



# CoPS Communications

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Welcome to CoPS Communications! Our hope is that this inaugural edition of our newsletter will be the beginning of even more communication to and from our constituents about the activities of the CoPS.

Victoria F. Norwood, MD

### [CoPS Mission and Vision](#)

Our mission is to integrate approaches to subspecialty education, research and patient care by providing a forum for members and other organizations and by serving as the common voice for the

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pediatric subspecialties. Our vision is for all pediatric subspecialties to work together to ensure excellence in pediatric subspecialty medicine by valuing compassion, diversity, communication, career development and satisfaction, and the highest quality education, training and research.

### **Who Are We?**

CoPS is comprised of two representatives from those subspecialties in which the American Board of Pediatrics offers a certificate of special qualifications plus others as chosen by the council. (For a listing of the current representatives, [click here](#)). One representative from each subspecialty must be a training program director. There are also liaison members from the American Academy of Pediatrics (AAP), American Board of Pediatrics (ABP), Association of Medical School Pediatric Department Chairs (AMSPDC), Association of Pediatric Program Directors (APPD), Pediatric Academic Societies (PAS) and Federation of Pediatric Organizations (FOPO).

### **How Does CoPS Operate?**

There is a five member Executive Committee that guides task forces and addresses issues facing and raised by the pediatric subspecialty community (see <http://www.pedsubs.org/issues/index.htm>). CoPS has two meetings, one in the fall, in conjunction with APPD, and one in the spring with PAS. CoPS also has general and subspecialty web-based discussion boards at <http://www.pedsubs.org/discussion/index.cfm>.

How is CoPS Funded?

Since its inception, CoPS has been funded through the generous support of the APPD and AMSPDC. Individual representatives are currently self-supporting or supported by their nominating societies. A dues structure for subspecialty organizations is planned to begin in 2009.

### **Why Do We Need CoPS?**

Two years ago, when the Council of Pediatric Subspecialties was founded, we envisioned an organization dedicated to ensuring excellence in pediatric subspecialty medicine by providing an integrated forum for members and other organizations to address common issues of education, research and patient care. We have an ambitious agenda, with identified [issues](#) across the breadth of our missions, but in a short period of time we have made significant strides in defining communication lines, establishing ourselves as a "go to group" for other organizations desiring input, opinions and assistance from pediatric subspecialties, and initiating action into complex concerns.

I cannot complete these thoughts without expressing my gratitude to our liaison organizations, ABP, AAP, APPD, AMSPDC, FOPO, and PAS. They have been continuously supportive of our missions and provide many of our connections to the breadth of pediatric medicine. To the subspecialty pediatricians and their representatives, CoPS is yours. I encourage you to utilize our strengths and assist our efforts. To Laura Degnon, our Executive Director, we owe our focus and our organized, yet creative, style. Welcome to the adventure!

## **Update on CoPS Task Forces**

### **Fellowship Core Curriculum**

This group is to examine and then share curricula with the CoPS members. Co-Chaired by B. Li, MD and Josef Neu, MD, The goal is to link with the APPD Share Warehouse and develop toolkits for subspecialty program directors.

### **Communications**

This task force, led by Richard Mink, MD, is working to develop an effective inter-subspecialty communications network. Since CoPS'

initial issues focused on fellowship programs, efforts have first been directed at creating a pediatric subspecialty program directors e-mail directory. Thanks to the categorical programs and the ABP, this is very nearly completed. The task force is now in the process of developing an e-mail listing of the leaders of the organizations that represent each subspecialty. Ultimately, the goal is to generate a method to contact all pediatric subspecialists. The task force has also been working on creating a newsletter and updating the website. This newsletter is the first large-scale communications effort of the task force with additional ones planned for twice per year.

### ***Relationships with Regulatory Agencies***

Charged with forming pro-active and interactive partnerships to enhance subspecialty training and practice, this task force, led by Chris Kennedy, MD, is utilizing a request from the ABP to structure a working group to address these issues. The ABP has requested that CoPS assist in the development of a subspecialty program director's guidebook to improve the understanding, efficiency, and accuracy of processes required of training directors. Meant to complement information supplied by the ACGME, this guidebook will build on the success of the document developed for core pediatric directors and will include information regarding timelines, differentiating certification from accreditation, definition and evaluation of competencies, links to available ABP materials, forms and documents, and FAQ's. If you are interested in helping, or know of a capable team member willing to assist, please contact Chris Kennedy at [ckennedy@cmh.edu](mailto:ckennedy@cmh.edu).

### ***Advocacy and Workforce Task Forces***

The Advocacy (interim chair Bill Schnaper, MD) and Workforce (chair Christopher Harris, MD) Task Forces are working together to address related recruitment and quality-of-life issues that appear to be of paramount importance for most pediatric subspecialties. Two main goals have been identified. First, we should seek in the long run "right-size" the subspecialties by identifying what clinical and academic needs are now, and will be in the future. The immediate tasks are to find out what kind of data we need to define the problem, and then devise the means to obtain the data. Only after this process will we be able to develop targeted approaches. Since this effort will take some time, our life-style issues (and our ability to recruit trainees into the subspecialties) will be enhanced by our second, more short-term goal of "increasing the denominator" by finding ways to collaboratively lessen the workload for subspecialists. An important part of this effort will be finding subspecialists advocates! We need the help of any interested CoPS members who might be interested, please let us know.

Additional information about the CoPS Task Forces can be found on the CoPS website.

## **Streamlining the Fellowship Application Process**

The random nature of the processes for pediatric subspecialty fellowship application and acceptance was one of the initial issues that stimulated the formation of CoPS. Happily, this has undergone a rapid transformation. In January 2008, CoPS recommended that all subspecialties utilize the Electronic Residency Application Service (ERAS) to standardize fellowship applications. At that time, only 4 of 19 CoPS-represented subspecialties utilized this process. Since then, 5 more subspecialties have agreed to use ERAS. Similarly, in January of 2008, only 10 of 19 pediatric subspecialties utilized a match and there were eight different match dates. Since the CoPS report, 2 additional subspecialties (nephrology and pulmonology) will initiate matches for the 2010 appointment year. In addition, most of the subspecialties using the match have agreed to use one of two match

dates, a Pediatric Specialties Spring Match that will occur 13 months prior to the start of training and a Pediatric Specialties Fall Match that will occur 8 months prior to the start of training. The NRMP calendar of events is listed below. Child Neurology holds its match annually each January through the San Francisco Matching Program. CoPS will continue its support to streamline the fellowship application process and assist in reporting the effects of these charges.

**SPECIALITIES MATCHING SERVICE OF THE NATIONAL RESIDENT MATCHING PROGRAM  
PEDIATRIC SUBSPECIALTIES**

Specialty	Appt Yr	Match Opens	ROL Opens	Quota Change Deadline	ROL Closes	Match Day
Neonatal/Perinatal Medicine	2009	May 14, 2008	07/16/08	08/27/08	09/10/08	10/1/08
Child & Adolescent Psychiatry	2010	September 3, 2008	11/5/08	12/3/08	12/17/08	01/7/09
Pediatric Hematology/Oncology	2010	November 19, 2008	03/25/09	04/08/09	04/22/09	05/06/09
<b>PEDIATRIC SPECIALTIES SPRING MATCH</b>						
Pediatric Cardiology	2010	January 21, 2009	04/15/09	05/06/09	05/20/09	06/10/09
Pediatric Gastroenterology	2010	January 21, 2009	04/15/09	05/06/09	05/20/09	06/10/09
Pediatric Nephrology	2010	January 21, 2009	04/15/09	05/06/09	05/20/09	06/10/09
Pediatric Pulmonology	2010	January 21, 2009	04/15/09	05/06/09	05/20/09	06/10/09
<b>PEDIATRIC SPECIALTIES FALL MATCH</b>						
Pediatric Critical Care Medicine	2010	August 12, 2009	10/7/09	11/4/09	11/18/09	12/2/09
Pediatric Emergency Medicine	2010	August 12, 2009	10/7/09	11/4/09	11/18/09	12/2/09
Pediatric Rheumatology	2010	August 12, 2009	10/7/09	11/4/09	11/18/09	12/2/09

[Click On Image For Larger View](#)

## CoPS and the Association of Pediatric Program Directors (APPD): Working Together for Pediatric Education

By Susan Guralnick, MD, APPD President

The APPD is proud to have played a part in the formation of CoPS. It has been exciting for us to watch this organization grow, define its goals, and work toward those goals. We know that CoPS has a great future as an organization that will support the pediatric subspecialty arena. It is also clear that our missions of the two organizations are similar:

**APPD Mission:** The Association of Pediatric Program Directors is committed to excellence in pediatric graduate medical education to ensure the health and well-being of children.

**APPD Vision:** Exemplary pediatric education.

**APPD Values:** · Innovation · Collaboration · Communication · Scholarship

The APPD has over 2000 members, including Categorical Program Directors, Associate Program Directors, Program Coordinators, Chairs, Medical Education Specialists, and Chief Residents. We have 482 Subspecialty Program Director members and 10 Fellowship Program "Super" Directors. The APPD membership dues year is from July 1-June 30. Annual dues are \$1400 per accredited pediatric program, which includes the program director, one associate program director, the department chair, one pediatric residency program coordinator and all chief residents. We also invite individuals from programs such as Pediatric Emergency Medicine, Medicine Pediatrics, Pediatric Child Psychiatry, Pediatric Rehabilitation Medicine, Pediatric Genetics, Subspecialty Training Fellowship Directors, etc. There is a \$100 charge for each additional individual or programs may pay \$2500 for an unlimited number of individuals.

Possibly our greatest achievement to date is the Share Warehouse, a

member's only resource. The Share Warehouse is a virtual, web-based, collaborative project that provides a place for pediatric graduate medical educators, including subspecialists, to find resources to improve their trainees' educational curriculum, evaluative processes and their own administrative capabilities. The Share Warehouse will soon allow pediatric educators to submit and receive academic recognition for their work, while fostering collaboration at a real and meaningful level.

The APPD also worked with the American Board of Pediatrics to help program directors improve their teaching of professionalism, culminating in the publication "Teaching and Assessing Professionalism - A Program Directors Guide." Our Professional Development Working Group is creating a program to develop leadership and management skills for Program Directors.

Another current project for the APPD is LEARN (Longitudinal Educational and Research Network), a network that will allow programs to work collaboratively on educational research projects. This will promote evaluation of innovations across programs and provide the resources needed for many programs to be involved in research and curricular change.

Recognizing the need to further develop the educational tracks for Fellowship Directors, this year the APPD created a position for a Fellowship Director on our Board (Debra Boyer, MD). We will continue to seek input from Fellowship Directors as to how we can meet their educational needs.

For more information about the APPD, please visit [www.APPD.org](http://www.APPD.org).

## CoPS Joins the Organization of Program Directors Associations (OPDA)

This past November, CoPS became the newest member of OPDA, the Organization of Program Directors Associations. Created in 2000 by the Council of Medical Speciality Societies (CMSS), OPDA is comprised of 28 members representing each of the medical and surgical specialties recognized by the ACGME. Among the members are representatives from the Association of Pediatric Program Directors (APPD), Association of Program Directors in Internal Medicine, Council on Residency Education in Obstetrics and Gynecology, Association of Program Directors in Surgery and Council of Emergency Medicine Program Directors ([click here](#) for a listing of member societies). OPDA facilitates peer interaction and collaborative problem solving among program director associations. Via OPDA, pediatric subspecialties, represented by CoPS Vice-Chair, Jim Bale, MD, now have a link to the Council of Medical Speciality Societies, an umbrella organization at the center of all activities of American medicine. The importance of pediatric subspecialty representation in these venues cannot be understated.

## CoPS to Participate in the First Pediatric Educational Excellence Across the Continuum Conference

**Do you educate students, residents or fellows? Are you just getting started teaching? Are you interested in improving your teaching expertise?** If you answered "yes," then you will be interested in a new conference to enhance teaching. CoPS has joined with the APPD, the Council on Medical Student Education in Pediatrics (COMSEP) and the Academic Pediatric Association (APA) to present the first "Pediatric Educational Excellence Across the

Continuum" (PEEAC) Conference. This conference, to be held in 2009 on September 11 and 12 at The Westin Arlington Gateway, Arlington, VA, will be the perfect venue for educators to gain content expertise and improve teaching skills. Faculty recognized for their teaching expertise will direct workshops and small group sessions. For more information, visit [www.peeac.org/](http://www.peeac.org/).

## CoPS Comments: The Timing of the Transition from Resident to Fellow: Are Our Expectations Reasonable?

By Rob McGregor, MD, APPD Immediate Past-President

Pediatric residents are typically contracted through June 30th while many fellowships require orientation prior to this date. To explore the magnitude of this transition timing issue, fellowship directors and categorical pediatric residency directors were surveyed. While more than 95% of fellowship directors (113 out of 491 surveyed) take more than 75% of their fellows directly after completing their third year of residency, 80% state that fewer than 10% of their fellows report a conflict with their start date. Conversely, of categorical pediatric program directors surveyed (109 out of 182), 25% reported that at least 1 in 4 of their residents starting fellowship experience a conflict.

Categorical program directors manage the challenge of their graduating residents being in two places concurrently by using terminal vacation (although residents may find themselves under two contracts at the same time) and just letting them leave residency early. Fellowship directors report strategies that include having flexible start dates, no expected clinical responsibilities until August, late scheduled start date (range July 3rd to July 16th.) The service needs on the receiving end seem to drive fellowship start date.

With our increased efforts to promote professionalism, the transition challenges seem to be a set-up for residents and fellows to be placed in a professionalism dilemma. **Should there be a uniform fellowship start date which delays fellowship start time by seven days?** 68% of fellowship directors and 92% of categorical program directors responded positively, recognizing that the impact on service would only be realized in the first year of fellowship.

Do you have an opinion? Please post your comments on the CoPS [General Discussion Board](#).

## IOM Report About Resident Duty Hours Released (summary provided by the AAIM)

The Institute of Medicine (IOM) Committee on Optimizing Graduate Medical Trainee (Resident) Hours and Work Schedules to Improve Patient Safety released the report, "Resident Duty Hours: Enhancing Sleep, Supervision, and Safety," Tuesday, December 2, 2008. The report recommends revisions to medical residents' duty hours and workloads to "promote conditions for safe medical care, improve the education of doctors in training, and increase the safety of residents and the general public."

The IOM report recommends the maximum residents' work hours per week remain at 80 hours. However, the report diverges from the current duty hour limits to propose the maximum shift length of 30 hours should allow the admission of patients for up to 16 hours, plus a

"5-hour uninterrupted continuous sleep period" provided between 10:00 p.m. and 8:00 a.m., with the remaining hours for transitional and educational activities. The maximum shift length without protected sleep time would be 16 hours.

In addition, the report recommends:

Both internal and external moonlighting should be counted against the 80-hour weekly limit.

Night float must not exceed four consecutive nights and must be followed by a minimum of 48 continuous off-duty hours after three or four consecutive nights.

The maximum in-hospital, on-call frequency should be every third night without averaging.

The minimum time off between scheduled shifts should be changed to 10 hours after day shift, 12 hours after night shift, and 14 hours after any extended duty period of 30 hours.

Mandatory time off duty should increase to five days off per month, one day off per week, without averaging, and one 48-hour period off per month.

While the report focuses heavily on altering residents' work schedules, it also notes the importance of increased supervision of residents, limits on patient caseloads, and scheduling overlaps to improve patient handoffs. The report also recommends that regulatory bodies should strengthen their current monitoring practices to ensure residency program compliance.

The committee estimates the implementation cost of these recommendations to be approximately \$1.7 billion annually.

According to committee chair Michael M.E. Johns, MD, implementation of the report's recommendations should begin immediately, and all action should be taken within 24 months. In March 2009, the Accreditation Council for Graduate Medical Education will convene a duty hours conference to review the IOM report and discuss possible refinements to its recommendations.

For more information on the report, please visit the [National Academies website](#).

CoPS is very interested in your comments about this report and its potential impact. Please post your comments on the special [IOM Duty Hour Report Discussion Board](#).

## 2009 Certifying Examination Dates of the American Board of Pediatrics

Sports Medicine  
Examination Dates: July 8-11, July 13-20,  
and July 22-25

Neurodevelopmental Disabilities  
Examination Dates: September 21-25

Sleep Medicine  
Examination Date: October 20

Child Abuse Pediatrics  
Examination Date: November 16

Pediatric Endocrinology  
Examination Date: November 16

Pediatric Gastroenterology

Examination Date: November 16

Pediatric Infectious Diseases  
Examination Date: November 16

**2009 Certifying Examination Dates of American Board of Medical Genetics** Examination Dates: August 17-21

**2009 Certifying Examination Dates of the American Board of Psychiatry and Neurology**

[Click here](#) for the examination dates for Child Neurology and Child Psychiatry