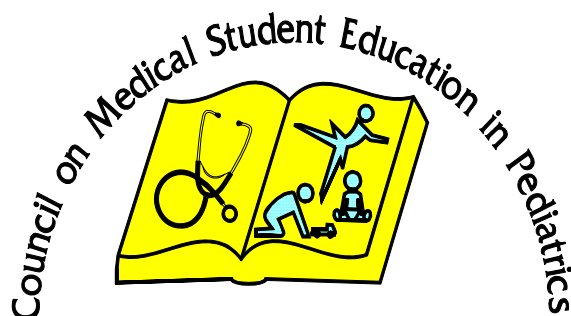


The Pediatric Educator



Volume 16 Issue 2

Summer 2009

Editor:

Paola Palma Sisto, MD
Medical College of Wisconsin
Milwaukee, WI

Comments from the President

Christopher White



Greetings from sweltering Augusta, Georgia! As I learned from my frequent travels as an Army brat and 20 years in the military, every place you live has its really nice seasons and also times of the year that you simply have to endure The spring and fall here are wonderful, but summer in Georgia is something you endure. When I think back on my various military assignments, though, I remember spending two glorious years in Hawaii – it seemed pretty darn nice there the whole time!

Since the last edition of The Pediatric Educator we've had our first ever joint meeting with our colleagues in

the Association of Pediatric Program Directors (APPD). The meeting was a resounding success, highlighted by a fabulous keynote by Ken Roberts, and the first (and likely last) performance by Ken, Bruce Morgenstern, and the amazing Kennettes (including our very own Bill Raszka, Lyuba Konopasek and Robin Deterding). If you missed it, you can catch it on YouTube:

<http://www.youtube.com/watch?v=x4oy37Y9-p4>.



There was lots of productive interaction between members of both organizations during workshops, research presentations, and task force meetings. When it was over many of us were wondering, "Why didn't we do this sooner?"

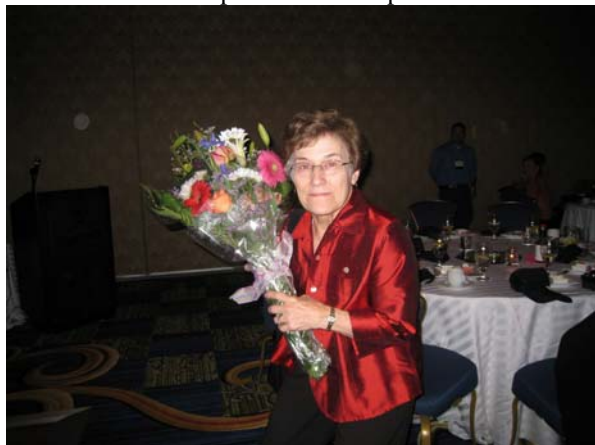


So it looks like we'll be meeting again, but because meetings need to be planned so far in advance, the next opportunity will be 2013 – time and place to be announced. Much thanks to Mike Barone, Bob Dudas and Linda Lewin for hosting a wonderful meeting.



While the focus of COMSEP is our annual meeting, there has been an incredible amount of work going on since we left Baltimore 3 months ago. Some of this you can read in the Task Force Reports that follow. But I wanted to highlight some of them for you here:

From our inception in 1992 until this summer, all COMSEP's meeting planning and administrative support has come from the American Board of Pediatrics. They provided us with two amazing people whom we have come to love and admire over the years: Jean Bartholomew and Lisa Elliott. If you have been to one of our meetings, you have seen these folks in action. Those of us in the leadership have recognized that Jean and Lisa are the glue and the corporate memory of COMSEP; we would be totally lost without their experience and expertise.



Without going into details, due to factors beyond our control it became clear that this arrangement needed to change. On July 1, 2009, we transitioned to a new administrative support structure for COMSEP (and the Association of Medical School Department Chairs, AMSPDC, our parent organization). We are fortunate

to now be supported by Degnon Associates, an experienced organization which also supports the Academic Pediatric Association (APA) and the APPD.

Our two main contacts there are Laura Degnon (laura@degnon.org) and Christy McGinty Levine (christy@degnon.org). I had a chance to meet them in June – they're good folks and committed to the COMSEP's success. We're in good hands.

One huge advantage of having our support from Degnon Associates is that we will now be able to make much more timely changes to our web pages. As of the end of July, our public web page is being managed and hosted by Degnon. The listserv should also transition soon, and hopefully the new 4th year curriculum will be posted in the near future as well. For most of you, the change should be seamless – our web address remains the same:

<http://www.comsep.org/> COMSEP has also had password-protected "Community" pages on its web page filled with members' contact information, curricular materials, etc. For now these pages remain under the old host (InfoStreet), but we hope to have them migrated over to Degnon's server in the near future. The appearance of this part of our web page may change, as the Community structure was unique to InfoStreet. Once this has been done, we hope to be able to update our sorely outdated web pages. If you have any suggestions for material to post or changes to make, please contact David Levine at Morehouse, dlevine@msm.edu, who is our webmaster.

Another exciting development is on the horizon COMSEP is in the process of entering in an agreement with *Pediatrics* to publish a monthly 1-page column. This is a huge opportunity for us to inform the pediatric community about issues and ideas related to medical education, and it will also provide opportunities for scholarship for our members. Bill Raszka, our past-president, has graciously offered to be the first editor for this effort. He will soon be developing an editorial board composed of COMSEP members to ensure that the articles are peer-reviewed and "ready for prime time." By having our own peer-review process, we will not need to have our articles peer-reviewed by *Pediatrics*, although they will all be reviewed by Lewis First, Editor-in-Chief. We're going to be needing contributions, so if you are interested in being part of this process or submitting an article for publication, contact Bill (william.raszka@uvm.edu).

This fall will be our first annual COMSEP survey. Sherilyn Smith has been leading the effort to put this program together. The goal is to have one annual survey for all our members instead of many smaller ones throughout the year. This should help us get a

good response rate (if you only do it once a year, you're more willing to do it). If you would like to survey COMSEP members as part of a research project, contact Sherilyn (ssmit1@u.washington.edu).

A couple of other quick notes: On September 11-12, the Pediatric Educational Excellence Across the Continuum (PEEAC) meeting will be held in Arlington, Virginia. This is a great conference for rising pediatric educators. It is sponsored by COMSEP, the APA, APPD, and the Council of Pediatric Specialties (CoPS). Lewis First will be the keynote speaker and will be presenting a workshop on clinical teaching skills. Many other COMSEP members will also be presenting workshops including Paula Agranati, Mimi Bar-on, Mike Barone, Ann Burke, Lyuba Konopasek, Lindsey Lane, Linda Lewin, Mary Ottolini, Bill Raszka, Laura Smals and me. Workshop topics range the gamut from curriculum development, teaching strategies, feedback, evaluation, problem learner, etc, to developing your educational scholarship. For more information go to: <http://www.peeac.org/>.

The Alliance for Clinical Education (ACE) will soon start on the 4th edition of its "Guidebook for Clerkship Directors." This is an invaluable reference for any clerkship director and is authored by national experts in undergraduate medical education (including many COMSEP members). You can view and/or download it for free at:

<http://familymed.uthscsa.edu/ACE/guidebook.htm>.

Kudos to Bruce Morgenstern, COMSEP President from 2002-4, who has been selected as the Chief Editor for this next edition! By my count there were 66 contributors from 7 national clerkship organizations for the last edition, so I'm sure he'll need lots of folks to help this time around as well. ACE will also be sponsoring a panel discussion at the AAMC meeting in Boston on November 10, 2009. COMSEP will be represented by our very own Jenny Christner. If you're at the meeting, please come by and support her on this panel discussion.

A final word If the economy is hitting your institution the way it is hitting mine, then finances are very tight. Nevertheless, I hope you will still find some way to attend our next meeting in Albuquerque from March 24 – March 27, 2010, at the Hotel Albuquerque in Historic Albuquerque, New Mexico. The University of New Mexico School of Medicine will host the meeting. Our theme is professionalism and our keynote speaker will be Dr. Maxine Papadakis, Associate Dean, Student Affairs, University of California San Francisco. In addition to being an excellent meeting for pediatric educators, there will be

several workshops specifically for clerkship coordinators. The hotel is in the heart of historic Old Town Plaza, within walking distance to numerous shops, restaurants and museums – a perfect venue to reconnect and meet new friends in COMSEP. Our social event will be at the Albuquerque International Balloon Museum – should be fun It will also be our big chance to say farewell to Jean Bartholomew and Lisa Elliott, who will both be attending. You won't want to miss this one!

That's all for now. Hope you have a great summer/fall.

Take care,

Chris
cwhite@mail.mcg.edu



Coordinators Group **Dotty Law Currin, MPH**

Clerkship Coordinators have been working "behind the scenes" to plan for excellent professional development activities at the COMSEP conference in Albuquerque. Chris White and others on the Executive Committee and Planning committees have been most supportive in those efforts and we greatly appreciate their continuing encouragement.

In brief, we will be able to have Clerkship Administrator Certification workshop as a "Pre-conference, half-day (5-hours) workshop" on Wednesday, March 24th; we will have a coordinators' "general" session (2 hours) from 3:45-5:45 on Thursday, March 25th and we will be able to offer workshops of special interest to the coordinators on Friday: 10:15-11:45 and 1:30-3:00, as well as Saturday 9:00-11:00. And of course, the coordinators will be able to choose any of the workshops offered in which they have an interest, depending on the timeliness of their registration and the space available.

On August 20th, six coordinators from several different states attended a certification workshop in Temple, TX; those coordinators will be presenting the results of their required projects during one or two of the morning workshops at the 2010 COMSEP meeting. We expect some of these to be submitted for a poster presentation as well.

Another major goal for the conference is to accomplish a formal leadership structure for the coordinators. We are in the process of updating a mailing list and welcome any information from our members concerning any changes or additions to your clerkship regarding your administrator/coordinator.

We will send more details about coordinator-specific activities in Albuquerque as we get closer to the time.



Task Force Reports

Curriculum Task Force

Submitted by: Lyuba Konopasek and Sandy Sanguino

The Curriculum Task Force continues its work on the sub-I curriculum. We have been working with the Research Task Force on developing an Individualized Learning Plan (ILP) for the sub-I curriculum, as well as a plan for curriculum evaluation. We will be posting the Learning Objectives, ILP, and potential assessment tools in August. Learning activities will be posted in the fall. We are completing the sub-I survey and look forward to sharing the results with you.

Hope you are all enjoying the summer.

Faculty Development Task Force

Submitted by Bob Swantz and Julie Byerly

The COMSEP and APPD Faculty Development Task Forces met together on April 30, 2009 with the goals of sharing ideas to advance faculty development and outlining how the organizations can work together towards this end. After a brief overview of what the task forces had been doing recently, the members divided into four discussion groups. About 20 members participated in a group focused on faculty development resources. Their discussion was directed at identifying available resources, defining how to communicate about shared resources, identifying unmet needs of the organizations, and the role of COMSEP and APPD in this. A group of nearly 30 participants addressed the development of teaching faculty, and talked about how clerkship and program

directors assure that faculty development happens and the role of our organizations in this. Ten members broke out into a third group that discussed mentoring and how directors receive and give that. A fourth group of 9 members focused on showcasing the scholarship of educators, reviewed resources available to assist directors in showcasing their scholarship, and discussed how the organizations can help in this process.

Following the sub-group meetings, the joint Faculty Development Task Forces brainstormed potential areas of collaboration and agreed on three key goals. For 2009-10 the priority areas of collaboration between the 2 organizations with regard to faculty development are to:

- 1) share resource lists by providing APPD Share Warehouse access to COMSEP members and upload materials from the COMSEP webpage to the Share Warehouse,
- 2) extend an invitation to COMSEP members to attend regional meetings of APPD, and
- 3) create a list of core faculty development topics and work towards developing instructional modules for APPD and COMSEP member use.

The COMSEP Faculty Development Task Force met on May 1, 2009 to follow up on topics from the combined task force meeting and to work within subgroups to generate ideas for the 2010 meeting.

Mentoring – Bill Wilson and Aleca Clark

The Mentoring program, which matches new clerkship directors with a “seasoned” COMSEP member, will continue in 2010. The workgroup will be exploring, with next year’s meeting organizers, the potential of incorporating more structured sessions (lunch, dinner, etc.) for networking and discussion of common topics. There was interest in conducting a survey of past members to ascertain “Where are they now?”

Community Faculty – Harold Bland

The Community Faculty workgroup has developed a needs assessment tool for clerkship directors to gather information from community preceptors. They are looking to develop a “Top 10” list for what every CD and teaching faculty member needs to know and a “Tool Box for Community Preceptors.” They brainstormed about the development of a CLIPP-like resource for educators, to teach community faculty how to teach.

Workshop Planning – Mike Barone

The Workshop Planning group, which is involved in organizing workshops for the annual meetings,

discussed a number of process and content issues. The group is interested in creating a RFP for workshops based on topics identified at the task force meeting, developing a means of facilitating/linking presenters, and publicizing the roadmap for all membership,

Resources – Jenny Christner

The Resources group will be focusing on helping to re-design the website to be more useful for sharing resources, and creating a list of useful weblinks. They are interested in developing a regional list of faculty development topics and experts, to match with a similar resource in APPD.

Educator Portfolio/Individual Learning Plan –

Rashimi Srivastana and Karen Marcdante

This workgroup combined with Mentoring and Workshop Planning for the COMSEP meeting.

Annual Report – Bob Swantz

The next annual report of members' scholarly activities will be distributed at the joint meeting with AMSPDC in 2011. The plan for collecting information, via electronic submission, will be finalized and presented to the membership at the annual meeting in Albuquerque.

Thanks to all who attended the task force meeting and participated in the lively discussions!

Learning and Technology Task Force

Submitted by Pradip Patel

Both large and small group discussions transpired between the members of the LTF from AAPD & COMSEP during the combined session. Items of shared interest and the questions that arose from these discussions included:

Electronic Health Records and Medical Education

- Will EHRs destroy education? Will students and residents be able to do a history/exam vs. a check-off list? USMLE requirements?
- How do you provide oversight, grade, and evaluate on-line charting?
- Do we block student access altogether?
- Are EHRs mostly for billing documentation?
- ACE research committee is preparing survey on this issue. Research committee

Chair, Maya Hammoud, is working on panel discussion for ACE plenary at AAMC.

- Should COMSEP and/or APPD draft a possible policy statement?
- Will the government establish a universal EHR-or establish a standard for EMRs to communicate and what will that mean for medical student education?
- New COMSEP member Soumya Adhikari (soumya.adhikari@childrens.com) will help by coordinating this effort for COMSEP along with APPD Task Force leader Joel Forman (joel.forman@mssm.edu)

Webpage storage of resources

- COMSEP will be changing webhosting companies with the change of administrative support to Degnon and Associates. LTF former Task Force Leader and COMSEP President Chris White represented us in a June meeting.
- As this transition occurs, all current COMSEP web pages will be reviewed. We will be reviewing what the membership feels are the essential items that should be populated on the COMSEP webpage.
- As COMSEP transitions to its webpage, we will still need a repository with member-developed materials for dissemination. Should we consider alliance with the Share Warehouse from APPD?
- David Levine (dlevine@msm.edu) from COMSEP will continue in the capacity of webmaster as COMSEP goes through the transformation and will investigate synergy with APPD resources.

Simulations that work for medical students and residents along the continuum

- CLIPP/eCLIPPs, Pederalink resources, SP's/Simulated patient encounters are but a few; what other examples are being utilized?
- Should we have a simulations continuum curriculum?
- Bob Drucker (robert.drucker@duke.edu) from COMSEP and Franklin Trimm (rftrimm@usouthal.edu) will coordinate this initiative.

Social Networking

- When is it proper to engage a student/resident on Facebook, Twitter, or Myspace?
- What are the boundary issues?
- What if a learner is critical of the program?
- Do residency programs look at social networking pages to glean more info about candidates? Should they? Should they if not invited?
- What guidelines should be given to students about professionalism on the sites?
- How can a medical school create a safe, professional site that has added value
- Denise Fitzsimon-Hawkes (denise.fitzsimon@ttuhsc.edu) and Abhay Dandekar (Abhay.Dandekar@kp.org) will lead this working group.

COMSEP LTTF Leadership

- Pradip D. Patel and Anton Alerte will remain and be responsible for the projects and running of the Task Force meetings.
- David Levine will slowly transition off as a co-leader, but will continue as webmaster during the administrative transition of COMSEP and likely for a while afterward.
- Bruce Morgenstern also will continue in his important role as listserv moderator.

Technology and COMSEP in the future

We are looking forward to going green! For the 2009 meeting, we wanted to have online registration and meeting materials provided in an electronic format, but this became cumbersome because of the combination with APPD. Abstracts and workshop proposals have already been submitted electronically, this year. For the 2010 meeting in New Mexico, we should be able to have everything electronic and meeting materials on usb drives.

Evaluation Task Force (ETF)

Submitted by: Scott Davis and Starla Martinez

We had a very productive meeting in Baltimore where we made great progress toward finishing the project begun two years ago. We are defining “minimal acceptable achievement” for students for each of the

skills portions of the COMSEP Curriculum by group input and consensus-building. The final document will be a living document that will need frequent review and revision as student needs and educator expectations change, so there will be a need for on-going support by the ETF. The remaining sections are being put in final draft form as follows: Genetics and Dysmorphology, and Behavior (Jon Gold); Therapeutics (Annalisa Behnken); Poisoning, and Pediatric Emergencies (Jenna Ross); Health Supervision (Karen Wang); Prevention (Lisa Martin); and Issues Unique to Adolescents (Leslie Quinn). After the final draft has been reviewed by the ETF members, it will be sent to the larger COMSEP group for comment.

The leadership team will expand to include Gwen McIntosh over the next year, and following that we will begin a more structured leadership transition plan that will include a 4 year term for each position, with staggered starts such that there will always be at least 2 co-chairs of the ETF.

Research and Scholarship Task Force

Submitted by: Jan Hanson and Linda Tewksbury

The Research and Scholarship Task Force enjoyed energetic, enthusiastic sessions at the COMSEP/APPD meeting in April/May, and we have been busy since! We have held two conference calls to make plans for the coming year, and we have communicated with the co-chairs of the APPD Research Task Force as well. We are also celebrating our recent acceptance by MedEdPortal of plans for the workshop that this task force developed and presented on the scholarship of application. We hope to get a small group of people working together to help each other prepare individual submissions for MedEdPortal; please contact Jan if you would like to join this group.

For the coming year, we submitted proposals to PAS for the workshop on the scholarship of application and for a new workshop on designing qualitative research. Both workshops represent collaboration among several members of our task force, along with several members of the APPD task force, so we are moving forward with our new partnership. We are also developing plans for two new workshops for the 2010 COMSEP meeting, and we hope to have time to gather the plans from years past for the workshops that have emerged from this task force.

The Research and Scholarship Task Force and the

Curriculum Task Force have a robust collaboration in motion to plan and implement an evaluation of the new Sub-I/Fourth Year Curriculum. Please watch for more information about this—and definitely let us know if your school would like to participate in this evaluation. We expect to finish a protocol by early September. In early January, we will issue the call for abstracts for the 2010 meeting, using the revised review form that we developed last year. Once again, we will provide written feedback for everyone who submits an abstract, as well as written feedback for all those who present a poster at the meeting, so submitting an abstract is a good way to hone your skills. We have a great group of people ready to review the new abstracts—so go ahead and start planning yours now!



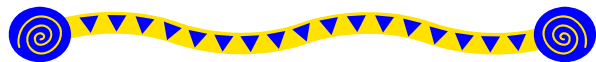
COMSEP Webpage Report

Submitted by: David A. Levine, COMSEP Webmaster

We are excited about the opportunities to improve the COMSEP website now that control of the information is under the supervision of Degnon and Associates. Thanks to Christy McGinty-Levine, Raymond Choi, and Dave McDonald for working hard on this transition.

While the public webpages look identical, they are now located on the Degnon and Associates server. Chris White felt there was a more brisk response time in going through the website, before he knew about the change. We will begin editing the public pages and get them back up to date, with the assistance of our web-editing board of the Learning Technology Task Force.

Currently, the password-protected library and the listserv are still with our old hosting company, Infostreet, until the technology is worked out at Degnon. The listserv has been busy lately with some excellent discussions. If it will be down during any transition, we will let you know. And of course, thanks to our dedicated listserv moderator, Bruce Morgenstern, for assisting in the transition of that important avenue for communication with our members.



Opportunities Corner

Medical Education Consulting Services

As clerkship director, is one of your goals to offer medical students the best educational experience they have had in medical school? Are you invested in making the clerkship learner-centered and grounded in adult learning principles? Are you interested in your clerkship running more smoothly administratively? If the answers to these questions are 'no', read no further. If 'yes', I would like to offer consulting services that will help you build or reinforce a more successful clerkship, potentially attract more students to Pediatrics, enhance your evaluations and improve the way your clerkship functions administratively. How would I do this? I was clerkship director at Children's National Medical Center for 22 years, former president of COMSEP and former chair of the Northeast Group on Educational Affairs (part of the Association of American Medical Schools). Our clerkship won the APA outstanding teaching program award in the early 90s and many of the same learner-centered innovations I established are still in place. I have also published extensively about the clerkship and 4th year experiences to try to make the curriculum more evidence-based. (CV available on request). In fact, I have won the APA Ray Helfer award three times for outstanding research in medical education. Because my responsibilities included 60% time in clinical care and leadership in a number of educational areas (founded Office of Medical Education, Designated Institutional Officer re: resident and fellow education, founded and oversaw CME, ran the clerkship and 4th year program and facilitated faculty development), I developed a strong administrative support system to allow me to reflect on my work and build a dynamic curriculum, in synch with what was happening educationally. Since 2000 I have downsized and am spending my time consulting around faculty development, including undergraduate and graduate education. If you are interested in speaking further about options, feel free to contact me at Larrie_greenberg@hotmail.com or 301-983-2556

Educational Scholars Program: Excel as an Educator

The Educational Scholars Program (ESP), sponsored by the Academic Pediatric Association, is recruiting a new cohort of scholars to begin the program in May 2010. For those aspiring to educational careers that are built on a strong foundation of scholarship, consider an application to the ESP this year. A cohort of 18

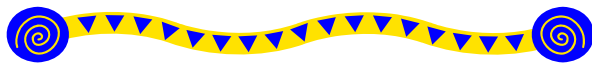
scholars from any pediatric discipline will be selected in the fall of 2009.

The ESP is a three year faculty development program which includes didactic and interactive activities, and experiential learning through completion of a mentored educational research or evaluation project. All participants who complete the required activities, including a peer reviewed publication or presentation on a completed project, receive a Certificate of Excellence in Educational Scholarship at the conclusion of the program.

The online application website is now open, and applications will be accepted until Oct 9, 2009. The application includes a personal statement, a 2-page project proposal, your CV, letters of reference including one from your mentor, and a guarantee by your supervisor of 10% time protection and a \$5000 enrollment fee. New scholars will attend the ESP program session at PAS on the final day of the meeting each year from 2010 - 2012. The first meeting is scheduled on Tuesday, May 4, in Vancouver BC.

Some project topics from previous scholars:
Conflict Resolution in the Medical Setting: A Model for Medical Student and Resident Education
An intervention to improve communication and interpersonal skills for pediatric hospitalists, residents and medical students in an inpatient teaching hospital.
Transition to Internship (TIP): Improving 4th year Medical Students' Verbal Presentation Skills

The ESP is described in more detail at http://www.academicpeds.org/education/education_faculty_dev.cfm For information about applying to the program in 2009, contact Connie Mackay at connie@academicpeds.org.



Book Club/Journal Review

Legend: WVR = Bill Raszka

Article: White, BW, Ross PT and Gruppen LD. Remediating Students' Failed OSCE Performances at one School: The Effects of Self-Assessment, Reflection, and Feedback. *Academic Medicine* 2009;84:651-654

Reviewer: Margaret Clark-Golden MD

MPH. SUNY Downstate College of Medicine. Brooklyn, NY

What is the problem and what is known about it so far?

Most schools now use some sort of summative multi-station OSCE as a graduation requirement, and have struggled with how to remediate students who fail. Remediation methods vary across schools, but all of them tend to put intensive demands on faculty time.

Why did the researchers do this study?

Since self-assessment is a sine qua non for self-directed learning, these researchers sought to measure whether a carefully structured program of self-assessment for students with poor performance on the summative OSCE could be effective in improving their subsequent performance on a re-exam.

Who was studied?

Students failing one or more of the 7 SP stations on the 13-station OSCE required of University of Michigan students at the beginning of the 4th year. The SPs grade the students at each station. In addition, students score themselves after each station.

Students must pass each station in order to graduate; failing students must re-take and pass any failed station.

How was the study done?

Students who failed a station were required to do an Intranet-based self-assessment remediation exercise before retaking that station. (For most SP cases, there were 2 versions of the case.) The remediation had 4 elements:

1. review of station-specific articles/resources
2. viewing a video of an excellent student performance for that station
3. viewing of the student's own recorded performance
4. reflection, in writing, on the differences between the two performances.

For students whose score was more than one standard error below the pass mark, the remediation also included written personalized feedback on the student's video from a faculty member.

What did they find?

42/173 students failed 1-3 stations; mean scores on the failed stations was 53.4 vs. 77.5 for passed stations. The self-assigned score was approximately 83 for all takers; which was close to the SP rating for the stations passed on the first try, but 30 points too high for the

stations failed initially. Thirty-seven cases were “self-remediated” (mean score 55.9) and 20 cases were also “faculty remediated” (mean score 48.6). All students passed the failed station on the second attempt, with significant increase in scores (80.5 for the “self-remediated” and 77.4 for “faculty-remediated”).

What are the limitations of this study?

Although this study suggests that students, given a well structured self-directed exercise, can improve their performance in a complex task (an SP encounter), it cannot answer whether there is any value added to getting personalized written feedback from a faculty member. (Maybe one could **now** randomize the students with performance in the “needs improvement range” to have faculty feedback or not, and compare scores, accuracy of self-assessment, or some other measure.)

Questions remain about what the improved performance means: the second trial was with a partially known encounter—a patient with the same chief complaint, even if the case was different in some details.

What are the implications of this study?

As important as self-assessment is for adult learners, and as much as we rely on it, self-assessment can be seriously flawed. The researchers demonstrated how the lowest performing students vastly overestimated their own skills. Learners need to “know what they don’t know.”

The good news is that self-assessment and reflection— even without faculty feedback—can significantly improve a student’s performance on a defined clinical encounter—at least for students with performance in the range of “needs improvement.” This study doesn’t tell us if the students with the weakest performances could have passed the retake without faculty feedback; it would not have been ethical to do such a study when this project was undertaken, but it might be possible to do so now.

This study actually points us in a very important direction, because all 173 students did get feedback on the accuracy of their self-assessments. And the self-directed remediation process did more than “prep” the student to pass the re-test. I believe it spelled out the expectations in sufficient detail for even weaker students to apply themselves to mastering those expectations. It’s hard to define clear expectations for clinical learning; when we try to do so, the resulting documents consume reams of paper. But to provide

detailed expectations for one or more types of encounters may model to students how to do the same thing for themselves with new, previously unknown types of clinical problems.

Ed note: I have yet to meet an educator who does not love the concept of self-reflection. Alas, I have met few medical students who feel similarly. This study proves yet again that the lowest performing students are most likely to overestimate their own skills. Getting feedback on their self-assessment skills may be one step in stimulating greater student interest in this critical skill. (WVR)



Article: Paul CR, Devries J, Fliegel J, et al. Evaluation of a Culturally Effective Health Care Curriculum Integrated into a Core Pediatric Clerkship. *Ambulatory Pediatrics* 2008;8:195–199

Reviewer: William Raszka, MD
University of Vermont

What is the problem and what is known about it so far?

The LCME mandates that students demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness. Although several curricula for culturally effective health care (CEHC) have been developed, most are dedicated to the pre-clinical years with limited outcome data. Few CEHC have been integrated into clinical practice.

Why did the researchers do this particular study?

Investigators in Michigan sought to evaluate a CEHC curriculum integrated into the clinical experience of third-year Pediatric Clerkship students.

Who was studied?

Third year medical students on the 6 different blocks of the pediatric clerkship students during one year were studied.

How was the study done?

After content review, the CEHC curriculum was divided into three units one of which was incorporation of CEHC into patient care. Only the application of CEHC in direct patient care was evaluated. The patient care module consisted of six subunits two of which were folk illness and communication. Folk illness was defined as a culturally constructed diagnostic category often in conflict with biomedical paradigms. The

proper use of medically knowledgeable translators was emphasized in the communication subunit, which also explored how mediation of gender and modesty can be a key element in successful communication. A total of 22 students were in the intervention group at a community hospital where CEHC was incorporated into daily practice and 69 completed a standard clerkship at the main teaching hospital. Instructional methods in the intervention group included lectures, role playing, rounds with the hospital's transcultural nurse and the use of students' real-time patient cases during rounds and clinic. Knowledge and attitudes were measured at the beginning and end of the clerkship while skills were measured only at the end.

What did the researchers find?

Students in the intervention group demonstrated significantly higher gains in the knowledge scores (42% vs. 5%, observed role modeling (85% vs. 31%), self-perceived skill (82% vs. 19%), and attitude (21% vs. 0%) but not in self-perceived knowledge. The intervention group performed significantly better in a three station end of clerkship OSCE addressing gender/modesty, communication, and folk illness.

What were the limitations of the study?

The study did not seem to span an entire academic year but only a portion. A limited number of students (only 22 in the intervention group) participated. Selection bias could have been introduced as students were not randomly assigned to sites. We also do not know the demographics of the students participating vs. those not.

What were the implications of the study?

This study shows that a multifaceted curriculum stressing a general approach to applying principles of CEHC in clinical practice can successfully be incorporated into a pediatric core clerkship with excellent, measurable outcomes. One of the most important aspects of the study is the observed rate of role modeling in the intervention group. While CEHC principles can be taught, to become integrated into daily patient care, it needs to be demonstrated by faculty in real-time clinical practice.

Ed note: The good news is that this CHEC curriculum could be incorporated into the clerkship experience. I was, however, struck by the fact that the curriculum was not incorporated into the experience at the main teaching hospital but rather the community hospital. The major teaching hospitals or sites often have too much inertia, cultural baggage, or faculty resistance to be able implement innovative programs such as this. (WVR)



Article: Jackson MB, Keen M, Wenrich MD, Schaad DC, Robins L, Goldstein EA. *J Gen Intern Med* 2009; DOI: 10.1007/s11606-009-1032-7 (print citation not available as of 7/13/09). Impact of a Pre-Clinical Clinical Skills Curriculum on Student Performance in Third-Year Clerkships.

Reviewer: Chris White, MD

Medical College of Georgia

What is the problem and what is known about it so far?

Increasingly clinical skills are being introduced and taught in the pre-clinical years. The University of Washington has developed a comprehensive longitudinal program (The "Colleges") to teach fundamental clinical skills to 2nd year medical students.

Thirty-six faculty mentors meet weekly with six students throughout their 2nd year. By the end of the year, each student has interviewed, examined, and made a bedside oral presentation on six hospitalized patients under the supervision of his/her mentor. The student also presents the patient to his/her colleagues and demonstrates physical exam findings so that by the end of the year, each 2nd year student has heard bedside presentations and observed physical exam findings on an additional 30 patients. This program requires significant faculty time and resources. The impact of this effort on student clerkship performance is unknown.

Why did the researchers do this particular study?

The impact of new curriculum changes can be difficult to show. The authors hypothesized that the Colleges curriculum would result in improved medical student performance in their 3rd year clinical clerkships in the areas stressed by the curriculum (communication, history-taking, physical exam, oral case presentations, preparing write-ups).

Who was studied?

Six classes of UW third year students were studied: three classes before and three classes after the implementation of the new curriculum.

How was the study done?

The authors conducted a non-randomized, retrospective review of student performance evaluations from 3rd year clerkships before and after the implementation of the new curriculum. All third year students who advanced directly to the 3rd year

clerkships were included (students taking time out to get an advanced degree such as a PhD were excluded).

Student clerkship performance was measured by a standardized clerkship evaluation form covering 12 clinical skills domains (problem-solving ability, data gathering skills, technical communication skills, procedural skills, communication skills, relationships with patients, professional relationships, educational attitudes, initiative and interest, attendance/preparation, and dependability). Students were rated on the form by faculty and residents using a Likert scale (1-7). The same evaluation form was used in all clerkships throughout the study period. The mean scores for each class in each of the domains in each of the clerkships were compared.

What did the researchers find?

Students participating in the Colleges curriculum achieved statistically higher clerkship performance evaluations in 9 of 12 clinical skills domains in their Internal Medicine clerkship compared with students in the clerkship before the introduction of the new curriculum. The largest effect sizes were in the domains of educational attitudes, patient relationships, and communication skills. Students also had higher evaluations in 3 of 12 domains in Surgery, and 1 domain in Pediatrics and Family Medicine. However, students had lower evaluations in 2 domains in Family Medicine, 1 domain in Psychiatry, and no changes in any domains noted in Ob/Gyn.

What were the limitations of the study?

For reasons that are not clear, not all student evaluations were included in the analysis – the authors state that, “. . . for most years and clerkships, the data represent well over 90% of the class.” Also, clerkship evaluations do not measure the entire range of student performance. Because the numbers were quite large, the statistical differences (about 0.1 points higher on the Likert scale in the post-Colleges classes) may not be as educationally significant as one would think. For example, the change in the domain of patient relationships improved from 6.59 to 6.7 on a scale of 1-7. Finally, most of the patients used for clinical skills training in the Colleges curriculum were adult patients on the general medicine wards, and 1/3 of the Colleges faculty are internists. Thus, although the clinical skills taught should be generalizable to all disciplines, it is not surprising that the greatest impact was seen on the Internal Medicine clerkship.

What are the implications of the study?

This study represents a nice effort to learn the impact of a major curricular change on student performance. It is a bit disappointing that a major impact was only

seen in Internal Medicine. This may be related to the limitations of the evaluation method used. Other medical schools have developed similar “colleges” in their preclinical curriculum, yet there are few published studies showing the impact of such interventions. At the Medical College of Georgia, we teach pediatric physical diagnosis using a similar model, limiting each 2nd year student’s experience with a pediatric mentor to 2 pediatric patients and a newborn infant. We think it is making a difference, but we also struggle with how to measure the impact of our efforts on the clinical skills development of our students.

Ed note: This is always a killer. We spend oodles of time developing and implementing a really cool and valuable intervention and find, much to our dismay, that we cannot either design the right assessment or that we cannot prove that we have made a difference. While the old saw, “good students in, good students out” may be true, we need to continue to encourage this type of outcomes driven research. (WVR)



2010 COMSEP Meeting: March 24-27, 2010

Mark your calendars now for the 2010 annual COMSEP meeting to be held March 24 – March 27, 2010 at the Hotel Albuquerque in Historic Albuquerque, New Mexico. The University of New Mexico School of Medicine is honored to be the

program host. Our theme is professionalism and our keynote speaker will be Dr. Maxine Papadakis, Associate Dean, Student Affairs, University of California San Francisco. This will be a great opportunity to meet new friends, reconnect with colleagues in COMSEP, learn new skills, and say goodbye to Jean Bartholomew and Lisa Elliott, who have supported our organization for many years. The Hotel Albuquerque is in the heart of historic Old Town Plaza, within walking distance to numerous shops, restaurants and museums. You will have the opportunity to explore the Plazas over 400-year history. The hotel provides guests with a blend of New Mexico's Pueblo, Spanish Territorial and Western influences. Our group social event will take place at the Anderson Abruzzo Albuquerque International Balloon Museum, which showcases the adventurous spirit and achievements of balloonists from around the world.



A Few More Memories...

