The Pediatric Educator

Council on Medical Student Education in Pediatrics

In this issue...

Message from the President

This is the first edition of the Pediatric Educator e-newsletter. It arrives just as first year medical students are arriving on campus.   COMSEP members, however, have been busy all summer with 3rd and 4th year students. No summer break for us!

As we approach our 20th anniversary meeting in Indianapolis we have much to celebrate. Start making plans now to attend. Mitch Harris is organizing the meeting and sent me the following:

You won't want to miss COMSEP's 20th birthday. Indianapolis will be our host for this meeting. The dates are March 22-24, 2012 and the site will be the JW Marriott located in downtown Indianapolis. The theme for our meeting will be "Mindfulness in Medicine." Tom Inui, MD will be the keynote speaker and will also participate in the preconference workshop along with other members of the Relationship Centered Care Initiative at Indiana University. If you have never met Tom, you are in for a treat – you will feel right at home with him (something Indiana refers to as "Hoosier Hospitality") but you will also appreciate what a gifted physician/ educator and wonderful human being he is. Our birthday party dinner will be at the Indianapolis Children's Museum, the world's largest children's museum. There will be some other surprises in store, so make your plans now to be in Indianapolis!

Since organization in 1992, COMSEP has had a major impact on medical student education. The *COMSEP/APA General Pediatric Clerkship Curriculum* celebrated its 16th birthday in March 2011 and is used widely in medical schools. Its younger sibling, the *COMSEP/APPD Pediatric Subinternship Curriculum*, has begun to help 4th year medical students prepare for their residencies in Pediatrics. The newly published resource, *Becoming a Pediatrician: Your Guide to Exploring Pediatrics, Matching for Residency, and Starting Intern Year*, was a joint effort of COMSEP and the AAP that will aid medical students as they consider future careers in Pediatrics. All of these documents are available on the COMSEP website and I urge you to look at them if you have not already done so.

The website is about to undergo a major revision to showcase our new logo and provide more user-friendly features! We would like to thank David Levine for all of his hard work over the years and his guidance as we begin the website renovation.

The Annual Survey will be sent out on October 1. COMSEP relies on member involvement, so please complete the survey when the notice arrives in your email.

Consider submitting an educational grant proposal for funding by the COMSEP grants program. Information can be found on the COMSEP website. All applications are being accepted online at http://www.comsep.org/grants/login.cfm. After you log in with your COMSEP username and password, you will find detailed information about the program. The deadline for submitting an application is Tuesday, December 6, 2011, at 5:00 pm, EST. This is a great opportunity to obtain funding to develop innovative curricula, assessment or evaluation tools, instructional materials and educational research. Thanks go to the Richard Sarkin Foundation for its willingness to contribute to the grants program.

COMSEP is proud to have co-sponsored the 2nd biennial meeting of *Pediatric Educational Excellence Across the Continuum* (PEEAC). Along with our educational colleagues in APA, APPD, and CoPS, we hosted a sold-out meeting in Arlington, Virginia September 9-10. Plans call for another meeting in 2013!

The Executive Committee met in Arlington, Virginia from September 10-11 to review the past year's progress on the strategic plan that was developed in 2010. We also discussed other issues of importance to COMSEP's future.

Finally (for this newsletter at least), COMSEP has been fortunate to have established a solid working relationship with Degnon Associates. Laura Degnon, Jillian Gann, and others have contributed much already in the short time that we have been associated. The Executive Committee will work closely with Degnon Associates to manage the website, the Annual Survey, and our expanding organization. Look for great things to come.

Jerry Woodhead
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Calendar Item	Deadline / Dates	Additional info / website
2012 Call for Proposals to Advance Scholarship in COMSEP	Deadline: Tuesday, December 6, 2011	*Grant Proposal System Now Open!* For more information and to submit your proposal: *www.comsep.org/ScholarlyActivities/Grants_Program.htm*
2012 COMSEP Annual Survey Opens	October 1 – December 31, 2011	Annual survey login information will be distributed to COMSEP members via email on October 1st
2012 Annual Meeting Workshop Abstract Entry System Opens	Deadline: Friday, November 11, 2011	*Opening soon!* Additional information will be distributed via listserv and posted on the COMSEP website as it becomes available.
2012 Annual Meeting Poster/Platform Abstract Entry System Opens	October 2011	Additional information will be distributed via listserv and posted on the COMSEP website as it becomes available.
2012 Annual Meeting – JW Marriott Indianapolis, Indianapolis, IN	March 22-24, 2012	Additional information will be distributed via listserv and posted on the COMSEP website as it becomes available.

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COMSEP Task Force Updates

Faculty Development Task Force
Submitted by:

Jenny Christner jchristn@med.umich.edu
Steve Tinguely stephen.tinguely@med.und.edu

Hello everyone! Can't believe summer is more than halfway over! Our Faculty Development Task Force had a great meeting and has continued to keep busy, connecting via phone conferences and email since we were all gathered together this past spring. This year we put some energy into new directions we'd like to explore.

On the workshop front, there are always far more workshops one wants to attend than what you can actually get to. So, we are going to try to have workshop presenters opt in if they'd be willing to share and post some of the materials on our website. We understand workshops are intellectual property, so we want to be respectful of this. We may explore just having the abstract posted as well. Whatever is decided, workshop sponsors will certainly have the final say! Look for a line item regarding these various options when it comes time to submit workshops for consideration later this fall. We also want to be sure that all our workshop presenters get direct feedback on their workshop and we are grateful to Jillian for facilitating this process. We are going to try to facilitate workshop leaders receiving the roster of attendees ahead of time so that they can contact them if they'd like. Finally, we are considering posting names of who has registered for each workshop so that if you are "joining in" but not officially registered, the workshop leaders can be sure that those registered receive handouts preferentially.

One topic that led to active discussion was centered around creating Faculty Development Modules on common topics such as Orienting the Learner, or Giving Feedback. Just as we all know and love the COMSEP video on the Pediatric Physical Exam that features many of own, we felt that COMSEP-created faculty development modules might fill a needed niche. While many institutions have developed their own modules, a thorough search by our task force members has revealed that it is actually often difficult to get to many of these modules as they are firewalled, or links become outdated etc. The purpose of these short, focused videos would be for clerkship directors to have them available to give to new teaching faculty to view or to use them to help provide faculty development for their teachers. We are currently working on a standard format for the content of the video modules. We hope to be able to demo a video or two at our next meeting for feedback. Whew, now that I've said it, I guess we really need to deliver it!!

Our group talked about potentially getting COMSEP on Facebook. Many of you I'm sure have noticed that you can "friend" the AAMC or the APA, so why not be a friend to COMSEP? We are the friendliest of the bunch!!

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Learning Technology Task Force
Submitted by:
Anton Alerte AAlerte@stfranciscare.org
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Task Force Educational Updates
The Learning and Technology Task Force remains active in investigating the effects of Electronic Health Record systems on medical student education. We have submitted a number of questions for the annual survey regarding this topic. Our goal remains the implementation of a position statement about what role electronic documentation should have in medical student education.

We are also looking at education regarding online professionalism. With the ubiquitous use of Facebook, MySpace and other Web2.0 social websites, the need to train medical students in the maintenance of professionalism and professional boundaries is an important yet unexplored topic. Few institutions have policies specifically addressing online misconduct, and fewer still have curriculum regarding appropriate behavior in an online environment.

Taking the Show on the Road
Joe Lopreiato and Anton Alerte presented a workshop on the use of technology in medical education at the

Pediatric Educational Excellence Across the Continuum (PEEAC) conference in Arlington, VA, September 9th-10th. The workshop focused on the use of simulators and handheld devices in medical education.

The COMSEP Website
The COMSEP webpages are soon to be re-designed with our new logo and enhanced functionality.

David Levine and Lyuba Konopasek will be working on the re-vamp once cost issues are worked out between Degnon and Associates and the Executive Committee. David sent out requests to the task force leaders requesting new statements to be incorporated onto your task force webpage.

We are working on giving each task force an individual list serve to facilitate communication among the members of each task force.

We are also working on the potential use of a web-log (blog) at the next meeting which would give members the opportunity to talk about the workshops they attended, giving others who weren't able to attend some insight in the far ranging activities of COMSEP.

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Grants Program Update

Submitted by:
Janet Fischel jfischel@notes.cc.sunysb.edu

COMSEP invites the membership each year to submit small grant applications for scholarly exploration. In particular, the *COMSEP Grant Program* is a venue that invites you to address an educational innovation, perhaps related to a need in your clerkship or a particular educational interest you have. Please consider submitting a project proposal in response to the 2012 *Call for Proposals to Advance Scholarship in COMSEP* (only a click from our home page - www.comsep.org/ScholarlyActivities/Grants_Program.htm).

 The COMSEP Grant Program, now with enhanced support from the Richard Sarkin Foundation, can be vital to your development as an educator, your productivity in educational scholarship, and your clerkship's quality. AMSPDC shares with us an interest in all of the above. Should your application be selected for funding, COMSEP contributes $2,500, and the home institution Pediatrics Chair contributes $2,500 for a maximum $5000 grant to conduct the project.

The COMSEP Grant Committee views these projects as "seeds." They are relatively small, with the potential to grow as you see fit or as the data suggest. The data you gather might answer the question at hand quite well, or might be disseminated to help others in COMSEP, or might bring you to a next level – a submission for fuller support to an appropriate local, state, or federal agency or foundation.

The 2012 *Call for Proposals to Advance Scholarship in COMSEP* is now open, with an application deadline of December 6, 2011. The announcement of funding decisions will take place at our Spring 2012 COMSEP meeting. Previous grantees are welcome to apply one additional time, with a new project or clearly delineated "next steps" in a previously funded project that is completed.

What to investigate? Here are some ideas, but please also generate your own by considering the areas in your clerkship that you may want to upgrade or change, or perhaps an assessment you want to create, or a teaching issue you might want to conquer.

- Develop an educational resource for students and conduct its preliminary evaluation
- Strengthen the teaching or evaluation of a topic in your curriculum
- Enhance resident teaching skills
- Facilitate faculty development in providing effective feedback and feed forward
- Address the teaching/learning of some aspect of professionalism

- Develop and launch the validation of an evaluation tool for one of your school's competencies
- Develop and launch the validation of an assessment tool for one or more clinical skills

Please consider the COMSEP grant as an opportunity for a small or "starter" grant. COMSEP is eager to promote and support innovative educational scholarship that is designed and implemented by COMSEP members.

Click here for proposal submission information:
http://www.comsep.org/ScholarlyActivities/Grants_Program.htm
Click here to submit your proposal:
http://www.comsep.org/grants/login.cfm

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Clerkship Administrators Update

Submitted by:
Donnita Pelser Donnita.pelser@wesleymc.com

What a fantastic turnout we had in the clerkship administrators (formerly clerkship coordinators) group for the San Diego meeting. We had 51 administrators attend. Of the 51 attendees, 19 were first timers. We also had 12 individuals who received their Clerkship Administrator Certificate's for the projects they presented. Our group is growing and the interest by clerkship administrators to take advantage of the wonderful professional development opportunities that COMSEP provides has increased.

In response to administrator suggestions, a guidebook and web resource group was formed, and they are putting together information to be posted on the COMSEP website to help a new clerkship administrator learn more about his/her role and the general responsibilities most clerkship administrators share across the United States and Canada. In addition, it will be useful information for new clerkship directors wanting to learn more about the clerkship administrator position. Our other groups include: Tools of the Trade, Workshop and Meeting Planning for Administrators, and Mentoring. There are 24 administrators actively participating in these groups. Any administrator who is interested in participating is welcome.

In planning for clerkship administrator-related workshops for next year's meeting, we would like to invite both clerkship directors and administrators to submit workshop proposals. If you would like suggestions on what the administrators have requested to learn more about, please contact Donnita Pelser at Donnita.pelser@wesleymc.com. COMSEP will send out the workshop submission information this Fall.

We would like to extend our thanks to our clerkship directors who have invited their clerkship administrators to attend COMSEP meetings. We appreciate your support and look forward to future meetings. If you or your clerkship administrator would like more information about the clerkship administrators group, please contact Donnita Pelser at Donnita.pelser@wesleymc.com.

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COMSEP Journal Club

Submitted by:
Susan Bannister susan.bannister@albertahealthservices.ca

Welcome to COMSEP's Journal Club – published here in The Pediatric Educator! The purpose of this is two-fold: 1) to provide COMSEP members with a scholarly opportunity to review articles, and 2) to provide COMSEP members with reviews of some neat educational articles.

If you are interested in reviewing an article, this is the basic format:

1. Find a neat article that you are interested in (probably others will be interested too!).
2. Read the article.
3. Write a review (500 words maximum) with the following headings:
   - What was the study question?
   - How was the study done?
   - What were the results?
   - What are the implications of these findings?
4. Send the review to me.
5. Await to see your name in print!

Please let me know if you'd like to review an article or if you have feedback on this format.

The influence of medical students' self-explanations on diagnostic performance

Chamberland M, St Onge C, Setrakian J, Lanthier L, Bergeron L, Bourget A, Mamede S, Schmidt H, Rikers R. *Medical Education* 2011; 45:688-695.

Reviewed by Susan Bannister

What was the study question?
Does the generation of "self-explanations" positively influence students' learning to enhance clinical reasoning?

How was the study done?
Third year medical students were divided into two groups: control and intervention. The students were asked to solve clinical problems on two occasions, one week apart. The intervention group was taught how to use "self-explanation" (basically just talking aloud to oneself about the problem) and encouraged to use this technique during the first test. No feedback was given to the students about their self-explanations (so they could have come up with an explanation that was wrong). The students in the control group were asked to solve the clinical problems in silence. One week later, both groups of students were given similar, but not identical, clinical cases to solve. Both groups of students were instructed to complete the cases in silence. The cases consisted of four cases about heart failure (deemed to be a topic the students knew a great deal about), four cases about jaundice (deemed to be a topic the students knew little about), and four "filler" topics.

What were the results?
The students in both groups had similar diagnostic accuracy and diagnostic performance scores on the first test at the beginning of the study. Both groups of students performed better on the heart failure cases than on the jaundice cases. One week later, though, the students who had been encouraged to use self-explanation on the first test performed better than their control peers on the jaundice cases (but not on the heart failure cases).

What are the implications of these findings?
Self-explanation helped the students perform better on topics that they knew less about (jaundice cases) but did not help them perform better on topics that they knew a great deal about already (heart failure cases). It may be that the self-explanations assisted the students in making sense of a clinical presentation they knew little about and caused the students to consolidate their knowledge in a way that could be accurately applied one week later. A fascinating finding of this study is that the benefit of self-explanation occurred in the absence of feedback. The authors point out that the students' self-explanations were not always correct but – somehow! - this process was still of benefit. This study attests to the power of "deep" learning and encourages us to empower our students to delve into clinical problems and think through the presentation in great depth. This study represents the first time self-explanations have been studied in the context of medical education. Previously, this technique has been shown to be effective in enhancing learning in chess, biology, physics, electricity, and magnetism!

Stress responses in medical students in ambulatory and in-hospital patient consultations

Reviewed by Susan Bannister

What was the study question?
Do medical students experience more stress when conducting a consultation in an ambulatory setting (deemed to be a less familiar setting) than in an in-patient setting (deemed to be a more familiar setting)?

How was the study done?
Students' subjective (how anxious were they) and physiological (cortisol levels) stress responses were measured before and after in-patient and out-patient consultations. The study had a prospective, cross-over design. It is important to note that this study was conducted in France because important differences between the two settings are present: 1) students rarely perform out-patient (ambulatory) consultations, 2) out-patient consultations require students to determine a diagnosis and come up with a management plan, 3) out-patient consultations must be completed in 30 minutes.
In contrast, in-patient consultations require neither a diagnosis nor a plan, are not time-limited, and are familiar to the students.

What were the results?
All of the subjective and physiological stress responses were greater in the out-patient setting compared to the in-patient setting. There were 30 women and 29 men who participated in the study and there were some differences between these groups. Women experienced a greater pre-consultation subjective (anxious) stress response in the out-patient setting than did the men, while the men demonstrated a greater physiological (cortisol) stress response in the out-patient setting than did the women.

What are the implications of these findings?
When we understand the context of medical education in France, the important finding in this study is not that out-patient consultations are more stressful that in-patient consultations. Rather, these data demonstrate that students exhibit more subjective and physiological stress when asked to do more in less time in an unfamiliar setting. These authors wonder about the potential impact of stress on clinical reasoning. A second interesting finding of this study is that the students' stress responses were higher before the out-patient consultations than after them, indicating that the source of stress may have been the anticipation of the consultation rather than the consultation itself. This finding reminds us of the need to carefully prepare students for their clinical encounters.

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