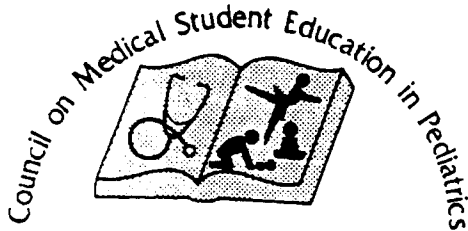


The Pediatric Educator



Fall, 1993, Vol. 1 No. IV
Albert P. Scheiner, M.D.
University of Massachusetts
Medical School
Editor and Secretary
Council on Medical Student
Education in Pediatrics

"He who cares for the sick must understand what underlies the influence for good or for evil of his person on his patient. He who would design systems for health care delivery must grasp the uniqueness of this complementarity as a social force and appreciate how it differs from other social transactions, which all too often are inappropriately used as models for health care systems".

George Engel, Ann of Int
Med 1973, Vol 78, pg 588

Are you listening, Hillary Rodham Clinton?

MAJOR PASSAGE

COMSEP held its first independent Annual Meeting April 1-3, 1993 at Allegheny General Hospital Medical College of PA, Pittsburgh, PA. Another developmental milestone for our young organization. Editor

PRESIDENT'S MESSAGE

Fred A. McCurdy, M.D., Ph.D.

My term of service started out pretty slowly. There was some getting used to being called the President of COMSEP, but not much else changed until that fateful Monday night in May when I had to conduct my first Executive Board Meeting. That got my attention and I can assure you that I have been paying

attention ever since. In fact, I have been paying so much attention that my secretary periodically suggests that I "chill out" with all of the COMSEP stuff. She is, of course, referring to the plans for the 1994 COMSEP meeting which should have something for everyone except for a skill lesson in juggling left-handed. The Plenary speakers will be William Mattern, the incoming Chairman of the Group on Educational Affairs within the AAMC and Brownie Anderson, project director of the ACME-TRI Report. In addition, there will be poster sessions, displays of innovations in medical education, research paper presentations, and more teaching skills workshops than you can shake a Texas sized

rattlesnake at. And finally, can you imagine seeing a river dyed green for St. Patrick's Day? Well come to San Antonio on March 17, 1994 to see it yourself.

Now in all seriousness, your Executive Board is working diligently to put together a quality educational program at the 1994 COMSEP Meeting. **The dates are 17-19 March and the place will be the Menger Hotel in San Antonio, Texas.** Other matters which are currently before the board are the move of the administrative offices from Rochester to the Association of Medical School Pediatric Department Chairmen in North Carolina; the development of a proposal which will soon be submitted to the Bureau of Health Professions proposing that the federal government fund the development of a core curriculum for third year medical students; and how to obtain future funding support for collaborative research amongst our membership.

In being your President, I feel a bit like I have a tiger by the tail because of all of the ideas which you have for and all of the enthusiasm you possess about this organization. I am doing my best to just hang on and see where the ride takes me while at the same time trying to be intentional about my tasks. Please let me know if you think that COMSEP is heading in the wrong direction.

New address:

Fred A. McCurdy, M.D., Ph.D.
Department of Pediatrics
University of Nebraska Medical
Center

600 South 42nd St.
Omaha, Nebraska 68195-2167
(402) 559-6784

ANNUAL MEETING OF COMSEP

April 1-3, 1993

Allegheny General Hospital,
Medical College of PA
Pittsburgh, PA
Coordinator, Steven
Waskerwitz, M.D.

The first annual independent meeting of COMSEP focused on the interface between curriculum and evaluation. Ninety-two pediatric educators attended the meeting representing 82 different clerkships throughout the United States and Canada.

Fred McCurdy, M.D., and Richard Sarkin, M.D. presented a three-hour seminar directed at new clerkship directors that addressed the practical aspects of the administration and the educational implementation of the pediatric clerkship (itself worth the price of admission). Additional highlights of the meeting included an address by C. William Daeschner, Jr., M.D. entitled "Curriculum in the 1990's and Beyond", and by Donald E. Melnick, M.D. "Evaluation in the 1990's and Beyond". The latter discussion focused on the future direction of the National Board of Medical Examiners. The guidelines for medical student education in the community setting was presented by Albert P. Scheiner, M.D.

These presentations were followed by updates on the COMSEP committee initiatives that include the development

of a medical student curriculum, evaluation, and teaching methods in pediatrics as well as the development of a resource center for cataloguing, classifying, and distributing educational material to council members (committee chairs' phone numbers Appendix I). The plenary session consisted of the presentation of five initiatives in pediatric education.

April 3, 1993 included workshops directed at the COMSEP committee initiatives and the business meeting. The highlights of the business meeting including the welcoming of Fred A. McCurdy, M.D. as the 1993-1994 COMSEP president and the announcement of Larrie W. Greenberg, M.D. as the president-elect 1994-1995. The full slate of current officers, the nominating committee members, and the executive committee are noted in Appendix I.

The 1992-1994 COMSEP budget was presented and accepted. The agreement between COMSEP and the AMSPDC executive council was presented and approved. COMSEP functions as a recognized arm of the medical education committee of AMSPDC and will report annually to AMSPDC. AMSPDC will be responsible for the administrative support of COMSEP (Appendix III).

Article III of the bylaws were altered to permit pediatric chairpersons to name as many faculty to the COMSEP membership as they felt appropriate. Only one member and an alternate will be designated as a voting member.

The exact wording of the change will be decided at a future date.

A formal liaison with the Canadian association of pediatric educators (PUPDOC) will be established by the appointment of an Ex Officio Canadian representative to the executive committee. A relationship with the Association of Pediatric Program Directors (residency program) will be explored. COMSEP has joined the Alliance for Clinical Education (ACE) which meets annually at the AAMC.

SPECIAL INTEREST GROUP

MEETING for Clerkship

Directors: APA

May 4, 1993, Washington, DC

O.J. Sahler, M.D.

Chairperson

As many of you know, we have a long tradition of holding a special interest group (SIG) meeting as part of the Ambulatory Pediatric Association Annual Meeting. The beginning of the SIG antedates the official beginning of COMSEP by about 5 years. For a number of reasons ("tradition", the opportunity to network between COMSEP meetings, the chance to explore a topic in depth that might not have been part of the COMSEP program, and the opportunity to include participation by dedicated teachers who are not COMSEP members) the membership of COMSEP has endorsed continuation of the SIG and urges anyone interested in teaching medical students to attend. 65 clerkship directors and interested teachers attended.

The meeting began with poster presentations by Bill Coleman ("Inpatient Teaching"), Joe Lopreiato and Fred McCurdy ("Medical Student Feedback"), Rich Sarkin ("Primary Care Resource Center"), Karen Wendelberger ("Developing an Education Dossier"), Andrew Wilking ("Educational Objectives"), and Leah Reimann ("An Innovative Primary Care Clerkship").

A 2½ hour workshop coordinated by Rich Sarkin, Bill Coleman, and Andrew Wilking addressed "Teaching and Evaluating Medical Students: Effective Strategies for Faculty". It opened with a 1 hour presentation by Rich Sarkin on identifying important qualities in a good teacher using small group discussion and videotape demonstrations. This was followed by 11 simultaneous, highly-interactive and productive, small group workshops: Bill Coleman ("Inpatient Teaching"), Lew First ("Clinician-Teacher Tenure Track"), Janet Fischel ("Teaching Residents to Teach"), Joe Lopreiato and Fred McCurdy ("Case-Based Learning: How To Do It"), Cynthia Samra ("Effective Tutoring in Small Groups"), Rich Sarkin ("Teaching in the Ambulatory Setting"), Linda Shaw ("How to Better Evaluate Medical Students"), Ben Siegel ("Exploration of Values and Feelings in Medical Students: The Self Reflective Process"), Karen Wendelberger ("Problem-Based Learning"), Andrew Wilking ("How to Lecture More Effectively"), and Bill Wilson ("Facilitating Small Groups").

Planning for next year will center around the theme: "Training the Generalist". Program committee members include Lew First, Betsy Goldmann, Rich Sarkin, Doug Wasik, and Karen Wendelberger. Mark your calendar now! (APA 5/2-5/9, Seattle)

MESSAGE FROM O.J. SAHLER
Past COMSEP President and SIG Chair

I have been chairperson since the group's inception and have been truly blessed by having extremely hardworking program coordinators who have taken the responsibility for developing outstanding workshops. At a recent COMSEP Executive Committee meeting, I raised the issue of making this position into a 3-year elected responsibility, with the SIG chairperson serving as an ad hoc member of the COMSEP Executive Committee. The SIG chairperson would also serve as our official representative to the Education Committee of the APA. Given that the Executive Committee was in favor of the proposal, I plan to make this recommendation formally to the membership for discussion and vote at the COMSEP Annual meeting in 1994. If the recommendation is accepted, we would hold the election so that the new chairperson can take over at the 1995 SIG meeting. Serendipidously, rotation was discussed also at the APA SIG leaders' luncheon held shortly after our meeting. The APA is willing to endorse whatever leadership plans each SIG adopts as best for itself. Dual membership (COMSEP, APA) would most likely be a

criterion for candidacy.

Lastly, on a more personal note, I want to take this opportunity to thank Fred McCurdy, the COMSEP Executive Committee, and anyone else who kept the secret of "The Plaque" that was given to me at the end of the SIG meeting. The inscription reads "In appreciation for your devotion to making COMSEP a reality and your dedication as this organization's first president from March 1992 to March 1993." It isn't often that anyone is fortunate enough to receive a standing ovation. You should know that that was a very special moment for me and one that I will treasure always.

CALL FOR COMSEP EXECUTIVE COMMITTEE NOMINATIONS!!!

In keeping with the By-Laws of the Council on Medical Student Education in Pediatrics (COMSEP), the Executive Committee is approved for 9 members, each of whom serves for 3 years and is eligible to serve a maximum of two consecutive terms. Three Executive Committee positions will become open as of the 1994 Annual Meeting. Both Delegates and Alternate Delegates to COMSEP are eligible for election to the Executive Committee. Responsibilities include attendance at the Executive Committee meetings held in conjunction with the Annual Meeting, participation in at least 3 conference call Executive Committee meetings each year, and carrying out those duties as may be assigned by the President. Except for fees for the

conference calls which are paid by COMSEP, members serve at their own expense.

Although the Nominating Committee relies on self-nomination to ensure personal commitment, we urge all members to seek out individuals they think would be active participants on the Executive Committee and to suggest they consider running for this office.

COMSEP members willing to serve on the Executive Committee are invited to submit a 150-word biography-statement to be included in the ballot by November 5, 1993 to:

O.J. Sahler, M.D.
Department of Pediatrics
Box 690
University of Rochester School of Medicine
Rochester, NY 14642-8690
(FAX 716/273-1039)

Members of the Nominating Committee

Susan Marshall, M.D.
Karen Wendelberger, M.D.
O.J. Sahler, M.D., Chair

COMSEP INITIATIVES: Annual Meeting

April 1-4, 1993

Task Force on Teaching Methods:

Larrie Greenberg, D.C.
Children's
Rich Sarkin, Buffalo
Children's
Karen Wendelberger, Medical
College of Wisconsin

The Task Force on Teaching has developed a Resource Manual on Faculty Development which all COMSEP members may obtain through the

clearinghouse under Jennifer Johnson, M.D., now at U. Cal-Irvine, 101 The City Drive, Building 27, Route 81, Orange, CA 92668 (714/456-6155). The manual contains key references on various aspects of teaching and identifies resources to aid clerkship directors in program planning and implementation.

Another major strategy is to develop a position paper on teaching to be presented to AMSPDC. This paper will delineate important principles and strategies on making teaching more valued and improving the teaching in our clerkships and medical centers. Karen Kaplan (Penn State) and Dan Riggs (South Florida) will assist Rich, Karen and Larrie in this endeavor. The plan is to have a draft ready at the next COMSEP meeting in San Antonio.

The Task Force also identified some major themes/ideas in which people showed interest; namely a skills workshop on teaching in the ambulatory setting, which will be developed by Lewis First (Harvard), David Lyons (Bay State), and Andy Wilking (Baylor); planning an institutional educational unit, staffed by Janet Fishel (SUNY-Stonybrook), Rich Barry (Glennon Children's), and Jackie Galloway (Emory); and problem-based learning, developed by Dan Riggs (South Florida), Bill Wilson (UVA), Ziad Shehab (U. Arizona), and Melanie Oblander (Galveston). Progress reports from each of these subcommittees will be presented at the next meeting.

Task Force on Evaluation:
Benjamin Siegel, M.D.
(Appendix II)

The discussion, and reports by all involved in the Evaluation Task Force were terrific. By our next annual meeting in San Antonio, we ought to have a monograph describing each of the domains of evaluation listed here. Also enclosed is the membership list, the committee Chairs and Co-chairs and the Coordinators. The role of the coordinators is to touch base periodically with the chairs, co-chairs, and see how things are going and to be available for consultation.

Tasks:

Each Chair or Co-chair should communicate with subcommittee members and assign specific tasks. The final product will be a monograph describing the state of knowledge and a review of pertinent literature in each particular domain. Next the monograph should include a set of recommendations so that clerkship directors may implement any of the domains of evaluation they may be interested in. Finally, there should be a set of recommendations for research to expand our knowledge about each domain.

Deadline for first draft to the coordinator is December 1, 1993. The coordinators will return the draft by January 15, 1994. Final drafts should be sent to Benjamin Siegel by February 15, 1994. I hope to be able to print up the monograph by the San Antonio meeting. We should use the San Antonio meeting to discuss priorities.

Task Force on Curriculum:
Ardis Olson, M.D.

- A. Pediatric Core Curriculum
Outline Skills
 - 1. interviewing
 - 2. physical exam
 - 3. communication skills
 - 4. problem solving skills
- B. Attitudes
- C. Knowledge Base

Each major area has several subtopics in conjunction with common childhood hospital and ambulatory diagnoses and management issues.

**FEDERAL BUREAU OF HEALTH
PROFESSIONS AWARDS \$300,000
PLUS 18 MONTH CONTRACT.**

Developed by: Ardis Olson
(Project Director) as a collaborative effort of COMSEP and the APA. Purpose: develop basic competencies and a core generalist clerkship curriculum. Project staff Susan Marshall, U. of Washington, Nan Kaufman, UCSD, and Jerry Woodhead, U. of Iowa. Final curriculum date COMSEP/AMSPDC 1995 meeting in San Diego. If you are interested in participating, contact Ardis Olson (Appendix I).

If you think certain elements of your clerkship or the family or internal medicine clerkships of your institution address the pediatric generalist initiative, send materials to: Susan Marshall, Children's Hospital and Medical Center, P.O. Box 5371 Mail Stop 68, 4800 Sand Point Way NE, Seattle, WA 98106-0371 (206) 526-2174. FAX (206) 528-2139.

ABSTRACTS: COMSEP April 2, 1993
Allegheny General Hospital

Predicting Medical Student
Success in a Clinical
Clerkship by Rating Students'
Nonverbal Behavior

Norman D. Rosenblum, M.D.
et al
Children's Hospital and
Harvard Medical School
& University

In clinical clerkships the short term goal of student evaluation is to identify the level of competency in a variety of areas deemed to be fundamentally important to becoming an effective physician. A fundamental aspect of measuring medical student competency is critically analyzing the tools which are used in the evaluative process itself. In American medical schools, supervisor ratings are most commonly used to evaluate competency in clinical clerkships (Acad. Med. 1990; 65:341-345). While these ratings are intended to evaluate both affective and cognitive skills, previous studies in medical education have not described the relative contribution of these components, either quantitatively or qualitatively. The goals of this study were to (1) evaluate the contribution of students' affective characteristics to clinical supervisor ratings of students' clinical performance and (2) develop an affective profile of the highly rated student.

To determine the
contribution of student

affective skills to their clinical supervisors' evaluations, we rated students' nonverbal behaviors by analyzing videotape of 36 students interviewing a parent or patient at the beginning, middle and end of a 4-week pediatric clerkship. A pool of independent non-medical observers rated each tape segment and judged nonverbal behavior, specifically examining 33 characteristics. The results of the videotape analyses were then compared to the students' formal academic evaluation.

The 33 nonverbal behavioral characteristics rated for each student were reduced to 5 composite variables based on a correlational analysis of their component variables. Three of these composite variables correlated significantly with the final grade. These correlations indicated that the profile of the highly evaluated student, irrespective of gender, was that of an individual who showed greater smiling, less shyness and less avoidant behavior. Multiple regression analysis of the 5 composite variables revealed an overall multiple R of 0.68 ($p=.0015$) for the total group. This multiple R reveals that affective skills accounted for at least 46% of the variance in the students' final grades.

We conclude that (1) students' affective characteristics contribute significantly to clinical supervisors' evaluations in this Pediatric setting and (2) students who were evaluated highly in this clinical context had a specific

affective profile that could be described by analysis of their nonverbal behaviors. This study provides a basis for further investigating the affective profile of the successful student-physician and for discriminating between affective and cognitive skills in other types of student evaluations.

Teaching Interviewing Skills to Third Year Medical Students Using Adolescent Simulated patients

David S. Rosen, M.D.
University of Michigan Medical Center

Medical students are inconsistently taught the specific skills necessary to provide appropriate and relevant health care to adolescents. We piloted a novel project to teach adolescent interviewing skills to third year medical students which used teenaged simulated (standardized) patients (SPs). Eight SP cases were developed from actual patients seen in our practice. Teenagers are recruited and trained to portray the affect and behavior of these patients, and to provide accurate and consistent histories. Third year medical students are provided with directed reading on interviewing adolescent patients and then conduct a 30-45 minute videotaped interview with a SP. The interviewing portion of the experience is run entirely by the teenage SPs. Immediate feedback relating to both interview content and style is provided to the student by the SP based on a structured form. Students also complete a self-evaluation. Students review

their videotaped interview with faculty the following day where the emphasis is on interpersonal interaction within the interview. Students' performance is not graded. Review of more than 150 student interviews revealed recurring problems in several areas. Students are unsure of how to establish rapport with patients (31%), how to organize the interview (43%), and of how to address sensitive issues (42%). The sexual history is most frequently problematic to students. Confidentiality is often not assured. Students report the simulations to be completely believable and the experience to be practical, helpful, and valuable. Fewer than 15% of students found the videotaping obtrusive and only three students felt the experience had little to offer them. We conclude that SPs can be effectively used to teach interviewing skills to third year medical students, and that this approach is both practical and feasible.

A Case-Based Examination for
Pediatric Medical Students
David F. Saglin, M.D. et al
Rush Medical College

Many important attributes of medical student performance during clinical clerkships are difficult to objectively evaluate. We have developed a case-based, written examination designed to assess both pediatric knowledge base and clinical reasoning. The students are given a case which includes a brief history, physical exam, complete blood count, and urinalysis. They are instructed to outline the

problem cues or abnormalities, synthesize the cues into a problem list, assess the problems, and develop an initial diagnostic plan. The exams are graded using model answers for each case and a formal grading criteria which was piloted in the previous year. The grading criteria were developed to stress both knowledge base and logical thought processes. Each component of the exam (problem cues, problem list, assessment, and diagnostic plan) are rated independently.

During the 1991-1992 academic year 122 students enrolled in the eight-week clerkship. Each student took seven exams in various sub-specialty areas. The clerkship director graded the exams and all the analyses were done based on his grades. To determine inter-rater reliability, approximately 20% of the exams were also graded by two other faculty members. Inter-rater reliability was high ($\alpha = .80$). Validity was assessed by comparing each student's mean score for the case-based exam with two standard measures of knowledge base and two general measures of clinical performance. Results show significant positive relationships with each measure: pediatric mini-board ($r = +.45$, $p < .001$), USMLE Part 1 score ($r = +.33$, $p < .001$), a composite score for performance in core clerkships ($r = +.48$, $p < .001$), and overall class rank ($r = +.49$, $p < .001$).

This case-based examination offers a reliable and valid method of evaluating pediatric knowledge and clinical

reasoning processes.

Education of Medical Students About Breastfeeding

Michael R. Lawless, M.D. et al
Bowman Gray School of Medicine

Education about breastfeeding is an essential element in medical education that has often been omitted or underemphasized. During the ambulatory segment (2.5 weeks) of the third year pediatric clerkship six groups of five to six medical students per group received at least two one-hour seminars and a syllabus on breastfeeding. The seminars were presented by a certified lactation consultant who was also available in the clinic a half day weekly as a resource for students and residents when questions about breastfeeding patients occurred. A twenty item multiple choice pretest was given to assess each student's knowledge prior to the educational interventions. Four additional items assessed the student's feeling of adequacy in counseling a breastfeeding mother. An identical post-test was given at the completion of the ambulatory segment of the clerkship. Analysis of the pretest and post-test data for the initial thirty-one students in this on-going project was done utilizing the t-tests procedure of SPSS/PC. A mean score of 39.0% on the pretest indicated poor factual knowledge of breastfeeding. A mean score of 62.9% on the post-test demonstrated significant improvement in factual knowledge ($t = -7.36$, $p < .0001$). Improvement in students' feelings of adequacy in counselling about

breastfeeding also occurred. On the pretest, 67.7% of students felt they had inadequate knowledge to counsel a breastfeeding mother compared with only 19.4% of students on the post-test ($t = -12.75$, $p < .0001$). A brief educational intervention strengthened student knowledge and feeling of competency. The use of a lactation consultant also introduced students to an important colleague in teaching patients about breastfeeding.

Enhancing Clerkship Experiences Through Implementation of Problem Based Learning

Karen J. Wendelberger, M.D.
et al
Medical College of Wisconsin

Background: Among the most important factors influencing a medical student's choice of a career is his/her clerkship experience. Over the last 5 years student evaluation of our Pediatric clerkship has identified two problem areas: 1) the passive role of the student; and 2) dissatisfaction of the students with the evaluation process. A review of the literature revealed a possible solution: Problem-Based Learning. This paper is the first, to our knowledge, to describe the development of a PBL track within a required Pediatrics clerkship.

Curriculum Design: We polled the Department of Pediatrics faculty to identify the concepts to which all junior medical students should be exposed during their Pediatric rotation. The results of this poll were

collated and a final version of course objectives was agreed upon by a Task Force composed of interested faculty members. These objectives were used to design the PBL curriculum and were found to coincide with the later released curriculum suggested by the organization of Pediatric department chairmen, AMSPDC.

Case Development: Case material was referred by faculty members or identified through reviews of medical records and then developed in PBL format. A matrix of course objectives by cases was developed to assure that appropriate material was presented and essential concepts adequately emphasized across several cases.

Implementation: Randomly chosen faculty members attended a two-hour training session conducted by PBL trainers during which faculty participated as both group members and facilitators. A treatment-control design was used to study the effect of this program on medical student satisfaction. Twenty-five percent of the students were randomly selected to participate in the PBL track (n = 45) (treatment group), while the remainder of the students participated in the traditional track (n = 155) (control group).

Evaluation: Data was obtained from a Clinical Clerkship Evaluation form (completed by all students) and a PBL-specific questionnaire. PBL students were more likely to agree that they had been observed by an

attending (54% vs 28%; $p < 0.05$), and that they were fairly evaluated independent of whether the evaluation was by the intern (100% vs 77%) or attending (90% vs 67%) ($p < 0.05$). In addition, results of the PBL questionnaire revealed that 100% of students felt motivated to learn, 99% felt that learning was meaningful, and 97% would encourage others to participate in PBL.

Conclusions: Students' perception of the traditional Pediatric clerkship have been negatively skewed by insufficient observation and limited responsibilities. Introduction of PBL, a student-centered method requiring active participation, was implemented and resulted in significantly improved student satisfaction with our clerkship.

INNOVATIONS

Integrating pediatric and obstetrical clerkships: Maternal/Child Health. At least 3 schools have identified the continuity between infants and families by developing a maternal/child health clerkship.

Harvard Medical School (of course)
David Link, M.D.
1493 Cambridge St.
Cambridge, MA 02139
(617) 498-1497

University of Nevada
Jack Lazerson, M.D.
2040 W. Charleston Blvd,
Suite 200
Las Vegas, Nevada 89102-2206
(702) 383-2721

University of Massachusetts
Medical School
Albert P. Scheiner, M.D.
55 Lake Avenue North
Worcester, MA 01655
(508) 856-3102

All address the relevant issues of the ethics of reproductive choice, teenage pregnancy, HIV, drug addiction, the role of the primary care physician, the family and human sexuality. UMass assigns two patients during the 12 weeks who will deliver during the clerkship period. The student assumes 24-hour beeper responsibility for the health care of the family. Although all these programs result in additional work for faculty and students, a good time is had by all and the expectant mothers give the students rave reviews.

ANNOUNCEMENTS

Dates to Remember:

AAMC November 5-11, 1993
Washington, DC, with new directors meeting on November 7th and specialty-based ambulatory programs to train generalist physicians on November 8, 1993. For further information contact:
Fred A. McCurdy, M.D., Ph.D
Department of Pediatrics
University of Nebraska
Medical Center
600 South 42nd Street
Omaha, Nebraska 68198-2167
(402) 559-6784

COMSEP Annual Meeting March 17-19, 1994 Menger Hotel, San Antonio, TX
(Agenda Appendix V)
Call for abstracts by January 10, 1994 (see Appendix VI)

SIG Meeting APA May 2-5, 1994
Seattle, WA
Barriers to Implementing A Core Curriculum
Ardis Olson, M.D.
Elizabeth Goldman, M.D.
Lew First, M.D.
Boston Children's Hospital
300 Longwood Avenue
Boston, MA 02115
(617) 735-7960

Joint Meeting AMSPDC and COMSEP March 10-13, 1995
Coronado Island, CA

Curriculum and Educational Material Resource Manual Available

for faculty development -

Excellent annotated compilation of teaching guides in curriculum, evaluation, and teaching methods.

Karen J. Wendelberger, M.D.,
Co-Director Undergraduate Medical Education, Medical College of Wisconsin (414/266-3360).

Resource Clearinghouse:

Educational material from almost all pediatric clerkships from problem-based cases to methods of evaluation. (See order form Appendix IV)

Student Research Opportunities in Pediatrics

The Society for Pediatric Research offers students interested in research opportunities \$2,500 which enables them to spend 10 weeks, 40 hours/week, with one of 250 laboratories throughout the U.S. and Canada. Contact the Society for Pediatric Research, Student Research Program, 141 Northwest Point Blvd, Elk Grove Village, IL 60009-0675 (708/427-0205) Fax: (708/427-1305). Applications

must be received by January 14, 1994.

Strong Children's Research Center summer training program offers summer research scholarships 8-12 weeks June-July-August, \$200/week, transportation, housing. Application from minority students are encouraged. Contact:

Alice R. Gordon, Administrator
Strong Children's Research Ctr.
URMC Department of Pediatrics
601 Elmwood Ave., Box 777
Rochester, NY 14642
(716) 275-8447

Make inquiries and applications NOW!!!

Call For Membership

American Academy on Physician and Patient (newly formed) - organization dedicated to continually improving the quality of the doctor/patient relationship and to the integration of biological and psychosocial approaches within clinical practice teaching and research. A super newly-organized group that has a special role in the doctor/patient relationship. Contact: Penny Williamson, M.D., Associate Director Task Force on Doctor and Patient, 4611 Keswick Rd., Baltimore, MD 21210

Pediatrics in Review (PIR) and CompuPREP to be Distributed to Clerkship Directors Nationwide

In a recent action the Executive Board of the American Academy of Pediatrics (AAP) voted to support the

distribution of Pediatrics in Review and CompuPREP to clerkship directors nationwide. Distribution was recommended by the Council on Pediatric Education (COPE), an advisory group to the AAP.

Pediatrics in Review provides review articles and associated quizzes. The section "Index of Suspicion" and the Guides for Record Review can all be used for a wide variety of instructional purposes. The review articles can be used for the development of seminars. The "Index of Suspicion" can be used for clinical problem solving sessions and the Guides for Record Review identifies essential information that should be included in a student's written or oral presentation.

CompuPREP is formatted for both IBM and Macintosh personal computers and contains the same information as the printed version of the PREP Self-Assessment. CompuPREP can provide a performance chart which details the number of questions contained in a given area, the number of questions answered, and the percent of questions answered correctly. The questions and critiques can be compiled into focused handout materials, can be used in group discussion, for self-examination, or to develop a final exam for the clerkship.

**NEW ADMINISTRATIVE SUPPORT FOR
COMSEP:**

Association of Medical School
Pediatric Department Chairmen
Inc.

Jean M. Bartholomew,
Coordinator
American Board of Pediatrics
111 Silver Cedar Court
Chapel Hill, NC 27514
(919) 929-0461
FAX (919) 929-9255.

**Liaison to Association of
Pediatric Program Directors**

Robert J. Nolan, M.D.
University of Texas Health
Science Center
7703 Floyd Curl Drive
San Antonio, Texas 78284
(512) 567-5189 appointed
liaison to
Association of Pediatric
Program Directors

Appendix I

COMSEP OFFICERS
1993-1994

PRESIDENT: Frederick A. McCurdy, M.D., Ph.D.
PRESIDENT-ELECT: Larrie Greenberg, M.D.
IMMEDIATE PAST PRESIDENT: O.J. Sahler, M.D.
SECRETARY/TREASURER: Albert P. Scheiner, M.D.

COMSEP NOMINATING COMMITTEE 1993

O.J. Sahler, M.D. (Chair), Susan Marshall, M.D., and
Karen Wendelberger, M.D.

NATIONAL PEDIATRIC CLERKSHIP DIRECTORS
EXECUTIVE COMMITTEE MEMBERS

Frederick A. McCurdy, M.D., Ph.D.
University of Nebraska Medical Ctr.
Omaha, Nebraska
(402) 559-6784

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Albert P. Scheiner, M.D.
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Richard Sarkin, M.D.
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Buffalo, NY
(716) 878-7288

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Medicine
Boston, MA
(617) 534-5576

Michael R. Lawless, M.D.
Bowman Gray School of
Medicine of Wake Forest
University
Winston-Salem, NC
(919) 716-4431

Larrie Greenberg, M.D.
Children's Hospital National
Medical Center
Washington, DC
(202) 745-3022

Robert Stanton, M.D.
University of Southern CA
Children's Hospital of LA
Los Angeles, CA
(213) 669-2461

O.J. Sahler, M.D.
University of Rochester Medical
Center
Rochester, NY
(716) 275-3367

EVALUATION TASK FORCE - SUB-COMMITTEES

Co-Chairs: Mary Bozynski, M.D. (313) 764-2224
David Link, M.D. (617) 498-1497
Benjamin Siegel, M.D. (617) 534-5576

Performance Based Evaluation of Clinical Competency
by Faculty and House Officers

- A. Direct Observation and other methodologies
- B. Simulated Patients
- C. OSCE
- D. Video

Members: Roger Berkow, M.D. (Co-Chair)
David Soglin, M.D. (Co-Chair)
Mary Arnold, M.D.
Cathy Vardy, M.D.
Albert Scheiner, M.D.
Henry Hahn, M.D.
Linda Shaw, M.D.
Elizabeth Hsu, M.D.
Coordinator: Benjamin Siegel, M.D.

Evaluation of Faculty and House Officers in Teaching
Competency/Teaching Methods

Members: Mary Bozynski, M.D. (Co-Chair)
Jack Lazerson, M.D. (Co-Chair)
Natesan Janakiraman, M.D. (Co-Chair)
Tom DeStefani, M.D.
Roger Shott, M.D.
Marilyn Dumont-Driscoll, M.D.
Phillip Berry, M.D.
Coordinator: Mary Bozynski, M.D.

Written Exam

Members: David Kalwinsky, M.D. (Chair)
Ralph Hicks, M.D.
Omer Berger, M.D.
Rayfel Schneider, M.D.
Coordinator: Mary Bozynski, M.D.

Oral Exam

Members: Renee Jenkins, M.D. (Chair)
Paul Kaplowitz, M.D.
Prasanna Nair, M.D.
Coordinator: Mary Bozynski, M.D.

Computer Assisted Exam

Members: Robert Janco, M.D. (Chair)
Jonathan Finkelstein, M.D.
Coordinator: David Link, M.D.

Grading Policy

Members: Irwin Cohen, M.D. (Chair)
Leslie Lehman, M.D.
Helen Loeser, M.D.
William Coleman, M.D.
Norman Ferrari, M.D.
Coordinator: David Link, M.D.

Monitoring Clerkship

Members: David Link, M.D. (Chair)
Mitchell Geffner, M.D.
Coordinator: David Link, M.D.

Feedback and Use of Video for Feedback

Members: Benjamin Siegel, M.D. (Chair)
Deborah Saltzberg, Ph.D.
Cynthia Samira, M.D.
Coordinator: Benjamin Siegel, M.D.

Evaluation of the Curriculum

Members: Paul Rudoy, M.D. (Chair)
Joseph Lopreiato, M.D.
Coordinator: David Link, M.D.

DRAFT OF AGREEMENT - approved by AMSPDC Executive Council

March 7, 1993

The Council on Medical Student Education in Pediatrics (COMSEP) is an organization composed of individuals within departments of Pediatrics who serve as coordinators/directors of medical student education programs and/or clerkship directors who are named by the chairperson of their department to serve as Delegate or Alternate Delegate to COMSEP.

COMSEP is not an independently incorporated organization, but is governed by a set of organizational By-Laws, and will function as a recognized arm of the Medical Student Education Committee of the Association of Medical School Pediatric Department Chairmen, Inc. (AMSPDC) and, as such, will report on its activities, plans, and proposed budget at least once a year at the AMSPDC Annual Meeting.

Dues will be assessed annually and will be used to support the activities of COMSEP. COMSEP will be administered through the administrative office of AMSPDC on an approved budget by AMSPDC that will include funding for, among other activities, maintaining membership records, maintaining financial records including receiving dues and paying debts, assisting with planning annual meetings, and preparing and mailing organization-related educational and informational materials.

COMSEP Resource Clearinghouse

Key to Resource Database

ITEMNO:	Internal reference
TYPE:	Type of product: 1 Curriculum, goals & objectives 2 Clerkship manual/program description 3 Clerkship syllabus/reprint collection 4 Audiotape 5 Videotape 6 Test question bank (questions & answers) 7 Computer-aided instructional program including computerized case problem-solving 8 Problem-based cases (not computerized) 9 Survey related to undergraduate pediatric education 10 Pediatric textbook or other print resource 11 Textbook/journal/reprint related to medical education 12 Information about faculty development/teaching workshops 13 Learner evaluation forms/methods 14 Program evaluation forms/methods 15 Details of specific innovative learning experiences 16 Other
CONTRIB	Contributing medical school/college
ORDER	How to obtain: 1 Order from clearinghouse 2 Order from producer 3 Product not generally available; call for more information 4 Product not yet available
SHARE	Producer has agreed for resource to be distributed to: 1 COMSEP/AMSPDC members only 2 No restrictions 3 Copyrighted 4 Other
SOURCENAME	Person/company to contact for materials not distributed through clearinghouse
SOURCEPHONE	Phone number for ordering information
NRPAGES	Number of pages in resource (for materials ordered through clearinghouse)

Make check or purchase order payable to:
U. Cal. - Irvine (COMSEP Clearinghouse)
Mail to: Jennifer Johnson, M.D.
Department of Pediatrics
U. Cal. - Irvine
101 The City Drive
Building 27, Route 81
Orange, CA 92668

****TENTATIVE SCHEDULE******COMSEP ANNUAL MEETING**

March 17-20, 1994

San Antonio, Texas

March 17 (Thursday)

1:00-1:30 PM	Registration
1:30-5:00 PM	Teaching House-staff to Teach (a workshop conducted by PUPDOC)
5:00-6:00 PM	Free
6:00-8:30 PM	Registration (continued) with wine and cheese reception
	IME exhibits
	Poster presentations
(8:00 PM	Board Meeting)

March 18 (Friday)

7:45 AM	Registration (continued)
	Continental breakfast
8:30 AM	Welcome
8:45 AM	Plenary Session
	"Educating the Educator: Roles and Responsibilities" presented by William Mattern, M.D., Associate Dean for Academic Affairs, University of North Carolina at Chapel Hill (incoming Chair, GEA, AAMC)
9:45 AM	Q&A
10:00 AM	Break
10:30 AM	Task Force Meetings (Curriculum, Evaluation, Faculty Development)
12:00 Noon	Luncheon
	Business Meeting with Task Force reports
1:30 PM	Mini-Workshops (6 concurrent workshops)
	A. Written Student Evaluation: What is the Gold Standard? by O.J. Sahler, M.D.
	B. Utilizing Computers to Teach and Evaluate Students. by Joseph Lopreiato, M.D.
	C. Feedback in Medical Education. by Benjamin Siegel, M.D.
	D. Being an Effective Agent for Change. by Richard Sarkin, M.D.
	E. Developing a Teaching Portfolio. by Karen Wendelberger, M.D.
	F. Community-Based Education for Medical Students. by Michael Sharp, M.D.
3:00 PM	Break
3:30 PM	Workshops resume
5:00 PM	Adjourn
	(Evening activities as determined by each person)

March 19 (Saturday)

(7:00 AM	Board Meeting)
7:45 AM	Continental Breakfast
8:30 AM	Announcements
8:45 AM	Plenary Session
	"The ACME-TRI Report: Implications for the Future" by M. Brownell Anderson, Director, Educational Programs, AAMC
9:45 AM	Q&A
10:00 AM	Break
10:30 AM	Research Paper Presentations
12:00 Noon	Lunch (on your own)
1:30 PM	Mini-Workshops (6 concurrent workshops)
	G. Teaching Anticipatory Guidance in the Ambulatory Department. by Lewis First, M.D.
	H. Promoting Problem Solving Through Questions. by Larrie Greenberg, M.D.
	I. Medical Education Research: How to Get Started and How to Get Funded. by John Littlefield, Ph.D.
	J. Administrative Role of the Clerkship Director. by Robert Nolan, M.D.
	K. The Role of the Facilitator in Small Group Teaching. by Daniel Riggs, M.D.
	L. Community-Based Education for Medical Students. by Michael Sharp, M.D.
3:00 PM	Break
3:30 PM	Workshops resume
5:00 PM	Adjourn
6:30 PM	Institute for Texan Cultures (social event)

March 20 (Sunday)

8:00 AM	Continental Breakfast for each Task Force
10:30 AM	Concluding remarks and adjournment

****TENTATIVE SCHEDULE****

CALL FOR ABSTRACTS
COMSEP Annual Meeting
March 17-20, 1994
San Antonio, Texas

On Saturday morning, March 19, there will be a presentation of papers during the segment entitled "Innovations in Pediatric Undergraduate Education". Each presentation will be 15 minutes in length with an additional 5 minutes for questions and answers. In addition, there will be a group of papers selected for poster presentation.

At least one author must be a Delegate or Alternate Delegate to COMSEP although any of the authors may present. Presentations on any aspect of undergraduate education in pediatrics will be considered by the selection committee. All submissions will be reviewed and rated anonymously.

Submission of ABSTRACTS:

- a) Limit abstracts to one (1) typed 8 1/2 x 11" page, double spaced throughout;
- b) Put the title in BOLD capital letters at the top of the page;
- c) Do not include the author's names or institutions on the abstract;
- d) Attach a 3x5 card with the title at the top and the name and institution of each author listed in order below. Please list the corresponding author, full address, and telephone number and FAX numbers on the reverse side;
- e) Authors wishing confirmation of receipt of their abstract should enclose a self-addressed, stamped postcard with the title of the abstract and the word "received" in the message portion of the card.

ABSTRACTS MUST BE RECEIVED BY JANUARY 10, 1994. Please mail five (5) copies of the abstract, the 3x5 card listing the title with author(s) and institution(s), and the self-addressed, stamped postcard indicating receipt (if desired) to:

Robert E. Stanton, M.D. Box 34
Children's Hospital Los Angeles
4650 Sunset Blvd.
Los Angeles, CA 90027

The corresponding author will be notified of the Selection Committee's decision on or about February 5, 1994.

Delegates/alternate delegates may submit as many abstracts as desired, but each must be submitted in quintuplet and be accompanied by a separate 3x5 title/author card.