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Inside this issue:

Comments from the President	1 - 2
Coordinators Group	3
Task Force Reports	4 - 7
Webpage Report	7
AAP Liaison Report	7
Opportunities Corner	8
Q & A: Clerkship Directors and Pediatric Residency Program Directors	9 - 11
Book Club/Journal Review	11 - 12
2011 Annual Meeting Information	12 - 13

Editor:

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

Executive Office: COMSEP

6728 Old McLean
Village Drive
McLean, VA 22101
Phone: (703) 556-9222
Fax: (703) 556-8729
info@comsep.org
www.comsep.org

Comments from the President...



Chris White, MD
COMSEP President

As I write this message, I'm sitting in a recliner with my right knee ace-wrapped, chilled, and propped up, waiting for the swelling from my recent arthroscopy to resolve. Ah, the joys of growing old . . . Although summer means time off and vacations for many, for most of us involved in medical education the summer is one of the busiest times of the year, as we scramble to make changes in the curriculum and launch a new clerkship year. And with the recently unveiled "ACGME Recommendations on new Supervision and Resident Duty Hour Standards," there's much work to be done to prepare our students for the major changes they will face next summer.

Much has happened in COMSEP since the last edition of *The Pediatric Educator*. In March we had a terrific meeting in Albuquerque centered around the theme of professionalism. Dr. Maxine Papadakis, Associate Dean for Student Affairs at UCSF, presented the Miller-Sarkin Lectureship on "Why Should We Assess Professionalism in Trainees?" Remarkably, Dr. Papadakis had just received the National Board of Medical Examiners' most prestigious award, the John P. Hubbard Award, the previous day for her work on professionalism evaluation of students and residents. There were 24 workshops on a wide variety of topics involving professionalism, teaching skills, educational research, technology, and leadership. The research presentations and posters presented by our members were excellent, and our five task forces continued to move forward (see their reports in this issue for updates). Of course the highlight of any COMSEP meeting are the amazing and talented people who make this organization so special. The culmination of our meeting was a memorable evening dinner and dancing at the Anderson-Abruzzo Albuquerque International Balloon Museum, where we honored Jean Bartholomew

and Lisa Elliott for their many years of service to our organization. I want to personally acknowledge Annalisa Behnken, from the University of New Mexico School of Medicine, for hosting the meeting and keeping things running smoothly. By the way, if you want to see a short video clip of COMSEP members dancing the night away at the Balloon Museum, check out this link: <http://www.youtube.com/watch?v=PZbyeDtEjuo>

Albuquerque was our first meeting managed by Degnon Associates, and we're grateful to Jillian Gann and Laura Degnon for making it such a great success. They've done an excellent job with the "behind the scenes" work, such as meeting planning, web-hosting, membership issues, and arranging teleconferences (just to name a few things). Degnon Associates also supports the APPD (Pediatric Residency Program Directors) and the APA (Academic Pediatric Association), which has helped enhance opportunities for collaboration between our organizations. Recently members of the Research and Scholarship Task Force (Eve Colson, Jan Hanson & Linda Tewksbury) have been able to work with the APA's Research Committee to explore how educational scholarship, particularly qualitative research, is viewed by committees who judge research abstracts at the annual Pediatric Academic Societies meeting. New opportunities have also presented themselves to work with the APPD. The acting internship curriculum (a



Jean Bartholomew and Lisa Elliott were honored for their many years of dedication to COMSEP.

Comments from the President continued...

joint project between COMSEP and the APPD) is soon to be published, and we hope to join the APPD for our annual meeting in the Spring of 2013. Ann Burke (current APPD President) and Patty Hicks (President-Elect) have also been working with members of the COMSEP Executive Committee on issues relating to the timing of senior student applications for residency training in pediatrics. The result of this collaboration is a nice "Q&A" document found in this issue of *The Educator*.

It's taken awhile, but the COMSEP web page and content has now been completely transferred from our old server to Degnon Associates. This should enable us to have much better control over our content. The "members only" section (located in the "Community" tab) has changed a bit, with a modification of the login procedure as well. One exciting development is the ability for members to upload their scholarship and scholarly activities electronically directly into the members only section. This will help provide a better picture of the impact of COMSEP members in medical education. For more details about the web page, check out David Levine's column in this edition of *The Pediatric Educator*.

Our Executive Committee has just completed work on a long overdue revision (and simplification) of the COMSEP membership policy. Basically there will now be just two categories of members: members and coordinator members. Each medical school which pays its annual dues to COMSEP will get up to 3 members and 1 coordinator member. One of the members will be designated the voting member for annual COMSEP elections. Anyone else with an interest in medical student education may also become a member for an annual membership fee of \$100 (additional coordinator members may join for \$25/year). Dues have already gone out for 2010-11, so it will probably take a year for the new membership policy to be fully implemented.

While I'm on the subject of membership, please don't forget to vote in the coming elections. We'll be electing several members of the Executive Committee, a member of the Nominating Committee, and a new President to follow Jerry Woodhead (who takes over after the 2011 meeting). With the coming of fall things will get busier at COMSEP. Stay tuned for an announcement about participating in our annual survey. This is the one time each year that we survey our members – the information is also used for scholarly projects. If you have some research ideas that you think could be answered by survey of our membership, contact Sherilyn Smith, the chair of the Annual Survey Committee (ssmit1@u.washington.edu). This fall will also bring calls for workshops and research abstracts for our 2011 meeting. And if you've got an idea for a research project, COMSEP has a small grants program where you can



Dr. Maxine Papadakis presented the 2010 Miller-Sarkin Lecture, "Why Should We Assess Professionalism in Trainees?"

get up to \$5000 to support your work. See Janet Fischel's announcement about the program in this edition of *The Pediatric Educator*.

Did you know that there are 16 medical schools in Canada? COMSEP has had a longstanding strong relationship with our Canadian neighbors in pediatric medical student education. Their organization, PUPDOC (Pediatric Undergraduate Program Directors of Canada) meets with us every year. As a result, we've asked Susan Bannister, Director of Undergraduate Medical Education at the University of Calgary, to serve as the PUPDOC representative on the COMSEP Executive Committee.

Finally, don't forget to block off the first week in March, 2011, for the next COMSEP meeting. We'll be at the Hyatt Regency in La Jolla, CA. Our keynote speaker will be Rhee Fincher, the Vice Dean of Academic Affairs at the Medical College of Georgia. She helped found the Clerkship Directors in Internal Medicine (CDIM), the Alliance for Clinical Education, and currently serves on the Executive Committee of the National Board of Medical Examiners. We'll be meeting jointly with the AMSPDC on one day, but will still have plenty of time for workshops, task force meetings, research presentations, Miller-Sarkin Fun Run/Walk, and of course our big social event (San Diego Zoo?). Aleca Clark and Soo Kim (Loma Linda University School of Medicine), Lee Miller (UCLA), and Penny Murata (UC Irvine) have teamed up to help host what looks to be an excellent meeting.

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

Take care,
Chris
cwhite@mail.mcg.edu

Clerkship Coordinators Group

Submitted by: **Dotty Law Currin, MPH**

The goal of our group has consistently been to provide a venue for *education, professional development, and networking* in a national forum for the *primary support staff* in pediatric undergraduate medical education.

"As someone fairly new to the position, attending the conference and meeting other coordinators was such a valuable experience -- nice to share stories and troubleshoot logistical problems that I run into."

The "Med-U workshop was a great asset and enabled me (when I returned home) to put together an excellent PowerPoint presentation for the students using CLIPPs."

It was memorable, "Presenting my first workshop at a national conference!"

The COMSEP spring conference was a watershed event for us! As noted in the quotes throughout this report, the enthusiasm was palpable as coordinators gathered in Albuquerque with colleagues from across North America. Thanks to the support of the COMSEP executive and planning committees and the clerkship directors from representative institutions, over forty coordinators (many of them "first-timers") participated in workshops, general sessions, social events, and impromptu gatherings.

We were able to offer a half-day, pre-conference Clerkship Administrator Certification workshop. Over thirty coordinators participated in this training and are in the process of completing requirements for certification. Several of them will be presenting the results of their projects at upcoming meetings. Three coordinators presented their projects from previous training sessions and were able to receive their certification at this meeting. Additionally, we were able to offer three coordinator-specific workshops and coordinators were encouraged to choose those OR any of the two dozen workshops available.

I enjoyed "Exploring workshop ideas with other coordinators and committing to do them next year."

It was valuable to have "Opportunities to hear what other institutions are doing to see if we can adapt for our use."

Also, we have "implemented the use of NBME and CLIPP Practice Exam for our students in all communities." "Presentations from other Clerkship Administrators inspired me to find ways to help my Community Clerkship Assistant with the resources available to us -- implementing using Angel Course Management system as a scheduling tool."

We had very lively meetings during the designated task force meeting times. On the first day we introduced ourselves, reviewed the progress we have made in becoming more integrated into the COMSEP organization, discussed general goals for next year, set an agenda for the planning session later in the week, and paid special recognition to two of our group who have been instrumental over the past several years in laying the foundation for coordinator participation in COMSEP.

Most valuable was "Having the opportunity to network with coordinators across the country."

I learned "that other people have almost exactly the same job that I do -- found this most interesting and comforting of all."

Most valuable to me was "Recognition by COMSEP that what a coordinator does is more than just 'data collection'."

At the closing session, coordinators developed a list of special interests for which volunteers agreed to support during the year. Those subgroups are: workshop planning, meeting planning, tools of the trade, guidebook for coordinators/website resources, mentoring, and liaison with executive committee. We look forward to further advancement and contributions as COMSEP members in the future.

NOTE: Attention Clerkship Directors: We are trying to update the mailing list for coordinators (currently 95+). **Please ask your coordinator/administrator if they are on the list.** Also, direct them to the new, improved COMSEP website. AND, if you would like for them to consider attending COMSEP next year, please start planning now!



Seated (L-R) Dotty Currin, Susan Perkin, Jo Ann Lieberman, Wilhelmina Bradford Holmes, Joyce Salter, Second Row (L-R) Mary Antonopoulos, Liza Olmos, Kelly Lear, Dee Dee Rosales, Theresa Lykins, Debbie Hernandez, Third Row (L-R) Olga Olowolafe, Gretchen Shaver, Alison Ricker, Linda Alexander, Bonnie Landon, Janet Ruggiero, Rebecca Elofskey, Donnita Pelsner, Cathy Chavez, and Jakki Outlaw

Curriculum Task Force

Submitted by: Lyuba Konopasek, MD & Sandy Sanguino, MD

The Curriculum Task Force had a very productive meeting in Albuquerque. We developed 3 working groups to continue working during the year: 1) a group that under the direction of April Buchanan, is completing the learning activities that will accompany the COMSEP Sub-I curriculum, 2) a group that is looking at the current pediatric clerkship curriculum to determine what future direction it should take, and 3) a group that reviewed the Common Problem set and is in the process of revising them. We are also in the process of undergoing a change in leadership. Lyuba Konopasek has stepped down as co-Task force leader and is being replaced by Greg Toussaint and Elizabeth Stuart. Sandy Sanguino will remain as co-Task force leader until the March 2011 meeting.

Evaluation Task Force

Submitted by: Gwen McIntosh, MD

2010 Annual Meeting: We had a very fun and productive meeting in Albuquerque. We completed the project to define "minimal acceptable achievement" for each of the skills contained within the COMSEP curriculum. This is the culmination of 3 years of work by many ETF (Evaluation Task Force) and other COMSEP members. Thank you to all who participated in this process. 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 will serve as a tool to help clerkship directors and educators in assessing the skills of their clerkship students. We are looking into the best ways to disseminate information about this document to COMSEP members. The final document will likely be posted on the COMSEP website soon. It will be a living document that requires on-going revision and updating as the student needs, educator expectations and curriculum components evolve. The ETF will support the on-going maintenance of this document.

Future directions: At the meeting this spring, we elected to form standing working groups to further develop the work done by the ETF membership throughout the year. The working groups were created at the meeting through a consensus building process. The working groups are: Workshop Development, Evaluation Tools and Evaluation of the Clerkship Curriculum and Competencies. Each working group identified internal leaders and one to two projects to work

on over the 2010-2011 academic year. The Workshop Development working group will look at putting together several workshop for future COMSEP and PAS meetings. Potential workshops ideas include "Fundamentals of Evaluation" spear headed by Paola Palma-Sisto and Jeanine Ronan with assistance from Paula Algranati and "Best Practices of Evaluation: How to Go from Good to Great" spear headed by Karen Wong and Natalie Hogan with assistance from Lindsay Lane and Carrie Chen. The Evaluation Tools Working Group, headed by Jenna Ross and Mary Huckabee, will look at completing a needs assessment of the COMSEP membership to determine the area of greatest need for developing useful evaluation tools. The Curriculum Competencies Working Group, headed by Lisa Martin and Scott Davis, will focus on the best ways to disseminate and maintain skills minimal competencies document finalized by the ETF at the Spring 2010 meeting. They are also looking at ways to evaluate the COMSEP curriculum and look forward to partnering with the Curriculum Committee on possible evaluation measures. We hope to have some interesting information to present on our progress at the 2011 meeting!

Leadership: Scott Davis stepped down as ETF co-chair but we are grateful that he will remain an active member of the task force. Thank you Scott for your wonderful leadership! Gwen McIntosh joined Starla Martinez as current co-chairs of the task force. We have developed a structured leadership transition plan that will include a 4-year term for each co-chair position. The leadership will be staggered such that a new co-chair will be appointed every 2 years and will overlap 2 years with an experienced co-chair.

Faculty Development Task Force

Submitted by: Robert Swantz, MD & Jenny Christner, MD

The COMSEP Faculty Development Task Force had a very productive meeting this past March!!

As a group we brainstormed around our major task for this year...formalizing the process for workshop planning for COMSEP meetings. A lively discussion was had! In the end, we would like to thank Mike Barone, who heads the Work-

shop Planning subcommittee, for mulling thru all the input and writing an excellent proposal that has been approved by the Executive Committee. A summary of that proposal can be found in this issue of *The Pediatric Educator*.

Our other subcommittees were also quite active:

Mentoring – Bill Wilson and Aleca Clark

The Mentoring program, which matches new clerkship directors with a "seasoned" COMSEP member, will continue in

Faculty Development Task Force continued...

2011. They are working on ways to identify new clerkship directors sooner as well as perhaps adding some mentoring follow up questions on the annual survey.

Community Faculty – Harold Bland

The Community Faculty workgroup continued discussing developing a resource for educators, to teach community faculty how to teach. They plan to develop an outline for a curriculum and will explore other resources already available.

Resources – Soo Kim

Soo has been working on getting a list of faculty development speakers together and at this meeting we decided we would call this group “T to the 4th” – Traveling to Teach Teachers! Soo has emailed a brief intake form to the membership that also has a spot to list medical expertise so that a faculty member might be invited to speak both about education and

their medical topic at Grand Rounds...thereby allowing the inviting institution to get the most bang for their buck! Soo will work to get this list on the webpage! In addition, Soo will be our liaison to spearhead website development around faculty development topics. We also planned to follow up with the APPD to see when our members might have access to the APPD Share Warehouse and late breaking news is that the access appears to be forthcoming in the very near future!!!

Networking Lunch – New this year, at our big group luncheon, several tables were labeled with topics to allow members to sit with others who might be interested in the same thing. Initial comments seemed to support continuing this at next year's meeting.

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

Learning Technology Task Force

Submitted by: Anton Alerte, MD & Pradip Patel, MD

The Albuquerque, New Mexico meeting was very productive for the Learning Technology Task Force (LTF). Not only was the task force able to sponsor “official” workshops but the task force meetings themselves generated a lot of energy and focus to guide the groups' agenda over the next several years.

Several topics of interest were generated at the meetings:
Electronic Health Records and it's Implications for Medical Student Education

A vigorous discussion as to how to educate medical students with EHRs occurred and in sum the task force decided that it's main focus should be on EDUCATION in keeping with our core principles. Some objectives for education set forth in the meetings were as follows:

1. How to educate faculty on how to teach students documentation and clinical competence with any EHR system.
2. How to educate students in communication through this new form of medical documentation.
3. Identification and correction of certain pitfalls inherent to EHRs i.e. “cutting and pasting.”
4. How to identify and catalogue potential issues to take into consideration when selecting an EHR.

Social Networking

Discussion on the two workshops presented at this year's meeting and some of the issues inherent to social networking and professionalism were held. Some of our task force members are already working on research around social networking in medical schools. The task force is taking a serious look at the feasibility of creating a “positive” Facebook page geared to medical education and this may be a potential topic for on of next year's workshops.

Plan:

- Constructing a curriculum to teach students about professionalism in an on-line world
- Creating a positive site (COMSEP site on Facebook)

Future Workshops for 2011 and Beyond

Strong support was voiced for a technology demo geared at highlighting how technology can aid curriculum development, faculty development, scholarship, research, general education/course management and clinical education. This “tech fair” could be a station driven experience. COMSEP members would lead the exhibits and describe how it is used in education at their institutions. There would be no vendors! These stations would be COMSEP members with first hand experience of their product.

We also came up with a potential Pre-conference workshop on building a positive website for COMSEP describing web safety, privacy settings and how to use a social networking website to disseminate information. Other potential workshops include the following and members will be actively working on these topics during the year:

1. Copyright laws, intellectual property, and teaching medical students and faculty i.e. how to avoid plagiarism in an on-line world.
2. How to create “Super” PowerPoint presentations with graphics, videos, enhanced media etc.
3. EHR/EMR how to be an advocate for student education in a “drop down list” world.
4. Generational differences amongst learners and their use of technology.
5. How to use technology to aid collaboration and asynchronous education especially timely with more and more faculty at distant sites.

Learning Technology Task Force continued...**Webmaster's Report***Submitted by: David Levine, MD*

The website's transition from Infostreet to Degnon Associates is proceeding. There were some difficulties at first with transfer errors and organization of transfers but these issues are mostly resolved. Revisions of the material and updating is still very much on the agenda. To this end David will call upon the other 4 task forces to guide the redesign of their pages with the help of the new Web Editorial Board. This board will be made up of member from the other task forces who will collaborate with David in order to efficiently and effectively renovate the COMSEP website.

Webpage Discussions:

The group discussed webpage enhancements and discussed potential enhancements to the listserv and other way to make the COMSEP webpage better. We will continue with having ambassadors from the other task forces communicate

with the Webmaster as part of the Webpage Committee.

Journal Club Reviewers:

Harris Burstin and Denise FitzSimon have agreed to be our representatives.

Getting On-Line:

Registration to the Albuquerque meeting was on-line (for the most part) and we hope to continue with this stream-line approach in the future.

COMSEP LTTF Leadership:

- Pradip D. Patel and Anton Alerte will remain as task force leaders and be responsible for the projects and running of the Task Force meetings.
- David Levine will continue as Webmaster during the administrative transition of COMSEP.
- Bruce Morgenstern also will continue in his important role as listserv moderator.

Research and Scholarship Task Force

Submitted by: Jan Hanson, PhD & Linda Tewksbury, MD

The Research and Scholarship Task Force (RSTF) had two very productive sessions at the March meeting, with many successful and ongoing endeavors. A major function of the RSTF is to provide our members with a forum for disseminating their scholarly work in medical education through the meeting's platform and poster sessions, which includes a rigorous peer-review process. At this meeting, we developed a peer-review process for the posters, recruiting members to review the 32 posters presented at the meeting. Congratulations to the authors of the following posters that were selected for awards:

Innovation: *Anisha Abraham and Kirsten Hawkins (Georgetown University)*--An Educational Intervention to Improve Physician Interviewing Skills of Adolescent Patients during the Pediatric Clerkship

Research: *Leslie Fall and Norman Berman (Dartmouth) and Sherilyn Smith (University of Washington)*--Blending Virtual Patient E-Learning into the Pediatric Clerkship Curriculum: Student Perception of Effectiveness

New COMSEP member: *Jared Austin, Chad Brands and Robert Voigt, (Mayo Clinic) and Sophie Gladding, (Cleveland Clinic)*--The Correlation Between Subjective and Objective Evaluations of Medical Students During Their Pediatric Clerkship

Trainee: *Meredith Lease, Todd Poret and Alison Ricker (Dartmouth)*--Individualized Learning Plans in the Pediatric Clerkship

The RSTF is also committed to providing our members with skills needed to produce high-quality educational research and related scholarship. We were pleased to offer three successful workshops at the March meeting. One of the workshops, "Assessment of Medical Student Professionalism: Critically Appraising the Options", has been accepted for the November AAMC meeting. We have also been successful getting workshops initially presented at COMSEP accepted for the Pediatric Academic Societies' Meeting (PAS). Two workshops presented at last year's COMSEP meeting, one on qualitative research and the other on the scholarship of application, were offered at this year's PAS meeting, and we have similar plans for the upcoming PAS meeting.

The RSTF has focused much of our energy since the meeting finalizing a protocol for a multi-institutional, formative assessment of objectives, Individual Learning Plan and learning activities for the pediatric subinternship in medical schools adopting the new COMSEP/APPD Pediatric Subinternship Curriculum. Working collaboratively with the leaders of the Curriculum Task Force, a finalized protocol was developed and thus far over 20 medical schools have expressed interest in participating, with several already successfully obtaining IRB approval and beginning to collect data.

Most recently, the RSTF has embarked on a collaboration with the Academic Pediatric Association (APA). Thanks to initiative by RSTF member Eve Colson, we have begun fruitful discussions with the APA Research Committee, exploring ways in which we can mutually foster high quality research and scholarship in medical student education, including qualitative research, and maximize opportunities to disseminate such work.

Research and Scholarship Task Force continued...

The APA welcomes medical education abstracts and workshop submissions for the upcoming annual PAS meeting (Denver Colorado, April 30 – May 3 2011). The deadline for submissions is August 13th for workshops and November 17th for abstracts (please note you must be a member to submit). The APA is also interested in recruiting new reviewers from COMSEP for both abstracts and workshops. Please contact Jan Hanson or Linda Tewksbury if you are interested. Please also see the APA website (<http://www.ambpeds.org/>) for information on grant opportunities and the Educational Scholars Program.

We are planning to reunite our task force over a conference call in late summer to plan new workshop submissions for next year's meeting (currently on the table are Introduction to Scholarship, Validating Assessment Tools, and Quantitative Analysis), as well as to further discuss potential new projects raised at the last meeting to work with you! *Thank you to all our members and we look forward to continuing to work with you!*

Jan Hanson Linda Tewksbury
jhanson@usuhs.mil Lrt1@nyumc.org

COMSEP Webpage Report

Submitted by: David A Levine, MD, COMSEP Webmaster

Our webpage really is ours now! Degnon Associates has completed the transition and as of August 1, we will no longer have our informatics with Infostreet. They served us well for what we had desired at the time, but technology needs and costs have changed and with the administrative change to Degnon and Associates as our administrative support service, all will be housed on Degnon Associates servers.

Currently, we do not have the password protected "Directory" we had with Infostreet. We decided to go with a new strategy as the old Directory did not really suit our needs; members rarely completed the profiles. We will be working on a new strategy for the future. Of course, Jillian Gann (jillian@degnon.org) and her colleagues maintain an active membership roster and we will keep that posted on the members-only website.

So where is the members-only site? Remember that this housed materials that members have developed for dissemination and for working documents from the Task Forces. Of course, our pictures from meetings dancing are also there! To go to the area of the webpage, go to <http://www.comsep.org>. Go to the top on the left and click on "community." It will open a dialogue box asking for your COMSEP user name and password. All COMSEP user names were first initial last name (e.g. DLevine) and that remains. All passwords will be reset and be yours only (instead of the

communal password "comsep.") The first time you use it, click on "[Click Here to Get Your Password](#)." Enter your official COMSEP directory e-mail address and the webpage will then send you your user name and password, rapidly to your e-mail. Then you can login and look around. To enable document sharing, especially for task force work, members can actually upload to the members-only area as well. Of course, you can still send to me to upload if that is what you prefer (dlevine@msm.edu). If you think we need different folders on the site, let me know so I can keep it organized.

Finally, the listserv has also been moved. The new address for the COMSEP listserv is list@comsep.org. For those of us experiencing more senior moments than we used to, the address rcf-list@comsep.org will forward to the new official listserv e-mail, too. Messages will still be moderated by Bruce Morgenstern or I and we will release as we get them. Currently the listserv address that is sending the messages is list@comsep.org. You may need to add this domain and/or user to your protected e-mail addresses in your spam program settings – I know that I had to do this. While the listserv has not been very busy, there have been a few messages coming through. If you did not receive the messages, they would likely be in your spam program folder or "quarantined."

Thanks again to Raymond Tsoi and Jillian Gann for getting this transition done and especially putting up with my e-mails about the process! We are quite pleased with the product. Now on to more public webpage editing.... As always, stay tuned!

Report from AAP Liaisons

Submitted by: David Levine, MD and Shale Wong, MD

Our new AAP - COMSEP mentoring publication, entitled "Becoming a Pediatrician: A Guide to Exploring Pediatrics, Matching for Residency, and Starting Intern Year" is finally nearing completion. Thanks again to all of the section writers from COMSEP. We did not anticipate the delays that were faced with the publication being reviewed by several groups from the Academy. Recently, our sections were all edited by an AAP copy editor, so that sections would be similar in style and structure. Our writers had an incredibly short turnaround to make last minute changes but they were all done very rapidly.

Of course this publication will be sent through the listserv when it is completed and the publication or a link to the AAP site will be on our public web pages. Thanks again to everyone that helped and also for the great assistance from Dr. Dan Schumacher who coordinated the AAP sections and from AAP staff person Julie Raymond. Hopefully "Becoming a Pediatrician" will be available in the next few weeks so that we can use it with this year's crop of new future Pediatricians.

Opportunities Corner

COMSEP's Grants Program: A Launching Pad for Education Research

Submitted by: Janet E. Fischel, PhD

COMSEP offers not one, but a broad array of quintessential faculty development opportunities. Many of these include opportunities for scholarly exploration. In particular, the *COMSEP Grants Program* is a venue that invites you to identify an education-related need or gap, and respond to it. How? You submit a project proposal in response to the *Call for Proposals to Advance Scholarship in COMSEP* (http://www.comsep.org/ScholarlyActivities/Grants_Program.htm). The COMSEP Grants Program can be vital to your development as an educator, your productivity as a researcher, and your clerkship's quality. AMSPDC shares with us an interest in all of the above.

Should your application be selected for funding, COMSEP contributes \$2,500 and the home institution Pediatrics Chair contributes \$2,500 for a maximum \$5000 grant to conduct the project. The COMSEP Grants Committee views these projects as "seeds." They are relatively small, with the potential to grow as you see fit or as the data compel you. The data you gather might answer the question at hand quite well, or might well germinate to a next level – a submission for fuller support to an appropriate local, state, or federal agency or foundation.

Two additional perks to mention: *mentoring* and *feedback*. 1) You need to identify a mentor for yourself and your project, so that you have readily available guidance, support and advice as you navigate the grant process "from soup to nuts" – preparing the application, planning the study, implementing the study, analysis, results, dissemination (presentations/posters/publications), and planning next steps; and 2) the COMSEP Grants Committee believes heartily in feedback, whether you are selected for funding or not, so that the process is a learning experience to facilitate success with your next grant submission, whether through COMSEP or elsewhere.

What to study? Here are some ideas, but you can also generate ideas by thinking about the "spots" in your clerkship that you've always wanted to upgrade or revamp, an assessment you want to create, or a teaching quality issue you might want to scale. You might create an educational resource for students and conduct its preliminary evalua-

tion, shore up a weak area in curriculum, enhance resident teaching skills, forge new ground in teaching or evaluating problem solving, professionalism, self-awareness. You might want to look more deeply into student mastery of one of your school's competencies, or develop a way to assess a core clinical skill (e.g., resident teaching for students on work rounds, student history taking, student presentations in conferences or rounds, giving effective feedback). Perhaps you see room for improvement in teaching about child safety, development, or the description of children's rashes.

The *Call for Proposals to Advance Scholarship in COMSEP* details the application and submission process; the due date upcoming is December 14, 2010, with the announcement of funding decisions at our Spring 2011 COMSEP meeting. Please consider this terrific opportunity to engage yourself in a challenging and educationally beneficial endeavor.

More information at:

http://www.comsep.org/ScholarlyActivities/Grants_Program.htm

COMSEP 2011 Report of Members' Scholarly Activities

Submitted by: Robert Swantz, MD & Jennifer Christner, MD

The Faculty Development Task Force is gearing up to compile the organization's second Report of Member's Scholarly Activities. The first report was published in 2007, in concert with our last meeting with AMSPDC. COMSEP member participation in the project was voluntary and individuals were asked to provide information regarding their scholarly achievements during the academic year 2005-6. Data was collected in the following categories: curricula and instructional materials, educational assessment tools, presentations at local and national meetings, publications, honors and awards, grants, and membership and participation in advisory and review committees. A total of 45 members provided information for that first pilot report, and copies were available at the annual meeting in March 2007.

The next version of the report will include scholarly activities over the four year period, July 2006- June 2010. With the help of Degnon Associates, the submission process for members has been greatly streamlined and is now web-based. It will be directly accessible from the COMSEP website, and will be password protected. Members will be able to easily cut and paste information from other annual reports, CV's, etc. and upload the data into a secure searchable database. The website is expected to "go live" later this summer and members will be contacted with more specific instructions at that time.

This is a nice forum to showcase our individual as well as our group accomplishments, and we encourage all members to participate!

Medical Student Applications for Pediatric Residency Training: Questions from Pediatric Clerkship Directors with Answers from Pediatric Residency Program Directors

Note from Chris White, COMSEP President: *In the Spring of 2010, several COMSEP members expressed concern that some pediatric residency training programs were starting to offer interview slots in early September, with some programs filling up and not scheduling interviews with qualified applicants long before release of the Medical Student Performance Evaluation Letters ("Deans Letters") on November 1st. Clerkship directors also began to hear rumors emerging from the medical student "underground" that if students wanted to be competitive for a good pediatric residency program, they would need to have a letter of recommendation from a pediatric acting internship. As a result, some medical schools were starting to feel pressure from their senior students to try to "frontload" their pediatric Sub-I's in July and August – an impossible situation for most medical schools. To try to clarify this situation and other questions relating to the application process for pediatric residency training, members of the COMSEP Executive Committee submitted a series of questions to the APPD Board. What follows are the questions (**in bold**) followed by the APPD responses. A Disclaimer: Please note that these responses represent the opinions of 8 leaders in the APPD. The information is not meant to provide definitive answers from all programs, but it does help shed light on these important issues. I would like to thank Ann Burke (APPD President) and Patty Hicks (APPD President-Elect) for their leadership in responding to this issue.*

Questions regarding the Interview Process:

When do programs begin accepting applications?

ERAS opens for downloads on a particular day each year (typically September 1). While there is no consensus on exact dates, the majority of us, from our small, but representative poll open when we have time in early September.

When do programs start sending invitations for interviews?

- It varies, again based on program director (PD) preference and strategy. The range for starting to send out invitations is anywhere from mid-September to mid-late October.
- Sending invitations is a rolling process, not a single episode.
- Strong candidates may be invited earlier, as their dean's letter (usually received in early November) may not be as necessary.

What information do programs need before they actually schedule a candidate for an interview?

A caveat here is if an applicant has high board scores and a good transcript, more information is not necessarily needed to invite. Conversely, if someone did poorly on USMLE, a PD might wait for the Dean's letter, and all letters of recommendation to get more supporting evidence.

- ERAS application: **Yes**
- All letters of recommendation: **Not all, but 1-3**
- Personal statement: **Yes**
- Letter from the chair of pediatrics: **No**
- Letter from subinternship faculty supervisor: **No**
- Letter from clerkship director: **No**
- MSPE: **No, unless academic concerns**
- Résumé/CV: **Yes**
- USMLE Step 2CS: **No; unless academic concerns**
- USMLE Step 2CK: **No; unless academic concerns**
- Sub-I letter: **No**

**Another overall caveat: encourage students to do all that they can do in a timely manner so they appear to be organized and eager to do Pediatrics. For example a personal statement, CV and ERAS application ready in early to mid September is not asking too much, and is under the control of the student (not Dean or Faculty).*

**Please note that this answer is to the question of offering an invitation. For final ranking, most PDs would want to see all necessary documentation.*

When will most programs start interviewing this year?

Most programs will start early November. Again, the exact date varies based on program.

When will most programs schedule their last interview this year?

Typically, programs interview until mid-late January.

Is there an informal "deadline" after which program directors would consider an application late?

This may vary widely, depending on the practices at each institution. However, in general, programs will continue to receive the applications and review them through mid-late December. Generally, students should have submitted far before mid-December. However, extraneous circumstances such as deciding to add programs, trying to accommodate couples matching, and other clear explanations/reasons why a student is submitting late are typically accepted as reasonable.

By what date (roughly) are interview spots filled?

This also varies widely, and depends on size of program and number of interview slots, and possibly the competitiveness of the institution. It is important to remember that people cancel interviews, so slots open up periodically. Therefore, medical students may be offered an interview at any time along the interview "season" (the season for this process [interview invitations] is from September through January). Additionally, many PDs report they would "create a slot for a strong

candidate who presents later than normal due to couples matching, military couples matching, or switched to pediatrics 'late'."

What percent of students (U.S. Medical Schools) with completed applications were offered interviews at your program last year?

Programs vary in this number. Some respondents said they only offer 30%, some 50%, others 75%.

In the 2009-2010 recruiting season, were you unable to interview any qualified candidates because your interview slots were filled?

Most PDs respond no to this question, but some did report that Pediatrics is getting more competitive and they were unable to interview all qualified candidates. The answer "yes" was in the minority.

Do residency programs consider all Sub-I's equally? i.e. is a Sub-I in general inpatient pediatrics better than one in the NICU, PICU, Newborn Nursery, etc? Some schools don't even require a Pediatric Sub-I è does this put the student at a disadvantage?

Yes, in general, PDs see no disadvantage to any of these options and experiences. A good recommendation letter from a pediatric clerkship director or one who writes lots of letters is the most important thing. We trust the accurateness of these letters.

Some PDs do not require a sub-I for application. That is because it is not possible to obtain a Sub-I over the summer at all medical schools. As one respondent stated: "They should do some kind of Sub-I, Peds is great, but not absolutely necessary."

Other Questions from Clerkship Directors or Medical Student Advisors:

How important it is to have a Step 2 CK and Step 2 CS score at the time the program is completing the rank list? At the time of the interview? Are students disadvantaged by delaying when they take these tests?

This can be somewhat complex. In general, PDs agree that if a student has a low to only average Step 1 score, they should take and report Step 2 in hopes that it improves. Few Programs have true "cut-off" scores for Step 1. Most seasoned PDs agree that people with low, but passing scores on Step 1 can go on to have excellent careers as clinical pediatricians and academicians. If Step 1 is high and off the charts, no need to have step 2. However, if Step one was really high, likely Step 2 would be solid as well, and some PDs would say that more information is better. Some PDs would say it (Step 2) is necessary for rank list determinations.

What are the consequences of a student failing Step 2CS? Are residency programs closing the door on Step II CS failures?

If a student fails Step 2, many schools require them to pass for graduation. Thus programs do not want to risk ranking someone that may not be able to start the program. So it is not good to fail Step 2, obviously,

which makes a good strategy to take it as early as possible, so if a student must re-take to Pass, they can do it in time to report to PDs and before the Match list is submitted.

Does the mix of electives that a student takes in their senior year make a difference? Some students prefer to take mostly pediatric courses, while others prefer to diversify more.

What students do during fourth year does not make a difference. They should be advised to do what they feel they need to learn, and want to learn to help them be better doctors. Both strategies are fine (more peds, or less peds and more diversity).

Other Comments/Observations:

Last year one student here was told in early October that a pediatric residency program had filled their interview spots. Though this experience involves only one student at one program, that story has gone "viral" here and students are a bit crazed about early deadlines.

From our small survey, no PDs would endorse that, and do not practice that. Hopefully this involved only one student with one program.

When I started in 2004, the radiology and radiation oncology residency programs were making our students crazy. Many of them were asking for applications completed (with LOR's etc) by 9/15 and for those who did not get them in, an interview was not offered or at risk of not being offered. Fast forward 6 years and I too have noticed that general pediatrics programs are gradually starting to do the same. Things have become very front loaded. Six years ago, I think many peds programs waited until the transcript (early Oct) was released before offering interview invitations. There seemed to be a notable amount of programs who waited until Nov. 1st to see the Dean's Letter before offering the interview. This allowed for more time for students to have submitted a complete application later in Sept, do a later Sub-I, etc. Now, there are many fewer programs waiting for the transcript and hardly any waiting for the MSPE before offering interviews. Over the past 6 years, things have continued to get progressively more worrisome in the "competitive fields" like radiology and radiation oncology. It seems like wild west with programs doing what they want. There is some movement on this as you know at the AAMC. A suggested all release date (10/1 or 10/15) has been discussed for ERAS, Dean's letter and transcript. More to come from AAMC for sure. So, my question. In the meantime,... why do we have to wait for the AAMC? In the spirit of COMSEP, APPD collaboration, let's try to make some movement on this....How about the peds residency programs agreeing on "decision dates" along the way, regardless of when things are released. I.e., all programs will wait until 10/1 or 10/15 to offer interviews (in order to allow students to complete sub-I's, have their LOR's in and demonstrate that programs are reviewing

Questions and Answers continued...

the transcript). We could serve as a beacon to other specialties and also proof of concept for any AAMC future decision.

More to follow. Hopefully this dialogue will continue to be helpful. There are plans in the works to have a panel discussion about these topics at the COMSEP meeting in 2011. Many of the questions, concerns raised by this question are answered in the FAQs above. We loosely have those "decision dates", but with some variation based on numbers of application, competitiveness of the program. Most American medical school graduates get their 1st or 2nd choice in pediatrics, so overall it seems to be working out fairly well.

Note from Ann Burke, Patty Hicks, and members of the APPD Board: "Thank you for all of the questions. We look forward to more discussions on this topic."

Book Club/Journal Review

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!

We have two articles that were submitted for review. We are hoping to have 4 – 8 articles per issue.

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

Thanks!

Susan Bannister, MD (University of Calgary)
susan.bannister@albertahealthservices.ca
 Editor, Journal Club, *The Pediatric Educator*

Title: The Clerkship Pediatric Rotation: Does setting matter?

Bollegala, N et al. *Canadian Med Ed Journal* 2010, 1(1)

Submitted by: Sarah Gander, MD, FRCPC St John, New Brunswick

What was the study question?

The study question was to explore if by completing your pediatric clerkship in a community rotation versus an academic centre, your clinical performance, examination performance, written assignment performance and/or successful matching to CaRMS (Canadian Residency Matching service) was affected.

How was the study done?

The 340 medical students from the 2007 and 2008 graduating classes from the Hospital for Sick Children in Toronto, were allowed to choose their preferred site for their pediatric experience: a full six weeks in the community (168 students) or a three week community, three week academic centre split (172 students). They looked at the differences between the groups and the differences with all the variables (clinical, examinations, assignments and the CaRMS match). Standard statistical methods were used.

What were the results?

Students in the community rotations scored higher on clinical evaluations ($p < 0.01$) but not on examination marks or written assignments. The numbers were too small for the match to a Pediatric residency though CaRMS to draw any conclusions, but 10 matched from the academic centre rotation group and 4 from the community setting. It was noted that there is a selection bias for the academic centre rotation if the student expressed pre-clerkship interest in paediatrics. If the student had an interest in paediatrics, they also performed better on all evaluations.

What are the implications of these findings?

This study illustrated that the outcomes are very similar whether medical students choose purely community based clerkship experiences or one with time in an academic centre. Presumably their clinical experiences and exposures, while not necessarily equivalent, are comparable. What was interesting was that medical students interested in paediatrics usually choose the academic site. Perhaps they are looking to be close to the residency program or networking with staff in order to enhance the likelihood of their acceptance. Interestingly, at least in other centres in Canada, often the community physicians are very involved in the tertiary centres administrative and residency programs. If only they knew.

(Editor's note: This article comes from the inaugural edition of the Canadian Medical Education Journal, an on-line peer-reviewed journal. Like previous articles on this topic, the results show that students did equally well on examinations whether they did their pediatrics rotation in a community or academic site. As medical school classes increase and alternate sites to academic health centres are explored for training and subsequently used for education, these results are reassuring.)

Journal Club continued...

Title: Peer-Facilitated Virtual Action Learning: Reflecting on Critical Incidents During a Pediatric Clerkship.

Plack MM et al. *Academic Pediatrics* 2010 10:146-152

Submitted by: Margaret Golden MD MPH; Pediatric Clerkship Director SUNY Downstate College of Medicine; 450 Clarkson Avenue, Box 49, Brooklyn, NY 11203.

What was the study question?

This was an exploratory study to see if medical students will engage in reflective and critical thinking about troublesome incidents using a computer-based, peer-facilitated discussion board, dubbed "virtual action learning."

How was the study done?

The authors used as a convenience sample, the pediatric clerks during three consecutive pediatric clerkships (n=70). The students were oriented to this exercise on the first day of the clerkship, and randomly assigned to 3-4 member discussion groups. One student each week was assigned to describe a critical incident; the other students were prompted to respond with thought-provoking questions, after which the posting student wrote an essay on his/her reflections, analysis and insights. All postings were kept anonymous. The responses were analyzed qualitatively for evidence of reflective/critical thinking, and for content themes of the critical incidents.

What were the results?

The majority of the students-56/70, showed evidence of reflection on their critical incidents, some of them (12/70) at a fairly high level. Most of the incidents dealt with communication challenges and role identification; a number dealt with concerns about medical treatment, and a significant number dealt with the student's lack of power/voice. The authors provide a complete transcript of one incident, discussion thread and reflective essay to give the reader a real flavor of the responses.

What are the implications of the findings?

These authors have shown the feasibility of using the web, and of tapping the wisdom of student's colleagues, to address an important but neglected facet of medical learning—namely, reflection on troubling incidents which students encounter during clinical rotations. Because this was an uncontrolled study, the authors could not measure whether actual learning resulted from this exercise, but suggest that it could form the backbone of a longitudinal process with faculty input and formal assessments at various times over the 4 years. I was impressed with the quality of the student comments in the fully reported incident; it makes the case that the students themselves are an important resource for helping each other. I wish I had had such a program as a student and as a resident.

(Editor's note: This article highlights some difficult issues that our trainees might struggle with during their pediatric clerkship rotations. By

participating in the study's exercise, the students achieved two things: developing some degree of reflection skills and supporting their colleagues as they dealt with these challenging issues. Both are essential components of becoming a professional.)

COMSEP 2011 Annual Meeting Info

Update on COMSEP 2011 Annual Meeting Workshop Planning and Selection

The Faculty Development Task Force and Executive Committee have been working over the spring and summer to revise the process for selecting workshops for presentation at the annual meeting. The selection committee consists of representatives from both groups, including COMSEP president, president-elect, CME representative, meeting host(s), and leadership from the Faculty Development Task Force. The following information is provided to help make this selection process more transparent and clearer to our membership.

The Call for Submissions is anticipated to be sent out in early September and will include details regarding the theme of the meeting, the number of pre-conference and conference workshops to be selected, and the desired distribution of workshops along content lines (see below). Proposals are typically due by mid-October, and are reviewed/ranked using a standardized scoring instrument. The review process and selection is targeted to be complete by early December, whereupon notifications are sent to the submitters.

We have traditionally been able to offer three pre-conference workshops before the official start of the meeting. The topics for these workshops are 1) orientation for new clerkship directors, 2) a topic that showcases the host institution, 3) a topic that also appeals to more seasoned members. The latter slot is open for any member to submit a proposal, and is subject to the peer review process noted above.

One of the challenges of this selection process is to provide a slate of offerings that is of high quality and will appeal to diverse interests, while meeting the needs of all our membership. In years past, workshop selection committee members have found that the workshop content and the quality of the submission can be independent of one another. Therefore, a situation could arise wherein the highest reviewed workshops are too homogenous in topic. This occurred in 2010 when selection committee members became concerned that, had workshops been selected solely by highest quality, virtually all workshops would have been on professionalism.

To address this issue, the workshop selection committee has established “target” distribution of workshops along 4 content lines. Each workshop submission will be asked to designate a topic area, and review and scoring comparisons will be done within each category in order to achieve the approximate desired distribution of topics. The 4 topic areas include:

- **Meeting theme** – 25%
- **Foundational topics** (giving feedback, problem learner, writing learning objectives, etc.) – 25%
- **“Sponsored” workshops from task forces** (as determined by task force leaders) – 25%. Task Forces would be “guaranteed” one sponsored workshop block, subject to scoring and feedback. Additional workshops by task force members should be submitted under theme, foundational, or hot-topic categories.
- **Hot Topics** as defined by task force leaders, meeting planners or general membership. – 25%

Please feel free to contact a member of the Faculty Development Task Force (Bob Swantz, Jenny Christner, or Mike Barone) or Chris White if you have any questions or concerns.

We look forward to your many excellent workshop proposals for a great meeting in 2011!



The 2011 annual meeting will take place at the Hyatt Regency La Jolla at Aventine from March 3—7th.

California Dreamin' Educational Visions for the Future!

We are busy planning an amazing combined COMSEP-Chairs meeting in beautiful San Diego, CA. So go ahead, take out your electronic (or paper) calendar now and put March 3-7th, 2011 on there now! You won't want to miss this meeting! We will be staying at the Hyatt Regency in La Jolla – check out the website at LaJolla.Hyatt.com to see all of the amenities. The hotel hosts an outdoor swimming pool, tennis courts, basketball courts, in room iHome systems, access to a 32,000 sq ft sports gym and spa, and great restaurants on site, everything from Flemings to the Melting Pot. It is also close enough to the beautiful beaches for your families to play while we work away. Within walking distance there is a shopping mall, many eateries, and a movie theater. San Diego is home to wonderful attractions, including Sea World, the Birch Aquarium, Balboa Park, the downtown Gaslamp Quarter, and the San Diego Zoo. There is a lot to do and explore when our meeting time is over so escape the winter blues and plan your vacation time around our COMSEP meeting in order to enjoy the ever warm San Diego weather!

If the lure of beautiful San Diego isn't enough to draw you in, remember that we will be having fantastic workshops, task forces, and combined meeting times with our Chairs. This is a great opportunity for our Chairs to truly see how much we can (and do!) accomplish and allows less invested Chairs to be bolstered by those of us with very supportive Chairs. Bring yours to meet mine! As educators, we need to continue to be creative in our educational development and this theme allows you to show us how you do it! So this is our challenge to you – start or continue working on that workshop to submit. Let those creative juices flow! Oh, and don't forget to bring your coordinators as there is lots planned for them as well. See you in San Diego! I look forward to attending your workshop!

Aleca Clark, MD