The Pediatric Educator
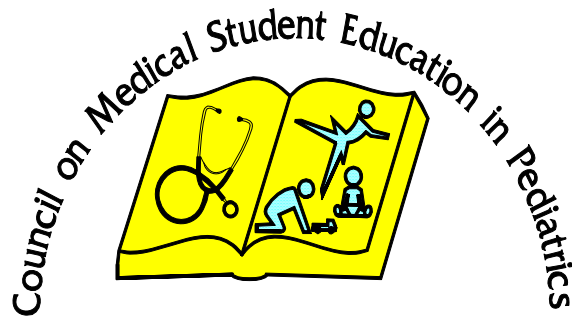
Editor:
Paola Palma Sisto, MD
Medical College of Wisconsin
Milwaukee, WI

Comments from the President
Bill Raszka

Greetings;
I hope all of you are well. Well, it certainly has been a fast-paced and volatile year. Since my last missive, we have experienced an economic meltdown, saw an academic medical center devastated by a natural disaster, elected a new President, and watched Judy Rowan appear on Jeopardy. Whew. I hope that all of you, your patients, and programs are surviving.

As an organization, COMSEP has been busy. Two of the biggest ventures for the organization have involved first-ever joint national meetings. For the first time ever, COMSEP will meet at the same time as our

colleagues in the Association of Pediatric Program Directors (APPD). This joint COMSEP/APPD meeting has been a pipe dream of many wonderful Pediatric educators for a number of years. I must say that the program looks wonderful. We will meet independently and then meet together for one day. Our joint session day, which will take place in the convention center, will be packed. Ken Roberts will give the Miller/Sarkin lecture and we will hear an update on the sub-I curriculum. We will have joint Task Force meetings, joint research presentations, combined workshops, and a combined poster session that begins late in the afternoon and continues into the evening. Many, many thanks go to Michael Barone, Bob Dudas, and Linda Lewin for agreeing to host this event and the efforts they have put into making the meeting a success. We cannot thank Lisa Elliott and Jean Bartholomew enough for all that they have done. Putting together a joint meeting that needs to be coordinated between COMSEP, APPD, and the PAS is remarkably daunting. If not for their perseverance, insight, and hard work, this meeting would never have come to pass.

I also want to thank the members for the hard work that went into the abstract and workshop submissions. We had a tremendous number of high quality materials submitted for presentation. It was a shame that some had to be turned down given our space constraints at the hotel and the convention center. It is a testament to the strength of the organization that so many members submitted such great material and participated in the review process.

I hope that many of you will join us for our first ever

Richard Sarkin Fun Run/Walk through Baltimore. Rich was a vociferous advocate for open time during the COMSEP meeting so that members could mingle and exchange ideas and good times. He is the reason that at least part of one afternoon is left open for doing something fun with your colleagues. We will be selling T-shirts for participants (although you do not have to buy a T-shirt to join the fray). Any money made by the selling of the T-shirts will be used to help fund our Grants Program.

COMSEP is also a co-sponsor of a new education meeting, the *Pediatric Educational Excellence Across the Continuum* (PEEAC) Conference, jointly sponsored with the APPD and the Academic Pediatric Association (APA) and supported by the Council of Pediatric Subspecialists (CoPS-the fellowship directors). Scheduled for September 11 and 12, 2009 in Arlington, VA, PEEAC is the first conference jointly sponsored by four major organizations committed to Pediatric Education. The idea behind the conference is to support educators who have responsibility for day to day teaching but may not necessarily be fellowship, program, or clerkship directors. Any interested pediatric educator, including but not limited to hospitalists, subspecialty fellowship educators, as well as continuity and ambulatory clinic and clinical preceptors are welcome. Regardless of level of experience or expertise, attendees will learn valuable skills.

While PEEAC attendees will not be restricted to a single thematic group, we will have three concurrent educational themes: curriculum development, assessment, and teaching strategies. The fourth theme, which is interwoven throughout the others, is scholarship. The PEEAC faculty consists of faculty from all the representative organizations. Lewis First from the University of Vermont will be the plenary speaker and leading workshops. The leadership of the sponsoring organizations is very excited not only by the collaborative work that went into this project but the excellent educational opportunities it affords. I hope that many of you will be able to attend PEEAC.

On other fronts, Lyuba Konapasek and Sandy Sanguino, and the Curriculum Task Force have continued their work, jointly with members of the APPD, defining the competencies for the sub-I curriculum and developing learning strategies and assessment tools. A regional meeting was held in November to work out more details. We hope to present the findings for comment at the Combined Session Day with the APPD. Starla Martinez and Scott Davis with members of the Evaluation Task Force

have been busy defining evaluation tools for specific skills. Janice Hanson, Linda Tewksbury, Sherilyn Smith, and the rest of the Research and Education Task Force put in a huge number of hours evaluating the research presentations and giving feedback on all submissions. I do not know of many other organizations that put so much effort into feedback for their members. I want to thank the Faculty Development Task Force led by Bob Swantz, Michael Barone, and Julie Byerly who reviewed all the combined session and COMSEP only workshop submissions. Thanks also to Janet Fischel and her team who have been busy reviewing the grant applications and again giving feedback on the submissions. Finally, thank you Paola Palma Sisto for taking over as the *Educator* editor.

When I first became President of COMSEP we had hoped to develop a strategic vision of where we wanted to be in both the short and long term. We began that process but temporarily halted that as our parent organization, the Association of Medical School Pediatric Department Chairs (AMSPDC) also began a re-organization process looking at their vision, mission, and strategic plan. A stimulus for this has been the recognition that Jean Bartholomew will eventually retire. I know that is a bit of a shock as Jean just seems part of COMSEP but it is true, Jean will, in the near future, retire. This has been something like a bolt of lightning to both AMSPDC and COMSEP as Jean is actually supported by yet another organization, the American Board of Pediatrics. Hence, when she retires, both AMSPDC and COMSEP will need to have an organizational structure in place to provide support, meeting planning, and most likely, technology support. AMSPDC has been very open with COMSEP about the reorganization. Chris White and I have been meeting with the leadership to develop a needs assessment and long term plans. We will continue to meet with the AMSPDC but not as frequently. Our next combined meeting will take place in 2011.

What does this mean for COMSEP right now? A key result is that we opted not to develop long-term relationships with vendors to support electronic registration, databases, and management services until we are confident in which direction the re-organization will take place. Hence, we were not able to offer electronic registration this year for the 2009 Annual Meeting. I am sorry as I had really hoped to be able provide this service but it seemed prudent to wait one more year. Regardless of what structural changes AMPSDC makes in the next few months, COMSEP as an organization remains committed to the education of our members, scholarship, and collaboration with

individuals and groups working with undergraduate, graduate and continuing medical education.

That's all for now. I cannot wait to see you in Baltimore. Take care.

## Coordinators Group
Dottye Law Currin, MPH

The Pediatric Undergraduate Medical Education Coordinators (PUMEC) have been communicating throughout the year and are still strongly committed to becoming a more active and resourceful group within COMSEP. Because of the very crowded schedule with the combined COMSEP/APPD meetings this year as well as the premium on meeting space, the coordinators group will not have any *formal* workshops or events in Baltimore. However, there will be several informal gatherings. The most likely opportunities for these gatherings are Tuesday evening, Wednesday at lunch/ mid-afternoon, Thursday dinner, or Friday breakfast. Notices will be posted at the registration desk and a phone number for coordinators to call while at the conference will also be posted. Please email dcurrin@wfubmc.edu for more information about this.

In the meantime, we are continuing our goal to officially establish a working group of administrators/coordinators within the COMSEP organization. We have already reserved time for a pre-conference half-day workshop at the 2010 meeting in New Mexico (on Thursday morning, March 25th). We hope to have other workshops throughout the 2010 conference as time and space will allow. We very much appreciate the continued support of medical schools from across the country (and in Canada!) as well as that of the COMSEP Executive Committee and membership. The goal of the PUMEC is to provide a venue for education, professional development, and networking in a national forum for the primary support staff in pediatric undergraduate medical education.

Our three subcommittees are still working to
- Define formal organizational structure for clerkship coordinators with COMSEP
- Plan a certification workshop for interested participants to be offered during 2009 (currently available at the CGEA meeting in Rochester, MN in late March)
- Planning of Coordinator Programs, Workshops, Posters and Events for COMSEP 2010
  Possible topics include

- Education research in collaboration with clerkship directors
- LCME guidelines
- Changes from the NBME
- Management of student records and documentation
- Understanding the COMSEP competencies and how they are important to clerkships
- How CLIPP cases are being used at various medical schools
- Certification versus licensing versus informal designations for coordinators and administrators
- Brainstorming on similarities and differences in member clerkships and developing resource guides
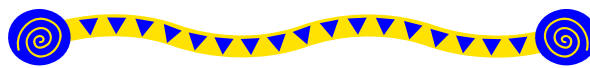
Task Force Reports

Curriculum Task Force

Lyuba Konopasek and Sandy Sanguino, Co-chairs

The Curriculum Task Force has been hard at work on the Sub-I Curriculum. We've are enjoying collaborating with our colleagues at the APPD on this. In November we had a mini-retreat in New York City with Bill Raszka, Laura Smals, TJ Jirasevijinda, Jen Koestler, Sue Bostwick (APPD) and Andrew Mutnick. We got an amazing amount accomplished and had a lot of fun. We have also been working on the curriculum on a wiki site with the members of our task force divided into competency groups. Lavjay Butani, Lisa Leggio, Laura Smalls, Jamie Fox, Greg Toussaint, Mike Dell, Mary Ottolini and Antoinette Spoto-Canons have done a wonderful job leading these groups. We'll be working on developing learning activities and assessment methods in the upcoming months. We will also be working with the Research Task Force on evaluating the impact of the curriculum. We invite any of you who are interested in working on this project to join us. If interested please contact Lyuba at lyk2003@med.cornell.edu or Sandy (ssanguino@northwestern.edu).
Cheers, Lyuba (Konopasek) and Sandy (Sanguino)

Faculty Development Task Force

Submitted by Bob Swantz and Julie Byerly

We continue to concentrate our efforts within the five primary working sub-groups established 2 years ago. These groups and their leaders include: Mentoring (Bill Wilson), Community Faculty (Harold Bland), Educator Portfolio/Individual Learning Plan (Rashmi Srivastana), Resources (Jenny Christner), and Workshop Planning (Mike Barone). These groups will get together again at the Annual Meeting.

The Workshop Planning group has been especially busy over the past few months preparing for our next annual meeting in May in Baltimore. Mike Barone, along with Bill Raszka, our faculty Development Task Force leadership (Julie Byerley and Bob Swantz), Bob Dudas, and Linda Lewin have participated in reviewing/evaluating workshop abstract submissions for the joint APPD/COMSEP and COMSEP only meeting. A total of 48 workshop proposals were submitted for primary consideration in the joint session, and 10 for consideration in the COMSEP only meeting. Workshop proposals were evaluated using a standardized 7 item rating tool developed by the FDTF. Also, workshop content was assessed against the "Roadmap" to ensure variety and applicability of the topics. There were many excellent proposals and decisions were made to fill a total of 14 and16 workshop slots in the combined and individual meeting, respectively. Announcements regarding selection of workshops are forthcoming.

The Roadmap was a project spearheaded by Leslie Fall and the FDTF several years ago to create an outline of faculty development topics. This was meant to be a spring board for workshop ideas, to be a framework to categorize proposals, and to be a means of inventorying completed workshops. This inventory of past workshops was recently updated to include the 2008 meeting and all of this information is available on the COMSEP FDTF webpage.

The Mentoring Program will again be led by Bill Wilson. In the spring he will send out a call for COMSEP members to volunteer to be mentors or to get matched with a mentor at the April meeting. This is a fun way to get to know each other and pass on clerkship director wisdom.

Each of the other sub-groups submitted workshop proposals for the annual meeting. We look forward to a wide variety of topics to address your Faculty Development needs.

Learning and Technology Task Force

Submitted by David Levine

Leadership
LTTF welcomes Dr. Pradip Patel as our new co-Director. Anton Alerte and David Levine will continue on in leadership. David will continue as webmaster. Bruce Morgenstern also has an important part as listserv moderator. Having moderated the list when Bruce was on vacation, it is a large task that requires his attention, nearly every day. Thanks so much to Bruce for his assistance!

Learning Technology has had a quiet "off-season" since the COMSEP meeting and we look forward to re-energizing and revving up this group again.

Technology and COMSEP in the future
We are looking forward to going green! For the 2010 meeting, we hope to have online registration and meeting materials provided in an electronic format. Abstracts and workshop proposals have already been submitted electronically, this year.

Additionally, we will be reviewing what the membership feels are the essential items in the COMSEP webpage and re-evaluate our relationship with our web-hosting company, *Infostreet*.

Membership raised issues for discussion in Baltimore:

- Incorporation of EMR and medical education
- Audience response systems
- PDAs/smartphones for patient tracking
- Grading/evaluating on-line documentation
- Transferring didactic curricula to on-line curricula
- Distance learning, reinforcement of clinical skills and reasoning

Three issues were chosen to be areas of emphasis

1. Electronic Medical Record (EMR)
- Will it destroy education? Will a student be able to do a history vs. a check-off list?
- Concerns that these programs are mostly for billing documentation and not to teaching good documentation skills

- How do we provide oversight for student notes? How do we supervise? Do we block student access altogether?
- Will the government establish a universal EMR-or establish a standard for EMRs to communicate and what will that mean for medical student education?
- USMLE requirements-clinical note writing, students need to learn how to write an electronic note
- One member suggested an overview of the different medical record systems at the next meeting.
- **Mike Pelzner** is interested in this area and has been interested in forming a working group around these issues

2. Audience Response Systems

- How do you effectively integrate?
- Is it worth the hassle adding to presentations?
- **Bob Drucker** has been interested in this issue

3. Tracking Systems and PDAs

- What is out there? Are PDAs dead? Smartphones and iPhones maybe replacing them if the cost issue wasn't prohibitive
- Can you have a phone in the hospital and other issues of technology and infrastructure
- Using PDAs to track education and modify it on the fly to achieve goals
- **Pradip Patel** is nationally known in this area.

Other issues for Baltimore:

1. As usual, we encourage members to bring and demonstrate new technology that they have integrated into their courses, or are contemplating how to integrate.
2. We also can discuss any issue you feel relevant to LTTF!
3. We will also continue to explore any areas of interest with APPD with issues across medical education.

The COMSEP webpage
We'll still keep upgrading it but we may also go to another vendor
- *Task force page*: leaders will update their pages
- *Scholarly activities page*
- *Curriculum page* – Gets more "hits" than any other page

- *Contact page* a little gruff and will be modified
- *Educational Resources*: "Lousy." We can add to it and we should delete old links – could we make it into a Wiki? Or should we delete the whole page? We need to keep this more up to date.
- *Medical Organizations*-useful-other clerkship directors organizations-just need to be checked and possibly added to. **Kathleen Previll** has volunteered to review this page
- *Student Resources* - maybe have students rank websites
- *Educational Resources* tab
- *Faculty development* – Faculty Development task force needs to help update
- *President's welcome* – needs to be updated
- We will be adding a coordinators' tab

Research and Scholarship Task Force

Submitted by: Jan Hanson and Linda Tewksbury

The Research and Scholarship Task Force reviewed 26 abstracts this year—slightly fewer than last year, most likely because of the much-earlier deadline. The review committee, led by Sherilyn Smith, selected three of these abstracts for oral presentation at the joint COMSEP/APPD research and scholarship presentations; the remaining authors will all have the opportunity to present posters. The reviewers provided robust comments for the authors, using the new abstract review form developed last year. The new form made it much easier to provide comments and rate abstracts that contained both educational research and innovations projects, applying the criteria for scholarship to all of the abstracts. If you have comments about this year's review process, please let us know. We're looking forward to the high quality presentations represented by this year's abstracts!

The task force has also been busy planning workshops for the upcoming meeting with APPD to encourage and promote research and scholarship in medical education in our memberships. Robin English will be leading a workshop with members of COMSEP and APPD on the introduction to scholarship that will be presented at the joint meeting. This will be a great workshop for those who are interested in learning how to take their ideas and innovations in medical

education and turn them into high quality scholarship. Karen Marcdante will also be leading a workshop on how to prepare MedEdPortal submissions. In preparation for this workshop, several members of the task force have been working hard to prepare a submission to MedEdPortal, based on the workshop on the scholarship of application that we presented at last year's COMSEP meeting. This will be a great workshop if you have developed medical education curriculum materials or other educational projects and want to learn how to prepare them for submission to a peer-reviewed forum.

We're looking forward to seeing everyone at the meeting in Baltimore!
jhanson@usuhs.edu, Linda.Tewksbury@nyumc.org

Evaluation Task Force (ETF)

Submitted by: Scott Davis and Starla Martinez

We are looking forward to a productive meeting in Baltimore where we plan to finish 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. At our Baltimore meeting we will also be addressing the next steps for the ETF and identifying new leaders, as Scott and I will be completing our term as co-leaders. There will be many opportunities to get involved this year, so if you're looking for ways to contribute, please come check out the ETF!

ACE Update

Submitted by: Bruce Morgenstern

I've not been good about keeping you all updated on the goings-on at ACE, the Alliance for Clinical Education. ACE has been keeping busy, working on its mission "to foster collaboration across specialties to promote excellence in clinical education of medical students," as well as its vision to become the "go-to" organization for matters that concern the clinical education of medical students. ACE meets via conference call quarterly and in person at the AAMC.

In November, at the AAMC, ACE members voted to add another clerkship director organization into its ranks: CDEM, the Clerkship Directors in Emergency Medicine. There are now eight constituent organizations in ACE. For more information, see the site
http://www.allianceforclinicaleducation.org/index.htm
ACE members also have an annual panel presentation at the AAMC meeting. This year the topic was a review of the National Survey of Clerkship Director Demographics, Resources, and Professional Life. Chris White ably represented COMSEP on this panel. A pdf file of the presentation is available at the ACE web site:
http://www.allianceforclinicaleducation.org/2008_AAMCPanel.pdf
ACE also has worked to develop its committee structure so that we can better collaborate between clerkship director organizations. There are now 3 committees: Communications, Publications and Research. I believe that from COMSEP, Paola Palma Sisto (new and patient editor of the Educator) and I are on the Communications Committee, Lynn Manfred is on the Publications Committee and Jennifer Christner and Lindsey Lane are on the Research Committee. ACE is trying to develop mechanisms to access the larger universe of clerkship directors. This is not an easy process, but it we've made some inroads. If you have a research idea that would be strengthened by collaboration across disciplines, ACE may now have the mechanisms to get those collaborations moving. We have not mastered the ability to rapidly survey the groups; in fact, when it's for research purposes, we have decided not to send out mass surveys (aren't we all surveyed enough?). If there are research projects that need the clerkship directors surveyed, between the research and the communications committees, we hope to be able to make the case that the survey questions be added to regular organizational surveys, but clearly labeled as to their origins and purposes. We think there are great learning opportunities if we avail ourselves of them. If you have ideas, please contact the COMSEP committee representatives, or the COMSEP Executive Council members: Bob Drucker, Chris White, Bill Raszka, or myself.
In 2009, ACE will start on the process of a revision of the Guidebook for Clerkship Directors. As the editorial team is put in place, look out for a call for participation in the chapters. This is a very successful collaborative text, and another opportunity for us to demonstrate our scholarship.

Book Club/Journal Review

Legend: WVR = Bill Raszka

Student perceptions of a portfolio process.
Davis MH, Ponnamperuma GG, Ker JS. *Medical Education 2009; 43:89-98*

Reviewer: Paola Palma Sisto, Medical College of Wisconsin

What is the problem and what is known about it so far?
Portfolios are thought to promote student-centered, deeper, and reflective learning. The place of portfolios in a summative assessment scheme at undergraduate level, however, is still unclear. There are concerns regarding portfolio assessment relating to its reliability, practicability, and student acceptance of the process.

Why did the researchers do this particular study?
The researchers sought to determine the attitudes of medical students to the introduction of portfolio assessment as a major component of their final examination and whether student attitudes changed over the first 4 years of the implementation of the portfolio assessment process.

Who was studied?
Medical students at the University of Dundee Medical School, Scotland over a 4 year time period (1999, 2000, 2002 and 2003).

How was the study done?
Of the six source of evidence used to evaluate the portfolio assessment process this report focuses on one, the student evaluation questionnaire. The initial student questionnaire was developed using periodic feedback from students during their Phase 3 (Years 4 and 5 of a 5 yr program) studies and student group discussions conducted by an external observer. They focused broadly on the process of building the portfolio and the assessment process itself. In each year, the questionnaire was distributed after all students had been informed of the outcome of the examination. Students completed the questionnaire anonymously. Participation in the study was voluntary and anonymous.
For analysis purposes, the closed statements were also subjected to principal component analysis. The responses to the open questions were read independently by the first and second authors. Themes were identified for each year and a list of themes common to all years was agreed by both authors.

What did the researchers find?
The questionnaire response rates were 83% (107/129) in Yr 1, 70% (102/146) in Yr 2, 89% (116/131) in Yr 3 and 88% (141/160) in Yr 4. Five factors that contributed to the variation in responses were categorized as: portfolio assessment process, potentially contentious issues, portfolio content, achievement of curriculum outcomes, and building the portfolio. Dundee Medical School students perceived that the portfolio process supported their learning and heightened their understanding of the institutional learning outcome. The students were equivocal about the clarity of examiner expectations. They were uncertain whether the examination was fair and perceived that different examiners applied different standards. The portfolio assessment facilitated student reflection on their Phase 3 work. In feedback to the open-ended questions, some students indicated that they needed more guidance on the reflective component. The students in the present study felt that portfolio building interfered with clinical learning. The students' perceived that there was too much paperwork in the portfolio process and that the process was time consuming. Student attitudes towards the portfolio process did improve, however, particularly after the initial year.

What were the limitations of the study?
The researchers attempted to minimize bias with a minimum of 15 staff grading each student. The results of this study are based on student self-perceptions and as such should be should be interpreted in conjunction with evidence from other studies on staff perceptions, external examiner reports, and student results evaluation.

What are the implications of the study?
The students perceived that portfolio building heightened their understanding of the school's established outcomes for completion of medical school and enabled reflection on their work. The initial negative attitudes to the portfolio improved over the 5 years of the study, but concerns about the amount of paperwork remained, as did anxiety about the examination.

Ed note: How should we encourage student directed learning and reflection? Many schools encourage or require portfolios although many students find the tasks onerous, particularly in the context of a content driven curriculum. Many Europeans, however, use portfolios as a major assessment tool. One would think

that in such a cultural environment, the portfolio would be better accepted. The good news is that although students find the work excessive, they do understand the importance of the portfolio and report that the portfolio process supported their learning and heightened their understanding of the institutional learning outcomes. (WVR)

Learning and Scientific Reasoning. Bao L, Cai T, Koenig K, et al. *Science 2009; 323: 586-7.*

Reviewer: William Raszka, University of Vermont

What is the problem and what is known about it so far?
The development of scientific reasoning, defined as critical thinking and reasoning, is critical for students of science, technology, engineering, and mathematics to successfully manage open-ended real-world tasks. Scientific reasoning skills can be developed through training and can be transferred. Reasoning skills may be more important than many other skills in a physician's arsenal. Most students studying in science fields are expected to learn both scientific reasoning and content knowledge. The US system of preparing K-12 students for scientific careers is not structured and varies by school and student. In contrast, the Chinese system is extremely regimented with all K-12 students across the country using the same curriculum and examinations.

Why did the researchers do this particular study?
Researchers wished to determine if the scientific curricula in China and the US produce students with similar or divergent content knowledge and reasoning skills.

Who was studied?
College students in four US and three Chinese Universities of medium academic rank immediately before enrollment in a calculus-based introductory physics course were studied. All students were freshman science and engineering majors.

How was the study done?
Students took a battery of standardized tests on content (mechanics, electricity and magnetism) and reasoning ability. Scores in each domain were compared.

What did the researchers find?
5760 students completed the testing instruments. US students had a broad distribution in the medium score range for content knowledge of physical mechanics

(25-75%) while Chinese students has a very narrow distribution centered on 90% correct. In the content area of electricity and magnetism, US students had a fairly broad distribution just above the chance level while Chinese students had a narrow distribution at the 70% level. In marked contrast, the distribution of scores among US and Chinese students on the scientific reasoning instrument was identical. The authors conclude that training can impact content knowledge. Furthermore, the current training did not result in any difference in scientific reasoning skills. Current training in the sciences often emphasizes factual recall over a deeper understanding of science reasoning.

What were the limitations of the study?
The study was a broad representation of students taking a general science course and may not accurately reflect the students who demonstrated the best reasoning abilities as these students may not have been taking an introductory level course. The authors attempted to account for language issues by piloting the Chinese version in 22 students.

Ed Note: What in the world does a test on physics in Chinese students have to do with medical student education? Well, how many of you have been asked somewhere in the curriculum, "will this be on the test?" Having just administered a final examination to a group of first year students in a basic science course and third year medical students finishing the Pediatric Clerkship, I cannot help but believe that we are busy stamping out any creative or rigorous thought processes in students. Multiple choice examinations that assess content remain important. You cannot generate a reasonable differential without some content knowledge. However, we are much less able or willing to assess the processes by which the students got from point A to point B.   Until we value process, critical reasoning, and inquiry based learning, students will continue to focus too heavily on "just the facts Ma'm" at the expense of developing scientific reasoning skills (WVR)

Using Unannounced Standardized Patients to Assess Residents' Competency in Asthma Severity Classification. Ozuah, P and Reznik M. *Ambulatory Pediatrics 2008;8:139-142.*

Reviewer: Margaret Golden, SUNY Downstate

What is known? What is the problem?
A critical measure of physician competence is through

patient outcomes. Optimal management of patients with asthma requires accurate assessment of their asthma severity. It is unclear if didactic instruction of physicians translates into better "patient-side" assessments and whether learners could be assessed through patient outcomes.

Why did the researchers do this particular study?
These researchers had previously validated unannounced standardized patients (SP's) as an assessment tool for pediatric residents' communication skills in asthma encounters, and had found those skills to be deficient. Hence they used their validated assessment tool to measure the impact of a didactic program on asthma severity.

Who was studied?
Pediatric residents in all three years of training at the Children's Hospital at Montefiore comprised both the control and the intervention groups. The control study consisted of residents completing the tool between 2002 and 2003. These results had been previously published.

How was the study done?
The authors used a "case-comparison" study design. Some residents initially in the control group participated in the intervention group as well. Asthma didactic sessions were offered in the fall of 2003, and were supplemented by prominent posting of the NHLBI guidelines on asthma severity. Resident preceptors routinely asked residents to a determination of the patient's asthma severity. Standardized adolescent patients were trained to portray a patient with one of 4 grades of asthma severity. The SP's were registered as "real" patients, so that both the residents and the preceptors were blind to whether an encounter was with an SP. Each SP chart was reviewed after the encounter, and coded as to whether the resident correctly identified intermittent or persistent asthma, and, if persistent, the severity.

Twelve resident encounters with the SP were in the control group (pre didactic intervention). A total 51 SP-resident encounters were reviewed.

What did they find?
Residents were more accurate in determining asthma severity as they progressed through their training, but residents exposed to the intervention did better than control groups, both as a group and as individuals. Senior residents with the intervention reached 100% accuracy; senior residents in the control group were only 70 % accurate.

What are the limitations of this study?

The report of the study is unclear about the number of individual residents and their membership in a control vs. intervention group. This may be a flaw in reporting rather than in design.

What are the implications of this study?
"Stealth" standardized patients are a feasible and valuable method of assessing what a trainee "does", not just what he "knows." Given the expense and complexity of using SP's, it is nice to learn how well they can function for assessing high level competence, involving the integration of communication skill, data gathering, knowledge, and interpretation.

Ed note: Outcomes, young man, outcomes are the new "west." This is where the action is these days whether discussing board certified physicians, learners, or national programs such as the Milestone Project. Of course, outcomes remain remarkably difficult to assess and generally involve a narrowly defined skill or measure (e.g. asthma severity or immunization compliance). This study shows that measuring even these narrow skills can be challenging. Applying the data to medical students will require flexible assessment methodologies. (WVR)
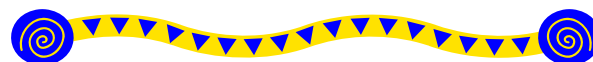
Great Books to Read

Maria L. Marquez, Georgetown University Hospital :
The Last Lecture, by Randy Pausch
Inspirational book by a terminally ill computer science professor on what he would say if it was his last lecture.

Jack Lazerson, University of Nevada SOM, Las Vegas, NV: *Achieving Excellence in Medical Education, by Richard Gundrman; Medical Education and Training: From Theory to Delivery, edited by Yvonne Carter and Neil Jackson.*
For junior faculty who are clerkship coordinators and view medical education as part of their career goals

Combined COMSEP/APPD Spring Meeting

Submitted by: Michael Barone, Robert Dudas, Linda Lewin

It is that time again! The 2009 annual meeting of COMSEP, **Education Across the Continuum,** will be held April 28- May 1, 2008, at the Marriot Waterfront Hotel and the Baltimore Convention Center in Baltimore, MD. As representatives of the Johns Hopkins University School of Medicine and University of Maryland Medical School, we are honored to be your program hosts.

As many of you know, this will be a groundbreaking meeting due to our combined meeting day (April 30) with the Association of Pediatric Program Directors (APPD). The COMSEP portion of the meeting will offer pre-conference workshops on topics such as "The New Clerkship Director," "Simulation and the COMSEP curriculum (held off-site at Johns Hopkins)," and "Leadership skills." The remainder of the conference will consist of fantastic presentations, workshops, and task force meetings related to important topics in medical education.

The combined COMSEP/APPD day will take place at the Baltimore Convention Center where the program directors will be meeting before the Baltimore PAS meetings. Together, our meeting will feature workshops that have been specifically selected for their relevance to both clerkship directors and residency program directors. A combined COMSEP/APPD poster session and research presentations are also planned. We are delighted to have Dr. Ken Roberts as the Miller/Sarkin Lectureship speaker this year. Dr. Roberts is Professor of Pediatrics at the University of North Carolina and Director of the Pediatric Teaching Program at the Moses Cone Memorial Hospital in Greensboro, NC. Ken is known across the country as an expert in pediatric medical education and an advocate for students, residents, and faculty.

The primary COMSEP meeting hotel is on the water bordering the Inner Harbor and the newly developed Harbor East. You can walk or take a water-taxi to great restaurants, movies, coffee shops, the Fells Point area, and other amazing historic sites. We are planning the 1st Annual Richard Sarkin 5K Fun Walk which will include some steps along the Harbor and then a turn uptown to see some of Baltimore's rich history. You can stop anywhere you want but just be back at the hotel for dinner! All Baltimore museums are free,

including the Walter's Art Museum along our route - http://www.thewalters.org/. Our Saturday night social event will take place back at the Marriot with dinner music and then some dancing music to the most requested 70's and 80's songs.

Average Baltimore daytime time temps should be in the high 50's to low 60's. Expect a few showers. For those baseball fans arriving early, our hometown Orioles have a night game 4/28/09 – www.theorioles.com.

Remember that the meeting is open to anyone at your institution who is involved in student education. We always welcome new members to COMSEP and look forward to sharing ideas and reconnected with valued friends and colleagues. See you in Baltimore.

COMSEP-APPD COMBINED MEETING
April 28 – May 1, 2009
Baltimore, MD

Program   *Presentation List*

COMSEP APPD info   ORALANDPOSTERS.
optimized.pdf   doc

Hotel Reservation Link
Baltimore Marriott Waterfront >>