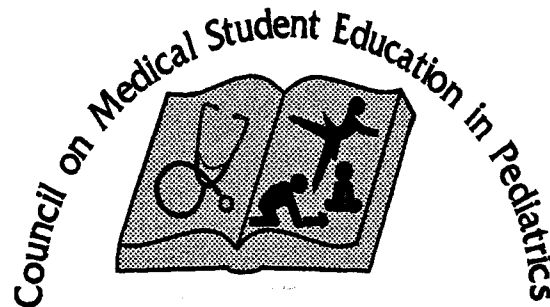


The Pediatric Educator



Volume 5 Issue 2

Summer 1998

EDITOR

Gary E. Freed, D.O.
Emory University
School
of Medicine

*A message from the President:
Mike Lawless*

Let me begin by attempting to express the pride felt by COMSEP members in having our own Larrie Greenberg nominated for President of the Ambulatory Pediatric Association (APA). Larrie truly is one of COMSEP's own, having nurtured in so many ways the founding and strengthening of this organization. We've benefited as an organization and as individuals from his creative ideas and from his enthusiastic efforts in validating the role of the educator in academic medicine. Newcomers may not

be aware that for many years Larrie was the glue that held together the APA's Education Committee during its formative stages as well. Hopefully he will get another well-deserved opportunity for presidential leadership in APA. In the meantime, Larrie continues to forge new pathways for educators by being named Vice Chair for Education in the Pediatric Department at George Washington University. Congratulations on that notable achievement!

In my letter accompanying the workshop summaries from the March meeting at Bal Harbour, I mentioned some initial efforts for COMSEP to work with the American Academy of Pediatrics (AAP) in encouraging and informing medical students who are considering pediatrics as a

career choice. Pat Kokotailo will be addressing this further as COMSEP's representative at the July meeting of the Council on Pediatric Education (COPE), a council convened by the AAP and made up of a representative from every organization and publication related to pediatric education from students to residents to practitioners. Pat has been invited to attend the Alternate District Chair's Forum at the AAP Annual Meeting in San Francisco this October. This invitation is an indication of real interest as well as an opportunity to discuss with the leadership of AAP state chapters what form this involvement with students might take. If you have specific ideas or suggestions, please let Pat hear them.

Congratulations to Helen

Loeser and everyone who helped in the planning of a very successful Medical Student Education SIG at the APA in New Orleans (*see next article*).

There was excellent attendance and participation. Some real progress was made in formatting a video to be used in teaching physical diagnosis to medical students.

We especially appreciated the presence of students, thanks to the arrangements of Mimi Baron.

I recently had a chance to see firsthand the outstanding hotel and meeting facilities that Mike Malloy and the UTMB Continuing Education Office have arranged for our 1999 Annual Meeting in Galveston, March 25-28. You will be very pleased with the San Luis Resort and Conference Center. Progress is being made in identifying keynote speakers. Remember that our co-themes are the role of pediatrics in interdisciplinary curricula and cultural diversity/sensitivity in medical student education. Most of our member schools are dealing with one if not both of these issues. A debate format is being considered for the topic of interdisciplinary curricula... is it a positive or negative for pediatrics? You will likely hear some innovative educational ideas even if your institution doesn't have a formalized interdisciplinary curriculum.

Whether or not your institution has a diverse patient population (most do), we all have students of diverse ethnic and cultural backgrounds.

This topic will include not only educational issues in working with such students as learners, but also the teaching of culturally sensitive patient care.

The request in my April letter for workshop ideas, either to present yourself or to suggest a topic for someone else to present got no response. Maybe it was still too close to the 1998 meeting to be thinking about the 1999 meeting. But now, it's time to get out of vacation mode (hopefully everyone has had at least some of their summer vacation), and contribute your ideas. This is your chance to fashion the meeting to suit you and your chance to present what has worked for you. Please send any suggestions to me by phone (336-716-9661), Fax (336-716-7100) or e-mail (mlawless@wfubmc.edu).

A form for making suggestions has been included in this issue of the Educator: simply Fax it back to Mike.

Finally, be thinking about what educational research or educational innovations you might present at our plenary session in Galveston. We plan to organize and allow time for

an more effective poster session at the 1999 meeting. As we get many more quality submissions for platform presentations than can be presented in the allotted time, it becomes even more important to utilize the poster format for sharing valuable information.

Enjoy the remainder of your all-to-brief summer, some much briefer than others. I recall my year in Rochester, NY. We thoroughly enjoyed all four weeks of summer weather. Hot weather was way too long in my native Texas. It feels just about right here in North Carolina.



The next report is from Helen Loeser and explains to us in detail about the Medical Student SIG at the APA Meeting in New Orleans

Medical Student Education
SIG, APA, New Orleans,
May 1998

The SIG participants
engaged in lively discussion

and productive small group sessions, defining the target audience and critical content for a video/film on the essentials of the Pediatric Physical Exam. Five medical students from LSU (thank you, Mimi Bar-On!) joined the session, and contributed substantially both to the appropriate focus for this work and to creative brainstorming for methods and scenarios.

Two working groups emerged from the SIG session, with tasks to accomplish over the year ahead and plans to achieve this in large part on email:

- 1) a Video Committee, facilitated by John Andrews from Johns Hopkins, email at <jandrews@welchlink.welch.jhu.edu>. This committee will continue to refine the script for the video, develop the proposal and oversee production. There is also work to be done identifying funding for production and distribution.
- 2) a Committee on Pediatrics in the First and Second Year, facilitated by Bob Lembo from NYU, email at <Robert.Lembo@MCPED.med.nyu.edu> which proposes first to survey and document the range of what currently exists, with an agenda to promote better integration.

This SIG's usual consensus-building for next

year's topic progressed swiftly and overwhelmingly to working on the development of professionalism and the sustaining of humanism in Pediatrics education, with a particular focus on residents as teachers. This would be most exciting to develop in conjunction with the Residency Program directors' SIG and the APPD; options such as developing workshops jointly are being explored. Further areas for promoting education at the student level which can be developed – (and are encouraged!) - include: continued participation in the APA Education Committee; input into FOPE II; support in faculty development granting for undergraduate educators; continued advocacy for representation and publication of research and innovation in undergraduate education, e.g. AAMC, APA quarterly journal; submission of abstracts and workshops on Medical student education to the 1999 APA meetings in San Francisco -

**REMEMBER:
SUBMISSION DEADLINES
ARE BEFORE
CHRISTMAS (12/15/98 for
abstracts, to be exact; earlier
for workshops)
AND SUBMISSION IS
INCREDIBLY SIMPLE ON-
LINE!!!**

Jane Curtis, from
Einstein, volunteered to

organize the poster session for next year's SIG in San Francisco. Five participants also volunteered to review abstracts on education for the APA (so get yours in!!!).

Anyone interested in participating in any aspect of this work-in-progress, please contact any of the above "facilitators" directly via email; or Helen Loeser, email at: loeserh@medsch.ucsf.edu> or telephone: 415-476-2347.



The next message comes from Jean Bartholomew (our fearless Coordinator-the person who keeps COMSEP alive and well year after year).

For those of you who are new to COMSEP (and even for those who have been around for a while) I thought I would take this opportunity to clarify some issues I have heard raised from time to time about COMSEP
-- Delegates, Alternate

Delegates, Members, Non-Members, etc.

In March 1993, the Association of Medical School Pediatric Department Chairs (AMSPDC) considered a proposed agreement presented by the Council on Medical Student Education in Pediatrics (COMSEP) for COMSEP to be part of AMSPDC. As part of the agreement, it was decided that COMSEP would function as a recognized arm of the Medical Student Education Committee of AMSPDC and would be administered by the Coordinator/Administrative Office of AMSPDC. That's where I come in. As Coordinator for COMSEP and AMSPDC, my responsibilities for COMSEP are varied and consist of scheduling, attending and recording the minutes of conference calls and meetings, assisting the President in preparing agendas, budgets and plans for the annual meeting, collecting COMSEP dues from Pediatric Chairs and managing the accounts payable and receivable, copying and distributing the Pediatric Educator, and maintaining the database on current membership.

The Pediatric Department Chairs in AMSPDC pay

annual dues for themselves and for their members in COMSEP. Each pediatric department has at least one member in COMSEP * the Delegate. Many have more than one member of COMSEP * the Alternate Delegate; in some instances there is another * the Alternate Delegate 2. Our database can only handle up to three names from each institution * Delegate, Alternate Delegate, and Alternate Delegate 2. Until we have a valid reason for expanding it, it will remain that way. Don't ask us to enter more than that; we cannot. If we were to have more than three names per institution, it would make the mailings massive, expensive, and probably less meaningful.

We count on the current delegates and alternate delegates to share the COMSEP mailings with others in their department, if needed. Therefore, when you register for COMSEP annual meetings, if your institution is a member of COMSEP, you register as a MEMBER even if your name is not on the COMSEP roster. You should keep us informed of any changes to allow us to more efficiently serve you.

COMSEP dues cover stipend for the coordinator, postage, printing, conference calls,

meetings, subsidy for the annual meeting and some task force projects.

I help plan the annual meeting when it is a combined meeting with AMSPDC which is every three years. The next combined meeting will be held in 2001 in San Diego, California. The annual meetings during the other years are handled by one of the clerkship directors (members of COMSEP) with the aid of their CME department. Dr. Mike Malloy, with the assistance of the UTMB CME Department in Galveston, Texas, is coordinating the on-site efforts of the 1999 COMSEP annual meeting. Dr. Joan Fraser, British Columbia, is planning for the annual meeting in 2000.

If you have any suggestions for the annual meetings, please feel free to communicate them to me via e-mail or fax or phone.

I hope this helps. Please feel free to send me any comments or questions regarding COMSEP that I may not have addressed in this article.

Jean Bartholomew

E-mail:

jbartholomew@abpeds.org

Fax: 919-929-9255

Phone 919-942-1993

1999 WORKSHOPS — ANNUAL MEETING

March 25-28, 1999

San Luis Rey Hotel, Galveston, TX

TO: Mike Lawless, MD
General Pediatrics & Adolescent Medicine
Wake Forest University School of Medicine
Medical Center Boulevard
Winston-Salem, NC 27157

Fax 336-716-7100

FROM: _____

DATE: _____

Outline of Proposed Workshop for the 1999 COMSEP meeting:

Other suggestions for the meeting:

I may be reached at Telephone number _____ or Fax number _____

List proposed presenters if more than one is involved: _____



The following is the first of what I hope will be a regular feature of the Pediatric Educator, that is, a section on Innovations in teaching. This inaugural column was submitted by Lindsey Lane

Innovations Column

This spring's COMSEP meeting provided a wealth of "innovations" to highlight in this new column for the "Educator".

Jane Curtis (Albert Einstein College of Medicine), with co-author Diane Indyk, presented data showing improvement of NBME subject examination scores and student satisfaction with their learning after their pediatric clerkship switched to a 6 case Problem Based Learning Curriculum (PBL) from a traditional lecture based curriculum. The 6 cases they have created are available to any clerkship that wishes to try PBL. A word of caution, however; faculty development is essential

before embarking on PBL, otherwise the student directed learning will quickly revert to faculty directed learning and will lose its educational value.

William Wilson from University Virginia School of Medicine, has switched to a self-directed learning experience using cases, a kind of PBL variant, and at the same time has switched from using the NBME subject examination to a case based essay and an "in house" MCQ examination. He looked at how this change has affected the exam score consistency between clerkship blocks and clerkship sites, and found that the new curriculum and examination reduce the tendency for scores to creep upward as the academic year progressed. He suggests that this may be attributable to the examination being more focused on a pediatric problem set and being less affected by tangential learning from other disciplines.

"High tech" PBL comes to us from the "mile high city" where Robin Deterding and her colleagues at the University of Colorado are developing a series of digital computer-based PBL type cases with both synchronous learning (where students work together via desktop video conferencing), and asynchronous learning (where

individual students complete a PBL analysis form and submit their work to a web site, where they review other student's work and participate in web-based discussion). Robin had a demonstration of a child abuse case available at the conference and will be developing other cases in the near future. This kind of innovation using the technology we currently have available will be a boon to anyone who has students at distant sites. One worry has to be that an intrinsically more expensive innovation such as this may not be used as widely as it should be due to cost constraints.

Lest we forget the patient in all our excitement about new technology and teaching methodology, Virginia Randall (Uniformed Services Univ. of Health Sciences), presented a paper about parent generated professional competencies. The competencies that parents of special needs children found most helpful in physicians whom they had encountered fell into 4 basic groupings: (1) self awareness (2) communication (3) medical decision making and (4) advocacy. Interestingly, only number (3) falls into the knowledge category, (1), (2) and (4) fall in the categories of attitudes and/or skills.

Deborah Saltzberg and co-authors exhibited a poster about a peer evaluation program that has been implemented at Mount Sinai School of Medicine in the Pediatrics, Internal Medicine and Surgery clerkships. Their goal was to develop "better techniques to evaluate empathy, integrity and ability to work and contribute in a group"; attitudes and behaviors that bear more than a passing similarity to the "parent generated competencies" cited previously.

Many of us have utilized standardized patients to try and teach and evaluate these essential attitudes and skills. Alicia Bazzano, Stuart Slavin and Michael Wilkes from UCLA School of Medicine presented a poster comparing student learning about rape and abortion using two different case based modalities. Half the class had the case presented using a standardized patient, the other half used a paper case. Interestingly less than half the SP group felt that the emotional impact of using an SP enhanced their learning, and 10% felt that the SP interfered with their learning. Maybe many of our students are so focused on the "knowledge" domain that they fail to appreciate the

vital importance of attitudes and clinical skills; skills which one would have expected the presence of an SP to have highlighted for the students.

Ruth Gottlieb and I at Jefferson Medical College have been attempting to teach these vitally important attitudes and skills using daily "Structured Clinical Observations" (SCOs) of our students in the outpatient clinic. We presented a poster with data showing that the SCOs are highly rated educationally by both faculty and students, and doing them does not significantly interfere with faculty members ability to perform their clinical duties. The frequency and immediate feedback of the SCOs results in students incorporating feedback suggestions into subsequent patient encounters. We have not yet tested the value of the SCOs using a formal clinical skills assessment using SPs.

Many of you *are* using SPs to evaluate clinical clerks either in the pediatric clerkship itself or in pediatric cases used as part of a year end clinical skills examination. A poster submitted by Mike Malloy (University of Texas Medical Branch) and co-workers presented data highlighting the difficulties in creating checklists for SP cases. Although agreement

among 59 community preceptors was high on what a student should globally be expected to be able to do e.g. manage an anemia case, agreement was poor for the specific checklist items within the case that a student would be expected to perform. The SP literature clearly demonstrates that case checklists need to be short with only essential items included otherwise disagreement even among experts invalidates the assessment. Indeed, in the interpersonal skills and attitude domains checklists may not really capture the subtleties that make one student's performance superior to another. As we continue to look for ways to evaluate the competencies we want and expect our students to acquire, several investigators are looking at the feasibility of using a global rating method for SP encounters. Even if global ratings may eventually work well for evaluation, however they are not much help when we are teaching students since we need to identify specific, objective behaviors that are either in need of improvement or acceptable in order to give feedback.

Speaking of specific objectives, although not strictly "innovation", Ardis Olson, Roger Berkow and

Jerold Woodhead reported on the implementation of the COMSEP curriculum in clerkships and Stu Slavin, Lynn Manfred and Joanne Gray reported on the dissemination of the COMSEP curriculum among faculty members and other teachers of pediatrics at the various medical schools. The extent of the implementation and dissemination is remarkable considering the short amount of time that has elapsed since the curriculum was published. Which only goes to show that "new stuff" that is "good stuff" *will* be utilized.

I hope that this column will provide a forum for COMSEP members to bring their innovative ideas and programs to everyone's attention and also to discuss potentially useful teaching and learning techniques that they see in use in other departments at their institutions or that they come across in their reading.

Please send items for future columns, comments and criticism, (constructive, of course!) to me:
Lindsey.Lane@mail.tju.edu or
FAX 215-923-9383, or snail mail, Children's Health Center, 3rd Floor, 841 Chestnut Street, Philadelphia, PA 19107.

Notes From A Medical Lexicographer's Waste Basket*

H.S. Grannatt

A-bor'-tion: 1. The quantity usually served to one person; as, "Give me abortion of potatoes."

A-or'-ta: Proper or required behavior; as "If there's nothing more to drink maybe aorta go home."

Cau'-ter-ize: To have become the object of observation by a third party; as, "He kept looking at her until he finally cauterize."

Cer'-e-bra'-tion: A joyous ritual (Japanese); as, "In Tokyo, when cherry blossoms bloom, we have big cerebation."

Dig'-I-tal'is: Introductory phrase of inquiry as to information conveyed from the second person; as, "If we weren't supposed to know about it, why digitalis?"

En'-e-ma: One who is unfriendly; an antagonist; as, "A guy like that is his own worst enema."

Hem'-or-rhoid: Transportation afforded a third person; as, "He didn't have his car so I offered hemorrhoid."

Scir'-rhus: Comment on unrestrained speech or behavior; as, "What are you trying to do, scirrhus to death?"

Su'-pi-nate: Departure from the usual dietary practice at the beginning of a meal; as, "I passed up the supinate the salad."

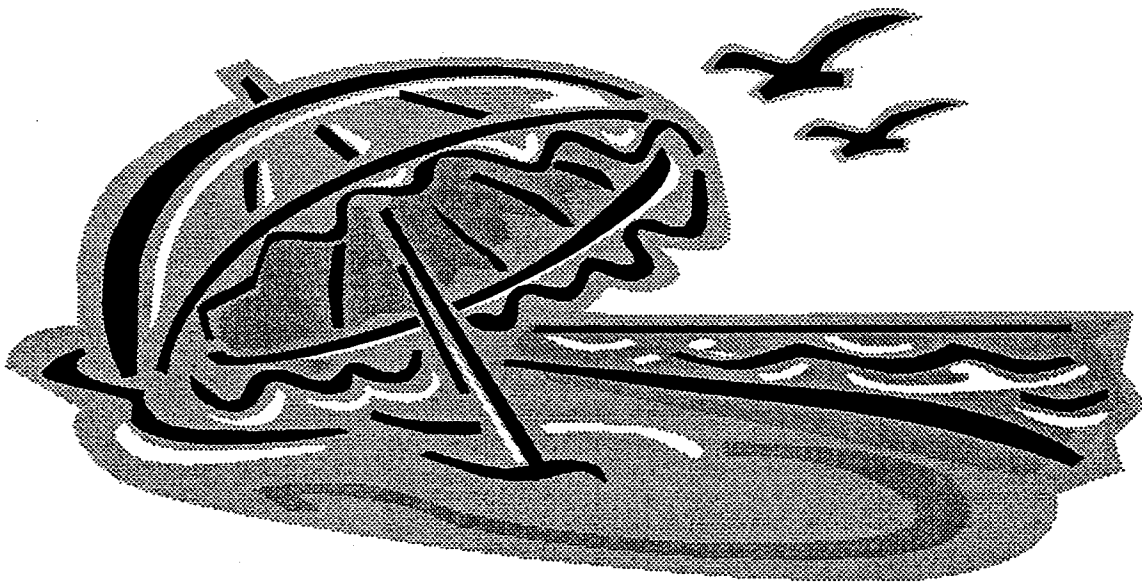
Tris'-mus: The festival of the nativity; yuletide.

U'-ri-nal'-y-sis: Relating to the environment of the second person with respect to the lodgings of a specified third person; as, "I'm in Mary's room and urinalysis."

Ur'-ti-car-I-a: Indicative of a desire to be manually transported by a third person; as, "The only reason that kid is screaming at her mother is that she wants urticaria."

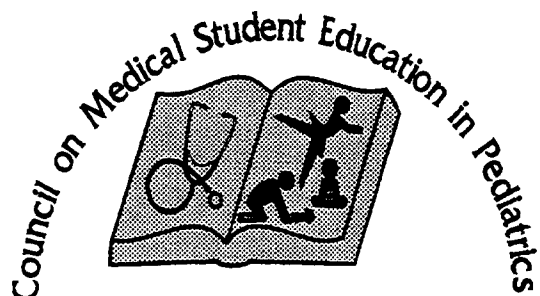
Xiph'-o-cos'tal: An estimate of value; as, "It ain't pretty but it looks as xiphocostal lot of money."

*Reprinted from JAMA, 1961; 176(8):A246 and appeared in: The Best of Medical Humor Compiled and Edited by Howard J. Bennett, M.D. Hanley & Belfus—Publisher 1991. Edited from the original.



REMEMBER:
1999 Annual COMSEP Meeting will be in
Galveston, Texas, March 25-28

The Pediatric Educator



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EDITOR

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of Medicine

*The following was submitted by
Mike Lawless*

NATIONAL SYMPOSIUM ON PRIMARY CARE IN SEPTEMBER, 1998

A National Symposium entitled Primary Care Education for the 21st Century: Lessons Learned from National Initiatives will be held in Baltimore September 24-26, 1998. In addition to members of the Interdisciplinary Generalist Curriculum Project, participants will include the Generalist Physician Initiative funded by the Robert Wood Johnson Foundation,

Community Partnerships for Health Professions Education funded by the Kellogg Foundation, Health of the Public Network funded by the Pew Charitable Trusts and the Robert Wood Johnson Foundation, and Health Professions Schools in Service to the Nation Program funded by HSRA, the Corporation for National Service and the Pew Charitable Trusts.

UME-21 – A NEW UNDERGRADUATE CURRICULUM INITIATIVE

A new educational initiative has been funded that focuses on the clinical years of medical school. It is known as Undergraduate Medical Education in the 21st Century: A Demonstration of

Curriculum Innovation to Keep Pace with the Changing Health Care Environment or UME-21 for short. The Primary Care Organizations Consortium will be the parent organization just as it has been for the Interdisciplinary Generalist Curriculum Project. UME-21 will be administered by the American Association of Colleges of Osteopathic Medicine. This is a five year, three phase project that seeks to demonstrate innovative, interdisciplinary educational curricula at the third and fourth year level that will foster the attainment by students of knowledge, attitude and skills that will enable them to deliver excellent medical care and to function effectively in a changing health care delivery environment. It challenges medical schools and academic

medical centers to form collaborative partnerships with other organizations and institutions that will facilitate the necessary educational environment. Up to eight demonstration sites will be selected by mid-May, 1998.

Mike Malloy, UTMB has submitted the following announcement

1999 COMSEP Meeting Announcement:

The 1999 Annual COMSEP Meeting is scheduled to take place from March 25-28 at The San Luis Resort and Conference Center in Galveston, Texas. The themes of the meeting will be interdisciplinary teaching and cross-cultural issues in education. For those of you not familiar with Galveston, it is an island with thirty-two miles of sandy beaches bathed by warm Gulf waters. Galveston offers much more than just sun, sand and surf. With a history enlivened by pirate intrigue and Gay Nineties grandeur, Galveston today enjoys contrasting identities as a bustling medical center and relaxing seaside resort. Together, these two enterprises draw an estimated five to six million visitors annually and give national prominence to Galveston.

Galveston couples the friendly atmosphere of a small resort city with cultural and recreational attractions normally found only in cities many times larger. The island offers many types and styles of restaurants and night clubs, which provide needed weekend relief and entertainment.

Attractions on the island, besides beach type activities include Moody Gardens which is a new, multiphase project that include a 3-D IMAX theater, a rainforest pyramid, and new Discovery Space History pyramid. The island's colorful history is the springboard for many tourist attractions, as well as entertainment for residents. Galveston Historical Foundation (GHF) has been a powerful force in the movement to restore the city's wealth of historical architecture. The Strand area of restaurants, shops, galleries and other businesses is evidence of this effort. Other significant historical attractions are the Ashton Villa and Samuel May Williams house museums, the 1877 sailing vessel Elissa, and the Texas Seaport Museum. The Ashbel Smith Building at UTMB and the ornate Bishop's Palace are among the surviving legacies of premier 19th-century Galveston architect Nicholas Clayton. The Grand 1894

Opera House has been restored to full Gay Nineties splendor, offering performances by touring symphony orchestras, jazz, rock and country groups, theater companies, and ballet troupes. Other local performing groups include the Galveston Symphony Orchestra. Galveston Arts is a multifaceted arts center on The Strand, and the nearby Center for Transportation and Commerce offers an extensive railroad museum. The superb Rosenberg Library offers literary works ranging from important historical and reference collections to today's best sellers and periodicals.



*The following Scholarly endeavor was submitted by
By Dr. Steven Miller
Columbia University*

I hope this will build on the tradition of Karen Wendleberger's column of the

last Pediatric Educator to keep us up to date on the current literature. I'd be happy to coordinate this journal review with Karen for the upcoming year to include other journals (my E-mail: szml@columbia.edu).

For this issue I reviewed the past six months of **Academic Medicine** and have taken the liberty of briefly reviewing three articles that should have some general interest. One is practical, one philosophical and one tries to turn the philosophical into the practical.

III. Practical

Can you teach students in a busy practice and maintain efficiency?

Usatine RP, et al. Four Exemplary Preceptors' Strategies for Efficient Teaching in Managed Care Settings *Acad. Med* 1997; 72:766-769.

This study used direct observation to conduct time-motion logs and structured interviews with preceptors and their students to describe the teaching strategies and effectiveness of four preceptors. Investigators observed 33 teaching encounters of three of these preceptors with mostly end of third year students (29/33)

and did structured interviews with four preceptors and some of their students. Time motion logs revealed students spent on average of 23.7 minutes with each patient (*not including charting and preparation*) of which 11.7 minutes were spent with the preceptor. The investigators observed 14 patient encounters by the preceptor without students. Preceptors took 10.6 minutes on average to see patients (*the 1.1 minute difference was not statistically significant*). Preceptors identified three time efficient teaching strategies. They were: 1) planning and preparing by choosing the specific patients for the student and giving them a brief blurb on each patient (*not timed in the study*). Preceptors tailored this to the students' level, 2) teaching with patients by demonstration and modeling (*Only 2/33 encounters included bedside presentations however*). 3) charting, giving feedback and reflecting. The end of each encounter (*average 1.8 minutes*) was taken up with these activities and not with mini-lectures. Other key behaviors of these preceptors were: 1) students worked and charted independently, 2) students were encouraged to come up with their own ideas and 3) students were encouraged to read on their

own to solve problems. The students perceived the preceptors as good role models and enthusiastic teachers. However, they felt unprepared for seeing patients in this fast paced setting and they desired more teaching.

The investigators concluded that medical students can be taught in busy practices without impeding the efficiency of preceptors while adding value to the preceptors' day and that certain teaching behaviors may enhance this. They also recommended that students receive more training in the first and second year of medical school in working in these areas.

Comment: This is an important study that describes a preceptor model that has the potential for excellent teaching in an efficient manner. The study method of timed observations and structured interviews lends itself to simple reproduction across other sites. There are Glossed over in the conclusions: 1) Patient satisfaction is not measured, 2) Mostly end of third year students were studied, 3) The range of teaching encounter times included some 60 minute encounters, 4) Preparation and end of day reflection were not included in the times, 5) Preceptors

had little direct observation of the students in the patients' room, 6) Students wanted more teaching! 7) Preceptors worked with one student out of two rooms and 8) Preceptors were self-selected.

Nonetheless, this article provides a potential precepting model and structured (*plan/prepare, model/demonstrate, feedback*) that can be efficient and successful. It seems that the model is best worked out with two rooms and 1 preceptor per student.

III. Philosophical Professional Development of Medical Students

Wear D. Professional Development of Medical Students: Problems and Promises *Acad. Med.* 1997; 72: 1056-1062

The author describes an approach to professional development that emphasizes examining the impact of the structure of the medical society on a students' values.

Dr. Wear argues that the medical students are socialized into a specific hierarchy that teaches and promotes values that are in conflict with the stated values often taught in explicit medical school curricula.

Specifically, Dr. Wear

describes two important phenomena. First, hypercompetitiveness of the faculty to attain grants and promotions is a value that interferes with healthy professional development. The natural progression towards an Aus versus them@ mentality that is impregnated by a hierarchy of medicine that subjugates nurses (*mostly women*) and ancillary staff (*mostly minorities*) is contrary to developing an open and unbiased relationship with patients who are women or other minorities. Specifically, these characteristics of our medical society may be unconsciously contributing to the public perception that doctors only care about money and advancement and are out of touch with patients' needs and desires. Dr. Wear describes most medical schools as responding with a round of curricular innovations that explicitly stress the values of compassion, reflectiveness, social responsiveness and patient autonomy that are taught in an atmosphere of competition, hierarchies of authority, bottom-line thinking and economic privilege. Dr. Wear recommends applying two schools of thought to curricula in professional development which potentially expose this

paradox. Feminist Standpoint Theory, which exposes "near sightedness" and "unselfconsciousness" as fatal flaws and Critical Multicultural Theory which focuses on institutional and societal biases as a key to creating a truly open stance to other cultures, are described in detail. The author concludes that all professional development programs need to take these two issues into account.

Comment: This is a fascinating article for any clerkship director who is truly trying to impact on the attitudes of students. If anyone is interested in starting a discussion group on the topic E-mail me.

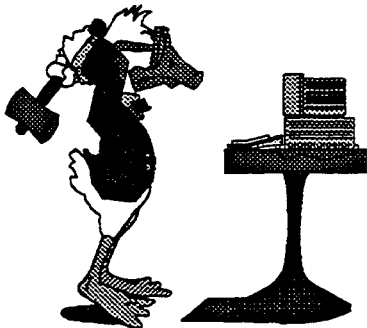
III. Philosophical and Practical Can you change the culture to reflect the true value of teaching and education?

Hilton C, et al. A Relative-value-Based System for Calculating Faculty Productivity, (*Acad. Med.*) 1997; 72 787-793.

The authors describe a relative value-time based system that incorporates a measure of quality in order to calculate faculty productivity. The various department chairs and vice chairs for academic, education, clinical

and research affairs defined a process in which the values of the school were quantified to reward faculty who undertook activities to support these values. Specifically, educational activities were defined to carry equal weight to research, patient care and administration. The authors demonstrated that their approach generated a productivity profile that reflected the values of the medical center in a reliable manner and highlighted the teaching mission.

Comment: This article must be broadly shared with various chair people. It describes a process which potentially overturns a culture that traditionally relegates teaching to a minor activity.



FINALLY! A COMSEP LISTSERV

After years of trials and tribulations, and a number of

false starts, there is indeed a COMSEP e-mail listserv, also known as a discussion group, bulletin board, etc. Bruce Morgenstern at Mayo is the list "owner" and the self-appointed list moderator. He will help with subscribing and unsubscribing where needed and will attempt to keep the personal communications personal, rather than broadcasting them over the entire list (realize that in order to do that, he reads all messages that come through). If you have not been receiving messages from the list, it is because Jean Bartholomew did not have your e-mail address, or that which she had is not accurate.

To subscribe to the listserv, send a message to rcf-lists(~mayo.edu. DO NOT PUT ANYTHING IN THE SUBJECT FIELD. In the body of the message type subscribe comsep <your e-mail address>. You'll know if you've done it correctly, because you will receive an automatic message from the listserv software in short order. If you have trouble, contact Bruce at bmorgenstern(~mayo.edu. He'll be happy to help you out.

*Helen Loeser Updates Us on
APA/SIG Meetings last May*

Here is a summary of what happened at the APA SIG for Medical Student Education at the May meetings:

The lively May meeting of the Medical Student Education SIG was lead by Richard Sarkin, with a cameo guest appearance by Lewis First. The session was itself a successful example of how even a large and diverse group can be engaged in participatory learning. The topic was "Providing Effective Feedback to Medical Students", the experience was multimedia – even the discussion was animated! There were also poster displays of interesting education projects underway in at least a half a dozen programs. The abstracts of these posters will be made available via the COMSEP Resource Clearinghouse/Web page, once the authors forward the materials. This feature will be continued next year, so plan/prepare to participate!

Plans for the future SIGs are already underway, and anyone interested is encouraged to join in planning and development work during the coming year. The general topic will be "Integrating the Pediatrics Curriculum across all four years of medical school"

The 1998 meeting will focus in particular on the first two years (with potential future foci on: "Clerkship Design and Structure" and "Housestaff as Teachers"). Members of the planning committee for the 1998 meeting are already working on the script for a video tape of what is particular to Pediatric Physical Examination skills. Other topics will include: Interface with physiology and developmental biology; Communications and the Lifecycle; Interviewing; Anticipatory guidance and prevention; Models for Pediatrics' role and participation in education.

Anyone interested in any of the above, please contact Helen Loeser: email: helen_loeser@pedcardga.teway.ucsf.edu phone: 415-476-3471 fax: 415-476-4009

For those interested, Ardis Olsen points out the following:

If you are not aware of it the U.S. MCH dept. has developed a pocket version of BRIGHT FUTURES (Guidelines for Health Supervision of Infants, Children, and Adolescents). It is an excellent guide for students on pediatric clerkships.

The Bright Futures materials are also available through the MCH web site. Each book can be purchased for \$3 from the National Center for Education in Maternal and Child Health, Arlington VA (703-821-8955). Now for the good news: Pfizer pharmaceutical corp. has made them available for no cost to educators. One needs to contact your local Pfizer representative..



The following gems are quotations from the dictation of staff physicians at Memorial Mission Hospital in Asheville, N.C. These quotes were submitted by Dorothy Reid and appeared in "The best of Medical Humor", 1991

- Patient has chest pain if she lies on her left side for over a year.
- Father died in his 90s of female trouble in his prostate and kidneys.
- Both the patient and the nurse herself reported passing flatus.

- Skin: Somewhat pale but present.
- On the second day the knee was better, and on the third day it had completely disappeared.
- The pelvic exam was done later on the floor.
- Patient stated that if she would lie down, within two or three minutes something would come across her abdomen and knock her up.
- Discharge status: Alive but without permission.
- Healthy appearing decrepit 69 year old white female, mentally alert but forgetful.

Finally, from the Mass. Bar Association Lawyers' Journal

Q: "Doctor, before you performed the autopsy, did you check for a pulse?"

A: "No."

Q: "Did you check for blood pressure?"

A: "No."

Q: "Did you check for breathing?"

A: "No."

Q: "How can you be so sure he was dead, doctor?"

A: "Because his brain was sitting on my desk in a jar."

Q: "But could the patient have still been alive, nevertheless?"

A: It is possible that he could have been alive and practicing law somewhere."

FINAL PROGRAM FOR AMSPDC/COMSEP MEETING

THURSDAY, MARCH 5, 1998

1:00-5:00 REGISTRATION

3:00-9:00 PEDIATRIC SCIENTIST DEVELOPMENT PROGRAM - Fellows Symposium

3:00-5:00	Symposium Sessions	Magnolia I and Magnolia II
5:00-5:30	Break	
5:30-6:00	Reception/Social Hour	Juniper Foyer
6:00-9:00	Dinner/Informal Discussion	Juniper

FRIDAY, MARCH 6, 1998

7:00-5:00 REGISTRATION

7:30-1:30 PEDIATRIC SCIENTIST DEVELOPMENT PROGRAM Evaluation Committee Meeting
Baker

7:30	PSDP Evaluation Committee Breakfast Meeting
8:00-12:00n	PSDP Second Year Fellows Individual Meetings with Committee
12:00 noon	PSDP Program Evaluation Committee Luncheon

8:30-11:30 AMSPDC Executive Committee Meeting **Board Room**

9:00-1:00 COMSEP: PUPDOCC Meeting **Whitman**

2:00-5:00 FRONTIERS IN SCIENCE/PEDIATRIC SCIENTIST DEVELOPMENT PROGRAM Meeting **Atlantic**

Presentations by Pediatric Scientist Development Program Fellows

2:00-2:05	<i>Opening Remarks</i> Thomas F. Boat, MD, President, AMSPDC Margaret K. Hostetter, MD, PSDP Program Director
2:05-2:20	<i>Emergence of Alternative Mechanisms by Herpes Simplex Virus 1 for Control of Host Response to Infection</i> Kevin A. Cassady, MD
2:20-2:40	<i>The Role of NMP-MLF1 in Myelodysplasia</i> Johann K. Hitzler, MD
2:45-3:05	<i>Subplate Neurons: A Transient Neuronal Population Important for Thalamocortical Development</i> Patrick Sean McQuillen, MD
3:05-3:15	<i>Questions & Answers</i>

FRIDAY, MARCH 6, 1998 (cont.)

- 3:15-3:35 *Refreshment Break***
- 3:35-3:50 *Positional Cloning of Hemoglobin Deficit***
Carolyn M. Bennett, MD
- 3:50-4:05 *Retroviral-Transduction of Cord Blood Derived Megakaryocyte***
Progenitors
Sharon M. Castellino, MD
- 4:05-4:20 *Positional Cloning of the Van der Woude Syndrome Critical***
Region on
Chromosome 1 q 32
Kevin B. Coppage, MD
- 4:20-4:30 *Questions and Answers***
- 4:30-4:55 *Questions and Answers Regarding the PSDP Program***
Margaret K. Hostetter, MD, PSDP Program Director
- 4:55-5:00 *Closing Remarks***
Thomas F. Boat, MD, President, AMSPDC

FRIDAY, MARCH 6, 1998 (cont.)

- 2:00-5:00** **COMSEP: Pre-conference workshops:**
- From Key Words into Key Thoughts: Using Medical Informatics to Teach Evidence-Based Medicine** **Magnolia I & II**
- National Board of Medical Examiners: Pediatric Question Writing** **Juniper**
- 6:00-6:30** **FRONTIERS IN SCIENCE & PEDIATRIC SCIENTIST DEVELOPMENT**
- PROGRAM -**
- Reception** **Sun Deck/Cypress Foyer**
- 6:30-9:30** **COMSEP Executive Committee Dinner Meeting** **Poinciana**
- 6:45-9:00** **FRONTIERS IN SCIENCE & PEDIATRIC SCIENTIST DEVELOPMENT**
- PROGRAM - Dinner** **Cypress**

SATURDAY, MARCH 7, 1998

- 7:30-5:00** **REGISTRATION**
- 7:30-2:30** **COMSEP:**
- 7:30-8:00** **Continental Breakfast** **Cypress**
- 8:00-12:00** **COMSEP General Session** **Cypress**
- 8:00-8:15** *Welcome and Overview of COMSEP*
 Ardis L. Olson, MD, President, COMSEP
- 8:15-8:35** *Update on Task Force on Pediatric Education*
 Russell W. Chesney, MD, Vice Chairman, FOPE II
- 8:35-8:45** *Questions and Answers*
- 8:45-10:30** *Research Presentations*
- 10:30-11:00** *Refreshment Break*
- 11:00-12:00** *Business Meeting*
 Ardis L. Olson, MD, President, COMSEP
- 12:00-1:00** **COMSEP Lunch** **Crystal I**
- 1:00-2:30** **Task Force Meetings:**
- Technology Task Force** **Magnolia I**
- Curriculum and Curriculum Assessment Task Force** **Magnolia II**

Evaluation Task Force
Teaching Task Force
Research Task Force

Gardenia
Jasmine
Banyan

8:00-10:00 PSDP First Year Fellows Individual Meetings with Committee Members Jasmine/Hibiscus

8:30-12:00 FRONTIERS IN SCIENCE Meeting Atlantic

Presentations by State-of-the-Art Speakers

8:30-8:35 *Opening Remarks*
Edward McCabe, MD, PhD, Program Chair, Frontiers in Science

8:35-9:05 *Brain Injury in the Premature C Can it be Prevented?*
Joseph J. Volpe, MD, Bronson Crothers Professor of Neurology,
Harvard Medical School and Neurologist-in-Chief, Children=s Hospital
of Boston, Boston, MA

9:05-9:20 *Questions and Answers*

SATURDAY, MARCH 7, 1998 (cont.)

- 9:20-9:50 *Pediatric Marrow Transplantation: Long Terms Effects and Challenges*
Jean Sanders, MD, Professor of Pediatrics, University of Washington
Fred Hutchinson Cancer Research Center, Seattle, WA
- 9:50-10:05 *Questions and Answers*
- 10:05-10:35 *Refreshment Break*
- 10:35-11:05 *Molecular Determinants of Haemophilus Pathogenicity*
Joseph W. St. Geme III, MD, Department of Pediatrics, Division of
Infectious Diseases, Washington University School of Medicine, St.
Louis, MO
- 11:05-11:20 *Questions and Answers*
- 11:20-11:50 *Congenital Adrenal Hyperplasia*
Maria I. New, MD, Professor and Chairman, Department of Pediatrics
Cornell University Medical College, New York, NY
- 11:50-12:05 *Questions and Answers*
- 12:05-12:10 *Closing Remarks*
Edward McCabe, MD, PhD
- 12:10-12:30 *Completion of Meeting Evaluation*
- 12:00-1:30 **Executive Committees: AMSPDC/AMERICAN BOARD OF PEDIATRICS Luncheon**
Meeting **Poinciana**
- 1:00-6:00 **CANADIAN CHAIRS Meeting** **Board Room**
- 1:30-3:00 **Children's Hospitals GME Advocacy Briefing** **Baker**
- 1:30-5:00 **PEDIATRIC SCIENTIST DEVELOPMENT PROGRAM Meetings** **Whitman**
- 1:30-3:00 **PSDP Joint Committee Meeting; Steering, Evaluation, Selection**
- 3:00-3:15 *Refreshment Break*
- 3:15-5:00 **PSDP Steering Committee Meeting**
- 5:30-6:30 **PRESIDENT'S RECEPTION** **Sun Deck/Garden Cafe**
- 6:30-9:00 **FRONTIERS IN SCIENCE Residents & PEDIATRIC SCIENTIST**
DEVELOPMENT PROGRAM
Fellows Party **Poolside**
- 7:00-9:00 **CANADIAN CHAIRS Dinner** **Baker**
- 7:00 **COMSEP Dinner**

SUNDAY, MARCH 8, 1998

7:00-8:00 BREAKFASTS for:

SOUTHERN STATES Chairs	Crystal III
MIDWEST Chairs	Crystal IV
CALIFORNIA Chairs	Crystal V
PENNSYLVANIA Chairs	Jacaranda
NEW YORK Chairs	Poinciana
NORTHEASTERN Chairs	Gardenia

8:00-10:00 Gathering and Continental Breakfast for Spouses Presidential Suite

8:15-12:15 AMSPDC/COMSEP General Session Caribbean

New Approaches to Clinical Education; Innovative Applications and How to Support Them

- 8:15-8:30 *Welcome and Introductory Comments***
Thomas F. Boat, MD, President, AMSPDC
Ardis L. Olson, MD, President, COMSEP
- 8:30-8:50 *Pediatrics and the Interdisciplinary Generalist Curriculum***
Modena E.H. Wilson, MD, Professor of Pediatrics and Director
of the Division of General Pediatrics, Dept of Pediatrics, Johns
Hopkins University, Baltimore, MD
- 8:50-9:10 *National Implementation of the General Pediatrics Curriculum:
Progress and Issues***
Ardis L. Olson, MD
- 9:10-9:30 *Questions and Answers***
- 9:30-10:45 Session I - Breakouts:**
- A1 *Clinical pediatric experiences in the first two years***
Drs. Modena Wilson, Norman Kahn, Steven Wartman
- A2 *Matching program goals and objectives to evaluation
methods***
Drs. Russell Chesney, Karen Phelan and Michael Potts
- A3 *Dealing with grade inflation: what are the criteria for our
grades? — Drs. Roger Berkow, Dale Garell, David
Kalwinsky , Karen Kaplan***

SUNDAY, MARCH 8, 1998 (cont.)

- A4 Developing the skills of the Clerkship Director*
Drs. Larrie Greenberg and Alan Gruskin
- A5 Exploring alternatives to funding medical education*
Dr. Lucy Osborn
- A6 Teaching in the community in the presence of managed care--* Drs. Miriam Bar-On, Fred McCurdy and Stanley Mendoza
- A7 Integration of basic sciences with clinical medicine*
Drs. Ed McCabe, Larry Shapiro and Karen Wendelberger
- A8 Distance learning and new technologies*
Drs. James Harper, Michael Malloy and Roberta Williams

10:45-11:00 Refreshment Break

11:00-12:15 Session II - Breakouts:

- B1 Developing the skills of the Clerkship Director*
Drs. Larrie Greenberg and Alan Gruskin
- B2 Providing effective feedback*
Drs. Steve Miller, Richard Sarkin and F. Bruder Stapleton
- B3 Teaching in the community in the presence of managed care --* Drs. Miriam Bar-On, Fred McCurdy and Stanley Mendoza
- B4 Distance learning and new technologies*
Drs. James Harper, Michael Malloy and Roberta Williams
- B5 Teaching solutions in a time of declining inpatient census*
Drs. Paul Algranati, Stephen Chartrand and Nicholas Jospe

SUNDAY, MARCH 8, 1998 (cont.)

- B6** *Promotion of the Educator*
Drs. Aaron Friedman and Helen Loeser
- B7** *Internet — friend or foe*
Drs. Robert Janco, William Kanto and Bruce Morgenstern
- B8** *Program evaluation: how to develop a noncrisis approach*
Drs. Herbert Abelson and Jerold Woodhead

12:15-1:45 LUNCH (on own)

12:15-1:45 **WOMEN CHAIRS Lunch** Gardenia

1:45-3:30 GENERAL SESSION (continued) Caribbean

- 1:45-2:05** *Transformation of the clinical education of medical students*
Michael E. Whitcomb, MD, Senior Vice President, Division of
Medical Education, Association of American Medical Colleges,
Washington, DC

2:05-2:15 *Questions and Answers*

2:15-3:30 Session III - Breakouts

- C1 *Clinical pediatric experiences in the first two years***
Dr. Modena Wilson, Norham Kahn, Steven Wartman
- C2 *Dealing with grade inflation: what are the criteria for our***
grades? --Drs. Roger Berkow, Dale Garell, David
Kalwinsky , Karen Kaplan
- C3 *Integration of basic sciences with clinical medicine***
Dr. Ed McCabe, Larry Shapiro and Karen
Wendelberger
- C4 *Teaching solutions in a time of declining inpatient census***
Dr. Paul Algranati, Stephen Chartrand and Nicholas
Jospe
- C5 *Promotion of the Educator***
Dr. Aaron Friedman and Helen Loeser

SUNDAY, MARCH 8, 1998 (cont.)

- C6 Internet — friend or foe*
Drs. Robert Janco, William Kanto and Bruce
Morgenstern
- C7 Program evaluation: how to develop a noncrisis approach*
Drs. Herbert Abelson and Jerold Woodhead
- C8 Different models for determining the cost of education*
Dr. Michael E. Whitcomb

3:30-3:45 Refreshment Break

6:30-7:15 AMSPDC Hospitality Hour Poolside

7:30-9:30 AMSPDC/COMSEP Dinner Poolside/Atlantic

MONDAY, MARCH 9, 1998

**7:00-8:00 Executive Committees: AMSPDC/AMERICAN ACADEMY OF PEDIATRICS
Breakfast Meeting Whitman**

7:00-8:00 COMSEP:

7:00-8:00 Executive Committee Meeting Board Room

7:30-8:00 COMSEP Continental Breakfast Foyers

8:00-9:30 Task Force Meetings (see next page for meeting rooms)

8:00-9:30 COMSEP Task Force Meetings:

Technology Task Force	Baker
Curriculum and Curriculum Assessment Task Force	Graham
Evaluation Task Force	Juniper
Teaching Task Force	Board Room
Research Task Force	Banyan

8:00-10:00 Gathering and Continental Breakfast for Spouses Presidential Suite

8:15-12:00 AMSPDC General Session Caribbean

8:00-8:30 Presidential Comments/Business Meeting
Thomas F. Boat, MD, President, AMSPDC
Russell W. Chesney, MD, Secretary-Treasurer, AMSPDC

MONDAY, MARCH 9, 1998 (cont.)

- 8:30-10:00 *Forum: The Future of Child Health Research***
Participants include: Edward McCabe, MD, PhD, Chairman of
Pediatrics, UCLA
Samuel Kessel, MD, US Dept of Health & Human Services, MCHB
Duane Alexander, MD, Director, National Institute of Child Health
& Human Development
- 10:00-10:15 *Refreshment Break***
- 10:15-10:25 James A. Stockman III, MD, President**
American Board of Pediatrics
- 10:25-10:30 *Questions and Answers***
- 10:30-10:40 Lawrence McAndrews, President & CEO**
National Association of Childrens Hospitals
- 10:40-10:45 *Questions and Answers***
- 10:45-10:55 Carol Berkowitz, MD, President**
Association of Pediatric Program Directors
- 10:55-11:00 *Questions and Answers***
- 11:00-11:10 Joseph Zanga, MD, President**
American Academy of Pediatrics
- 11:10-11:15 *Questions and Answers***
- 11:15-11:30 *Concluding Remarks***
Thomas F. Boat, MD & Russell W. Chesney, MD