



The Pediatric Educator

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Comments from the President...



Chris White, MD
COMSEP President

Greetings,

Just a few random thoughts for my last President's Message . . .

I will be handing the gavel off to Jerry Woodhead at our annual meeting in San Diego in March. As opposed to the "ginormous" (this is a real word, folks) gavel they use in the House of

Representatives or the New York Stock Exchange, the COMSEP gavel is pretty puny. I've actually never used the one Bill Raszka gave me a couple of years ago. I was curious to know where the concept of a gavel came from and there's actually not a lot of information out there about it on the Internet.

Apparently the word "gavel" was used in England centuries ago to describe rent or tribute paid to a superior. During the Middle Ages, gavels were used by judges in rent collection proceedings. Widespread references to gavels begin to appear in the 1700'S associated with their use in ceremonies and meetings by the Masons. "In *Emory Law Journal*, Fall 1992, page 905, 'the author suggests that the sound made when a gavel is struck conveys a certain meaning of authority. This meaning is centuries old, and the article gives the example of hand slapping as a way of sealing a deal in the Middle Ages.'"

http://www.ncsconline.org/WC/Publications/Prt_PubInfCtTriviaFAQ.htm#What%20is%20the%20history%20of%20the%20gavel

Perhaps my inspiration for this brief excursion into gavel trivia was sparked by Bill Raszka's interesting comments in *Pediatrics*. Many of you may not know it but our very own William V. Raszka, MD, is now one of five associate editors for *Pediatrics*. In each issue there are typically several 2-3 paragraph "fillers" placed at the end of articles in each issue to take up some of the open space between articles. Usually these have

nothing to do with the article that it follows. For example, on page 902 of the November 2010 issue you can read about "The Cost of Air Travel." Bill has done most of these in the past few months – they're very interesting (and sometimes a bit provocative). Look for telltale "Noted by WVR, MD" at the bottom of each one!

We've got a wonderful meeting planned for San Diego next month – I hope you'll be coming. Aleca Clark has done a magnificent job of handling the many details. This year, as we've done every three or four years since 1994, we'll be sharing some sessions with AMSPDC (the Association of Medical School Pediatric Department Chairs). On Sunday, March 6th, Dr. Ruth-Marie E. Fincher, Vice Dean for Academic Affairs from the Medical College of Georgia, will present the Miller-Sarkin Lectureship. Rhee helped found the Clerkship Directors in Internal Medicine (CDIM), the Alliance for Clinical Education (ACE), and currently serves on the Executive Committee of the National Board of Medical Examiners. She's won about every national medical education teaching award you can name, and they've named an annual award in CDIM in her honor. Rhee has been on the forefront of national efforts to reward and recognize educational scholarship for medical educators. Her



Chris White (left), COMSEP President 2009—2011 and Bill Raszka (right), COMSEP President 2007—2009, enjoying the 2010 annual meeting in Albuquerque. Dr. White will be passing the gavel on to President-Elect Jerry Woodhead at the 2011 annual meeting in La Jolla, CA

Comments from the President continued...

presentation, "Producing Scholarship that Counts from your Educational Activities" should be highly relevant to all of us. Following Dr. Fincher's talk, we will have a panel discussion on the topic, "Advancing Care Across the Continuum of Medical Education." Panelists will include Bruder Stapleton, MD, Chair of Pediatrics at the University of Washington; Ann Burke, MD, APPD President, Pediatric Residency Program Director at Wright State University; Lisa Leggio, MD, Director of Medical Student Education in Pediatrics, Medical College of Georgia; and the Moderator will be Bill Raszka, MD, Clerkship Director at the University of Vermont.

Other activities at the meeting will include a formal dinner with AMSPDC on March 6th, three pre-conference workshops, Task Force meetings, research presentations and posters, 16 unique workshops, the Miller-Sarkin Fun Run/Walk, a preview of our 2012 meeting in Indianapolis, and a fun evening social event at the San Diego Zoo. The meeting will adjourn very early on Monday morning to enable those of us on the East Coast to get home the same day. If you schedule your departing flight at 11:00 AM or later on Monday, you should be able to participate the entire meeting and comfortably catch your flight for home. In keeping with recent tradition, there will be a COMSEP 2011 T-Shirt available for purchase at the registration desk ("*Designed by Aleca*"). I haven't seen the final product yet, but I hear they look terrific!

The COMSEP Executive Committee had an intense two-day meeting in November in Washington, D.C., refining our Mission, Vision and Values, and developing a Strategic Plan for the next 3-5 years. I'll be sharing some of this with you during my Presidential Address in March at San Diego.

On a few other fronts Some nice collaborations have been recently developing between COMSEP and other organizations with whom we share common interests. For example, this past year COMSEP has worked closely with the AAP's Section on Medical Students, Residents, and Fellowship Trainees (SOMSRFT) to produce a terrific guidebook for medical students and 1st year residents entitled, "Becoming a Pediatrician."

You can download it from the COMSEP web page: <http://www.comsep.org/pdfs/BecomingaPediatrician.pdf>. COMSEP has now published five quarterly commentaries in *Pediatrics* ("Pediatric Perspectives") on a variety of topics. The February 2011 issue featured a nice overview on "Giving Feedback" by Joe Gigante, Mike Dell and Angela Sharkey.

Jerry Woodhead, Susan Bannister and Jen Koestler are working with leaders in the APA, APPD and CoPS on the second PEEAC (Pediatric Educational Excellence Across the Continuum) conference. It will be held in September 9-10, 2011 in Washington, D.C.. "The conference enables educators involved at all levels of pediatric medical education to share



The 2011 annual meeting will take place at the Hyatt Regency La Jolla at Aventine in San Diego, CA, March 3 - 7.

novel concepts and effective educational strategies.

Among the topics planned for discussion are: effective strategies for teaching learners with different learning styles, using technology in teaching, effective and efficient teaching of learners at different levels, teaching performance improvement, the problem learner, providing effective feedback and educational scholarship. A poster session is planned to enable attendees to present educational 'works in progress' and obtain feedback from experts in medical education." This is a great opportunity to work with educational leaders across the continuum of pediatric education. If you would like to help co-facilitate a workshop, contact Jerry, Susan or Jen.

Planning is already underway for our 2013 meeting – we'll be meeting together with our colleagues who serve as leaders in pediatric resident education, the APPD. We're hoping to have even more joint sessions at this meeting than we had in Baltimore in 2009 . . . stay tuned!

Finally, COMSEP elections are in full swing. This year we'll be choosing a President-Elect (who will take over at the 2013 meeting), 2 Executive Committee members, and 1 Nominating Committee member. All the candidates for these positions are superb! Please honor their willingness to serve this wonderful organization by taking the time to vote.

I can't wait to see you all in San Diego!

Chris
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Clerkship Coordinators Group

Submitted by:

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When the coordinators met in Albuquerque last spring, several expressed an interest to serve on committees to address the educational and professional development needs of coordinators. These individuals share a common vision in building up the coordinators' group and have strived to put together a well-rounded and productive educational program at this year's COMSEP meeting in San Diego.

The Workshop Organizing Committee, led by Olga Olowolafe, came up with great ideas on workshops for the COMSEP meeting. Those workshops will provide learning opportunities in CLIPP; clerkship management using different web-based programs; and an overview of the NBME and LCME. Also, once again this year we are offering the Clerkship Administration Certification Program as a preconference workshop.

The Meeting Planning Committee, led by Wilhelmina Bradford and Olga Olowolafe, brainstormed some great ideas on getting coordinators together socially while at COMSEP. Emails will be sent to coordinators on our list serve to give details of those plans prior to the conference. The committee is also preparing the agenda and recruiting speakers for the coordinator's general session and wrap-up sessions.

The Mentoring Committee, led by Debbie Hernandez and Jakki Outlaw, developed some great tools to bring new coordinators together with more experienced coordinators. This effort will provide support and motivational benefits to both. The Guidebook/Website Resources Committee, led by Alison Ricker and Gretchen Shawver, designed a survey and distributed it to all of the coordinators to gain understanding of what their roles are in their individual programs and what their educational and professional development needs are. The Tools of the Trade Committee, led by Wilhelmina Bradford is just getting underway and we are excited about what is to come in this very important committee.

With the development of these committees more networking has occurred and relationships have been strengthened. The coordinators sincerely appreciate the support of the COMSEP Executive Committee and the COMSEP members as we enhance and improve the coordinator's place and participation in COMSEP. We would also like to thank Dottye Currin for her wonderful vision and pioneering efforts in getting the coordinator programs started. She has inspired us so much and we are forever grateful.

We invite the clerkship directors to encourage their coordinators to attend this year's meeting or one in the future. [See you in San Diego!](#)

Curriculum Task Force

Submitted by:

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The Curriculum Task Force has had a productive year! The Common Problem Set has been revised and we are currently working on a users guide to complement the problem set. A group, under the direction of April Buchanan, has been hard at work completing the learning activities that will accompany the Subinternship Curriculum. We hope to share those with you at the 2011 COMSEP meeting. We have also been collaborating with the Research Task Force on a research project that is designed to answer the following questions:

1. Which objectives do fourth-year pediatric subinterns select for an ILP when provided the set of learning objectives in the Pediatric Subinternship Curriculum?
2. What learning strategies and outcomes do fourth-year pediatric subinterns describe on an ILP when they use a provided set of fourth-year learning objectives and an ILP template during a pediatric subinternship rotation?
3. What hypotheses about learning during fourth-year pediatric subinternships emerge from a systematic study of the experience of medical students and preceptors who use a defined set of Pediatric Subinternship objectives and an ILP template?

What are the implications of these findings for revision of the Pediatric Subinternship curriculum objectives and the ILP, and for development of recommended learning activities and assessment tools for subinternships?

We are looking forward to a very exciting meeting in La Jolla. We will be discussing the users guide for the Common Problem set and the direction that project should take. Additionally, we plan on developing a needs assessment to help inform us about the next revision of the COMSEP Curriculum. We also hope to discuss a new idea, developing a Clinical Reasoning Curriculum. We have a lot of work to do! Hope to see you our Task Force meetings in March.

Find more information on the
COMSEP Task Forces at:

www.comsep.org/TaskForces/

Faculty Development Task Force

Submitted by:

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The Faculty Development Task Force continues to have a key role in planning the workshop components of our annual meeting, and was very busy this Fall/Winter working with members of the Executive Committee and Degnon Associates to finalize the program. The workshop selection committee included six task force members, Bob Swantz (chair), Jenny Christner, Mike Barone, Soo Kim (meeting host) and Aleca Clark (meeting host); along with Joe Gigante (CME representative), Chris White (COMSEP President) and Jerry Woodhead (President-Elect).

Based on the work and planning of the task force at last year's meeting, a new system of categorizing and evaluating workshop proposals was implemented. Please see the Summer 2010 edition of the Pediatric Educator for more details. This year the submission process for all workshop proposals (conference and pre-conference) was entirely electronic, and was coordinated by Degnon Associates.

The selection committee reviewed and evaluated, in a blinded manner, 36 workshop submissions, including 4 pre-conference proposals. Workshop proposals were assessed using a standardized 6 item rating tool developed by the Faculty Development Task Force, which takes into account content, methods/delivery, overall value to membership, and distribution across topic areas.

Again this year there were many excellent proposals. One of the most significant factors playing into workshop selection this year was the combined meeting with AMSPDC and the reduced number of rooms/timeslots available to hold workshops (16 instead of the usual 24). So many fine workshops were rejected not because of quality, but because of meeting room space and time. In the end, we are very pleased to be able to offer these outstanding workshops to the membership and look forward to an exciting and enriching 2011 meeting!

Other projects and workgroups within the task force include: Soo Kim is spearheading a project to compile a speaker's bureau list ("T to the 4th – Traveling to Teach Teachers") that will ultimately be posted on the COMSEP website. Bob Swantz is working with Degnon Associates to finalize the next annual report of member's scholarly activities. Aleca Clark and Bill Wilson are coordinating the mentoring program, which matches new clerkship directors with a "seasoned" COMSEP member. The Task Force will also be coordinating the Networking Lunch at his year's annual meeting.

Looking forward:

We would like to welcome Steve Tinguely as our new Task

Force Co-Leader. He begins his term with the Spring Meeting. In addition, Alicia Freedy will take over the coordinating of the Networking Lunch from Bob Swantz. We want to thank both Steve and Alicia for their willingness to become involved and look forward to working with them!



Learning Technology Task Force

Submitted by:

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We are looking forward to the California meeting!

LTTF Sponsored Workshop:

The Learning Technology Task Force (LTTF) is preparing for the task force sponsored workshop entitled *Keeping up with Technology: Applications for Enhancing Clerkship Education*. This workshop hopes to highlight technology available to aid faculty in addressing their needs and issues such as curriculum development, course management, evidence based medicine, and academic scholarship and secondly discuss how to access new technology at home institutions. Pradip Patel, David Levine, Virginia Niebuhr and Anton Alerte will be the facilitators for this workshop

Task Force Meeting Goals:

The goal of the meeting is to establish some long-term educational projects. We generated a number of interesting topics at the 2010 Albuquerque meeting and we want to see if we can get these ideas "off the drawing board" and into tangible items like workshops and educational materials.

One idea is education of medical students in an EMR/EHR environment. EMR and its potential effects on education have long been an issue and no over-arching policy statement has been made regarding its use in medical education to this point. How to maintain the clinical education of students in a novel environment is a potential topic we will investigate. Other potential topics include the use of technology to facilitate distance learning, innovative ways at monitoring students' performance, and dealing with intellectual property and copyright issues in an on-line environment. Another goal is to build greater ties between the LTTF and the other task forces. We view the LTTF as a means to the other academic ends of COMSEP including scholarship, evaluation, and research. Lastly, we hope to recruit other taskforce members to join David Levine's website committee to enhance the utilization of and functionality of the COMSEP site.

COMSEP LTTF Leadership:

One of us will be transitioning off this meeting. We already have a new co-leader in mind and hope to announce this individual at the meeting. David Levine will continue as webmaster and Bruce Morgenstern will continue as listserv moderator.



Evaluation Task Force

Submitted by:

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One of the main goals for our task force at the 2010 meeting was the development of workshops emphasizing evaluation principles to be offered to the COMSEP membership. Since the meeting in Albuquerque, task force members (Jeanine Ronan, Hussein Abdullatif, Paula Algranati and Paola Palma Sisto) developed the workshop entitled "Evaluation 101: The Essentials to Creating Significant Learning Experiences in Our Clerkships." This workshop will be offered at the 2011 COMSEP Annual Meeting in La Jolla. We plan that this will be the first in a series of evaluation workshops developed and offered by the Evaluation Task Force (ETF).

A second goal for the task force was the completion of a 3-year project defining "minimal acceptable achievement" for each of the skills contained within the COMSEP curriculum. The goal was to define observable and measurable behaviors that demonstrate a clerkship student has attained minimal competency in the clinical skills of the curriculum. This document is now completed. It is our hope that this will serve as a tool to help clerkship directors and educators in assessing the clinical skills of their clerkship students.

At the 2010 meeting, we elected to form standing working groups to further develop the work done by the ETF membership throughout the year. The Evaluation Tools Working Group, headed by Jenna Ross and Mary Huckabee, designed a needs assessment questionnaire for the COMSEP membership to determine the area of greatest need for developing and disseminating useful evaluation tools. This needs assessment was included as part of the annual COMSEP survey and we are awaiting the final results. The results of this survey will help guide the future efforts of the Evaluation Task Force and will be organized for dissemination to COMSEP members.

This year would be a great year to get involved with the ETF as we are setting the groundwork for the next several years of Task Force initiatives. We anticipate opportunities both for seasoned ETF veterans and for willing newcomers, so join us for our task force meetings in La Jolla! We will continue to develop a series of workshops that will target different aspects of evaluation while focusing on the essential principles of successful evaluation. We will pursue offering these workshops at COMSEP and other venues such as APPD, APA, AAP and PEEAC meetings.

For the 2011 annual meeting we also plan to focus on peer evaluation with the goal of developing useful recommendations and a tool to support peer to peer evaluation of teaching at our member institutions. If you have interest in peer evaluation, please join us for the ETF task force meetings this spring.



Research and Scholarship Task Force

Submitted by:

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The Research and Scholarship Task Force (RSTF) has had another busy year. We presented two well-received workshops at the Pediatric Academic Societies meeting in Vancouver, British Columbia in May, both of which began as workshops at COMSEP meetings (*The Scholarship of Application*, presented as a longer form of the workshop presented at COMSEP in 2008 and published in MedEdPortal, and *Designing Qualitative Research*, adapted and extended from earlier COMSEP workshops).

We're busy now planning two new workshops for this year's COMSEP meeting in La Jolla, one on how to plan a scholarship project that addresses the criteria for rigorous scholarship and one on how to validate an assessment tool ("*Focus Your Vision For The Future: Scholarship In Pediatric Medical Education*" and "*Are You Measuring What You Think You Are? Optimizing Assessment of Your Learners And Educators: A Practical Approach To Validating An Assessment Tool.*") We are grateful to Jean Petershack and Mary Rocha for leading these workshops and to the many enthusiastic presenters who have joined their teams from the task force.

We were happy to receive the highest number of abstracts in RSTF recorded history this year, and we are looking forward to the platform and poster presentations during which all can enjoy learning about the teaching innovations and research that these abstracts represent. We have worked hard for several years to educate COMSEP members about the criteria for scholarship and to revise our call for abstracts and review criteria to address the criteria clearly. Our thanks to the many reviewers who devoted the time to read and write detailed comments about these abstracts, and to Jillian Gann and the support at Degnon, who made the task of reviewing and informing authors manageable.

We are also happy to report that over 10 schools are participating in our multi-institutional study of curriculum objectives, individual learning plans and student learning in the pediatric subinternship, a collaborative project with the Curriculum Task Force. The data has just started to come in so we should have more to report at the 2012 meeting. We have some new projects percolating, too. One involves developing and evaluating a tool for teaching clinical reasoning, under the able leadership of T. J. Jirasevijinda and Robin English and in collaboration with the Curriculum Task Force. This project is just taking shape, so there is room to contribute creative ideas and play a large or small role in developing and disseminating this work.

Please consider joining us at the RSTF meetings in La Jolla!



Report from AAP Liaisons

Submitted by:

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Shale Wong shale.wong@gmail.com

Shale and David are happy to announce that the AAP publication, "Becoming a Pediatrician: Your Guide to Exploring Pediatrics, Matching for Residency, and Starting Intern Year," is completed and available for use! This was a collaborative effort between COMSEP members and the AAP Section on Medical Students, Residents, and Fellowship Trainees (SOMSRFT). Many of the essential sections were written by COMSEP Task Force leaders and experienced clerkship directors.

Shale and David thank all the authors from COMSEP who contributed to the success of this important project!

Membership for medical students in the national AAP continues to be \$16.00 per year. The AAP Section on Medical Students, Residents, and Fellowship Trainees (SOMSRFT) is the largest section with over 10,000 members and 1000 student members. The medical student subcommittee produces high quality medical student newsletters, has an active listserv, and attempts to offer students a bridge to the start of residency training. The Medical Student Subcommittee page is located at <http://www.aap.org/sections/ypn/ms/>.

There are links to the medical student newsletter, YPConnect (a social and professional networking site) and many other resources. Additionally, many local Chapters (including the GA Chapter) do not charge for membership, or have a nominal fee, to attract more students to the Academy.

COMSEP Webpage Report

Submitted by:

David Levine Dlevine@msm.edu

With excellent work from Jillian and the Degnon Associates' web-editor Raymond Tsoi, we have continued to slowly develop the COMSEP webpages. Without my assistance, the capacity for online registration and credit card payments for the 2011 meeting was developed, tested and implemented.

What is coming next?

- Developing a search function for our membership data base
- Development of the Faculty Development Task Force "T4" Project database on our public pages
- Updating artwork and design of the pages
- Adding a listing of medical education journals for consideration for submission for publications

Any ideas? Want to work on the updating with me? Just drop me a note at dlevine@msm.edu.



You may view the e-book online at
<http://www.aapbecomingaped.com/>
 You can also download the publication
 directly as a PDF.

Book Club/Journal Review

Submitted by:

Susan Bannister susan.bannister@albertahealthservices.ca

Hello!

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.

Thanks!

Journal Club continued...

Title: Bylund, CM, Brown RF, diCiccone, BL et al. **Assessing Facilitator Competence in a Comprehensive Communication Skills Training Programme.** *Medical Education* 2009;43:342-349

Reviewed by: Margaret Clark Golden MD Children's Medical Center of Brooklyn SUNY Downstate College of Medicine, Brooklyn, NY.

What was the study question? How competent are the facilitators who lead communication skills small groups involving role plays with Standardized Patients?

How was the study done? The facilitator training workshops had been previously described, including a checklist of target behaviors for facilitators. In this study, 32 facilitators who had just completed the 2-3 hour training workshop were audiotaped during one of the first three communication skills workshops they led. The authors used multiple review and coding for the first 15 audiotapes to set the standards for basic, advanced, and expert competence levels. They then applied this standard to all 32 audiotapes, including the 17 previously unreviewed ones.

What are the results? The basic competence standard included 8 facilitator behaviors out of the 21 presented in the training workshops; an expert was expected to demonstrate all 21. Eighteen out of 32 facilitators demonstrated basic competence or above; 7 were assessed to be "approaching competence" because they demonstrated 7 of the basic behaviors; 7 were scored below that level.

What are the implications of these findings? Measures of faculty behavior after faculty development interventions are rare; although it is labor-intensive to review audiotapes, it provides very good face validity that the faculty are actually doing what the curriculum leaders hope. It is also encouraging that a 2-3 hour workshop is followed by at least basic competence in over half the faculty. The next question is how to identify and work with the group of facilitators who were not quite ready for prime time. Also, one should be cautious about generalizing these results to other settings: this project was done at Memorial Sloan Kettering to help oncology fellows develop skills in very difficult areas such as breaking bad news and discussing DNR orders. It is therefore probable that many of the faculty were not learning the communication skills for the first time as they trained to be trainers. On the other hand, this model should get wide review now that the Obama administration has secured a Medicare regulation so that physicians will be reimbursed for having these difficult discussions with patients. Many of us, and especially our colleagues in adult medicine, will need to augment our skills.

Editor's Note:

The authors recognize that the small group learning experience is highly dependent upon the facilitators' skills. This fascinating study sought to determine if faculty were adequately prepared to facilitate

small groups well. The facilitator checklist chart (part of this article) may be of use to COMSEP members who facilitate small groups with standardized patients for it outlines the key things that facilitators should do to enhance learning.

Title: Susan M. Kies, EdD; Valerie Roth, MD; Michelle Rowland, MD, PhD, MPH. **Association of Third-Year Medical Students' First Clerkship With Overall Clerkship Performance and Examination Scores.** *JAMA* 2010; 304(11):1220-1226

Reviewed by: Christopher B. White, MD, COMSEP President, Medical College of Georgia, Augusta, GA

What was the study question? Is there an association between first clerkship specialty and overall medical student performance throughout the remainder of the clinical clerkship year?

How was the study done? This was a retrospective study of third year clerkship performance by students at the University of Illinois from 2000-2008. All but 20 of the 2236 students who completed all 6 core clerkships (IM, FM, Surg, Peds, Ob/Gyn, and Psych) were included. Data collected for each student included USMLE Step 1, Step 2 scores, clerkship order, clerkship clinical grade, clerkship subject examination score, final overall clerkship grade, and clerkship site.

What are the results? First clerkship specialty was significantly associated with higher mean subject examination scores (and overall clerkship grade) but not on subsequent clinical grades or USMLE Step 2 scores. This association was most strongly associated with internal medicine as the first clerkship, although having pediatrics as a first clerkship had a modest effect as well. Having IM as the first clerkship resulted in a mean increase of 1.49-1.92 raw score points on the subject exam tests for Surg, Ob/Gyn, Psych, and FM. Having Peds as the first clerkship resulted in a mean increase of 0.95-1.16 points on the subject exam tests for Psych and FM. The effects were significantly associated with gender (more pronounced for women than men), campus (they have 4 different campuses where students do their clerkships) and Step 1 score.

What are the implications of these findings? At the University of Illinois, the "rumor mill" among the medical students was that taking internal medicine as the first clerkship (their clerkship is 12 weeks, with 8 weeks being inpatient) resulted in better grades and clinical performance in all the remaining clerkships. Hence there was (I assume) significant competition for internal medicine as the first rotation. As clerkship directors, we are constantly trying to squash many of the rumors that infiltrate among the students. Most of these are based on hearsay or are the result of a single vocal disgruntled student. In this case, however, the rumor was actually true! Taking the internal medicine clerkship first resulted in modest increases in NBME subject exam scores in the remaining clerkships (except pediatrics). The difference of 1.5 points on the Shelf exam could mean the difference (in a few

Journal Club continued...

cases) between a student achieving an “A” or a “B” (or whatever system your school uses). Interestingly, taking pediatrics first had a similar but smaller positive impact on two clerkship subject exam scores as well. Fortunately, none of this had any impact on USMLE Step 2 scores.

So what should we do in light of this information? First of all, this is the experience of only one school. It would be interesting to see if this is the case in other schools as well. If it can be substantiated, then who knows? Maybe we’ll begin to see a national push by students interested in plastic surgery, dermatology, orthopedics, ENT and ophthalmology to take internal medicine as their first rotation! Fortunately Step 2 scores aren’t affected, and they are probably far more important in residency applications.

Given the complexities of their training venues, schedules and preceptors, we all try to do our very best to make every student’s clinical training as fair, consistent and equivalent as we can. Despite this, there will always be issues that arise that make some students feel their experiences are not comparable to their peers. In those cases, all I can say is that “life isn’t fair.”

Editor’s note:

While it is not feasible to place all clerks in an internal medicine rotation first, the authors wonder if specific, beneficial components of an internal medicine clerkship could be taught in an introduction to clerkship course. Which components these are – perhaps clinical decision making or underlying pathology for complex disease – needs to be determined.

Title: Cleland JA, Knight LV, Rees CE, Tracey S, Bond CM. **Is it Me or is it Them? Factors That Influence the Passing of Underperforming Students.** Medical Education 2008; 42:800-809.

Reviewed by: Susan Bannister, MD, University of Calgary, Calgary, AB

What was the study question? Why do preceptors “fail to fail” underperforming students?

How was the study done? Focus groups were carried out at two different medical schools in the UK.

What are the results? The authors analyzed the qualitative data and identified six main themes relevant to understanding the behavior of preceptors failing to fail underperforming students. These are faculty attitudes towards an individual student, tutor attitudes towards failing a student, normative beliefs and motivation to comply, efficacy beliefs, skills and knowledge, and environmental constraints.

What are the implications of these findings? The authors describe the tensions the faculty face as they complete

student assessments – the need to report competence and protect the public vs. the faculty’s need to be fair – and the resulting dissonance the faculty experience. Many faculty feel that is they who have failed in their role as a teacher when they fail a student.

Editor’s Note:

Even though this study is several years old, it offers some important insights into this topic. And – we were heard last year at COMSEP when Maxine Papadakis spoke about her research – concerning issues in professionalism that are identified in medical school are indicative of future lapses in professional behavior. This study highlights the need to support faculty as they make the difficult decision to fail an underperforming student.

Title: Fromme HB, Bhansali P, Singhal G, Yudkowsky R, Humphrey H, Harris I. **The Qualities and Skills of Exemplary Pediatric Hospitalist Educators: A Qualitative Study.** Academic Medicine 2010; 85:1905-1913.

Reviewed by: Susan Bannister, MD, University of Calgary, Calgary, AB

What was the study question? What are the qualities and skills of exemplary pediatric hospitalist educators?

How was the study done? A prospective, multi-institution qualitative study was performed. Pediatric hospitalists who were identified as exemplary were interviewed. Focus groups were conducted with trainees who had recently worked with these faculties.

What are the results? Four themes were identified: teaching skills, personal qualities, patient care skills, and role modeling. Residents and medical students differed in the importance they placed on certain skills. Residents stressed teaching skills and encouraging autonomy while medical students placed more importance on personal qualities (supportive, caring, providing feedback).

What are the implications of these findings? Role modeling was a newly identified quality or skill for exemplary educators that was as important as teaching, personal qualities (enthusiasm, empathy, insight), and patient care skills. This study may assist preceptors in focusing on different things with different levels of trainees – encouraging autonomy with residents and assisting medical students in adjusting to a new learning environment.

Editor’s note:

While this study focused on hospital pediatricians, the qualities and skills identified among this group of exemplary educators are probably similar to exemplary educators in other fields of medicine. This study may assist those in planning faculty development.

Title: Bordage G, Foley R, Goldyn S. **Skills and Attributes of Directors of Educational Programmes.** Medical Education 2000; 34:206-210.

Journal Club continued...

Reviewed by: Susan Bannister, MD, University of Calgary, Calgary, AB

What was the study question? What are the skills and attributes that deans and administrators desire in their educational program directors?

How was the study done? A survey was sent to deans, department heads and chief executive officers in the US and Canada. The survey asked "Assume that you are considering hiring a programme director with major educational and leadership responsibilities at your institution. What educational and leadership skills and capabilities would you like to see in this person?"

What are the results? The nine leading skills were: oral communication skills, interpersonal skills, competent practitioner, educational goal-definition skills, educational design skills, problem-solving and decision-making skills, team worker and building skills, written communication skills, and fiscal manager and budgeting skills. The three leading personal attributes were: visionary, flexible and open-minded, and trustworthy and value-driven individual.

What are the implications of this study? This study identifies the scope of skills and attributes that are desired in directors of educational programs. The list is wide-ranging and demonstrates the scope of work we are asked to lead.

Editor's note:

This study is over 10 years old but the results of this study are still relevant and may be of interest to COMSEP members. The results may assist in identifying areas of professional growth.

COMSEP 2011 Annual Meeting Info

Submitted by:

Aleca Clark AClark@llu.edu

California Dreamin: Educational Visions for the Future!

We are looking forward to the rapidly approaching COMSEP annual meeting in beautiful San Diego, CA from March 3-7th. We are excited to offer a wide variety of topics and the opportunity to work with AMSPDC to move our programs to the next level. The pre-conference workshops have something to offer to everyone – from new directors, to mid career, from coordinators to those who want to take their simulation to the next level (no matter where you are starting!).

Please plan on joining us for one and then hanging out to welcome the new members and reconnect with old friends at our welcome reception. The next days are packed with great workshops covering hot and core topics and a fantastic

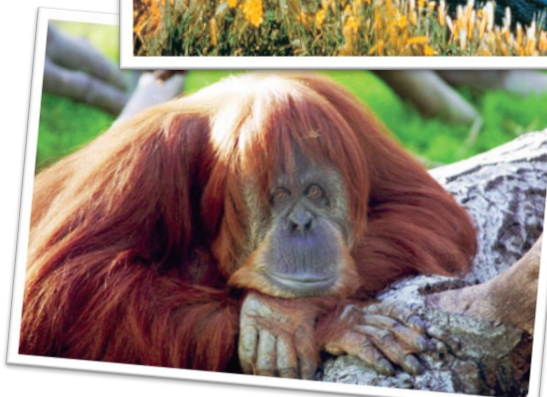
plenary session given by Rhee Fincher, MD. Our day with the Chairs will include a panel of COMSEP/APPD/AMSPDC leaders who will lead a lively discussion.

Our COMSEP dinner on Saturday night will start with a private bus tour around the World Famous San Diego Zoo and then after dinner we will dance under the stars! On Sunday we will celebrate the memory of our dear friends Steve Miller and Rich Sarkin with our annual Fun Run/Walk through the beautiful and unique outdoor art collection on the UCSD campus.

Please plan to join us through the Monday morning sessions which we have planned early enough for everyone to make mid day or afternoon flights back home. Alternately, stay in San Diego an extra few days to take advantage of all that San Diego and its surrounding area has to offer.

If you have not done so already, you can register (late fee will apply past February 2nd) by contacting Jillian Gann at jillian@comsep.org.

An amazing program is waiting for you – don't miss it! We look forward to seeing you in San Diego!



We look forward to seeing you in San Diego!