at least 12 years without success. Luckily you can charge the examinations to your VISA, Mastercard, or check or money order.

Additionally you have to factor in the costs of hotel rooms (if outside your city), meals and transportation to the Boards. If you have to travel for the morning of your exam, I recommend that you stay at hotel near the testing center so you don’t have to worry about traffic, parking, or finding the room quickly enough—you have enough stress on your brain. If you live in the city that the exam is being given, some would still consider staying at a nearby hotel—just to give you piece of mind and to make sure you are “focused”
and don’t have to worry about chores around the house like bathing kids, taking out the trash, or other things that may add to your stress for the test.

4. When should I take the Boards?
This is one of the most often asked and debated questions in the Med-Peds World! This is what I recommend:

• Are you someone who blows away the inservices every year in IM and Peds? If so, just get them over with in the first year. You are a great test taker and can handle both tests.
• Are you someone who has difficulty with the inservices and have a history of difficulty with standardized tests like Step 2 or Step 3? If so, then I recommend you take them in separate years. Which to start with? It depends. How much time are you going to have to study from July to October of your 1st year out? If you say “none” then I would take the ABIM in August—You will have to get to most of your studying done before July—which is easily doable—and use July to go over questions and get yourself “psyched.” If you are incredibly busy from July to October, you are unlikely able to put in the time needed for Peds boards during those months and you would be better off waiting a year and studying over the next year gradually!
• Or are you a person who “falls in-between”—do you do OK on the inservices and did OK on the Steps? You are the difficult person to figure out! The MPPDA surveyed the program directors and discovered it was really very split—depending on the program, either all of the residents did it the same year or people did them over 2 years. It really seems to be rather residency specific.

Also remember this: You are the most “honed” with knowledge right out of residency. There is a TON of overlap between the two tests also! So, use your best judgment and try to make the best decision for yourself—talk to your program director and talk to graduates of the program and see what they think based on their performance and the residency program you trained at.

I can really only give my own perspective. I think the ABP has changed in the last few years. In talking to residents and other program directors, the ABP seems to have become more difficult to pass—while the ABIM seems to have gotten easier for Med-Peds residents to pass. It used to be (in ancient times of 10-20 years ago) that Med-Peds people would take the ABIM in September (it was in Sept. then) and then we would have about 6 weeks to study for the ABP and that was enough—the ABP exam was a “joke” then. You’ll still notice a difference between the exams—the ABIM is much more into “clinical scenarios” while the ABP still spends quite a bit of time on rote memorization or knowledge of insignificant facts…this is what seems to have gotten the Med-Peds people in trouble in my mind. We do pretty well with real patient situations but our rote memorization is lacking or we just don’t have the same amount of time as our categorical Peds colleagues do.

5. What should I study? My first disclosure was that I work for MedStudy, so I’ll need to remind you of that now!
For the ABIM there are lots of products available to help you study:
MKSAP (www.acponline.org), Mayo Review (you can find at most book stores or amazon.com), Cleveland Clinics Review (bookstores or amazon.com), and MedStudy (www.medstudy.com) to name a few. It is best for you to learn about as many of these as possible and then decide which fits your study needs most appropriately. Also many people still like to study by reading Cecil’s or Harrison’s or another textbook. My one completely unbiased recommendation on these is: Stick with 1 study aid for the majority of your studying!—You are more likely to remember something if you go through one study aid 3 times than if you go through 3 different study aids 1 time!

Also, figure this out: How do you learn? Are you an aural learner, a visual learner, or a kinetic learner?
Aural learners: For instance, on rounds do you usually remember what the Attending has taught you or do you remember stuff from Grand Rounds or conferences just by hearing them? If you read something do you NOT remember it—but if you read it OUT LOUD to yourself do you remember it?
Visual learners: On rounds do you find your eyes glazing over and not hearing anything? Or do you try and pay attention but after rounds can’t remember a thing the attending said? Do you go to Grand Rounds or conferences and find yourself reading the handout and learning more that way? If you read something in a book or journal do you learn it better that way or by listening to the explanation at journal club?
Kinetic learners: Do you go to Grand Rounds or conferences and listen and read the slides but still not get it? What happens if you write it down in your own words or take notes during the lecture—can you remember things better then? If so then you are likely a mechanical learner—taking notes from study materials or texts will be helpful for you. Then you study your own notes in your own handwriting—it seems to make things “stick” better.

Most of us are a mix of the above so don’t be surprised if you can’t pigeonhole yourself into any one category. (My wife is convinced that I am definitely not an aural learner!) So based on these maybe we can figure out what study aids might help you!

If you are an aural learner—you may have to read out loud to yourself or tape yourself. Or you can get ACP or MedStudy or Mayo audio/DVDs and watch them and “listen” to the speakers. (Continued on page 8.)
(Continues from Page 7.) For the visual learners the videos can also be helpful as you follow along in the texts that they provide. Or, do you remember things better if you read them? MKSAP was really all that was around when I was taking my Boards for the first time. It really hasn’t changed—it is very up-to-date and rich of information—just about every word is important. It works well for some people, for others—it is too in-depth and misses the “Board” points or doesn’t point them out very well. The other Board review products are just that—they are set up mainly to help people study for the Boards. If you are a visual learner then there are lots of options available for you. Besides MKSAP, the two most popular are MedStudy and Mayo Reviews. However some prefer to read Cecil or Harrison’s and study from that source—so figure out what works best for you!

For the kinetic learner—you pretty much can use any source you want—just be sure that you can write it down and review it well. Usually an already succinct review text will be more helpful.

6. How do you know what to concentrate on?
Well, for the ABIM it is easier in my opinion. On their website, www.abim.org they publish the exact breakdown of the exam as far as the different areas of concentration. For example, cardiology makes up 14% of the exam while adolescent medicine makes up 2%. This should help you figure out what to study.

For the ABP it is less predictable. They have guidelines of what they cover and content areas, but they pretty much include everything in pediatrics! Most people use the “content feedback statements” from the Peds In-training examination. Your program director should give you a copy of this after you get your Peds In-service examination—it lists the type of question asked on that particular In-service. I recommend you save these for all 4 years so you can review them at the time of your study to be sure that you know most of the items listed.

7. What do people use to study for pediatrics?
Well, there are a lot less options for Peds study aids. The book “Laughing your way to the boards” many residents consider helpful—information is available at http://www.passboards.com. They also have question and answer books. From MedStudy, a 3rd edition “Core curriculum” and question/answer books as well as DVDs are available. Most people also use PREP questions and study Zitelli or other picture books to look at “funny looking kids.” Again though, there is a LOT of overlap between what you have studied for the ABIM and the ABP. Endocrine for example—is very similar. The key here is after you have finished studying for the ABIM intensify your study of topics not covered on the ABIM—genetics, syndromes, metabolic nightmares, growth and development, etc…and topics specific to pediatrics like pyloric stenosis or chemotherapy for a 3 year-old with ALL.

8. What about Board Review Courses?
I think they are ideal for those who have a limited time to study and can aid all types of learners whether they learn aurally, visually, or kinetically. Usually the handouts from these are really helpful to study! They really can put things succinctly together and give you areas that you need to focus on. The ACP puts on a bunch of courses specifically geared towards board review as do local medical schools, universities, and organizations like MedStudy, Mayo Review, etc. The AAP also puts on courses but many of their courses are more geared to “being up-to-date.” I would be wary of programs that are billed as “get the latest knowledge and newest research information”—that is great if you are in practice or want this…but you just want information to pass the Boards right? New information generally has to go through a lot of hoops to appear on the Boards to be sure that it is non-controversial or substantiated by most “experts” in the field—this takes time—for questions to be written and to be sure that the answers are considered “correct” by a majority of “experts.”

9. How do I pay for boards?
If you can, negotiate in your contract with your new bosses for them to pay for both of your boards as well as transportation, housing, and meals. If you are really good, get them to provide money towards review books and a review course as well. For those of you going on to fellowship—see if you can use some of your “Education” fund (either your current residency or your future fellowship program) towards the Boards or to reimburse you for some of the expenses—it can’t hurt to ask. Some fellowship programs may have some “slush” funds sitting around to help you pay for these or at least pay for your hotel or transportation to the Boards. Finally, it is an unreimbursed business related expense that you can deduct from your income taxes if the expenses exceed 2% of your income. So, another reason to take the exams soon after graduation from residency before the “big” bucks roll in.

10. What about spouses and significant others/children?
I write this to these folk: if you are married this is the part that comes under “in good times and bad.” Your spouse (or parent) is your biggest supporter. Be there for them—be a positive influence. I think they are ideal for those who have a limited time to study and can aid all types of learners whether they learn aurally, visually, or kinetically. Usually the handouts from these are really helpful to study! They really can put things succinctly together and give you areas that you need to focus on. The ACP puts on a bunch of courses specifically geared towards board review as do local medical schools, universities, and organizations like MedStudy, Mayo Review, etc. The AAP also puts on courses but many of their courses are more geared to “being up-to-date.” I would be wary of programs that are billed as “get the latest knowledge and newest research information”—that is great if you are in practice or want this…but you just want information to pass the Boards right? New information generally has to go through a lot of hoops to appear on the Boards to be sure that it is non-controversial or substantiated by most “experts” in the field—this takes time—for questions to be written and to be sure that the answers are considered “correct” by a majority of “experts.”

If you can, negotiate in your contract with your new bosses for them to pay for both of your boards as well as transportation, housing, and meals. If you are really good, get them to provide money towards review books and a review course as well. For those of you going on to fellowship—see if you can use some of your “Education” fund (either your current residency or your future fellowship program) towards the Boards or to reimburse you for some of the expenses—it can’t hurt to ask. Some fellowship programs may have some “slush” funds sitting around to help you pay for these or at least pay for your hotel or transportation to the Boards. Finally, it is an unreimbursed business related expense that you can deduct from your income taxes if the expenses exceed 2% of your income. So, another reason to take the exams soon after graduation from residency before the “big” bucks roll in.

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11. When should I start studying?
Ah—the correct answer of course is your entire residency. But, if you are the professional procrastinator you really need to get your act together by January of your 4th year. By June you should be spending at least 2-3 hours a day studying! My approach was to come home, eat dinner with the family, play with the kids for a short time, then lock myself in the bedroom for 2-3 hours a night without interruption—unless I was post-call when sleep really was required! I have a wonderful spouse who was able to pick up the extra work-load around the house and be a “single” parent for those months from June through October. I’m convinced with my poor memory skills that it is the only way that I passed! On Saturdays after rounding at the hospital I would remain and study at the library till 5pm or so. Then I’d blow off studying Saturday night and have some fun. During the day on Sundays I would take off completely from studying so I could enjoy the family and still have some sanity. I gave myself this break from Saturday night until Sunday night—I promised myself also that I could not feel guilty for taking time away from studying and it also meant that I had to do meaningful things with my family—not just take a nap! Sunday nights I would take all of the child care responsibilities to give my wife a break and then I’d get back to the 2-3 hours of studying after I got the kids to bed. It was a wild time—really, almost as bad as internship as far as our time together. However, she knew it was important and that it was something we had to get through together. Anyway, that was my warped way of doing it. I’m sure you can come up with ways to make it work best for you and your family.

One additional item. In doing courses for more than twelve years, I have learned that study groups are a valuable asset. I would consider one, if you can find some people who would like to get together and study. In the study groups, mainly spend your time going over questions. It helps both the slower learner—to hear different perspectives and different ways of approaching a question and it helps the faster learner learn even better while they teach—usually you learn things best if you personally teach them to someone else. Try it if you can!

I hope this is helpful! Good luck and feel free to contact me if you have any questions about preparing for the Boards.

J. Thomas Cross, Jr., M.D., M.P.H.
Vice-President, Education
MedStudy Corporation
tcross@medstudy.com
With the new Accreditation Council for Graduate Medical Education (ACGME) requirements for Med-Peds programs as well as a few program reorganizations and closures, there was a small downturn in students selecting med-peds. However, Med-Peds continues to be a strong option for medical students considering both primary and specialty care.

This year, there were 79 Med-Peds programs that entered the match with 362 available positions nationally. Compared to 2007, there are 3 fewer programs and 16 fewer positions. A total of 568 applicants chose Med-Peds of which 298 were U.S. seniors. There were 326 positions filled of the 362 available, representing a greater than 90% fill rate. The fill rate for US graduates (68.5%) was down slightly from previous years (70%-78% from 2004-2007), but exceeded categorical medicine (54.8%), categorical pediatrics (67.6%), and family medicine (43.9%). The overall fill rate (90.1%) was consistent with all other primary care disciplines. Med-Peds represents approximately 7% of the total pool of incoming categorical medicine interns and approximately 13% of the incoming pediatrics interns.

In the Med-Peds Universe, there are three main organizations that support Med-Peds: National Med-Peds Residents’ Association (NMPRA), Med-Peds Program Directors Association (MPPDA), and the American Academy of Pediatrics (AAP) and American College of Physicians (ACP) Med-Peds Section. NMPRA and the AAP Med-Peds Section are both working on several initiatives to reach out to medical students, so look for more information to come.

Being involved with a Med-Peds group is important, but it is equally important for Med-Peds physicians to be leaders in the individual fields of medicine and pediatrics. Make it a goal to attend a regional or national Med-Peds meeting at least once during residency and find out how you can be more involved!

Information excerpted from the MPPDA Match Synopsis 2008
Money Matters:
Negotiating for Your First Job Contract
Emery H Chang, MD, NMPRA Travel Advisor

So finally, your first job! This process gave me the complete creeps since I was going into uncharted territory and had heard many horror stories from previous residents.

I’m hardly an expert but here are some things to look out for:

**Define** specific responsibilities and commitments in writing! This includes call frequency and schedule, hours in clinic, administrative time, CME time and budget, vacation time, your administrative and clinical staff assisting you, research support, teaching requirements, covered expenses (DEA and medical licenses, hospital privileges, board testing fees), office space, computer, pager and/or cell phone coverage, promotion or partner qualifications, pensions or other retirement plans, other insurance (medical, dental, vision, disability, life) and anything else important to you.

**Malpractice Coverage** is another key issue including how much coverage, who pays the premiums and tail coverage. Tail coverage is basically for after you leave the practice and covers you for any suits against you after you leave a job. It is also important to consider tail coverage for leaving residency. Some people can get their new employers to offer “head” coverage, which is malpractice insurance for your previous work before your new job.

**Anti-Competition Clauses.** This is a major issue if there is a clause that says you can’t compete with the practice for a certain amount of time, in a certain geographic area if you leave the job. Such clauses may require you to move out of the area if you want to continue working after you leave your first job.

**Moving expenses.** Will your new employers pay your moving expenses? If so, great! If not, remember to keep all your receipts and document the costs because these can be tax-deductible if you move more than 50 miles away.

**Show Me The Money!** This is a tough question, since despite all my own searching, I couldn’t find out what comparative salaries were. My process was to ask my friends, as well as program directors, to see how things compare. Then, always ask for more up front, because your potential employers could always just say no if it’s not in their interest to pay you more.

**Document** all your conversations in written form. After a discussion, sending a summary email to all the appropriate parties documenting what you talked about is a great way to remind people of all the issues discussed and concluded. It clarifies what you took away from it and clearly documents the discussion for future reference on your part as well as that of your potential employers’. The email gives them a chance to correct any misunderstandings and can be used as evidence should something not go right later on.

**Use Your Resources.** Program directors, drug reps, nurses, clinical staff, and previous residents are full of valuable information. Don’t be afraid to ask for their opinions and advice. Often, it’s this informal information that is most helpful.

**Prioritize.** When negotiating, you won’t likely get all that you want. Prioritize what is most important to you and fight for that. If needed, ask for parts of contracts to be deleted or things to be added. Don’t be afraid to just walk away from a bad deal; it’s easier to do it now then after you start a horrible job.

As always, neither I nor NMPRA are legal nor financial experts. We advise that each individual obtain their own legal and financial advice before making any decision based on the information provided in this article.