

SDRME MINUTES
11/8/93 Washington, D.C. (AAMC)

Present: Abrahamson, Albanese, Arnold, Barrows, Bhardwaj, Bordage, Bridgham, Brooks, Coggan, Crick, Croen, Davis, Des Marchais, Friedman, Gunzburger, Heestand, Irby, Jennett, Kappelman, Levy, Littlefield, Nieman, Nolte, Norman, Nystrup, Petrusa, Ravitch, Rothman, Rubeck, Schimpfhauser, Simpson, Spooner, Wilkerson, L. Williams, R. Williams

Minutes of the past meeting were approved.

Invited review David Irby provided an update on "A cognitive perspective on ambulatory care education". He has identified 60-70 research articles, collected and reviewed 25 to date. There is excellent research and diversity - most on family medicine. He plans to have a draft by March, to get peer review by April, to present in June at the SDRME meeting. SDRME members will contact Wayne Davis or Michael Ravitch if they wish to be reviewers for Irby's manuscript.

Invited review Emil Petrusa provided an update on "Standardized patients for the evaluation of medical students". His paper will summarize and critique studies, integrate results, and recommend new research. Major sections include: reliability, validity, standards, impact on education, costs. The scope of literature reviewed targets: peer reviewed journals, quantitative information, medical school context, studies since the last major review, and not comparative reviews of other approaches. Emil would appreciate readers/reviewers; let Ravitch or Davis know if you are interested and willing.

Related discussion *re* lengthy article: a) a big paper in a journal, b) a 2 or 3 part article, c) monograph, d) Review of Research in Education or Review of Educational Research. Noted in discussion that d) would miss many folks in medical education. c) has less prestige than journal publication - distribution is haphazard and publication is not indexed for electronic bibliographies. Emil is advised to consult with TLM or Academic Medicine.

Macy CPX Consortia Howard Barrows reported on EMPAC (Educational Impact of Macy Project Affiliated Consortia); reports were distributed summarizing EMPAC and describing "Developing Clinical Practice Examinations: The Macy Consortia Approach". In discussion, it was suggested that other consortia may form, if there is additional funding, but SDRME has no solid information on such prospects. The New York consortium has received additional funding.

History Frank Schimpfhauser (for Ed Rosinski) - Ed will submit a draft in mid-November of the updated SDRME history.

Membership Robert Bridgham summarized the committee's work. Les Sandlow (Illinois), John Shatzer (John Hopkins), Wylie McNabb (Chicago), and Lynn Kirk (UT Southwestern) were recommended and approved for membership. One other application is pending. Currently, SDRME has 44 members and 7 emeritus or "other" members. We need to clarify criteria for membership.

SDRME-AMA Liaison A joint conference is being planned on Teaching and Assessing Professional Behavior: Models for Physicians in Training. As noted in the SDRME newsletter, the planning group has broad participation from SDRME. Contact Louise Arnold or John Littlefield; help will be needed to develop case studies, model programs, and suggestions for persons to be on the program.

BHPE Wayne Davis noted the BHPE conference during the AAMC meeting; Steve Wortman will present - SDRME members are advised to attend.

Foundations Mark Albanese reported that the Foundation Liaison committee will exist, on hold, pending a targeted need.

International medical education Wayne Davis (for Gordon Page) asked the sense of the membership on pursuing international members, addressing issues related to same, etc. The consensus was to pursue this agenda.

SDRME-AAMC LuAnn Wilkerson reported on plans for a conference on medical education for Associate Deans. This initiative derives from earlier work by Charles Friedman and Reed Williams. A survey was recently mailed to DRMEs to get ideas and to identify appropriate Associate Deans. The suggestion was made that we tie into leadership in curriculum change.

Email All SDRME members are requested to get on email. Communication will be greatly enhanced.

Newsletter Michael Ravitch distributed the SDRME newsletter; errata were noted!! (R Cohen, not G Cohen, and the telephone is 978-6422). A second newsletter will appear in spring '94.

Summer meeting of SDRME Peter Coggan reported that SDRME will meet at the Stanford Sierra Camp, June 4-7. The Upjohn Corporation is providing generous financial support to defray part of the cost.

Site Selection John Littlefield entertained suggestions for future meetings. N. Carolina mountains in the east in '95?? West coast in '96?? The site selection committee will pursue options.

Membership Survey Mark Albanese distributed results of the 1992 survey, which will be repeated in 1994.

Treasurer's Report Louise Arnold distributed the report.

meeting adjourned to commence reception for members past and present

Michael M. Ravitch, Secretary, SDRME

EDUCATIONAL IMPACT OF MACY PROJECT AFFILIATED CONSORTIA (EMPAC)

Ref #1a
11/8/93
SDRME

SPRING 1993 QUESTIONNAIRE RESULTS SUMMARY
October 1993

All twenty-four schools involved in the six Macy-sponsored Clinical Practice Exam Consortia participated during the spring of 1993 in a survey to collect baseline data on the status of performance-based assessment at their institutions. Although 24 is not a massive number, this 100% return shows a remarkable level of commitment by the faculty and staff involved at all levels in this effort. This data, summarized below, will provide a basis by which to compare each school's achievements in this area at the end of the Macy Project period.

RESOURCES: The majority of the schools in the Macy consortia have received additional funding for performance-based assessment programs using standardized patients from internal or external sources. Approximately half of the schools have received some external funding (other than the current Macy funds), and almost all receive departmental or school funds. Internal financial support is expected to grow during the current project.

FACILITIES: No new facilities for testing have been built since the beginning of the project, but several sites have been able to upgrade or expand existing facilities. Several others noted that new or expanded facilities are being considered.

COLLABORATION BENEFITS: There was unanimous agreement that the consortium approach is highly beneficial, particularly in the areas of case development and standardized patient training. The value of sharing expertise in exam administration, educational assessment, and research and statistical analysis was noted. Furthermore, many schools share equipment, facilities, standardized patients, administrative staff, and/or testing program protocols. It was also pointed out that the consortium approach helps develop, justify, and maintain faculty commitment to the project. As stated effectively by UNC: "The stronger rationale (for collaboration) is the intellectual strength and simple support provided through the other members of the consortium."

SCHOOL AUTONOMY: Two areas in which schools were unanimous regarding the need for local autonomy are the setting of performance standards for students and the use to be made of examination results. Most schools also wanted the flexibility to tailor part of the examination to meet the needs and objectives of their individual curricula.

CENTRAL ADMINISTRATIVE SUPPORT: Although most schools have received verbal support for the performance-based testing project, 11 of the 24 schools (46%) have received tangible support in terms of resources or staff. Albany Medical College pointed out that involvement in this project has, in turn, given their dean outside validation for the interest and effort invested.

TENURE/PROMOTION POLICIES: Only two of the 24 schools have tenure and promotion guidelines which include an emphasis on teaching. Four other schools have introduced arguments supporting changes in tenure and

promotion policies that reward faculty for participation in performance-based assessment or other teaching activities.

ASSESSMENT POLICIES: Only seven schools (29%) currently have policies that encourage or require performance-based assessment in the curriculum, but a number of others are either involved in curriculum reviews that are considering this issue.

STUDENT PROMOTION POLICIES: Only three schools reflect the use of performance-based assessment in their student promotion policies. In four others, it contributes to the overall course grade in certain courses. Four additional schools indicated that it will probably be considered at some point after the first year's exam data is analyzed. Interest in using performance-based exams continues to grow at most schools and many have defined mechanisms for it.

None of the medical schools include performance-based exam results on the student transcript, however, and there is little evidence that it is used in preparation of the Dean's Letters at this time.

CURRICULUM INVOLVEMENT: Information regarding how standardized patients (SP's) are used in the curriculum was reported in many different ways by the member schools, so only a cursory summary is possible at this time. Prior to the beginning of the consortia projects, 65% of the involved medical schools were using standardized patients for teaching and 48% were using them for assessment in at least one year of their undergraduate program. Since the project began, three additional schools have added an SP teaching component to their curriculum, while two have added an SP assessment component, bringing the percentage of involvement to 78% and 57% respectively. Of those schools already using SP's, three have increased their use of SP's for teaching, while two have increased their use for assessment. This brings the total of schools showing a change in curricular SP use to 26%. Although not a large figure, when you consider that the questionnaires were completed midway through the first year of the project, ANY change is notable.

FACULTY INVOLVEMENT: This varies widely among the schools, some having as few as one faculty involved with others having as many as 20. The trend is to involve faculty on committees and on case development teams, sometimes inter-school and sometimes interdisciplinary. Focus thus far has been on building a strong core group. It will be interesting to see the changes in this variable over time.

FACULTY PRESENTATIONS (SCHOOL): This varied from a few schools that reported no presentations to several reporting ten. The average was between 3-4 per school, which indicates that project faculty are a very active and enthusiastic group.

FACULTY PRESENTATIONS (REGIONAL/NATIONAL): Sixty-seven percent (67%) of the medical schools involved in the Macy consortia have either presented or plan to present in the near future, papers, programs, or posters on their work.

DEVELOPING CLINICAL PRACTICE EXAMINATIONS:
THE MACY CONSORTIA APPROACH

HS Barrows and LJ Morrison
Southern Illinois University School of Medicine
Springfield, Illinois
217/785-4969

Ref # 16
11/8/93
SDZME

In late 1989, the Josiah Macy Jr. Foundation awarded Southern Illinois University School of Medicine (SIU) a dissemination grant to provide a series of workshops for medical school deans demonstrating the clinical practice examination (CPX). The CPX is designed to assess the clinical competence of senior medical students, by presenting them with a series of standardized patients in carefully developed clinical presentations. A 15-case CPX has been given annually to senior medical students at SIU since the fall of 1985. The SIU exam, which now has the acceptance and confidence of students and faculty alike, is used in making promotional decisions and is listed on the student transcript.

More than 90 medical schools attended one of the demonstration workshops between 1989 and 1991, rating it as a highly valuable experience with 63% stating afterwards that they were considering a CPX effort at their own school. The major concern noted was the cost of setting up such an assessment program. The Josiah Macy Jr. Foundation responded by offering to fund a small number of medical school consortia whose purpose would be to establish cooperative performance-based assessment programs for their member schools. Sixteen proposals representing more than 60 schools were submitted, with funding being awarded to six:

- *North Carolina (Duke, Bowman Gray, North Carolina, East Carolina);
- *Gulf Coast (UT-Galveston, UT-Houston, Baylor);
- *Northwest (Washington, Nevada, Oregon, Utah, Colorado);
- *Southern California (USC, Loma Linda, UC-Irvine, UCLA, UCSD);
- *Metropolitan New York (Mt. Sinai, NY Medical College, Einstein);
- *Upstate New York (Albany, SUNY-Buffalo, SUNY-Syracuse, USNY Regents).

To maximize the usefulness of the consortia awards, the Josiah Macy Jr. Foundation awarded a second grant to SIU in the fall of 1992, to coordinate an assessment of the educational impact of the funded consortia and to provide a centralized communication link and vehicle for sharing and disseminating the information being acquired and developed. To this purpose, annual meetings of the consortia directors are held; first to establish a series of educational impact variables, and thereafter to measure progress and to discuss problems, developments, innovations, and research issues. A consortium newsletter for sharing developments, materials, and ideas is published bimonthly and distributed to member schools.

The first year of the grant has focused on establishing solid communication linkages with each of the consortia, sharing developed materials and instruments, and collecting baseline data against which future developments can be measured. Questionnaires were developed and data collected to establish pre-consortium practices and activities. Since each consortium is addressing the implementation of the CPX in a different fashion, a diversity of approaches and styles is being developed.

EMPAC: EVALUATING THE EDUCATIONAL IMPACT OF CPX* CONSORTIA

GOALS: Assess the educational impact of the consortia
Provide a centralized vehicle for communication
Facilitate dissemination of learned information

STRATEGIES: Quarterly newsletter
Yearly questionnaires for data collection
Biannual meetings of EMPAC representatives
IME Exhibits
Annual member school meeting
Internet discussion group
Consortium site visits in final year of project

REPRESENTATIVES: Henry S. Pohl (Albany) -- UPSTATE NEW YORK
Linda Rogers (Galveston) -- GULF COAST
Craig S. Scott (Washington) -- NORTHWEST
Allen C. Smith (UNC) -- NORTH CAROLINA
Mark H. Swartz (Mt. Sinai) -- METROPOLITAN NEW YORK
Peggy Wallace (USC) -- SOUTHERN CALIFORNIA

CLINICAL PRACTICE EXAMINATION (CPX): A multiple station examination
using standardized patients

DEVELOPING CLINICAL PRACTICE EXAMINATIONS:
THE MACY CONSORTIA APPROACH

North Carolina Medical Schools Consortium

Bowman Gray School of Medicine
Duke University School of Medicine
East Carolina University School of Medicine
University of North Carolina School of Medicine

Gulf Coast Regional Consortium for the Assessment of Performance

University of Texas Medical Branch at Galveston
University of Texas Medical School at Houston
Baylor College of Medicine

Northwest Consortium for the Assessment of Clinical Performance

University of Washington School of Medicine
University of Nevada School of Medicine
Oregon Health Sciences University
University of Utah School of Medicine
University of Colorado School of Medicine
University of California at Davis

Southern California Consortium

University of Southern California School of Medicine
University of California at Los Angeles School of Medicine
University of California at Irvine College of Medicine
University of California at San Diego School of Medicine
Loma Linda University School of Medicine

Metropolitan New York Center for Clinical Competency

Mount Sinai School of Medicine
New York Medical College
Albert Einstein College of Medicine

Upstate New York Clinical Competency Center

Albany Medical College
SUNY Buffalo School of Medicine and Biomedical Sciences
SUNY Health Science Center at Syracuse College of Medicine
USNY Regents College Nursing Program

EXPLORATION

- JUN 1984 -- "How to Begin Reforming the Medical Curriculum"
SIU/Macy/AMA Workshop
- OCT 1984 -- "Newer Approaches to the Assessment of Clinical
Performance" SIU/Macy/AMA Workshop
- NOV 1984 -- GPEP Report
- OCT 1985 -- SIU initiates Clinical Practice Exam (CPX) for Seniors

DISSEMINATION

- APR 1989 -- Western CPX Workshop
- JUN 1990 -- Northeast CPX Workshop
- SEP 1990 -- Midwest/Great Plains CPX Workshop
- APR 1991 -- Southern CPX Workshop
- SEP 1991 -- Final CPX Workshop
- SEP 1991 -- Expert Panel's Review of SIU's 6-year CPX

IMPLEMENTATION

- AUG 1992 -- Macy Awards CPX Consortia Grants
- NOV 1992 -- EMPAC Begins
- APR 1993 -- Baseline Data Collection Begins

EMPAC RESEARCH VARIABLES

- Effectiveness of Collaboration
 - Case Development
 - Standardized Patients
 - Resource Utilization
 - Addition of New Member Schools

- Effect on Policy Development
 - Using Performance-Based Assessments
 - Student Promotion
 - Faculty Tenure & Promotion

- Program Expansion and Integration
 - Both Teaching and Evaluation
 - ICM/Physical Diagnosis
 - Clinical Clerkships
 - Residency Education
 - Continuing Medical Education
 - Curriculum Evaluation

- Student Behaviors
 - Improved Clinical Skills
 - Self-Direction in Clinical Learning
 - Readiness for Residency Education

- Faculty Behaviors
 - More Clinical Teaching
 - Interest in Problem-Based Learning
 - Increased Faculty Involvement
 - Research, Publication, & Presentations

AMA/SDRME Conference
September 30 - October 2, 1994
Chicago, IL

Ref # 2
11/8/93
SDRME

Teaching and Assessing Professional Behavior: Models for Physicians in Training

- Objectives:** identify problems in fostering, assessing, and certifying professional behavior of medical students and residents
recommend approaches to solving these problems including changes in policies and practices of medical schools and residency programs
changes in health care policy
research and development on assessing and certifying professional behavior
- Audience:** medical educators (faculty, administrators, residency directors resident physicians)
certifying agencies (NBME, state licensing boards, professional specialty boards)
federal agencies
consumer organizations
- Format:** plenary sessions to provide overview presentations on three themes:
defining professional behavior
teaching professional behavior to students and residents
assessing and certifying professionalism for medical school graduation, licensure, and specialty certification
- small group discussions to provide a communication forum among individuals from the four constituencies in the audience
- Rationale:** incidence of nonprofessional behavior
heightened demand for accountability
impact of new practice environments (characterization from previous conference on Physicians for the 21st Century)
large scale organizations
increased use of computerized information
increased use of practice guidelines
more patients and providers from culturally diverse backgrounds
new developments in cost containment
call for assistance with teaching and assessing professionalism by CGSA and WGSa annual spring meeting, 1992

Agenda

Friday afternoon

1:00 - 3:00 PM Plenary session

Defining Professionalism: Keynote Address and Reaction

What essential noncognitive elements of professional behavior do physicians need in order to meet their responsibilities to themselves, their patients, other physicians and members of the health care team, and society?

Keynoter: a physician
Reactors: an ethicist and a lawyer
Moderator: SDRME member

3:30 - 5:00 PM Small groups (composed of a mix of participants from various constituencies)

What do we do well in teaching, assessing, and certifying professional behavior among medical students and residents? Where do we fall short?

5:00 PM Reception

Saturday

7:30 - 8:30 AM Continental breakfast

8:30 - 9:30 AM Plenary Session

Where do we stand with regard to teaching, assessing, and certifying professional behavior of students and residents? What should be done to foster, assess, and certify professionalism? This presentation will summarize and critique the results of the small group discussions of Friday through the lens of what should be done.

9:45 - noon Stimulus sessions for each of two tracks with 15 minute coffee break at 10:45 am

TRACK 1: Teaching/Learning Professional Behavior. How can noncognitive elements of professional behavior be integrated into the education of physicians at different stages of a medical career? Current models.

Stimulus session for Track 1

What is being done currently? Current models from the medical school and graduate phases of a physician's career: panel discussion with a substantive moderator

TRACK 2. Methods to measure professional behavior. How can noncognitive elements of professional behavior of medical students and residents be assessed and certified? Current Models

Stimulus session for Track 2

What is currently being done to assess/certify professional behavior at different stages of a physician's career? Panel discussion with a substantive moderator.

Noon - 1:30 PM Lunch

1:30 - 3:45 PM Small group discussions for each Track

Respond to case studies containing problems related to teaching/learning or assessing and certifying noncognitive elements of professional behavior of students and residents.

4:00 - 5:00 PM Plenary session for each track

Presentation of solutions to case studies

Moderators: Track 1
Track 2

Sunday morning

7:30 - 8:30 am Continental breakfast

8:30 - 11:30 am Plenary session for both tracks

Reaction to case study solutions of Track 1 and Track 2

Audience discussion

What will it take to narrow the perceived gap between identifying nonprofessional behavior and doing something about it via the curriculum and the assessment/certifying process? How can education and assessment/certification be used?

11:30 am Close

Nov. 1, 1993

Society of Directors of Research in Medical Education
Financial Statement
October 31, 1993

SDRME Mtg.
11/8/93
Ref. #3

Opening Statement for Account in Shawnee Mission, Kansas
Mercantile Bank of Kansas (also known as MidAmerican Bank & Trust) 1043439

Income (to date)

Beginning Balance October 5, 1993	\$ 293.86
Transfer from Marine Midland Bank Account	14,632.26
Membership dues, 1993-94	200.00
Bank Interest (through 10/31/93)	00.00
Total Income	\$ 15,126.12

Expenses (to date)

Bank Charges	\$ 00.00
President's Account (Davis)	2,000.00
Travel	1,347.04
Total Expenses	\$ 3,347.04
Total Income	\$ 15,126.12
Total Expenses	-3,347.04
Ending Balance	\$ 11,779.08

Dues Outstanding as of 10/31/93 (\$1,400.00)

Louise Arnold

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Oct 31, 1993

Date