



COMSEP
Excellence in Medical Student
Education in Pediatrics

The Pediatric Educator

Council on Medical Student Education in Pediatrics

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Winter 2012
Volume 19 Issue 1

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Message from the Editor

Welcome to our latest edition of the e-newsletter version of *The Pediatric Educator!* We hope you have found the new format helpful and informative. In an effort to continue to improve *the Educator*, please complete this 4 question survey on your impression of this new format. Results will be presented at our annual meeting.

Survey Link: <https://www.surveymonkey.com/s/PediatricEducator>

Sincerely,
Paola Palma Sisto
Ppalmasisto@ccmckids.org

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Message from the President



As I write this brief message on Valentine's Day, the COMSEP annual meeting in Indianapolis is only 5 weeks away! I hope to see all of you in Indianapolis March 22-24. Mitch Harris and Indiana University will continue the COMSEP tradition of great meetings and will add a 20th birthday celebration to make the meeting even more special. Be sure to attend the birthday party at The Children's Museum of Indianapolis and be prepared to dance!

You have already received the registration and hotel information and have, I trust, reviewed the schedule of workshops, research presentations, and Task Force meetings. Bring your enthusiasm, ideas, and commitment to work for the organization with you to Indianapolis.

The theme of this year's meeting is Mindfulness in Medicine. Dr. Tom Inui, world renowned educator, professor of Medicine, and director of the Regenstrief Institute at Indiana University will present the keynote address and will also join with colleagues to present a preconference workshop: "Using Reflective Writing in Medical Education."

Additional preconference workshops for Pediatric educators will be devoted to

- "The ABCs Of Medical Student Education: Fundamentals For Pediatric Educators"
- "Grant Writing: The Big Picture, The Details, The Comsep Small Grant Program And Beyond"
- "Today A Clerkship Director, Tomorrow?: The Mindful Path To Academic Advancement"

Educational administrators will have separate preconference workshops devoted to "Clerkship Administrator Certification."

A full gamut of workshops will be available over the course of the meeting and the task forces will once again have a prominent place in your meeting activities. You will hear about and then participate in task force activities for the new COMSEP Clinical Reasoning Collaborative. Elizabeth Stuart from the Curriculum Task Force has engaged the leadership of all COMSEP task forces to develop this project and to make it a major focus for all task forces at the Indianapolis meeting. The work begun at our meeting will be shared with the leadership of APPD and APA so that their respective task forces may join in this project. Please complete the [Clinical Reasoning Survey](#) to assist in their efforts.

The recipients of the newly developed COMSEP Awards will be announced at the meeting:

- Teaching / Education Award
- Research / Scholarship Award
- Excellence in Clerkship Administration Award
- The COMSEP Achievement Award

Recipients of the educational grants funded by the COMSEP Grants program will be announced at the meeting.

The data obtained from the Annual Survey are currently being analyzed and a summary will be presented at the annual meeting.

The Sarkin Fun Run/Walk will be held on Friday afternoon before the Poster session and reception. Research presentations from COMSEP members will take place at lunch on Saturday. The whole meeting will present an opportunity to renew friendships, make new friends, develop professional and academic links, and expand your abilities as an educator.

SPECIAL NOTE: If you have not already participated in the COMSEP elections, please look for the ballot for 2012 that was sent on February 2 to those COMSEP members who are eligible to vote under the current By-Laws. PLEASE VOTE IF YOU ARE ELIGIBLE! The deadline for receipt of ballots is March 7. The ballot includes:

- By-laws changes developed by the Executive Committee
 - Voting: Currently each medical school has one vote in the COMSEP annual election. Under the new By-Laws each member will have a vote.
 - Treasurer: The duties of all officers, including the Treasurer, are now clearly described.
 - Executive Committee: The PUPDOC (Pediatric Undergraduate Program Directors of Canada) representative is now included as one of the 7 at-large members of the Executive Committee. Executive Committee meetings will now be held twice a year (once in the Spring as part of the Annual Meeting and once in the Fall).
- Election of a Treasurer (2-year term)
- Election of 2 new members to the Executive Committee (3-year term)
- Election of 1 member to the Nominating Committee (2-year term)

Planning for 3rd Pediatric Excellence in Education Across the Continuum conference (PEEAC-3) will begin in March. All co-sponsoring organizations, COMSEP, APA, APPD, and CoPS, have agreed to continue this highly successful conference. PEEAC-3 is planned for the fall of 2013 and more details will be available in the upcoming year. Although a firm date cannot be set at present, anyone interested in participating should keep an eye out for information. We plan to offer a conference devoted to faculty development in the areas of teaching strategies, evaluation, assessment and feedback, curriculum development, and educational scholarship. A poster session will definitely be part of PEEAC-3, as it was a highlight of PEEAC-2. We will investigate other opportunities for participants to present research, educational advances, and programmatic changes at all levels of pediatric education.

I look forward to seeing you in Indy!

Jerry Woodhead

jerold-woodhead@uiowa.edu

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Calendar Item	Deadline / Dates	Additional info / website
2012 Annual Meeting JW Marriott Indianapolis, Indianapolis, IN	March 22-24, 2012	Registration information available at http://www.comsep.org/AnnualMeeting/ Online Registration Closes February 23rd! Register early and save!
Combined Task Force Clinical Reasoning Survey	<i>Deadline:</i> March 1st	Click the link below to complete the survey today! Clinical Reasoning Survey
2013 Annual Meeting with APPD Renaissance Nashville Nashville, TN	April 10-14, 2012	Save the Date! More information available soon!

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COMSEP Task Force Updates

[Curriculum Task Force](#)

Submitted by:

Sandy Sanguino ssanguino@northwestern.edu

Elizabeth Stuart aestuart@stanford.edu

Plans for Indianapolis

1. Plan final review/wrap-up of active cases for the Clinical Problem Sets
2. Review needs assessment data from the Annual Survey to determine whether and how to revise the core clerkship curriculum
3. Review materials and ideas submitted via the Combined Task Force Clinical Reasoning Survey, which will remain open until March 1. For those who have not had a chance to view and/or respond to the survey, we are eager to develop a resource library of materials to promote various aspects of clinical reasoning. If you have emerging ideas or existing tools that address any of the skills listed below – please complete the survey at:

<http://www.surveymonkey.com/s/COMSEPClinicalReasoningSurvey>

Sample list - skills that students build and refine during the clerkship years:

- Problem or symptom based organization of knowledge: comparing and contrasting related or similar illnesses
- Hypothesis-driven data gathering: tailoring histories and exams to explore an evolving differential diagnosis
- Attention to key features: focusing on important clinical data during data-gathering and in notes and presentations
- Summarization of clinical findings: generating concise, accurate summaries of patient data in notes and presentations
- Formulation of a clinically relevant, prioritized differential diagnosis: shifting from a comprehensive, “academic” differential to the shorter, prioritized version usually needed in clinical care
- Awareness of cognitive bias, attribution, anchoring, and other clinical reasoning traps
- Management reasoning - problem-solving beyond diagnostic reasoning, e.g. in inpatient follow-up and ongoing care

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Evaluation Task Force (ETF)

Submitted by:

Gwen McIntosh gkmcinto@wisc.edu

Starla Martinez smartinez@chmca.org

Lisa Martin limartin@lumc.edu

Since the completion of our last major group project, which was defining the minimal acceptable achievement for the skills portion of the COMSEP curriculum, the ETF has continued to be active on several fronts. We have taken our direction from the responses to the Annual Survey questions that address the evaluation needs of COMSEP. At present we are focusing on two key areas: evaluation tools and on-going development of workshop ideas and submissions regarding evaluation. Our members are also involved in helping maintain a connection with our counterparts at the APPD and keeping abreast of developments within other task forces that are of particular interest to the ETF.

At the spring meeting in Indianapolis the ETF sessions will be primarily devoted to discussion of the evaluation needs of clerkship directors, the pros and cons of currently-available evaluation tools, the process of development of new tools and refining of current tools. The desired outcome of the meeting is to identify mechanisms by which the ETF might collect/create excellent examples of specific evaluation tools and make these readily available to COMSEP. We envision this will be an on-going project that will guide the activities of the ETF for the

next few years.

In addition to the focus on evaluation tools at this meeting, there will be opportunities to get involved in other ways such as joining a standing working group, becoming a reviewer of evaluation articles for Journal Club, or helping keep the minimal competencies project up to date.

If you're new to COMSEP and looking for ways to connect, the 2012 meeting will be a great time to join the ETF. If you're a returning COMSEP member but new to the ETF, you'll find multiple ways to get involved. And of course the ETF wouldn't exist without its faithful current members—we can't wait to see you all again!

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[Faculty Development Task Force](#)

Submitted by:

Jenny Christner jchristn@med.umich.edu

Steve Tinguely stephen.tinguely@med.und.edu

Hello everyone! We are looking forward to seeing everyone in March and hoping that you can come to one of the Faculty Development Task Force Meetings.

We hope to have two web-based Faculty Development Modules for you all to preview during the meeting. One will be on "Orienting the Learner" and the other will be on "Giving Feedback." These modules will likely end up housed on the COMSEP website. However, at the meeting, we'd like to get some feedback on them!! We have solicited some future topics via the listserv to potentially develop next and will want to talk about other ideas to ultimately pick our next two modules! We will also continue our discussions regarding workshop planning, the Networking Luncheon and Traveling to Teach Teachers.

Finally, there has been some discussion regarding ways the Task Forces can work together around teaching and assessing Clinical Reasoning skills. We hope to have more information on the role our task force might play in this endeavor to discuss at our task force meeting. We'd also like to continue to pursue the idea of a COMSEP Facebook Presence.

Little tidbit about me (Jenny) – I collect Barbies and I found out that The Children's Museum of Indianapolis has a "Barbie: The Fashion Experience" Exhibit that will be closing on March 25th!!! I am NOT going to miss that so let me know if you would like to come with me!!!

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[Research and Scholarship Task Force](#)

Submitted by:

Jan Hanson Janice.hanson@childrenscolorado.org

Robin English rengli@lsuhsc.edu

Members of the Research and Scholarship Task Force have recently completed the review of abstracts for the upcoming poster and platform presentation sessions in Indianapolis. This year we had a record-breaking 54 abstracts submitted, which shows that our members are increasingly becoming involved in scholarly projects. We will provide feedback to authors shortly. We look forward to a thought-provoking poster session as many of the accepted projects address topics of great importance to all of our members. We will provide reviews with feedback to authors after the poster session as well.

Some of our members have also been hard at work at the development and validation of a tool to teach and assess clinical reasoning, and we look forward to collaborating with members of the other task forces as this

project moves forward. Finally, many of our members are hard at work at developing workshops for the Indianapolis meeting, including workshops on qualitative and quantitative research. We welcome any of you at our task force meetings!

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[Clerkship Administrators Update](#)

Submitted by:

Donnita Pelser Donnita.pelser@wesleymc.com

The Clerkship Administrators Group has grown significantly since being started by Dottye Currin in 2008 at the annual meeting in San Antonio. We currently have 107 clerkship administrators on our list serve and of those, 60 are actively involved and/or have attended a COMSEP meeting in recent years.

There are some great workshops for administrators this year. For those new to their position or new to COMSEP, a Pre-Conference Workshop for Clerkship Administrator Certification is being offered. Other excellent workshops being offered include; "Temperament: Improving Relationships with Medical Educators and Students," "Clerkship Administrators Using Thematic Analysis for Quality Improvement," and "Facilitating an Effective and Meaningful Orientation."

At this year's clerkship administrators' general session, we are privileged again this year to have one of our clerkship directors come and speak. Karen VanderLaan, M.D. of Helen DeVos Children's Hospital in Grand Rapids, Michigan will be the presenter.

During the past year, the administrator working groups have continued working to develop resources based on the needs of both clerkship administrators and directors. [The Guidebook and Resources Group](#) has decided to use the CDIM's version of the guidebook for administrators, as it was written in generalized form not specific to any one specialty. This group will begin working more with the [Tool of The Trade Group](#) to post the necessary resources for all clerkship administrators and directors on the COMSEP website. This year we combined the [Meeting Planning Group](#) and [Workshop Planning Group](#) into one because of overlap in their responsibilities. They have worked to get things planned for our upcoming meeting. The [Mentoring Group](#) has continued to work on matching up new administrators with more experienced administrators. We encourage anyone who is interested in being a part of any of these groups to contact us at Donnita.pelser@wesleymc.com.

The clerkship administrators would like to express their thanks to the COMSEP organization for its continued commitment to the clerkship administrators. The educational opportunities have been wonderful and we look forward to many more. We will miss Dottye Currin, who is retiring on April 2, 2012, for her vision of getting the clerkship administrators involved and, most of all, her friendship. Thank you, Dottye! Please feel free to drop Dottye a line to let her know how things are going. Her email addresses are dottyecurrin@yahoo.com or whisperwind@surry.net. See everyone in Indy!

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[Webpage Update](#)

Submitted by:

David Levine dlevine@msm.edu

We are excited that the upgrade of the COMSEP website is well underway. The appearance and functionality will be having enhancements in the next couple of months and, if all goes well, we will demonstrate use of the site at the March meeting in Indianapolis. Thanks to my colleagues who are contributing to this project. Pradip Patel is providing development and IT support perspectives and Lyuba Konopasek is providing "aesthetic" support. Look for future requests for photos both for the public website (releases will be required) and to upload your own

photo to the membership database so your colleagues will remember you. As always, thanks to Jillian Gann for spearheading this project with Degnon Associates.

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2012 Annual Meeting

Submitted by:

Mitch Harris mharris@iupui.edu

Mindfulness in Medicine Indianapolis, IN



We are putting the finishing touches on what will be an outstanding meeting, with our theme being "Mindfulness in Medicine." The dates are March 22-24, 2012 and our host hotel is the JW Marriott. The workshops and presentations will have something for everyone, from the new clerkship director or coordinator to our seasoned "Emeratati." Our birthday celebration at The Children's Museum of Indianapolis will be a great way to celebrate COMSEP's first 20 years! Indianapolis prides itself on hosting major events, and we have a few special treats in store for everyone. Be sure to register now and plan to attend COMSEP 2012 in Indianapolis!

Find more information on the meeting program, registration, and hotel at <http://www.comsep.org/AnnualMeeting/>

Register early and save! Online registration closes February 23rd!

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Catching up with Jean and Lisa...

Submitted by:

Chris White CWHITE@georgiahealth.edu

While visiting relatives in Chapel Hill over Thanksgiving, I had the wonderful opportunity to meet Jean Bartholomew and Lisa Elliott for breakfast. For those new to COMSEP, the American Board of Pediatrics generously provided Jean and Lisa's administrative and meeting planning services to COMSEP (and AMSPDC) from our inception in 1992 until 2009. Although COMSEP officers and membership changed, Jean and Lisa provided the glue, consistency and institutional memory that we needed. Lisa and Jean send COMSEP hugs to all and will always remember the wonderful memories they shared with us!



Jean: I have survived my first full month of retirement, catching up on a number of jobs I have let go at home. I have volunteered to serve the Arc of Orange County, an agency helps those with developmental disabilities. I also expect to work part-time at Curves beginning in early to mid March. While I miss everyone I worked with, I'm not sure how I found the time to work before! Life has been anything but dull.

Lisa: January 1st I received a promotion at the ABP from Meeting and Event Planner to the Manager of Membership and Meeting Planning. This was not Jean's job, but I am responsible for the some of the things and

areas that she has overseen for many years. This year will be my 19th year at the ABP. I live in Oxford with my husband Stephen and our 17-year-old son, Chase. Our oldest son, Jordan, is a junior at East Carolina University.

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COMSEP Journal Club

Submitted by:

Susan Bannister susan.bannister@albertahealthservices.ca

Editor, Journal Club, *The Pediatric Educator*

Hello!

I am delighted to present five reviews here from five different, brand-new reviewers! I am thrilled that five more COMSEP members have taken a stab at this – this is fantastic!

Thank you to everyone for contributing – for finding articles that we probably wouldn't have otherwise read, for writing reviews that summarize the articles, for making us consider what we do daily in education and encouraging us to reflect upon it, for enabling this edition of the Journal Club to be the first to have five people write reviews who have never done so before! Wow!!

The Journal Club will be meeting at the COMSEP meeting – at the Networking Lunch. COMSEP members who have written reviews, who would like to write reviews, who have ideas on how to improve the Journal Club, or who just want to hang out with us are welcome! See you there!

I welcome more reviewers – it would be fantastic to have more members of COMSEP involved. 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:
 - o What was the study question?
 - o How was the study done?
 - o What were the results?
 - o What are the implications of these findings?
4. Send the review to me
5. Await to see your name in print!

Please let me know if you'd like to review an article or if you have feedback on this format. Thanks! See you soon in Indianapolis!

Attitudes of Affiliate Faculty Members Toward Medical Student Summative Evaluation for Clinical Clerkships: A Qualitative Analysis. Wang KE, Fitzpatrick C, George D, Lane L. *Teaching and Learning in Medicine* 2012; 24(1):8-17.

Reviewed by Jonathon Gold

What was the study question?

As the title suggests, what are the attitudes that affiliate faculty have toward summative evaluation of medical students?

How was the study done?

Semi structured interviews, focus groups, and brief surveys were performed. The participants were educators across multiple disciplines at a single clinical site affiliated with several medical schools. Themes were identified

using qualitative methods.

What are the results?

Investigators identified three themes: factors that influence grading, consequences of negative evaluations, and disconnections in the grading process. Factors that influenced grading included items such as the need for sufficient time with the student to perform adequate evaluations, inconsistent or vague criteria for grading, and the importance of professional (or unprofessional) behaviors in determining grades. Consequences of negative evaluations included fear of derailing the student's career, fear of damaging relationships with the medical school, and fear of discouraging potential residency applications through harsh grading. Disconnections in the grading process included lack of training or understanding of the various grading forms used by medical schools and lack of knowledge about previous patterns of student behavior or ability to feed concerns about students forward to the medical school.

What are the implications of these findings?

Many of the themes identified in this study are similar to those found in other analysis of summative evaluations—difficulties related to lack of sufficient time observing a student, lack of clear measurable criteria, fear of reprisal and grading of nonperformance attributes. However, the theme of disconnectedness may be more unique to faculty at sites more distant from the primary medical school. The authors correctly point out the need for not only faculty development regarding the use of these evaluations but also the need for strong relationships and lines of communication between the onsite evaluator and the responsible medical school.

Although this study was performed at a single site only and should be repeated in more settings, to me the issues raised have certain face validity. As a clerkship director at a community-based medical school with multiple campuses, use of summative evaluations have always created some difficulties for students at our various sites, with many students and faculty suspecting that faculty at each site are using the evaluation forms somewhat differently. Attempts to improve the process have involved several revisions of our evaluation forms and regular faculty development in various formats, but it remains an ongoing challenge.

Editor's note: This article is hot off the press (February 2012!) and is from one of COMSEP's own – Lindsay Lane!!

Restructuring an Inpatient Resident Service to Improve Outcomes for Residents, Students, and Patients. O'Connor AB, Lang VJ, Bordley DR. *Academic Medicine* 2011; 86(12):1500-1507.

Reviewed by Kyra A. Len

What was the study question?

Would restructuring a resident teaching service have an effect on resident, student and patient outcomes?

How was the study done?

The setting was a 750 bed tertiary care teaching hospital on the east coast involving an internal medicine residency program in 2008. Restructuring involved eliminating the "day float" admitting team and converting the one resident-one intern teams to one resident-two intern teams, thereby reducing intern caps from 11 to 7 patients and increasing the pairing between resident teams and attendings. Their outcome measures were end-of-rotation evaluation forms for residents and students, random paging activity logs, patient logs and med student Medicine subject exam scores. For the random paging logs the residents and interns were randomly paged during the day and logged what they were doing at the time (writing notes, teaching, with the patients, etc.). They compared these outcome measures for the 2007-2008 class (pre-restructuring) and 2008-2009 class (post-restructuring). They also evaluated hospital-collected patient outcome data.

What were the results?

Post-restructuring the rotation significantly improved the residents' and interns' overall rotation enjoyment (mean change 0.35, $p < .001$ and 0.19, $p = 0.04$ respectively). Other rotation scores were similar in the intern and resident evaluations. After restructuring, the residents spent more time in direct patient care activities (38.1% of time vs. 22.8% of time, $p = 0.002$) and with interns (45.3% of time vs. 34.2% of time, $p = 0.49$), but less time

with medical students (24.1% of time vs. 36.6% of time, $p=0.02$). The interns also spent less time with medical students at the time of random paging (25.2% down from 33.1%, $p=0.03$). The medical students were noted to rate rounds with the ward attending and the accessibility of the teachers/faculty higher in their clerkship evaluation post-restructuring. Med student Medicine subject exam scores were similar in both years. Patient outcomes were notable for an increase in hospitalist-attended residents' patients, decrease in median length of stay (5.0 to 4.0 days, $p=0.02$) and fewer patients requiring the ICU (11.2% to 7.9%, $p<0.001$). Press Ganey survey results post-restructuring were similar.

What are the implications of these findings?

The authors note that by restructuring their medicine rotation to involve less hand-offs, decreasing the intern patient census and increasing hospitalist pairing with resident teams, they found improvement in resident satisfaction, student satisfaction and a favorable impact on patient outcomes. This study implicates that by improving continuity of care for patients by eliminating a "day float" team and lowering the intern cap that there is overall improvement in patient care and resident satisfaction. The reflected improvement on the medicine clerkship rotation was also interesting considering that both the interns and residents were noted to be spending less time with medical students at the time of the random page. The authors attribute that the students' increased contact with faculty and increased satisfaction with attending rounds was due to the teams being aligned with a single attending.

Editor's note: This study's setting was internal medicine. Would similar results be found in pediatrics? This study presents a no cost method to improve education and highlights the importance of caring for – and thinking about – patients from admission through to discharge.

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

Reviewed by Melissa Held

What was the study question?

Pediatric hospitalists have had an increasingly large role in the education of medical students and residents in the inpatient setting. This study sought to describe the teaching qualities and skills demonstrated by exemplary pediatric hospitalists. The goal was to elicit from hospitalists, residents, and medical students what traits were felt to be most important in teaching in order to develop curricula or other interventions to enhance medical education.

How was the study done?

This was a prospective qualitative study performed at three academic institutions of different size and geography. At each site, chief residents and residency program directors were asked to identify the top pediatric hospitalists in their programs based on learner evaluations and feedback. Each of the identified hospitalists was interviewed with a semi-structured format. Pediatric residents and medical students who had recently worked with each of the identified hospitalists participated in focus groups to discuss their experience working with these faculty. Data was analyzed using the constant comparative method.

What were the results?

All six invited hospitalists participated in the study. Four domains were identified: teaching skills, personal qualities, patient care skills, and role modeling. Some traits were identified for "exemplary hospitalists" while others were for "ideal hospitalists." Certain qualities and skills identified confirmed other studies, yet several new themes emerged from this study.

Theme 1: Teaching skills - This area consisted of the most comments. Comments included finding teachable moments, teaching points within the context of the patient or situation, stimulation of learning and problem-solving, and how hospitalists help learners "think through the process" were noted.

Theme 2: Personal qualities- Hospitalists noted their own ability to gracefully accept feedback, reflect on their

experiences, and being able to say "I don't know." Medical students noted that these faculty provided a "supportive environment" and were "encouraging." Residents noted hospitalists' approachability and professionalism.

Theme 3: Patient care skills - Although a smaller domain in terms of comments, learners noted hospitalists' knowledge acquisition and ability to access evidence-based literature as well as patient advocacy skills and system knowledge.

Theme 4: Role modeling - Although highly relevant to all other domains, this was given its own domain to emphasize its importance in the study findings.

What are the implications of these findings?

Although teaching skills, patient care skills and personal qualities were previously mentioned in other studies as being important to the exemplary hospitalist educator, this study noted role modeling as a unique quality. This was identified by participants as having a strong relationship with all domains. Medical education programs need to address this by incorporating development of this skill into curricula but also by emphasizing its importance in the education of learners. Pediatric hospitalists have the opportunity to have a large impact on the education of residents and students.

Bed Sharing and the Risk of Sudden Infant Death Syndrome: Can We Resolve the Debate?

Vennemann MM, Hense HW, Bajanowski T, Blair P, Complojer C, Moon RY, Kiechl-Kohlendorfer U. *Journal of Pediatrics* 2012; 160(1):44-48.

Reviewed by Maribeth Chitkara

What was the study question?

The main objective of this study was to evaluate the evidence regarding the risks of bed sharing in regard to Sudden Infant Death Syndrome (SIDS). The practice of bed sharing remains controversial, and practice regarding recommendations varies among providers. Acknowledging that SIDS is still the leading cause of death in the post-natal period in developed countries, the authors sought to perform a meta-analysis of case-control studies providing data on bed sharing and SIDS to determine if it is a legitimate risk factor that should be avoided.

How was the study done?

A literature search via PubMed and Medline was performed by two of the authors using subjects: "sudden infant death syndrome", "sudden unexpected death", and "cot death" with "bed sharing" or "co-sleeping". All case-control studies comparing the relationship of bed sharing and SIDS were included from January, 1970 to December, 2009. Selection criteria included: (1) adequate definition of SIDS; (2) autopsies performed in >95% of cases; (3) an appropriate description of SIDS ascertainment in the study population; (4) a clear description of the process of control selection; and (5) sufficient data to calculate odds ratios (OR) and 95% confidence intervals (CI), or the actual ORs and 95% CIs were provided. Summary ORs from published univariate and multivariate ORs were calculated. Studies were stratified according to parental smoking status, age of infant at time of last sleep regardless of smoking status, and bed sharing as a usual habit versus bed sharing not usual but in the last night.

What were the results?

Eleven case-control studies were included in this study. In the combined analysis, 710/2464 (28.8%) cases and 863/6495 (13.3%) controls bed shared. The summary OR for bed sharing and SIDS was 2.89 (95% CI, 1.99-4.18). Subgroup analysis for maternal smoking and bed sharing found an OR of 6.27 (95% CI 3.94-9.99), whereas for non-smoking mothers the OR was 1.02 (95% CI 0.49-2.12). Calculated ORs for infants who bed shared under the age of 12 weeks was 10.37 (95% CI 4.44-24.21) versus 1.02 (95% CI 0.49-2.12) for older infants. Infants who did not routinely bed share with their parents, but had bed shared on the last night had a higher OR (2.18, 95% CI 1.45-3.28) when compared to those who routinely bed shared (OR 1.42, 95% CI 0.85-2.38).

What are the implications of these findings?

All of the studies included in this meta-analysis found an increased risk of SIDS in infants who bed shared. However, the elevation of risk appears to be less pronounced in older infants as well as those who are not exposed to maternal smoking. Based on these findings, it is still unclear whether bed sharing in general should be discouraged, or if particularly hazardous circumstances should be identified so as to provide targeted anticipatory guidance for families at risk. At a minimum, the authors suggest that families be warned against bed sharing when either parent smokes or when the parent has consumed drugs or alcohol. While not included in the meta-analysis, the authors call attention to more recent studies looking at deaths associated with co-sleeping on unsafe surfaces, such as sofas, and recommend that parents be counseled against such practices.

Struggling to be self-directed: residents' paradoxical beliefs about learning. Nothnagle M, Anandarajah G, Goldman RE, Reis S. *Academic Medicine* 2011; 86:1539-1544.

Reviewed by Paola Palma Sisto

What was the study question?

Self-directed learning (SDL) skills are critical for physician lifelong learning. Medical training has not traditionally emphasized the development of these skills. Trainees' perceptions on the learning culture in medical training and on using SDL skills have not been studied. The study asks "what are family medicine residents' views about SDL skills?"

How was the study done?

Authors conducted individual semi structured interviews with 13 graduating family medicine resident at Brown University. Four researchers analyzed the data using standard qualitative methods. Major themes were identified.

What were the results?

The themes are: resident beliefs about learning, the learning culture in their residency, and developmental progress in learning. The authors noted four paradoxes that arose from the analysis: 1) although residents understand the value of SDL, they did not practice it and felt unprepared to manage their own learning, especially in the clinical setting; 2) residents still valued the traditional, teacher-centered approach to the learning culture; 3) residents perceive patient care and learning as competing rather than a stimulus for SDL; 4) residents would like external guidance to direct their own SDL.

What are the implications of these findings?

Residents at this university residency program feel inadequately prepared to use SDL skills and wanted more external guidance. Emphasizing this skill development is critical to increase their confidence in their own skills. This can be extrapolated to the medical student as well, encouraging educators to foster this skill development in the undergraduate years.

Editor's note: This well designed and well done study highlights important tensions about self-directed learning among trainees. Teaching - and modeling - these skills in the undergraduate years may make self-directed learning seem more natural during residency.

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Editor:

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