Hello NMPRA Members!

The winter has been exciting with our first Annual NMPRA Service Day and the start of regional meetings! The NMPRA Service Day was a success with several programs organizing awesome service activities! Check out highlights later in this issue. We hope to continue to expand on this and have more service related activities in the future.

Regional meetings are in full swing as well. There have already been two regional meetings and there are still two more this year! Miami hosted the SE meeting in January and UCLA hosted the West Coast meeting in March. Coming up is the Midwest meeting on April 30th hosted by University of Chicago. Check out the NMPRA website for more information or email Melissa Arredondo at melissa.arredondo@uchospitals.edu. Mark your calendars for the NE meeting hosted by Yale on May 21st as well. If you’re interested in hosting a regional meeting next year email president@medpeds.org for more information!

New NMPRA directors—Executive board elections

We have also recently chosen the new NMPRA directors. There were a ton of amazing applications this year, which speaks to the amazing things all our fellow Med-Peds residents are doing! We are very excited to welcome the new directors and continue to expand these roles in the next year. Please join us in congratulating them!

Executive board elections are officially underway! Please vote for the future leadership of NMPRA using link from the email sent out earlier.

As NMPRA prepares to transition to new directors and a new board there is also much transition in our Med-Peds families. All the 4th years are preparing to graduate and the new interns are preparing to join their new Med-Peds families! As a graduating 4th year myself, it’s crazy to think how fast four years have gone by and all the amazing experiences I have had during this time. Our specialty is truly wonderful and it’s amazing to be part of such a great group of people and colleagues in my own program but also in the larger sense nationally. Good luck to all graduating 4th years and congratulations to everyone on the match! Also check out match details highlighted later in this issue.

It’s been a wonderful year for me and I have loved serving my fellow residents in this role as president. I look forward to seeing what is in store for NMPRA in the next year and as always we welcome input and suggestions!

Take care,
Danielle Weber
NMPRA President 2015-2016

More information about MedPeds can be found at www.aap.org/medpeds and www.medpeds.org

For more information regarding MPPDA, please visit www.mppda.org
Meet the new NMPRA Directors

Director of Health Policy and Advocacy: Ravi Shah

Director of Professional Advancement: Ryan Halas

Director of Medical Student Recruitment: Michael Cafarchio

Director of Community Service and Outreach: Nupur Agrawal

Interested in getting more involved?
Click the links below to keep up-to-date on what’s happening nationally!

NMPRA news and announcements on Facebook, Twitter, and Instagram.
Let us know what your program is up to! #NMPRA

Contact Us—Contribute
To contribute to the next Perspective, please email communications@medpeds.org

http://www.medpeds.org/about-nmpra/board/
Save the Date!

- April 30
  Univ. of Chicago
  Midwest Regional Meeting

- May 5-7
  Washington DC
  ACP Annual Meeting

- May 6, 6-7pm
  Washington DC
  Med-Peds Reception

- May 21
  Yale
  Northeast Regional Meeting

- October 22-25
  San Francisco, CA
  AAP National Conference and Exhibition
  NMPRA National Conference

- Oct. 23, 1-5pm
  San Francisco
  Med-Peds Educational Session, Reception following

- Feb. 9-12, 2017
  Disney’s Grand Californian Anaheim, CA
  Joint CME Course: Section on Med-Peds and Section on Adolescent Health

Resources For AAP Members/Other Pediatric Practitioners

How to Implement Care Coordination in Your Practice

Need help identifying, adapting and implementing tools to support care coordination capacity building and measurement? The National Center for Care Coordination Technical Assistance (NCCCTA) provides technical assistance (TA) on the Pediatric Care Coordination Curriculum, Care Coordination Measurement Tool and the Pediatric Integrated Care Survey. The NCCCTA can also answer individual questions about making care coordination work in your practice. Visit us for more information and links to the above tools. Contact us for TA or questions. Join the NCCCTA Community of Learners listserv.

Special Supplement to Pediatrics Spotlights Care and Treatment of Children and Adolescents with Autism

The February 1, 2016 Issue of Pediatrics includes a special supplement featuring federally supported, collaborative research on the health care and medical treatment of children and adolescents with autism spectrum disorder (ASD) and other neurodevelopmental disorders.

The supplement, “Health Care for Children and Youth with Autism and other Neurodevelopmental Disorders,” reports on a broad array of findings and includes practice guidelines addressing anxiety treatment and studies on access to diagnosis of ASD, creating autism-specific care plans in hospitals, evaluation of emergency department care for children with ASD, transition services for youth with ASD and co-occurring symptoms such as depression, sleep, irritability and behavior problems.

Strategies to Enhance Care for Hispanic Children and Youth with Special Health Care Needs

Created by the National Center for Medical Home Implementation based on lessons learned from a community-based medical home project in Rhode Island, this fact sheet provides clinicians with strategies on how to enhance care for Hispanic children, youth and their families.

Medical Home Modules for Pediatric Residency Education Now Available

A series of five case-based, educational modules on key medical home principles for pediatric residency programs are now available from the American Academy of Pediatrics. Each module, both as a full set and individually, is designed to be incorporated into existing curriculum by residency program directors and faculty. Collectively, the modules educate residents about characteristics and benefits of the patient- and family-centered medical home, care coordination, care planning, transition to adult care and team-based care. They are the result of efforts of the Medical Home Resident Education Initiative Work Group whose goal is to provide direction, tools and resources to residency program directors, faculty and others in their efforts to educate trainees regarding the core tenets of medical home. The modules are available for download here on the American Academy of Pediatrics Web site.
AAP sections, councils and committees are responsible for the development and review of the policies and practice guidelines that are published. These documents are an integral part of both the practice of medicine and achieving health and well-being of children.

Thank you to all who review and give their feedback!

In the past several months, the Section on Med-Peds has reviewed:

- Clinical Report on Allergy and Anaphylaxis Emergency Care Plan
- Acute, Non-Emergency Care Services Delivered Outside the Medical Home
- Clinical Tools to Assess Asthma Control in Children
- Physician’s Role in Coordinating Care of Hospitalized Children
- The Unique Developmental and Health Concerns of Adolescents and Young Adults
- Clinical Report on the Breastfeeding Friendly Pediatric Office Practice
At the Annual Leadership Forum (ALF) of the American Academy of Pediatrics (AAP), Dr. Mike Donnelly, Katy Lerman and I from our executive committee got to network with top leaders and vote on resolutions that impact our pediatric patients and our specialty. It sets the stage for what the AAP will do for 2016-2017 (we voted on over 100 resolutions that included trying to change what is included in WIC, stance on non-medical immunization exemptions, discounts for residents to come to 2 days of the national conference, etc.). Soon the Top 10 resolutions from the meeting will be released.

It was also great to see other med-peds physicians considered leaders to the ALF pictured with the new CEO of the AAP including: Drs. Mike Donnelly, John Chamberlain (not in picture), Erich Batra, Karen Remley (CEO of AAP), Nicole Poppinga, Ashley Lamb, Courtney Pinkham, and me.

There is so much advocacy for children going on despite the gridlock in DC that legislation passed including the nicotine poisoning prevent act and so much more. There are so many reason to be part of the AAP.


In addition, the AAP will start a fundraising campaign as a larger more modern new building will be constructed outside of Chicago. Here is a video of what is happening.

https://m.youtube.com/watch?v=nU1Crj6tyN4&feature=youtu.be

We continue to plan for the 50th anniversary of our specialty in Chicago AAP in September 16-19 2017. Please plan on attending. The AAP CEO is planning on attending!!!!! We will be fundraising as a section to help support med-peds physicians (many of whom are retired) that may not be able to afford to come to the 50th anniversary. Stay tuned!!!!

Our FACP Fast Track initiative has recently led to Drs. McKenna, Mehta, Ilangovan, Eyssallelne, Workman and Debowy attain FACP status. If you are interested please send me your CV and the name and email of your ACP governor.
As an early career Med-Peds primary care doctor, and an at large member of the NH Pediatric Society Executive Committee, I was lucky to attend this year’s AAP Annual Leadership Forum (ALF) in place of Dr. Bill Storo, our chapter president, who was unable to attend. The ALF is a 4 day conference in Schaumburg, IL that pulls together the leadership of the AAP’s chapters, councils, sections and committees. One goal of the ALF is to help AAP leaders develop leadership skills in many areas, including advocacy, quality improvement, disaster preparedness, and engaging AAP members. It was inspiring to be around very involved pediatricians doing great work for children, including in our own District. The Maine chapter won the award for the best small chapter this year due in part to a very successful oral health project, their extremely high toddler vaccination rates, and great member involvement. I also learned many valuable tips to bring back to New Hampshire. For example, in order to facilitate collaboration, the New Jersey chapter creates a pocket-sized book called an Agenda for Children every year that they hand out to their state legislators to outline all of the issues that the pediatric society is interested in. That is something that we could easily put together in New Hampshire to improve our collaborations with our own legislators.

Another aim of the ALF is to determine the priorities of AAP members through a series of resolutions that are discussed in both small and large groups to determine what to ask the AAP to work on in this next year. This year there were 137 resolutions that were submitted. Some of the resolutions were very limited in their scope, including a resolution that the AAP should charge trainees a discounted price to attend the NCE on both Saturday and Sunday to help encourage involvement from trainees. Other resolutions were larger in their scope, including a resolution to ask the AAP to create a Center for Provider Resiliency at the AAP for providers suffering from burnout.

Several controversial resolutions passed including a resolution asking the AAP to strongly support Planned Parenthood and other sexual health providers, and a resolution to support both pediatricians who choose to discharge families who do not vaccinate their children as well as pediatricians who agree to keep seeing children who are unvaccinated. As a Med-Peds provider, I spoke in favor of a resolution seeking payment parity for pediatricians. I see firsthand that I am able to get paid at a higher rate than my straight pediatric colleagues, due to being an internist as well as a pediatrician, which isn’t fair. I spoke up a few other times throughout the meeting, and every time, I felt proud and lucky to be representing Med-Peds as well as pediatrician’s and children of New Hampshire.

Finally, the ALF was a wonderful opportunity for building relationships and seeking mentoring. I love meeting new Med-Peds providers I haven’t previously known, and I met quite a few at this meeting. I also was able to meet Dr. Donnelly (running for Med-Peds Section Chair) as well as Allen Friedland, the current Med-Peds section chair and discuss the current stage of my career with them in an impromptu med-peds mentoring session. And I was excited to learn from them that 2017 will be the 50th Anniversary of Med-Peds as a specialty! For any of you interested in getting more involved in your chapters or in the Med-Peds section, please reach out. Come help us work together to improve the health and lives of children!

Ashley Lamb MD MPH
Internal Medicine and Pediatrics
Thank you to everyone who participated in the NMPRA's first annual National Med-Peds Community Service Day! Here are some of the amazing ways residents were able to get out and help their communities:

**Baystate** - Residents cooked dinner (enchiladas!) for the Rescue Mission homeless shelter

**Baylor** - Volunteered at the Houston Food Bank

**Vanderbilt** - Drive for supplies for a homeless clinic to give out (socks, lotion, etc)

**Maine Med** - "Spread the warmth drive" winter clothing drive for the Preble Street Resource Center's homeless shelter

**Maryland** - Children's activity at Sarah's House, a transitional shelter for homeless families

**Rush** - Collection drive for school-based health centers.

**Cleveland** - Worked with a community organization for Homeless Stand Down

**University of Chicago**—Stand Up for Kids national organization that works with homeless or unstably housed adolescents and young adults.

Thank you to everyone who took the time to volunteer in their communities and make this day a success!

Dara Farber
Director of Medical Student Interest Groups and Recruitment

We are now coming to the bittersweet moment of saying goodbye to everybody from my position of director. It’s been a great year and I’m so grateful for all the great medical students who are joining the Med-Peds family (Congrats Match of 2016!!!). I have met some awesome people along the way and we have made huge strides to increase our outreach to students across the nation. I wanted to take the time to summarize our accomplishments this year.

Over the summer through the efforts of the NMPRA Board and myself, we have established a new subforum specifically for Med-Peds under the Student Doctor Network to provide useful information for people who have questions about the specialty. The main goal is to provide easy access to answer of commonly ask questions, create a repository of these Q&A’s and to dispel any myths that people still hold about the Med-Peds specialty. While we still have many more opportunities to pursue using our partnership with SDN, I believe this step forward has helped many students who were going through the match this year.

This past year we have sought to increase the medical student participation in NMPRA as well. There have been so many active enthusiastic individuals who have wanted to help Med-Peds outreach that we have created new positions to allow medical student participation in our organizations. I wanted to first thank Ana Mauro MS4 (soon to be a newly minted MD) for her participation and role as the inaugural medical student liaison for outreach. She and I have worked hard to create an up to date list of all the active medical student interest groups and their current leadership. With her help, we have transitioned her position into the new medical student subcommittee that will work with the new Director with medial student outreach.

While we have accomplished many milestones over the 2015-2016 year, we still have a lot to do. The Director of Medical Student Interest Groups and Recruitment is a job that depends on all our active participation to get the word out there about the Med-Peds specialty. With each passing year, I feel that more people understand what our specialty is about and choose to join our family. It is humbling to work with such awesome board members and enthusiastic medical students. Thanks to all of you again for such an awesome year. It’s been a fun ride.

Eric Chow

IT’S A MED-PEDS JOURNEY!

Abbinaya Elangovan, MBBS Medical student, Madras Medical College India

As a medical student, I was assigned a new patient, a 60 year old gentleman with multiple comorbidities admitted for a flare up of gout. In an attempt to get a detailed history, we started speaking about his past. Soon we were so much involved in the conversation that I lost track of time until I was called for rounds. From then on, I used to check on him twice a day. Though I did nothing more than enquiring into his complaints and reassuring, almost every day he praised me and wished me to become a successful physician. Hearing words of wisdom and encouragement from a man who had lived his age gave me immense satisfaction.

The next month when I rotated in a neonatal ICU, I aided a baby to let her first few breaths out of the womb. I felt it to be one of the proudest moments of my life. I sensed that my efforts to make children smile were indeed blessed with moments of reliving my own childhood. Being one among the children’s world, felt like a privilege not many are entitled to. I have great love for cardiology since my initial years of medical school. The hemodynamics of congenital heart disease have never failed to fascinate me! Realizing that many of these children would eventually head into adulthood, I felt an intense desire to follow up and treat them as long as I practice.

From a newborn to a retired old man, I realized medicine needed to be enjoyed as a whole. I firmly believed medicine transcends age limits. The distinct line which separated Internal Medicine from Pediatrics seemed blurred to me. That was when I discovered Med-Peds. My joy knew no bounds when I finally knew what I wanted my career to be. It is still my imagination what a continuity clinic would be like! But Med-Peds will enable me to provide long term continual care to the children and would lead to better understanding of disease progression. I would be able to manage their complications for lifetime. I would also get the perquisite of treating the family as a whole. What more could I ask for! I connected with NMPRA online and registered for my first NMPRA regional meet. I am so eager to meet the NMPRA family at Chicago!
My eyes were drowning in the tears I refused to let roll down my cheeks. I breathed in, swallowed, and it was not selfish, it was humane — you would be at a loss for what scale to use to measure the kindness to let myself feel, and feeling is what gives me the strength to care.

All day was to contribute to the care of this woman or her husband. Either way, at the end of the encounter, I shook their hands, thanked them for sharing themselves with me and told Mr. L, “I could not handle it. I, me, the medical student; not the woman faced with the decision to stop dialysis and shorten her days so she could have quality (instead of quantity) time with her beloved husband, not the man grieving the potential loss of his sweetheart much sooner than expected, not the physician relaying to this woman in distress the option to reassess her goals and alleviate her suffering; not them, but me—the medical student standing in the room, in my recently dry cleaned white coat, comfortable new shoes, and nearly perfect health. I could not handle it. My eyes were drowning in the tears I refused to let roll down my cheeks, my breathing meticulously calculated so I would not make any noise, each swallow carefully placed in between breaths so they would not notice I was struggling. How defiant of me to struggle, how selfish, how insensitive... Should I excuse myself? Should I quietly run to the bathroom before anyone noticed? Should I toughen up if I want to ever have a shot at succeeding in the medical field? Should I teach myself to care less, or better yet, to feel less?

Breathe. I should breathe. I breathed in, swallowed, cleaned my cheeks from the tears that dared stroll down my face and decided that I should stay right there, off to the side of that hospital room, and I should just be. And then I breathed again, just in time for Mr. L to turn to me and say, “You’re too young to be listening to this. Awfully too young, you shouldn’t be listening to all of this.” In my mind I mustered up the courage and cleared my throat to say, “It is my honor to be here.” In actuality I just smiled, and Dr. W said, “This is an important part of her training.” I finally produced the words “Thank you for letting me be here.” I do not know if Mr. L had noticed that I failed to hold back my tears while witnessing their story, or if he was just aware of the heaviness of the situation. Mr. L told me that listening is what makes good doctors: “Never forget it,” he said. I mentally questioned whether I should have been in the room at all given my sense of helplessness. I was unskilled and felt that I did nothing to contribute to the care of this woman or her husband. Either way, at the end of the encounter, I shook their hands, thanked them for sharing themselves with me and told Mr. L, “I will never forget it.”

The next day, Dr. W told me how appreciative they were of our visit. Mr. L specifically mentioned me, and how it meant a lot to Mrs. L that I listened to her story. It brought them some comfort to impart their wisdom to me. That day, I learned more than the management of a disease; Dr. W taught me the importance to bear witness. I realized that the most important thing I did all day was to breathe and stay in the room. Letting myself be moved by patients’ stories is what keeps me whole; it is essential to my self-care. I should not feel less, and it was not selfish, it was humane. It was in the rest between my breaths that I found the kindness to let myself feel, and feeling is what gives me the strength to care.

Monique Araujo
UNC School of Medicine
MD Candidate- Class of 2018 (MS3)

NMPRA has partnered with the Student Doctor Network (studentdoctor.net) to provide information about MedPeds to medical students and residents around the world. We hope to be actively involved in the Combined Residency Med-Peds sub-forum, answering questions, as well as providing information and articles of interest to the community. We are very excited about this partnership, and hope to see you over at SDN!
Combined Internal Medicine—Pediatrics
Match 2016 and other Data

Programs and Number of Positions of Med-Peds Programs

Med-Peds Overall Fill Rate thru the Match

Overall Fill Rates By Residency In NRMP Match (US and IMG)

Fill Rates By Residency In Match (US Allopathic Seniors only)

US Graduates (allopathic) Matched into Med-Peds

International Medical Graduates

Matched into Med-Peds

ERAS Applicants to Med-Peds
U.S. Graduates (Allopathic and Osteopathic) by Region

Osteopathic Applicants
To Med-Peds Through ERAS

International Applicants
To Med-Peds Through ERAS

Osteopathic Boards Data (n=190)
2004-2016

Summary Statistics 2014

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