

THE MED PEDS PERSPECTIVE: A QUARTERLY JOINT NEWSLETTER



American Academy
of Pediatrics



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From the Chair in the Corner

Wow what a HOT summer (in too many ways to count)!

Reviewing AAP Guidelines and Reports: The Med-Peds Section membership has been *very* active. Over the last few months I sent out more calls for reviewers on the Section listserv and had over 40-50 people respond to these various requests. You as a group reviewed the following guidelines from the AAP and other organizations during the last few months:

Condom Use By Adolescents
Emergency Contraception Policy Statement
Clinical Practice Guideline: ADHD Review
The Burden of Musculoskeletal Diseases in the United States: Prevalence, Societal, and Economic Cost (BMUS)

Thanks again to all of you that have reviewed these; your comments were greatly appreciated by the various committees responsible for writing these guidelines. These committees really do appreciate and value the "Med-Peds" outlook. As we get more of these requests for review, I'll continue to send out a call for review via the listserv. Several of the residents and young physicians responded and commented on these guidelines and we value your input.

Election Results: I am pleased to announce that Dr. Michael Donnelly, Associate Program Director at Georgetown in Washington, D.C. was chosen as your new executive committee member. Thanks to Ben Doolittle and Chris Sweeney for also throwing their names into the hat and giving us three extremely qualified candidates to choose from. Mike will be a welcome addition to the committee and will be working a lot with the Resident and Student Committees within the Section. As a new executive committee member, Mike has agreed to buy everyone a drink in Boston at the Med-Peds reception (see below). [Just kidding. Mike is from D.C., he can probably figure out some way though to us more funding?]. Seriously, welcome Mike to the executive committee, we can't wait to work with you.

Sadly saying a welcome to Mike means we have to anticipate the departure of David Kaelber, who will be rotating off the executive committee. David has been instrumental in a number of initiatives within the Section. He has guided the growth and development of the Resident and Student committee with multiple new and exciting projects and ideas. We will miss David's insight and ideas greatly on the committee, but know that we can count on him to continue to help and support Med-Peds. Thanks again David for outstanding work!

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Chair in the Corner, continued...

Listserv Activity: Over the last several months we've had some interesting chatter on the listserv about scheduling patients and how many patients are "enough" compared to other practices. The best good news was that the ABP and the ABIM are now allowing us to "share" module points across the two disciplines! Both the ABP and the ABIM websites explain the simple process of applying with credit from the other Board.

ACP Internal Medicine 2011: We had a great meeting in San Diego this past April. We had two great presentations from Dr. Kimberly Bates and Drs. Michael Lenz and Joseph Kay. Over 100 of you attended the Med-Peds reception and it was great visiting with old friends and seeing mentorship in action between our younger and more experienced membership.

AAP's 2011 National Conference and Exhibition (NCE) is just around the corner in October! We are extremely excited that we will be having our 2nd PHD program—Pediatrician Health Days at the conference. During exhibit hours, the Med-Peds Section will be staffing a Health Fair for the pediatricians attending the NCE with volunteer Med-Peds residents and physicians (more information is in this newsletter, and if you are going to be in Boston at the NCE and wish to participate contact Allen Friedland at AFriedland@Christianacare.org). A big thank you to Avis and Geico for providing funding so that we can do this again!

Additionally we have a very apropos topic for the Med-Peds Section presentation this year at the NCE: **Office-Based Motivational Interviewing (patient-centered communication) for the Treatment of Childhood Obesity** presented by Drs. Ronald Williams and Robert Schwartz on Sunday, October 16th from 12:00 to 4:30 pm. This is followed by the joint NMPRA/AAP Med-Peds Section reception from 4:30 to 5:30 pm.

Finally, please attend the NMPRA Annual Meeting, which will be Saturday evening, October 15th in Boston (more information in this newsletter!). Practicing physicians are welcome to attend and NMPRA always has great speakers and food!

Federal Funding News for Med-Peds: Finally, we learned in June 2011 that Med-Peds was included in the HRSA grant cycle for residency training and there was also another HRSA grant opportunity that was for academic administrative units (including Med-Peds!!). A huge **massive** group Med-Peds community hug and thank you to **Niraj Sharma** for spearheading our efforts in this area!

If you can, and the heat index is below 110 degrees, try and enjoy the outdoors and get some fresh air! Hope you all are doing well.

Tommy Cross, MD, MPH, FAAP, FACP
Chair, Med-Peds Section

SAVE THE DATE

AMERICAN ACADEMY OF PEDIATRICS

ENERGIZE

2011 NATIONAL CONFERENCE & EXHIBITION

OCTOBER 15-18, 2011 • BOSTON, MASSACHUSETTS
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FRIDAY, OCTOBER 14
FREE pre-conference event
Pediatrics for the 21st Century:
Ending Childhood Obesity in a Generation

experience
American Academy of Pediatrics

THE PERSPECTIVE

Western Regional Meeting Report

The second annual Western Regional Med-Peds Conference was held on April 30, 2011, hosted by the University of California, San Diego in a penthouse conference room with views of the Pacific Ocean. It was well-attended with many residents, faculty, and medical students from four Med-Peds programs on the West Coast (UCSD, Loma Linda, UCLA, and USC). We also had many local community Med-Peds physicians in attendance as well as guests from as far as the Midwest and East Coast. Speakers presented various topics including the utility of Med-Peds physicians in international medicine (Drs. Mike and Becky Preziosi and Dr. W. Christopher Mathews), the spectrum of needs in community practice (Dr. Nate McFarland), and finding a career as a Med-Peds hospitalist (Dr. Weijen Chang). In addition, MPPDA past presidents Drs. Allen Friedland and Tommy Cross joined us to speak on Transitional Care and to update us on the Med-Peds section of the AAP, respectively.

Overall, it was an inspiring and energizing day to see the commitment and involvement of Med-Peds in the Western region. It was a day of networking, camaraderie, and learning. The Western region is the smallest Med-Peds region in the country, and has much room for expansion and growth. The conference is a new tradition that we hope will continue and grow for many years.




THE PERSPECTIVE

The Road to Match Day

Navigating the Med-Peds Residency Hunt

By now, if you're a fourth year medical student interested in Med-Peds, you've probably started to investigate programs and have begun to contemplate the interview season. A quick look on the AMA FREIDA website's "Residency/Fellowship Training Program Search" will allow you to get a list of the 79 Med-Peds training programs in the 35 states with Med-Peds residency programs.¹ Start exploring the programs. Think about what is important to you in a program – specific opportunities, geography, family in the area, specific educational needs, good community based training, subspecialty exposure, international opportunities, etc... The list of program attributes can be quite long. Prioritize. Think about the program characteristics that you cannot live without and start to narrow your search. Med-Peds physicians and program directors at your school can be excellent resources for discussing programs. In addition, graduates from your medical school who are residents at another program can give you great insight into the similarity and differences between the two institutions. The Dean's staff at your school may be a good resource for discussing programs – however, if they say "Why would you do Med-Peds? You'll just end up doing one or the other." Seek another person. This is a common myth, but it just isn't true.² If you don't have local Med-Peds resources – the National Med-Peds Resident Association (NMPRA) and the Med-Peds Program Director's Association (MPPDA) have many Med-Peds physicians to help you navigate the process. Understanding your competitiveness for residency programs will enhance your ability to successfully match in Med-Peds.

After you have completed your personal statement – which should take no longer than three or four hours and be no longer than one page – you will need to have your updated CV ready and your final list of programs to complete the rest of your ERAS application. You will also need to have your letters of recommendation (LORs) requested and in process. Make sure you know what each of your programs require in the way of LORs (total number of letters required and from whom). You will want to complete your ERAS application early enough that programs do not fill all of their interview slots before you submit your application.

At this point, you are ready to prepare for interviews. Some Med-Peds programs have a two-day interview, while others have a one-day interview. Plan accordingly. Also, if you can arrange interviews for programs in close proximity to each other back-to-back, this may allow you to better maximize your days off. Many programs will offer a dinner with residents the night before your interview. Attending these events gives you great access to the program's residents for detailed questioning about the

program, and allows you to see first-hand how the residents interact. Keep in mind – every person you meet at your interview (including dinners beforehand) probably knows the program director. Inappropriate comments, a sense of entitlement, the appearance of disinterest, or disrespect towards anyone affiliated with the program will likely hinder your ability to match at that program.

On your interview day, you will want to dress appropriately. Your most expensive clothes may not be the best choice for an interview. If you'd wear it to a club or wear it to a picnic – it's probably not right for interview attire. While the attire doesn't have to be a dark colored suit, (personally, I like someone with a splash of color in their interview attire) it does need to be professional. For women – avoid showing cleavage or short skirts; for men – leave the flip-flops at the hotel and make sure your clothes are not excessively wrinkled – and yes, you probably should wear a jacket and tie.

Above all, be prepared for the interviews. Any topic in your ERAS file or personal statement is fair game for discussion at the interview – so be prepared to discuss anything in your application. If you can't discuss your research intelligently, it probably shouldn't be listed in your application. You want to have a good sense of the program before you arrive. Have questions ready to ask – if you don't ask any, or ask only cursory questions, you appear disinterested to the faculty interviewing you. Your goal should be to investigate areas of the program that interest you, clarify your understanding of how the program runs, and explore the unique opportunities that a specific program might offer. Residency interviews are not like medical school interviews – if you received an interview, you likely have a fairly good shot at matching at the program. The interview is the time to show off your skills and what you will bring to the program.

So relax, be prepared and explore the programs – while showing the programs why you would be a great fit for them.

Scott A. Holliday, MD, FAAP, FACP
Director, Med-Peds Residency Program
The Ohio State University & Nationwide Children's Hospital
Med-Peds Program Directors Association President

References:

- 1 AMA-FREIDA online database of combined Internal Medicine & Pediatrics Residency Training Programs
- 2 Frohna JG, Melgar T, Mueller CV, Borden S. Internal medicine-pediatrics residency training: Current program trends and outcomes. *Acad Med.* 2004; 79 (6): 591-6

THE PERSPECTIVE

Midwest Regional Meeting Report

The 2011 Midwest Regional Meeting was a smashing success. Residents and students traveled from throughout the Midwest to Indianapolis. Hosted by the largest Med-Peds residency program, Indiana University, the conference provided insight and education on various topics pertaining to the Med-Peds physician. This was the first time the NMPRA Midwest Regional Meeting had held in Indianapolis. The IU conference center provided an ideal location near the university and minutes from downtown. Dr. Scott Holiday from Ohio State began the meeting with a discussion on Managing Adults in Pediatrics Hospitals. Next, lunch provided an opportunity for residents to network with other physicians in the midwest Med-Peds community. Dr. Sharma from Brigham and Women's Hospital and Boston Children's then provided a presentation with more information on Legislative Advocacy for Med-Peds. Dr. Jill Helphinstine of Indiana University presented on the Importance of Global Health in Residency Education. Dr. Mary Ciccarelli of Indiana University presented an update on Transitional Care for the Med-Peds Physician. Dr. Allen Friedland, of Christiana Care Health System and active NMPRA advisor, presented on Cancer Screening Controversies. Dr. Kim Paisley, NMPRA 2010-2011 President Elect and Indiana University Med-Peds resident provided the NMPRA update. The conference also included a panel discussion with physicians from the Indianapolis areas on different career paths for the Med-Peds physician. The day culminated in a reception at the Creation Café located on the historic Canal overlooking downtown Indianapolis.

A special thanks goes out to all our physicians who presented and participated in our panel discussion. A special thanks to Dr. Djuricich, Program Director at Indiana University, who assisted with planning the meeting and was enthusiastic about hosting this year's regional meeting and special thanks to Dr. Emily Pearce and Dr. Amy Munchoff, 2011-2012 IU Chief residents, who played an instrumental role in planning and executing the conference.



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HAVE YOU SEEN OUR WEBSITE?

Like the NMPRA website? Have ideas to improve it? Since our current webmaster is graduating in 2012, we are looking for a new NMPRA Webmaster this year.

It will be a year-long position, to be decided on in several months. The webmaster is a non-voting member of the NMPRA Executive Board, participates in monthly telephone board meetings and attends the NMPRA National Conference.

You will start working with the current webmaster, learn about updating the website, and then take over during the first few months of 2012.

Requirements: Experience with website design and HTML coding. ASP and SQL database experience a plus. Must be a Med-Peds resident, PGY-1 to PGY-3.

Please email your CV and cover letter with ideas for the website to webmaster@medpeds.org

**Fellowship
Guide
Available at
Med-Peds.org**



Available on MedPeds.org

**MED-PEDS SYMPOSIUM
BAYSTATE MEDICAL CENTER
CAPE COD, MA
SEPTEMBER 16-18**

**If Interested, Contact
secretary@medpeds.org**


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Pediatrician Health Day Returns!

The Med-Peds community is proud to report that the PHD program (Pediatrician Health Day) will return to the exhibit hall at the American Academy of Pediatrics (AAP) National Convention and Exhibition in Boston, Massachusetts October 2011. This program is designed to give individual information and education to pediatricians about their own adult health care needs. We will provide information about adult immunizations, cancer screening, cardiovascular disease, menopause, vitamins, diet, exercise, stress and burnout so that pediatricians attending the conference can better understand what they can do to become healthier. Over 100 pediatricians took information from our exhibit booth at our inaugural program in 2009.

Medical students, residents, fellows, program directors and practitioners from the Med-Peds section of the AAP volunteered their time to this program. We had a total of 42 Med-Peds volunteers from all over the country (e.g. California, Wisconsin, Texas, Ohio, and Massachusetts) including 7 medical students, 17 residents, 2 fellows, 10 program directors and 6 practitioners make our 2009 program a success.

This exhibit became a focal meeting place for Med-Peds physicians all across the country to come together between sessions and during breaks. We hope to do the same this year.

We are thankful to the AAP staff and leadership for granting us space within the AAP main exhibit hall. We are also thankful to the National Med-Peds Residents Association (NMPRA) and the Med-Peds Program Directors Association (MPPDA) for their support.

Please consider to volunteer 1 hour or more hours of your time to run the exhibit hall booth. **Submit possible blocks of time that you might be available to afriedland@christianacare.org**. We will pair up attending physicians to be with residents and medical students. In September, we'll have a conference call to discuss logistics and the materials to be presented at PHD.

ITINERARY

Hours of PHD Program

Saturday, October 15	12:00 PM – 4:00 PM
Sunday, October 16	10:00 AM – 4:00 PM
and 5:30 PM – 7:00 PM	
Monday, October 17	10:00 AM – 2:00 PM

AAP Med-Peds Section Program

Sunday, October 16 12:00 PM – 4:30 PM

Office-Based Motivational Interviewing (patient-centered communication) for the Treatment of Childhood Obesity

Ronald J. Williams, MD, FAAP, FACP

Robert P. Schwartz, MD, FAAP

Program Schedule:

12:00 PM Introduction to Pediatric Obesity

1:00 PM BREAK

1:15 PM "Hands On" Motivational Interviewing Techniques

3:15 PM BREAK

3:30 PM Questions and Answers

4:00 PM Med-Peds Business Meeting and Posters

AAP Med-Peds Section & NMPRA Reception

Sunday, October 16 4:30 – 5:30 PM

NMPRA Annual Meeting

Saturday, October 15 4:00 PM – 9:00 PM

Allen Friedland, MD, FACP, FAAP

Program Director, Combined Internal Medicine-Pediatrics

Associate Professor, Jefferson Medical College, Internal Medicine & Pediatrics

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Med Peds Case Database

In the fall of 2009, Dr. David Kaelber, executive committee member of the AAP Med-Peds section, had an idea to create an online compilation of medical cases that was interesting to both internist and pediatricians. Together, we helped launch the Med-Peds Case Files which can be found at <http://www.aap.org/sections/med-peds/caselibrary.cfm>. The purpose of the case files is to develop a public online library of Med-Peds cases for educational and promotional purposes, to provide a national venue for Med-Peds physicians to share interesting Med-Peds cases, and to provide Med-Peds physicians an opportunity to develop case preparation and presentation skills.

Residents, fellows, or attending physicians are eligible to submit a case. Medical students may submit cases with a resident or faculty advisor. Cases must be submitted in a structured power point format; an example is provided online with specifications. Cases are not limited to, but may include an adult problem in a pediatric patient or progression of a childhood illness into adulthood. Cases will be accepted throughout the year, however publications will be released online once a year after a peer-review process in the months of April/May. We are now looking to expand the project and are seeking volunteers to help with this. Please contact Jacqueline Meeks at Jacqueline.P.Meeks@uth.tmc.edu if you would like more information on how you can be involved.

**MARK YOUR
CALENDARS!**



**National Meeting
Boston, MA
October 16-18, 2011
www.aapexperience.org**

THE PERSPECTIVE

Southern Regional Meeting Report

On Saturday, April 16, 130 medical students, residents, fellows, faculty and community physicians gathered in Houston, Texas for the First Annual NMPRA Southern Regional Conference. The event was hosted jointly by the University of Texas Health Science Center at Houston and Baylor College of Medicine. With 130 in attendance, it was the largest NMPRA regional conference thus far. What can we say...everything really is bigger in Texas! People came from Oklahoma, Louisiana, Colorado, North Carolina, Delaware, and of course from all over Texas. We were especially excited to host 25 medical students interested in Med-Peds, one all the way from SUNY-Stony Brook.

Excellent speakers kept the day interesting and the participants motivated. They represented the local and national Med-Peds community, plus family medicine, internal medicine, and pediatrics. Baylor's program director, Cynthia Peacock, MD, teamed up with BCM-trained Hilary Suzawa to discuss transition medicine, based on their respective roles running the BCM Transition Clinic and Texas Children's Cancer Center's Long Term Survivor Clinic.

We then heard from Shih-Ning Liaw, MD, medical director of Healthbridge, a local pediatric LTAC, and Laura Morrison, MD, Director of Education for the Division of Palliative Medicine at The Methodist Hospital, to learn more about palliative care in both pediatrics and internal medicine.

The keynote speech addressing healthcare reform as it pertains to Med-Peds physicians was delivered by Dan Wolterman, MBA, president and CEO of the Memorial

Hermann Healthcare System. David Hilmers, MD, preceptor in the BCM Med-Peds clinic, international medicine guru, and former NASA astronaut, and Philip Johnson, MD, Director of the Division of General Internal Medicine at UTHSC and expert in infectious diseases in the immunocompromised host, led a panel discussion on adult and pediatric global health.

And that was just the morning! The afternoon sessions held a fantastic overview of adult and pediatric nephrology by Joshua Samuels, MD, MPH, a combined Med-Peds

nephrologist whose main research interest is pediatric hypertension. We could then choose to participate in one of two skills workshops to expand our array of in-office procedures--joint injections and skin biopsies with Grant Fowler, MD, Vice Chair of the Department of Family and Community Medicine at UTHSC, and splinting with Joseph Chorley, MD, Assistant Professor of Pediatrics at BCM, Division of Sports Medicine.

We concluded the day with updates on NMPRA from our president, Jennifer McEntee, MD, and MPPDA from Allen Friedland, MD. Then it was on to Armadillo Palace for a Texas happy hour complete with tamales, Frito Pie, made-from-scratch pico de gallo, and of course a few margaritas and Shiner Bocks!

All in all, it was a fantastic day, and with one under our belts now, we can't wait to see how the Second Annual NMPRA Southern Regional Conference will go...and who will host it!!! If interested, please contact president@med-peds.org.





THE PERSPECTIVE

From the Desk of the NMPRA President

Happy Summer! As July has come and gone, so has my term of serving as the president of NMPRA. It has been a great honor to work with all of you this year. What an amazing adventure it has been! Throughout this year, I have most enjoyed meeting so many wonderful people and dedicated professionals within the regional and national Med-Peds community. While I am sad to leave this position, I am very excited for the future of NMPRA and Med-Peds.

We started this year off with a powerful letter-writing campaign with the MPPDA and AAP Med-Peds Section to ask the government to include Med-Peds as a stand-alone primary care specialty in HRSA grants as well as the medical and federal literature. Now, I am proud to say that our collective hard work paid off and Med-Peds programs are now listed as a primary care specialty, which increases the amount of HRSA funding potential. This year, we implemented the first combined Med-Peds newsletter and further strengthened the lasting relationships among the three largest Med-Peds organizations: the AAP, NMPRA, and the MPPDA. We also had a very successful national meeting in San Francisco during which we extended and expanded our meeting to include an additional afternoon session to our annual meeting during dinner. This extension was met with great promise and we will continue this format in the future. I invite you to come experience and participate at our national conference this year in Boston. In addition, secondary to the hard work of many programs and Med-Peds residents throughout the nation, NMPRA helped support and fund **four** very successful and educational regional meetings in San Diego, Indianapolis, Houston, and NYC. We need to keep this wonderful tradition of regional meetings alive and look forward to working with you, your colleagues, and your Med-Peds programs to bring NMPRA and regional Med-Peds meetings to your community. Please contact us if interested in planning a regional Med-Peds meeting. In order to build a stronger bridge between the national Med-Peds community and the individual Med-Peds programs, we expanded our program representative position and currently have representatives from 50-60% of all programs. If you are interested in being your program NMRPA representative and bring the voice of your resident colleagues to NMPRA or are unsure if your program has a representative – please contact us at president@medpeds.org.

This year, we have had a great NMPRA executive board that has worked tirelessly to help the aforementioned events and accomplishments come to fruition. Kim Paisley – our current President – has already sprung into action with a very seamless transition. She will bring great life and “new ideas” to NMPRA and I look forward to seeing her shine as president. Thank you Chris Sepich and Sarah Thornton, who served on the NMPRA executive board for the last two years. Chris worked countless

hours balancing our budget, educated the board on “the business of NMPRA,” brought exhibitors and recruiters to the jobs board (which is a great resource for all residents looking for Med-Peds jobs opportunities) as well as the national meeting, and kept us all very organized. He also represented NMPRA at the regional meeting in San Diego. Sarah Thornton took the initiative to organize and facilitate the program representative position, took concise meeting minutes, and kept all board members informed of recent NMPRA events. Sarah continues to be a great mentor and friend. Thanks to Chris Thrash, one of our secretaries this last year. Due to his efforts, we were able to create the first combined Med-Peds newsletter. He has spent many long hours gathering pieces for this newsletter and making it what it is today. Isn’t it amazing! A special thanks to Michelle Walter, who keeps our job board up to date. It is truly one of the best and largest Med-Peds job boards throughout the nation. Also, a big “thank you” goes to Alex Tentler, our webmaster, for keeping the website updated regarding the ever-changing Med-Peds world and NMPRA’s news events.

This year NMPRA had a huge transition and one of our greatest accomplishments was finding a NMPRA coordinator who could follow in the footsteps of Cheryl Dempsey who has been our lifeline and dedicated coordinator for the last 10 years. Cheryl, you will always be considered a part of the NMPRA family, and we wish you unlimited joy and success in the future. While we were very sad to see Cheryl leave, we were blessed to have Kelly Barnes take her position. Kelly and Cheryl have worked together to make this a smooth transition, and Kelly, we are so glad you are here! Welcome to the NMPRA family. Thank you for all you have done already these last few months!

Lastly, thank you to our numerous advisors who continue to provide constant insight, support, and wisdom that have helped NMPRA be what it is today. Thank you, Allen Friedland, David Kaelber, Michael Donnelly, Emery Chang, Arlene Chung, Ken Remy, and Tommy Cross. You have all been great resources for our organization. Please know that you are deeply appreciated.

I cannot honestly say “thank you” enough to the people mentioned above as well as my program director and colleagues at UNC who have been very supportive throughout this last year. It has been a great ride. Working with NMPRA, its members, and all of you has been one of the most rewarding experiences in my professional career. I look forward to continue my work with NMPRA and hope to see you all in Boston in October at our national meeting. Best of Luck this year and in all of your future endeavors!

*Jennifer McEntee, MD
Past President, NMPRA*

THE PERSPECTIVE

New Clinical Report on Supporting Health Care Transition from Adolescence to Adulthood in the Medical Home

The new clinical report—“[Supporting the Health Care Transition from Adolescence to Adulthood in the Medical Home](#)”—appears in the July issue of *Pediatrics*. The report is jointly authored by the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Physicians and provides practical, detailed guidance on how to plan and execute better health care transitions for all patients. The report follows an algorithmic format from age 12 through the transfer of care to an adult medical home. The algorithm provides process of care logic compatible with electronic health records and appears as a durable “tear out” in the print journal as a ready reference in the practice setting.

The clinical report addresses health care transition for all youth but also provides a pathway for youth with chronic conditions. The approach to special health care needs in the report is not condition specific, but the algorithm can provide a template for enhancements pertinent to specific conditions. The report distinguishes between the transition to an adult model of care at age 18 and the transfer of care to an adult medical home that may occur at any time from age 18 to 23. For family physicians providing both pediatric and adult care, there may be no transfer of care, but the transition to an adult model of care should still involve preparation and planning.

The clinical report coincides with the advent of Got Transition—the new National Health Care Transition Center—that works with pediatric and adult primary care practices in a learning collaborative model to develop a practical package of resources that align with the report’s guidance (www.gottransition.org).

Additional questions about the report can be emailed to transitions@aap.org.

Check out the guest blog entry by our very own Dr. Djuricich:

<http://www.pediatriccareer.org/2011/08/guest-post-you-could-do-both-med-peds.html?sref=tw>

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