



COMSEP

Excellence in Medical Student
Education in Pediatrics

The Pediatric Educator

Council on Medical Student Education in Pediatrics

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Message from the President



Dear COMSEP Members:

“Game Plan”

On a crisp two days in the fall of 2010, a number of COMSEP members gathered in a hotel near Dulles Airport to outline COMSEP’s five-year strategic plan (2011-2016). In addition to articulating COMSEP’s mission, vision and values, the resulting strategic planning document listed our organization’s over-arching goals.

1. To demonstrate leadership and expertise in medical education.
2. To enhance the professional development of our members.
3. To advance teaching excellence.
4. To foster a vibrant community and organizational structure.

We are about 80% of the way into this five-year strategic plan and I'm pleased to say that, thanks to the dedicated members of COMSEP, we have accomplished a lot. Furthermore, we have many paths already outlined for our next round of achievements.

I'll mention just an example or two for each of our goal pillars to demonstrate this progress.

1. "Leadership and Expertise in Medical Education." COMSEP is routinely called upon as the organization of pediatric UME experts, and we've continued to build strong alliances with the Academic Pediatric Association (APA), the Council of Pediatric Subspecialties (CoPS), the Association of Pediatric Program Directors (APPD), and the Association of Medical School Pediatric Department Chairs (AMSPDC). Our recent process of becoming independent from the Chairs' group progressed as planned, and we are already discussing future ways to continue collaborating with the Chairs. Along with our partnering organizations, COMSEP is beginning to plan for the Pediatric Excellence in Education Across the Continuum (PEEAC) meeting for 2015.

2. "Professional Development of our Members." As you'll read in the pages that follow, we are creating a new members' on-boarding packet. We will also unveil a "pilot" mentoring program for the spring meeting, and many of our members are actively contributing content for workshops and abstracts for the 2015 annual meeting in New Orleans. Lastly, our COMSEP awards are becoming nationally recognized. Please submit your nomination for a COMSEP award to recognize a deserving colleague.

3. "Advancing Teaching Excellence." In our efforts to further develop ready teaching / assessment resources for all faculty to use, our Evaluation Task Force and the Faculty Development Task Force are placing more and more resources on our website. Furthermore, the new section in this publication, The Pediatric Educator, is allowing members to share novel teaching and assessment practices (see the reports from Drs. Christner et.al., and Biehler, et. al. in this edition).

4. "Fostering a Vibrant Community and Organizational Structure." No, I'm not going to talk about dancing-even though that's important. But I will mention COMSEP's efforts to ensure a vibrant future through firm financial footing. Recently, when the Dues Task Force of the Executive Committee sent out the message regarding COMSEP's fee structure for 2015 and beyond, I anticipated receiving a number of emails expressing serious concern. I got none. Looking at the glass half-full, I'll take this to mean a general acceptance of our new fee structure as well as the value you all place in COMSEP as your scholarly and professional home. Speaking on behalf of the COMSEP leadership, we are very hopeful that our organization continues to grow through this transition to independence. Said another way, we are hopeful that all of our current members stay actively engaged in COMSEP through individual membership.

Sports fans know that game planning and execution are critical to success. This is also true for organizations. While some organizations have the benefit of continuous electronic dashboards which track their progress, we don't. For now we rely on an iterative process of assessing our progress against some visionary ideas that were developed in 2010. I'm happy to say that we've made tremendous progress in the past few years and, due to your efforts, our future is brighter than ever. Soon we'll be gearing up to create the next set of objectives for COMSEP (2016 and beyond). Stay engaged in COMSEP and you'll have the opportunity to participate in shaping the next chapters for our organization and for pediatric medical student education.

Michael Barone

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Calendar Item	Deadline / Dates	Additional info / website
COMSEP Awards	Deadline December 15 th	COMSEP Awards Webpage
COMSEP Grants	Deadline December 5 th	COMSEP Grants Webpage
Call for 2015 Workshops and Abstracts	Deadline October 28 th	2015 meeting theme: "Coming back stronger; finding opportunities in change"
Annual Meeting 2015	March 11-14, 2015	InterContinental New Orleans New Orleans, LA Book your hotel room Now!

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COMSEP Task Force Updates

[Evaluation Task Force \(ETF\)](#)

Submitted by:

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We hope everyone is enjoying some wonderful fall weather. Our task force continues to work on several projects that we identified as priorities at the Ottawa meeting. Through the COMSEP annual survey, we are examining the elements clerkship directors use to determine clerkship grades and the factors that contribute to clerkship failures. We are developing a library of evaluation tools on the Members Only section of the COMSEP website. Look for a request for various types of evaluation tools in the future- please reply and send us your favorite evaluation tools! Our goal is to develop a collection of readily available tools for COMSEP members to use for their specific evaluation needs. We hope to unveil the start of the library at the 2015 New Orleans meeting. At the spring Ottawa meeting there was much interest in the practices of forward feeding and educational hand offs. These are issues the task force plans to explore in the coming year. A number of workshops on evaluation have been submitted for the New Orleans Annual COMSEP meeting. Finally, we continue to collaborate with the other task forces on the EPA 4 project. Thanks to the ETF members for their ongoing participation. We are always looking for new members to join in and have many opportunities for involvement!

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Faculty Development Task Force (FDTF)

Submitted by:

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The 2015 call for workshops is open and the Faculty Development Task Force is excited to review your proposals. If you haven't completed your submission the deadline is October 29th. The "pilot" for our new Mentoring Program will be unveiled at the 2015 meeting. We will be soliciting applications from junior as well as seasoned members for mentoring pairs so stay tuned! The newcomers welcoming materials are coming along and we hope to unveil them in time for the 2015 meeting. Please continue to send new and exciting faculty development videos to add to our on-line library. Our most recent addition is an excellent video on Feedback submitted by Andrew Mutnick.

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Research and Scholarship Task Force (RSTF)

Submitted by:

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The RSTF conducted two conference calls in August. During the calls, teams volunteered to prepare workshop proposals for the 2015 Annual meeting. There are four different workshops in preparation and we hope all of them will be accepted!

As part of the call, the consensus document from AAMC relating to recruiting and retaining community-based preceptors was discussed. Several members volunteered to discuss how this could be further investigated from the clerkship directors' perspective. Dr. Gary Beck is coordinating the effort for the task force and he has also been working with the Alliance for Clinical Education on this to bring in a multi-disciplinary perspective.

Don't forget to submit your abstracts for posters by October 28th!

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New Section in the Educator, Great Ideas

Title: SUNY Upstate's "We use it" video campaign: Improving the utility of student feedback through system transparency

Submitted By: Jennifer Christner MD Associate Dean for Undergraduate Medical Education; Lisa Phelan Director of Accreditation and Compliance; Carrie Roseamelia Administrative Director Rural Medical Scholars Program; Lauren J. Germain MEd PhD Director of Evaluation, Assessment and Research; SUNY Upstate Medical University

Description of Resource: Focus groups of medical students identified that our students did not understand how and by whom their feedback was used. We needed a memorable way to communicate to students how much their feedback mattered. For the 14-15 AY, we identified the individuals/groups that regularly use student feedback. We took short videos of each group saying simply, "I/We use it" - meaning that they use student feedback. The videos were merged into a funny 1.5 minute video complete with music and captions listing names, roles and how they use these data. The video concluded with a website where students can view how their feedback was used during the past year.

<https://www.youtube.com/watch?v=fN0ycxOI5k4>

How resource was incorporated into the medical education program: The video was put on the school's Facebook page and was played at first and third year orientations. Leadership emphasized throughout the orientations how important student feedback was.

Impact of this resource on the program: Our average response rate for voluntary student evaluations of faculty lectures in the first two units of 2012-2013 was 53.72%; in 2014-15 the response rate increased to 78.97%. Evaluation data can be positively impacted when students understand the importance of their feedback. This small, free intervention fostered connections between institutional-decision makers and students by making the process of feedback-use more transparent.

Lessons Learned: 1) Listen to student needs: through student focus groups, we learned that students did not have a full image of how evaluation data were used, 2) Make the intervention memorable: the videos elicited laughter and applause from students and faculty alike as they saw familiar faces on the screen, 3) Make the intervention relevant to the site: we made a version of the video for each geographic site so students saw people they recognized as institutional decision-makers, 4) A video intervention can be time and cost efficient: in all, the video cost minimal resources (no money, a few hours total from staff, and 1.5 minutes of student time), 5) The quality of student feedback can be impacted by an intervention of this sort because it promotes students' power in influencing critical components of their educational experience.

Title: Reporting of Suspected Child Abuse: A Live Workshop

Submitted by: Jefry L. Biehler, MD, MPH, Pediatric Clerkship Director, Herbert Wertheim College of Medicine, Florida International University; Arianne Velazquez, Pediatric Clerkship Coordinator, Herbert Wertheim College of Medicine, Florida International University

Description of Resource: Knowledge of responsibilities regarding the reporting of suspected child abuse is a core competency for medical students. The traditional approach to this subject consists of didactic lectures and/or small group discussions. With years of clinical experience in child abuse, the author has discovered that physicians at all levels of training frequently have great reservations about reporting suspected abuse. This reluctance to report is most often based on uncertainty of the diagnosis, legal ramifications for the family and reporter, or uncertainty regarding the actual reporting experience abuse.

We have developed a program consisting of a short discussion regarding the legal responsibilities of mandated abuse reporters. The group then discusses common findings, medical treatment, and first steps in the

management of suspected abuse cases. Multiple cases, with photographs, sanitized medical records, radiographs, and laboratory studies are provided for discussion. At the conclusion one additional case of obvious physical abuse, with multiple bruises, solid organ injury, and multiple fractures is provided. The medical record contains demographic data as well as essential medical findings. The students are allowed to ask the group leader additional questions regarding the case. A student is selected to place a reporting call, on a speakerphone, to what is represented as the State Child Abuse Hotline.

Prior to the session a volunteer from our local Child Protection Team is informed of the incoming student call. Using a carefully scripted series of questions, taken directly from the state DCF script, the student reports the case to the awaiting volunteer. The experience exactly parallels that of an actual telephone report to DCF.

After the call the group discusses areas for which they were unprepared, unexpected questions, and information previously ungathered. Most importantly, students discuss their comfort and likelihood of reporting suspected abuse before and after the mock report.

Though currently under further investigation, the comments from the student have been overwhelmingly positive. Many report far less anxiety at the prospect of reporting abuse and a much higher likelihood of reporting suspected abuse. This interactive teaching reinforces the responsibilities of health care professional to report suspected abuse.

Method of Incorporation: This workshop is incorporated into afternoon MSIII didactic education sessions.

Impact on program: Students benefit from simulation of a process rarely experienced in medical school.

Lessons learned: Students enjoy the interactive format and report increased comfort with the reporting process.

New Section in the Educator, Job Postings

Role / Title: Department Head of Pediatrics

Institution: LSU Health Sciences Center

Job Description / Responsibilities: Department Head of Pediatrics and the endowed William Stewart Chair in Pediatrics. Will be responsible for managing all aspects of department programs, including undergraduate medical education, resident/fellow selection and training, program accreditation, faculty recruitment/retention, clinical practice development and outreach, and development of research programs. Will oversee general pediatrics and subspecialty services. Must provide evidence of leadership accomplishments, commitment to education and clinical service, and ability and vision to provide strategic direction for the department.

Minimum Qualifications: MD or MD/PHD or equivalent; board-certified in pediatrics (or a pediatric subspecialty); eligible for or licensed to practice in the state of Louisiana; significant record in teaching and educational or clinical research, and clinical competency; history of mentorship and leadership that promotes an inclusive environment and diversity; previous management and leadership experience in a public or private academic health setting; thorough understanding of basic financial and accounting concepts; academic credentials that qualify applicant for tenure and rank of full professor and that also satisfy Louisiana Board of Regents requirements for the Eminent Scholars Program.

Contact information / deadline: Provide CV, including full list of publications, brief statement of academic interests and qualifications, and names and contact information of 3 references. Forward materials electronically to SOM-Jobs@lsuhsc.edu; reference Dept Head Pediatrics. Review of applications will commence immediately and continue until position is filled. LSUHSC is an Equal Opportunity Employer for females, minorities, individuals with disabilities and protected veterans.

Website: www.lsuhs.edu

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